

## Final report: University of Southampton Faculty of Medicine

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*

<b>Medical school</b>	Faculty of Medicine, University of Southampton
<b>University</b>	University of Southampton
<b>Dates of visit</b>	13 November 2013: Southampton, UK 10 April 2014: Kassel, Germany
<b>Programmes investigated</b>	European Bachelor of Medicine (BM (EU))
<b>Area explored</b>	Educational resources and capacity, quality management of clinical placements, agreements with providers, student selection, curriculum and assessment, feedback to students, student support, staff training, Fitness to Practise, raising concerns, equality and diversity, inter-professional learning.
<b>Number of students</b>	19 undergraduates on the BM (EU) programme.
<b>Number of LEPs</b>	24 NHS Trusts and 192 general practices (GP) and Gesundheit Nordhessen Holding partner hospitals and clinics in Germany.
<b>Local Education and Training Board</b>	Health Education Wessex
<b>Last GMC visit</b>	2012-13 New Programme Review
<b>Significant Patient safety or Educational concerns</b>	None

<b>identified</b>	
<b>Has further regulatory action been requested via the Responses to Concerns process</b>	No

## Executive summary

The purpose of the GMC's quality visits process is to provide assurance that medical education providers meet the standards set in *Tomorrow's Doctors* (2009) and provide suitable opportunities for students to meet the learning outcomes required for provisional registration.

This report details the GMC's findings from the second annual cycle of quality assurance visits to the Southampton Faculty of Medicine's new European Bachelor of Medicine programme (BM (EU)). The report includes progress updates against the requirements and recommendations set by the GMC in 2012-13, where they apply to the BM (EU) programme. We visited the School's main site in Southampton and also visited local education providers in Kassel, Germany. The visit cycle will follow the first cohort of students from Year 1 of the programme through to graduation and their first year of practice.

The BM (EU) programme has been developed by Southampton in partnership with Gesundheit Nordhessen Holding AG (GNH) in Germany. GNH comprises several acute care hospitals, nursing homes and other health related enterprises. The main GNH hospital is Klinikum Kassel, which is a tertiary care hospital. Kassel School of Medicine (KSM) is responsible for coordinating delivery of Years 3-5 of the programme in Germany.

The BM (EU) programme is based on a modification of Southampton's current Bachelor of Medicine 5 year programme. Students will complete clinical placements in the UK and in Germany with all written exams and OSCE assessments conducted in the UK.

The School continues to demonstrate a proactive and strategic approach to developing and delivering the BM (EU) programme. The first student cohort is established and reported positive evaluation when we visited Southampton. Plans for delivery of Years 3-5 in Kassel are on schedule, with LEPs, teaching staff and other partners engaged in the development of the curriculum, training, student support and education resources. The School is using evaluation to make changes to the programme, particularly in areas of student selection, marketing and staff training. It is also clear that the University of Southampton and Kassel School of Medicine have formed a joint faculty, with positive engagement by staff in Germany and the UK. We identified some areas for improvement, particularly around the training and development of Kassel-based teachers and supervisors, but we recognise that the School is aware of these issues and is making efforts to address them.

## Summary of key findings

### Good practice

	<i>Tomorrow's Doctor</i> paragraph	Good practice	Report paragraph
1	93	The School's planning and development of the BM (EU) curriculum. The School's plans to equip students with the skills to recognise differences in medical practice, culture, guidelines and ethics in Germany and the UK are positive.	70, 72
2	131	The School has a strategic approach to student support, with comprehensive provision in the UK and well developed plans for support in Germany. This includes plans for transition from years 2-3.	71, 90, 94-97
3	152	The School's active engagement and involvement of experienced nursing staff and nursing leadership in partner LEPs to develop the Years 3-5 BM (EU) curriculum and cross-module themes.	18, 109, 136
4	160	The development of new educational resources and facilities at Klinikum Kassel. We note particularly the new inter-disciplinary learning centre, new simulation facilities, new IT resources (video-conferencing and Wi-Fi), and new library resources hosted by the University of Kassel.	29-31, 125

### Requirements

	<i>Tomorrow's Doctor</i> paragraph	Requirements	Report paragraph
1	58	The School must ensure that all relevant University of Kassel staff have completed appropriate equality and diversity training.	36
2	86	The School must produce a fully developed schedule and plan for assessments for Years 3-5 of the BM (EU) programme, including assessment approach and methodology, by the time of the GMC's site visit to KSM in May 2015.	86-88
3	140	The School must ensure that all students comply with relevant vaccination requirements of UK hospitals.	108
4	148	The School must provide supplementary teacher training for all teaching staff within Gesundheit Nordhessen Holding hospitals and partner LEPs to ensure that all teaching staff are aware of, understand and utilise a variety of teaching methods.	113-114
5	148	The School will need to ensure that all teaching	115-120

		staff within Gesundheit Nordhessen Holding hospitals and partner LEPs are aware of, and understand the Years 1-2 curriculum and what students will have learned in Southampton. All teaching staff will need to ensure that teaching opportunities build on students' prior learning and experience in Southampton.	
6	151	The School must ensure that plans for all elements of the programme in Kassel are delivered as scheduled. This should include further development of learning outcomes for the Years 3-5 curriculum and progress on how these will be delivered; and training needs analysis of all teachers and assessors.	124
7	160	The School will need to ensure that students have access to appropriate educational and support facilities when on placement at partner LEPs. This should include IT resources, library access and suitable rest space or accommodation where necessary.	126

## Recommendations

	<i>Tomorrow's Doctor</i> paragraph	Recommendation	Report paragraph
1	72	The School should improve the published information and guidance it provides to prospective applicants. This should include seeking feedback from current students and previous applicants.	19, 42-45
2	109	The School should extend the duration of the student assistantship to ensure that students have adequate opportunities to develop competency and demonstrate required learning outcomes.	75-76
3	15	The School should introduce additional cultural literacy teaching on the programme to help improve students' understanding of medical norms and communication with patients in the UK.	41, 71, 91
4	123	The School should communicate all relevant information about Year 3 clinical placements to students by November 2014 to provide adequate time for planning and logistical arrangements.	92-93

## ***Report in context***

### **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.*

#### *Identifying concerns about medical student conduct (TD28c)*

1. There are appropriate processes for identifying concerns about medical student conduct and the School has taken steps to address the previous requirement for all partner institutions to disclose student information that may impact on patient safety.
2. The Head of Kassel School of Medicine (KSM) reported that information disclosure systems for reporting serious concerns have been aligned with the University of Southampton. Business agreements are also now in place between KSM and the University of Kassel to ensure that information pertaining to student or patient safety is shared appropriately. The University of Kassel is obliged to withhold confidential information unless there are risks to the student, other students or patients, but KSM has agreed guidelines for sharing confidential and sensitive information, aligned with the University of Southampton's own policy. The Head of KSM confirmed that this information may also be shared with the Kassel police authorities if required.
3. The KSM education manager explained that the School had further aligned student support and fitness to practise (FTP) processes with those of Southampton Medical School. This has included analysis of Southampton's documentation and policies as well as consideration of German legal obligations for disclosing student and patient safety concerns. KSM has developed a declaration statement in partnership with the University of Kassel to codify how the two organisations will work together to deliver student support, incorporating FTP as a component of this. The contractual agreement stipulates the respective responsibilities and boundaries of the different services offered by each organisation. Representatives from the University of Kassel's student support team confirmed that their role extends to student support only, but they understood their role in reporting concerns.
4. We were informed that as part of the information sharing agreement between the two organisations, students are obliged to report patient safety incidents or

serious health or safety concerns to the responsible authority. In the first instance this is the placement provider. Should student support services identify concerns with a student they are legally obliged to report it to the School, and responsible medical regulator.

5. The BM (EU) programme team confirmed that patient safety will be a cross-module theme in Years 3-5. The School has appointed a dedicated lead to ensure that the Years 3-5 curriculum and learning outcomes embed patient safety throughout.

*Fitness to practise (TD28d, 36, 37)*

6. The staff and students we met demonstrated a good understanding of FTP and were aware of their responsibilities in this area. The School is using its established FTP policies and procedures for the BM (EU) programme.
7. The BM (EU) programme leader explained that the School is reviewing how to implement the University of Southampton FTP policy for the BM (EU) programme with a FTP lead based in Kassel. Low level concerns will follow local processes, with Klinikum Kassel integrated into Southampton's existing FTP policies and processes.
8. The BM (EU) programme leader explained that work is being undertaken to review how information is transferred from Southampton to Kassel at the end of Year 2. The School is conscious that students will need appropriate support but do not want them to arrive in Kassel with prior judgements following them when this is not pertinent to patient safety or fitness to study. This work is on-going.
9. We were informed that KSM continues work in partnership with the Southampton Medical School student support lead to deliver FTP and student support training for teaching staff in German LEPs. Teaching staff are also provided with guidance to ensure they understand their responsibilities in this area.
10. Clinical supervisors based in Kassel have received training in student support and confidentiality, in cooperation with the University of Kassel. KSM representatives explained that clinical supervisors recognise the differences between UK and German FTP systems. Training on whistleblowing and raising concerns has also been delivered to the 20 module leads in Kassel. Teaching staff will have access to FTP support from Southampton.

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

11. The BM (EU) programme team and student support staff are aware of the GMC's new [guidance](#) on student mental health.
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## Domain 2 – Quality assurance, review and evaluation

*38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.*

### *Quality management framework (TD39)*

12. The School has a clear framework for how it organises quality management and quality control, including who is responsible for this. The School has engaged with last year's requirements and recommendations for quality management and responded in a programmatic and meaningful way. The senior management team is reviewing programmes through internal programme revalidation; has developed a vertical integration group; and set up a forum for staff to meet (twice per year) to build more constructive working relationships.
13. The School has taken a programmatic approach to review assessments across all BM programmes. The assessment team has also conducted a literature review to examine good practice in the delivery of assessments, developing clear marking criteria and new assessor guidance and training. Additionally, new marking criteria have been developed for clinical competencies. Final year students are now required to have all clinical competencies signed off before they are added to the ePortfolio. The School has reviewed the timing of the planned introduction of changes to the student assistantship module.
14. We note the School's proactive and strategic approach in developing the BM (EU) programme. There are effective quality management systems in place. Plans are in place for programme delivery in Kassel and work is on target for student arrival in September 2015. It is clear that the University of Southampton and Kassel School of Medicine have formed a joint faculty, with positive engagement by staff in Germany and the UK.
15. Students and the programme team told us that the School worked hard to welcome and support students during their first few months in the UK. However students and staff were conscious that there should not be preferential or differentiated support for BM (EU) students, to ensure fairness across all BM programmes.
16. We found well-developed plans for ensuring Kassel School of Medicine is ready for the arrival of students in Kassel in September 2015. There are systems in place to ensure students are supported in both locations, by dedicated student support and mentoring relationships with senior KSM staff.

### *Quality Management systems (TD40)*

17. The School's quality management systems are compliant with this standard. We commend the School's continued progress in developing Years 3-5 of the BM (EU) programme. It is clear that the School is using a range of evaluation to make changes to improve the programme, particularly in areas of student selection and staff training.
18. The recruitment, training and development of medical staff continues as planned. Module leaders for Year 3 are in place and an assessment lead has also been appointed. Leads for cross-module themes of patient safety, communication, equality and diversity and leadership and team working, are also in place. The School has actively involved experienced nursing staff in partner local education providers (LEPs) to develop the curriculum, cross-module themes and where appropriate, provide leadership. A programme of planned preparatory talks with module and subject leads continues to be delivered as new staff are appointed. This should ensure that they fully understand the programme structure and what is required of them. Further meetings with all module leads and coordinators from district hospital partner LEPs are scheduled. The School has adopted a differentiated approach to support the training needs of individual members of staff, with different training programmes for module leads, clinical leads, lecturers, research supervisors and selectors.
19. The School's approach to marketing the programme has also been informed by evaluation from current students and previous candidates. The Chief Executive of GNH reported that the BM (EU) programme, and several other new student-funded programmes, received negative publicity in the German media, particularly regarding the fee-paying element of the programme and entry requirements. The School is working to ensure transparency with entry requirements and application criteria to correct misinformation. There is recognition of the need to explain the benefits of the programme and making better use of the KSM website. The Head of KSM has contacted students to discuss concerns they may have about this.
20. The School has business continuity plans in place to ensure that the development and delivery of the BM (EU) programme would continue should key members of staff not be available. The BM (EU) programme team explained that record keeping of meetings, agreements, project plans and outcomes are now systemised. There are regular meetings between UK and German counterparts, with action points to ensure tasks are set and monitored. We note the highly effective administration by staff in Southampton and Kassel, and the key role that administrators play in quality management of the programme, including maintaining corporate memory of decision making and progress.
21. The BM (EU) programme team explained that KSM staff are involved in

Southampton governance and quality management systems to ensure information and decision making are shared appropriately. KSM staff are included on email distribution lists of important documentation and they are invited to attend quality visits to LEPs. Further integration and involvement is planned.

22. The School has a close working relationship with the Local Education and Training Board: Health Education Wessex. The School is aware of developments at a regional level that could impact on undergraduate medical education including the local and regional reconfiguration of primary and secondary care LEPs.

#### *Admissions (TD49)*

23. The School's admissions process is compliant with this standard. However, we note the stark gender imbalance in the first cohort of BM (EU) students of one male and 18 female students. The School has recognised this and has evaluated the reasons to inform future admissions policy and processes.
24. Student selection staff explained the BM (EU) selection process and provided a breakdown of applicant data at each stage. The BM (EU) programme Leader reported that the gender balance at different stages of the selection process remained relatively static at 3 females to every 2 males until the offer acceptance stage. The School's evaluation found that successful male applicants were more likely to accept a place at other medical schools in Germany over the BM (EU) programme. The School is working to identify ways to improve acceptance rates of male applicants but has recognised that it may improve as the programme becomes more established. The School found that more female students met the selection criteria, but there are no plans to change or lower these criteria to increase the number of male students. KSM representatives confirmed that there is recognition in Germany that female students achieve higher Abitur scores and fewer male students are opting for medical careers.
25. The students we met reported that the admissions process was fair and comprehensive. They considered the multiple selection criteria (exam results, group task, written assignment and interview) challenging, but felt that it gave them broad opportunities to demonstrate their knowledge, skills, experience and aptitude. However, some of the students felt that there is a perception amongst students in other German medical schools that the selection criteria are lower for the BM (EU) programme than in other more established programmes.
26. The School sought evaluation of the application process from candidates who declined a place after the 2013-14 process. This evaluation has been triangulated with information from those who accepted a place on the programme to develop

a detailed insight into improvements that could be made. We were informed that evaluation was mostly positive, and suggestions for change have been used to make improvements to the 2014-15 admissions and selection process. This will include a revised online application form, more information provided to candidates during the process, the inclusion of the German medicine capability test ('Test für Medizinische Studiengänge') as an entry qualification, revised marketing, and more information about contracts and conditions before and during the application process. Information about student finance and support is also now provided on the School's website.

27. Evaluation by students also identified that changes were required to the induction period, to ensure a smooth welcome to medical school and Southampton more generally. The programme team confirmed that for the 2014-15 cohort, students will have opportunities to meet with more Kassel-based clinicians before they arrive in Southampton. An introduction to the UK health and medical context will also be delivered during induction week to help students understand NHS structures and healthcare provision in the UK. The team has also worked with the University of Southampton student accommodation department to ensure that all BM (EU) students have an allocated place to stay on arrival.
28. The BM (EU) programme Leader reported that the experiences of the first student cohort will be used to guide the next intake of students. Three current first year students and Kassel Ambassadors from other BM programmes will attend open days in Kassel to meet with prospective candidates.

*Educational resources and capacity (TD49, 52)*

29. The School is demonstrating good practice against this standard. The development of comprehensive educational resources at KSM and partner LEPs continues as planned (see Domain 8 for more information) and a new member of staff has also been appointed to provide additional administration support in Kassel to build capacity in planning and delivering Years 3-5 of the programme.
30. We were informed that new IT resources have been commissioned, including improvements to connectivity within and between sites; video conferencing facilities and wireless internet in all Klinikum Kassel buildings to improve student access to clinical and educational resources. Students will be required to complete health and safety and data protection training when they arrive in Kassel at the start of Year 3.
31. Library resources have also been updated in response to student evaluation. This includes physical and online resources hosted by University of Southampton

library and University of Kassel library. The provision of English and German medical textbooks has also been addressed to ensure students have access to appropriate learning materials while in the UK and Germany.

32. Work is on-going to ensure appropriate systems are in place for quality assurance of student support services in Southampton and Kassel. The Academic Registrar of Southampton Medical School is developing a model for appropriate information flow between Southampton and Kassel regarding student support requirements and outcomes. We were informed that students will have complete access to the University of Southampton student support services when they are based in Kassel. Representatives from the University of Kassel student support services also confirmed that evaluation is sought from students about the quality of support. Staff also have formal professional supervision as part of their certification as student support providers to ensure continuous improvement.
33. Students and student support staff told us that the allocation of campus accommodation for BM (EU) students had faced some initial problems due to the University over-recruiting students in other programmes. However this has now been rectified.

### **Domain 3 Equality, diversity and opportunity**

*56. Undergraduate medical education must be fair and based on principles of equality.*

#### *Ensuring fair treatment of all applicants and students (TD57)*

34. The School is compliant with this standard. Representatives from the University of Kassel's student support service confirmed that the University has an anti-discrimination policy and statement, which will be uploaded to the virtual learning environment (VLE) for students to access. The University also has a dedicated department for students to raise issues or complaints in this area. The University of Kassel student support service also confirmed that English and German language support is provided for students.

#### *Staff training on equality and diversity (TD58)*

35. The School has taken steps to address the previous requirement for all staff involved in medical education to receive training on equality and diversity and to monitor training completion rates. The Dean of the Faculty Medicine has emailed all staff to complete mandatory training and the School is aiming for the Athena Swann silver award. The School is working with partner trusts to ensure that all teaching staff complete formal equality and diversity training and is seeking updates on completion rates. The School has contacted all general practice LEPs

to inform them that equality and diversity training must be completed. All selectors, including lay, completed equality and diversity training before the BM (EU) selection exercise.

36. The Head of KSM confirmed that all GNH staff are required to complete equality and diversity awareness training. This includes teaching staff and supervisors in partner LEPs, but does not extend to staff at the University of Kassel.

**Requirement 1:** The School must ensure that all relevant University of Kassel staff have completed appropriate equality and diversity training.

*Reasonable adjustments for students with disabilities (TD59, 64)*

37. There have been no requests for reasonable adjustments in the current BM (EU) cohort. We were informed that selectors did not receive guidance on student health and reasonable adjustments in the first selection process because there were no applicants with declared issues. The School has systems in place to provide advice on appropriate support should an applicant be offered a place on the programme. Student support staff told us that reasonable adjustments are not made for students with English as an additional language, but support is available from the student union to help students improve their English language skills. Online resources are also available.

*Collecting and analysing data (TD60)*

38. The School has investigated options to address last year's recommendation to improve the collection and analysis of equality and diversity data. However, this still continues to present challenges for the School and work is on-going to identify appropriate mechanisms to collect valid equality and diversity data in student admissions, progression and assessment performance. The BM (EU) programme Leader informed us that equality and diversity data were not collected from the first BM (EU) selection process. Equality and diversity data are not routinely collected by German medical schools and the School has recognised the challenges in collecting useful and meaningful data. The School is conscious of the potential reputational risks of doing so because of cultural differences between the UK and Germany. The School plans to investigate options for obtaining equality and diversity data at the selection stage but has recognised that it may not be possible to do so.

*Local education provider commitment to equality and diversity (TD69)*

39. The School is compliant with this standard and has made formal equality and diversity training mandatory for all education staff based in Kassel. This includes all staff involved in the delivery of the BM (EU) programme, including selectors,
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teachers and supervisors. Equality and diversity training is delivered via an online programme so that staff can complete it remotely.

40. The BM (EU) programme team confirmed that equality and diversity will be a cross-module theme in Years 3-5. The School has appointed a dedicated lead to ensure that the Years 3-5 curriculum and learning outcomes embed equality and diversity throughout the curriculum and within all LEPs.

#### *Support for students (TD70)*

41. The School provides comprehensive support services for students. The students we met felt that they have settled and integrated well in Southampton. However, some were anxious about their English language skills and cultural understanding of the UK, particularly in a clinical setting. The students reported that they get good pastoral support from their personal tutors in Southampton and Kassel, and they mentioned particularly the approachable and accessible informal support provided by the BM (EU) programme team. There is an extensive student support services network in place at Southampton including counselling and crisis support, mentoring and buddying schemes, and a social networking group for students to mentor and support each other. Student support staff recognised that the School's guidance on preparing for life in Southampton could be developed further.

## **Domain 4 – Student selection**

<i>71. Processes for student selection will be open, objective and fair.</i>
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#### *Published information on selection processes (TD72)*

42. The School is compliant with this standard, but we found that improvements could be made to the marketing of the BM (EU) programme and the information provided to prospective applicants.
43. Some of the students we met thought that the publicity of the programme in Germany could be improved. They reported that many students from outside of Kassel or the Hesse region may not have known about it. There was a perception that limited information in news articles in local newspapers and specialist press could make it difficult to find out about the programme.
44. The BM (EU) programme team is aware that marketing of the programme will be more straightforward now that the programme is being delivered. KSM staff plan to attend a road show of study fairs in Germany, improve information on the KSM website and make better use of social media channels to improve awareness

amongst potential applicants.

45. There was recognition by senior staff that improvements may need to be made to the School's information policy to ensure that all applicants are fully aware of their contractual obligations before they apply for a place on the programme.

***Recommendation 1:*** The School should improve the published information and guidance it provides to prospective applicants. This should include seeking feedback from current students and previous applicants.

46. The School has conducted a formal evaluation of the selection process, including a survey of applicants to establish reasons for declining a place on the programme. Some applicants had accepted a place at another medical school, while others wanted further clarity and information about the contractual agreement for students to work in Kassel on completion of their undergraduate studies. Other applicants were reluctant to join a pilot cohort. The School plans to record applicant evaluation by gender in next year's selection process to better understand reasons for declining. There was also recognition that the marketing of the programme in Germany may need to change to encourage more male applicants.

47. Evaluation of the selection process has been sought from students during induction weeks. Evaluation by students was positive, but they felt that the contract could have been shared in a more timely and accessible way. Currently, the principles of the contract are shared in advance of the selection day, but applicants only receive the contract when they accept a place on the programme. Students felt that this was potentially quite stressful for some students during an already stressful period. The School will provide more detailed information in advance to help inform applicant decision making at an earlier stage.

48. Senior staff also reflected that applicant anxieties about joining a new 'untested' programme will decrease each year as the programme becomes more established. However, they also felt that those students who had accepted a place on the BM (EU) programme were well prepared, mature and had valuable international work or study experience.

*Valid, reliable and objective selection processes (TD74)*

49. The school employs appropriate methods for its selection process which are reliable and objective. Student selection staff explained that multiple selection tools were used to identify suitable candidates for the programme. This included application forms, personal statements, interviews and a group task. The group activities were designed to identify each applicant's personal qualities and

provide insight into their suitability for the programme. The School's senior leaders felt that this approach has the potential for long term positive impact on attrition rates in the established BM programme. Selectors from KSM were impressed with the efficacy of these selection tools and found it useful to observe the different levels of applicant performance in different tasks.

50. The BM (EU) programme team reported that selection criteria were rigidly adhered to throughout the process. Taking each of the different criteria into account, there were fewer than 20 applicants that met each single criteria. Selection staff did not adjust selection criteria but were allowed to apply judgement on the suitability of applicants' equivalent experience, attributes or qualifications.
51. There was recognition that the application form did not provide adequate space for applicants to record their qualifications in full. The current form is based on the Universities and Colleges Admissions Service Record of Prior Acceptance form, but the School found that the fields are too restrictive to input German qualifications in full. The School is working to address this before the next round of student admissions.

#### *Policies and procedures (TD78)*

52. The School's admissions policies and procedures are compliant with this standard. Student selection staff explained that applications were submitted directly to KSM for the initial shortlisting. The shortlisting was conducted by two members of the selection team, one each from Southampton and KSM. The purpose of the initial sift was to eliminate applicants who did not meet obvious criteria such as required exam results. Those that were successful were invited to interview. The School planned to interview 96 applicants, but only 57 of applications met the criteria to be invited to interview.
53. Senior staff reported that the one male student on the programme was surprising because the gender balance remained relatively static throughout the selection process. The proportion of male-female applicants throughout the selection process was similar to that in other German medical schools. However, they identified a big drop in the number of male applicants at the accepted offer stage of the process, with nine applicants declining the offer of a place on the programme.

#### *Training knowledge and expertise of selectors (TD75)*

54. The School is compliant with this standard. The BM (EU) programme team explained that all staff involved in student selection were required to complete a

programme of training beforehand. This included training in analysing personal statements, equality and diversity awareness and briefings on the selection process. Many UK-based staff had previous experience of the selection process, but the positive engagement and enthusiasm for the training and the selection process by KSM staff was clear.

55. KSM staff reported that the process was a positive and useful experience that worked well. They explained that they did not have prior experience of some of the selection tools used in the UK because direct interviews and group tasks are not used by German medical schools.
56. The School has identified improvements for next year's selection training. It was suggested that KSM staff may benefit from attending selection days for the established BM programme before the next round of BM (EU) admissions.
57. Students on existing BM programmes were involved in selection training for staff to provide student perspective and feedback. They also provided advice and information for applicants during the selection day, which received positive feedback.

#### *Health and other checks (TD76)*

58. Student selection staff told us that BM (EU) students are subject to the same UK pre-registration checks and safeguards as for students on other BM programmes. They also have to complete equivalent checks in Germany. All of the students we met had completed their health and criminal record checks. However the programme team reported some challenges with encouraging students to complete some required vaccinations (see Domain 6 for more information). The perception amongst students was that criminal record and other health checks were an acceptable and expected part of the application process.

## **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)*

59. The School's planning and development of the BM (EU) Years 3-5 curriculum is on target and has been supported by the appointment of all Year 3 module leads, a lead for assessment, and leads for cross-module themes of patient safety,

communication, leadership and team working, and diversity.

60. The BM (EU) programme leader explained that the broad approach for the Year 3 modules has been developed and agreed. In July and November 2014 the module leads will travel to Southampton to work with Southampton-based module leads to develop the curriculum content and ensure appropriate coverage of learning outcomes. The programme team anticipates that all bespoke module curriculum and learning outcomes will be agreed and in place by November 2014.
61. The joint leads for primary care explained that planning for the general practice elements of the Years 3-5 curriculum is in progress. The curriculum will encompass a broad approach to family medicine and the normal patient, including basics of general care, communication and interaction with patients, medical examination and taking histories, and assessing emergency cases. The leads recognised that general practice in Germany differs from UK practice in having very few paediatric cases and there are plans to collaborate with community-based paediatric services to ensure equivalence in clinical exposure between the UK and Germany.
62. The joint leads for primary care also recognised that general practice modules will enable students to experience aspects of clinical practice that are perhaps more difficult to teach in a more traditional German medical learning environment, with elements such as bed-side manner, delivering difficult messages and dealing with psychosomatic illness forming a fundamental part of the primary care experience. This will be supplemented by planned general medicine symposia each week which will cover chronic conditions, long-term conditions and disease processes. The Head of KSM and joint leads for primary care were confident that the regional network of 120 general practitioners will provide the programme with enough clinical placements to deliver the necessary generalist experience.
63. The lead for general surgery considered that the Years 3-5 curriculum will provide positive learning opportunities and exposure to the fundamentals of general surgery such as diagnostics, and will also offer good exposure to theatre and clinics with consultants across surgery and anaesthesia.
64. Development of bespoke modules in German Medical Practice and Clinical Research Methods is also progressing as planned. Kassel-based leads for the bespoke modules were appointed in November 2013 and there is recognition that more work is required to ensure progress remains on target. KSM and Southampton have agreed on the content and outcomes of each of the modules and how they will be delivered in practice.

65. The leads for the German Medical Practice module confirmed that learning outcomes for the module are in place. The Head of KSM and BM (EU) programme leader are working together to develop the curriculum content to include scenario mapping, reflections on UK practice, differences in patient pathways, national guidelines and legal frameworks, pharmacology and drug types, and diagnostics. The module will focus on facilitated reflective practice about the differences between the UK and Germany and understanding the benefits and limitations of each system. UK and German teaching staff will deliver the module teaching, supported by a programme of external speakers. The programme leader suggested that the approach is to design a relatively organic module, led by the issues and situations students have identified and using those examples to help them understand systemic differences.
66. The German Medical Practice module will be assessed mostly formatively, with a limited summative element. The aim is for assessments to be reflective exercises that enable students to develop their knowledge and understanding of the different systems.
67. The Research Methods lead reported that development of the module's curriculum and approach is on schedule and that research staff in Kassel are well supported by their counterparts in Southampton. The module lead confirmed that doctors in training will perform the role of research supervisor and that 15 supervisors have been appointed to date. Research supervisors have been issued with instructions and guidance and three supervisors will attend further training in Southampton.
68. The Research Methods lead confirmed that students may select from 40 research topics and will be required to design the programme of research on the selected topic. All projects will have to be completed within 15 weeks. The module lead plans to contact all students to support and supervise their projects. The available research projects will be published in September 2014. Students will be required to confirm their project by the end of the winter term and submit their research proposals in spring 2015, with projects starting in January 2016 of Year 3. All research proposals will be approved to ensure they are manageable and appropriate. There was recognition that the variety of research projects available in Kassel may be somewhat limited at first, but the range will expand in time.
69. KSM has engaged local research and ethics committees to clarify approval requirements for student research projects. The KSM administrative officer confirmed that the committees are satisfied with local ethics and patient safety policies and processes at Klinikum Kassel.

### *Outcomes for graduates (TD93)*

70. The BM (EU) programme team explained that the development of the curriculum has taken account of national differences between the UK and Germany in areas of clinical practice, medical ethics and national guidelines. The BM (EU) programme leader confirmed that an explicit aim of the programme is to equip students with the skills to recognise, respond to, and adapt to differences in any clinical environment. The ePortfolio will be used to record and track student progress while they are based in Kassel in Years 3-5 (see Domain 9 for more information).

### *Curriculum design and structure (TD83, 101)*

71. We found well-developed plans for the transition of students from Southampton to Kassel at the end of Year 2. Students will have the opportunity to visit Kassel early in Year 2 to maintain contact with KSM staff. There will also be planned opportunities for students to meet with Southampton staff to discuss the next stage of the programme. KSM staff will also visit Southampton on a regular basis to maintain contact. There is recognition that students may have to adapt to a new clinical and organisational culture very quickly and may need refresher training or additional support to ensure awareness of cultural and practical differences when they return to Germany.

72. The BM (EU) programme team explained that weekly symposia will be held to ensure students remain up to date with primary care teaching in the UK when they are based in Kassel. This module is still in development.

### *Balance of learning opportunities (TD100)*

73. The School has addressed the previous recommendation to review the balance of didactic and experiential teaching methods employed in the BM programme. For 2013-14 there are now more opportunities for group work in peer led groups and symposia, with set group tasks. The students we met felt that group sizes of 8-10 students are appropriate for small group teaching and tutorials. Most BM (EU) students found the group-based work provided opportunities to discuss and share ideas and learn from others. However, some felt that there is more group work than they expected. The lead for personal and professional development will evaluate these changes to identify further improvements.

### *Inter-professional learning (TD102)*

74. The BM (EU) programme leader confirmed that all BM (EU) students will be required to complete six shifts as healthcare assistants in Year 2 to provide opportunities for working with and understanding the role of other healthcare

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staff in a hospital environment.

*Student assistantships (TD109)*

75. The School is compliant with this standard, but we found that the duration of the student assistantship module could be extended to provide students with greater exposure to the duties of doctors in training. The BM (EU) programme team confirmed that there is adequate capacity within Klinikum Kassel and partner LEPs to deliver student assistantships in Year 5 of the programme. There are adequate numbers of doctors to ensure students have exposure to teaching and day-to-day clinical duties.
76. The School has addressed the previous requirement to implement extended student assistantships before the original planned date. The duration of the student assistantship module is now four weeks. The Head of BM programmes reported that the shift was relatively straightforward as the focus of Year 5 is already on practical experience and clinical exposure. Students are encouraged to regard all final year modules as part of the student assistantship. A new coordinator for final year medicine has helped to embed the assistantship module into two week blocks of medicine and surgery. The School plans to monitor and evaluate the impact of this change. We considered that this was a good start but reiterated that the duration of student assistantship should be more than four weeks.

**Recommendation 2:** The School should extend the duration of the student assistantship to ensure that students have adequate opportunities to develop competency and demonstrate required learning outcomes.

*Feedback to students on their performance (TD85)*

77. We note the School's programmatic approach to address last year's requirement to provide students with more individualised and benchmarked feedback after assessments. The School's senior leadership has recognised that this is an on-going process which requires cultural shift amongst staff and students. Student expectations on the type and frequency of feedback will be sought. The School has also introduced an online learning module for staff on providing feedback, and amended the annual educator appraisal process to include review of feedback provision. Formative assignments will also be reviewed to identify potential improvements to the feedback provided.
78. We observed a general anxiety amongst students about the feedback they receive. Some of the students we met felt that they needed more reassurance from their supervisors, particularly in the bigger group exercises in Anatomy

classes. There was a perception that supervisors are not always able to provide students with the level of feedback they want. They recognised the need to be self-directed learners, but felt that more immediate access to supervisors would provide better opportunities to seek feedback or clarity. We will investigate this in future visits to assess if this perception changes.

79. The programme team has identified that structured consultant feedback will need to be incorporated into the Assessment of Clinical Competency in Year 3.

80. There was also awareness of the importance of constructive feedback amongst the teaching staff we met at district hospital partner LEPs. However, the teaching staff in district hospitals were less confident about how they will learn to deliver assessments on the wards as this is a relatively new concept in German medical education. The programme team confirmed that teaching staff will receive training on delivery of assessments when they attend training weeks in Southampton.

#### *Assessment of Tomorrow's Doctors outcomes including practical procedures (TD112)*

81. The School has addressed the previous requirement to cease student self-certification of competency in practical procedures. All competency evidence must now be verified and approved by a healthcare professional before it is recorded on ePortfolio.

82. The Director of BM programmes reported that evidence of competency in practical clinical skills in Year 3-5 will be verified by KSM supervisors. Work is in progress on how this will be delivered in practice. The ePortfolio will continue to be used to record and track student progress (see Domain 9 for more information).

83. The ePortfolio has been amended to require sign off by three different individuals to approve students' competency evidence. New guidance and competency descriptors have also been updated to provide students with greater clarity about expectations and requirements.

#### *Design and delivery of assessments (TD113)*

84. We note the School's progress against last year's requirements and recommendations for assessments. The School's senior leadership explained that a strategic review has been conducted of the types and schedule of assessments across all BM programmes.

85. The School is working to address the balance between formative and summative assessments across programmes, with plans to convert the Year 2 OSCE to a

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formative examination. The year 2 OSCE will be a formative examination with fewer stations, opportunities for feedback after each station and written feedback at the end. There are also plans to introduce domain-level marking to improve overall reliability of assessments and fair judgement of student competency.

86. The KSM education manager is developing an assessments structure and timetable for Years 3-5 of the programme, based on University of Southampton's existing BM programme assessment plans. This will take into account good practice regarding the frequency and types of assessments used to ensure balance throughout the programme.

87. We were informed that all written assessments for the BM (EU) programme will be recorded in English and marked by UK-based assessors. Practical elements of clinical assessments conducted in German will have to be recorded in English. A formative Assessment of Clinical Competency (ACC) in Year 3 will be used to provide learning opportunities for students before summative ACCs in Years 4 and 5.

88. The BM (EU) programme team confirmed that KSM teachers and clinicians have been involved in standard setting for assessments. The School's Assessments Committee is also working with KSM staff to identify means of incorporating UK and German system differences in BM (EU) assessments.

**Requirement 2:** The School must produce a fully developed schedule and plan for assessments for Years 3-5 of the BM (EU) programme, including assessment approach and methodology, by the time of the GMC's site visit to KSM in April 2015.

## **Domain 6 – Support and development of students, teachers and the 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.*

### *Guidance about the curriculum (TD123)*

89. The School provides adequate guidance to students on the programme curriculum, but we found that students would benefit from more information on development of Years 3-5 of the programme.

90. The students we met were aware that the BM (EU) curriculum is based on the established BM5 curriculum. Students have received student handbooks and a

lecture on the structure of the curriculum and when and how they will be assessed. The students reported that this lecture was useful. The programme team explained that some students had disclosed initial anxieties about joining a newly established programme, so the School has taken steps to reassure them about transition plans, what they can expect in Kassel and the facilities that will be available to them. Students have been informed that Years 3-5 of the programme will be delivered in Southampton should KSM not be ready for their arrival in September 2015.

91. Students were aware of differences between the UK and German models of healthcare. However, they perceived a need to improve their cultural awareness of the UK, particularly in a clinical context. We found that some students on the programme may benefit from additional cultural literacy teaching to overcome anxieties about medical norms and communication with patients.

**Recommendation 3:** The School should research options for introducing additional cultural literacy teaching on the programme to help improve students' understanding of medical norms and communication with patients in the UK.

92. The BM (EU) programme team is working with teaching staff in partner LEPs to devise suitable rotations for students across departments and specialties. Allocations are yet to be decided for Year 3, but it is anticipated that students will rotate between surgery and internal medicine specialties (with four students in each placement at a time).

93. The programme team confirmed that they are yet to share information with students about the location and duration of all clinical placements in Years 3-5. The School has set a target to communicate all relevant information to students at least one year before clinical placements are due to start to enable adequate time for planning aspects such as transport and accommodation.

**Recommendation 4:** The School should communicate all relevant information about Year 3 clinical placements to students by November 2014 to provide adequate time for planning and logistical arrangements.

94. The programme team told us that plans for student transition from Southampton to Kassel at the end of Year 2 are still in development. The Head of KSM confirmed that mentors will be appointed to support Year 3 students when they arrive in Kassel, and the lead for simulated patients has also sourced German patient actors to help students prepare for clinical placements in Kassel. The simulated patients will be used to explore health expectations, history taking and communication and behavioural norms in a German medical context.

95. The lead for the German Medical Practice module explained that the module will be used as a tool to aid transition from the first two years spent in UK and ensure students are up to speed when they return to Germany. The BM (EU) programme leader also reported that English language medical communication skills resources will be available to students while they are in Kassel to maintain their knowledge and skills and prepare for English language Objectively Structured Clinical Examinations (OSCE) in the final years of the programme.

*Academic and pastoral support (TD124)*

96. We found that the School has a strategic approach to student support with comprehensive provision in Southampton and well developed plans for support in Germany. This includes plans for transition from Years 2-3.

97. We found a wide range of academic and pastoral support services available to students, with a clear structure of formalised services and informal networks available to students. Student support staff told us that students have a nominated personal tutor for the full five years of the programme, as well as a dedicated senior pastoral tutor. The School holds regular foundation tutorial meetings which focus mostly on academic support but also provide opportunities for pastoral support. The Southampton student union also provides a range of support services. A mentoring and buddying scheme, along with Kassel ambassadors, complements the extensive provision.

*Support networks (TD131)*

98. The BM (EU) programme leader confirmed that all Kassel-based module leads are required to complete Southampton Medical School's online training module on the role of the personal tutor, which incorporates elements of student support. Module leads, supervisors and teachers attending introduction and orientation training in Southampton also receive further training in student support.

99. There was recognition amongst the BM (EU) programme team that further work is required to embed student support in partner LEPs and ensure that all teaching staff understand their responsibilities in this area. The programme leader also suggested that a dedicated lead based in Kassel would be useful to ensure that there is a local contact to advise students on types of available support.

100. The BM (EU) programme leader explained that Voice-over-Internet Protocol services, such as Skype, will be used to facilitate links between Southampton and Kassel. Student support services will have access to this technology to ensure that students can access support remotely while on placement in Years 3-5.

101. Representatives from the University of Kassel informed us that English and German language support services will be available for BM (EU) for students. We advised that the School will need to monitor language support provision and uptake using student and staff evaluation, to ensure that all students have access to appropriate language support as required.
102. Students told us that they have joined a broad range of University and Medical School societies, including the Surgical Society. They considered the societies to be a good way to meet students studying other subjects and to relax and unwind. They also felt that the on campus sports and social facilities were very good.

*Careers advice (TD125)*

103. The School has clearly considered the need for comprehensive careers advice for students during Years 3-5 of the programme. The Head of KSM reported that a range of staff will provide careers advice to students. In Germany, informal, mostly specialty-specific careers advice is usually provided by the Chief of a hospital department. However, KSM plans to formalise careers advice provision to encourage students to develop their careers in Kassel. Students will be able to speak to staff informally and have opportunities to learn about the different specialties and what they could expect should they continue their training at Klinikum Kassel. Mentors based in Kassel will also provide careers advice. The University of Kassel also offers independent careers advice consultants, but this is separate to specialist medical careers advice.
104. The Head of KSM highlighted that students will have good access to positive role models across different specialties. The BM (EU) programme leader considered that the consultant to student ratio during Years 3-5 in Kassel will provide students with good access and exposure to consultants across general practice and a wide range of different specialties, and this will afford informal opportunities for careers advice, information and guidance.
105. Students will also have opportunities to complete research projects to learn about different specialties. They will also have options to select clinical electives and four week student selected units to explore and gain exposure to their potential career preferences. A formal careers advice session for students is planned for the end of Year 4 to help them plan and prepare for student selected units.
106. We advised that the School will need to monitor both formal and informal careers advice using student and staff evaluation, to ensure that all students

have broad exposure to structured careers advice from different specialties and general practice.

*Registering with a GP and occupational health (TD138)*

107. Students are encouraged to sign up to a local general practice in Southampton. They also receive a formal induction on the different health services available on campus and at local hospitals. Occupational health information and guidance is available on the School's online Blackboard service and the online student handbook. We note the University of Southampton's extensive university student counselling and crisis support services in the 'Enabling' network.

108. The BM (EU) programme leader confirmed that all students have completed occupational health assessments. We were informed that there were some challenges with encouraging students to have the tuberculosis vaccination to ensure compliance with this requirement to work in UK hospitals, as the vaccination is not mandatory in Germany.

**Requirement 3:** The School must ensure that all students comply with relevant vaccination requirements to practice in UK hospitals.

*Staff development (TD128)*

Selector training

109. We note the comprehensive training provided to selectors in preparation for the BM (EU) selection exercise. Senior leaders explained that the University of Southampton's Head of Nursing Admissions input to the design of selector training, which added credibility by demonstrating how it works in practice. New selectors from KSM were paired with an experienced selector from Southampton, to mentor and share learning. KSM staff reported that the training was useful and enjoyable. Current BM students were also involved in the training to provide student perspective and evaluation.

Assessor training

110. The School is making good progress towards the requirements and recommendations set by the GMC in last year's report. The School has adopted a tiered approach to assessor and examiner training. This has included presentations, facilitated workshops and online training sessions on OSCE and Assessment of Clinical Competency marking, developed by the lead for clinical assessment and BM Finals OSCE Coordinator. The School's assessments lead confirmed that all assessors are required to complete this minimum level of training before the next end of year examinations in 2013-14. We found effective

recording and monitoring systems in place to ensure that all staff complete the necessary training.

111. KSM staff have received training on Southampton's approach to assessments. They attended final year OSCEs in May 2013. We were informed that OSCEs are not frequently used in Germany, so the focus of training is to develop practical skills as well as theoretical knowledge. KSM staff will also receive training on providing feedback to students, as part of their overall assessments training.

#### Staff training in Kassel

112. The School continues to train and develop Kassel-based module leads and teaching staff, particularly in assessment delivery, student support and FTP, and Teaching Tomorrow's Doctors. However, the School will need to ensure that all teaching staff in Kassel have completed appropriate teacher training and fully understand the curriculum outcomes.
113. The BM (EU) programme leader reported that formal teacher training is delivered by Southampton during the training and induction weeks for Kassel staff to underpin teaching practice in a clinical setting. This includes explorations of good practice in bed-side, experiential and problem-based learning. However, we note that some teachers in Kassel LEPs may require further support or more in-depth training to develop their practice.
114. The Head of KSM reported that all appointed teaching staff have university teaching experience, mostly in delivering academic lectures, but not all staff have formal medical education backgrounds. Some teachers have direct experience of teaching students on electives, while others have experience of problem-based learning, but the level of experience varies between teachers.

**Requirement 4:** The School must investigate options for providing supplementary teacher training for all teaching staff within Gesundheit Nordhessen Holding hospitals and partner LEPs to ensure that all teaching staff are aware of, understand and utilise a variety of teaching methods.

115. The School has identified that KSM teachers and trainers will require tailored training to ensure the effective delivery of experiential as well didactic teaching and learning methods. The School's flagship four day training programme is designed to expose KSM staff to different ideas in medical education. This includes a co-facilitated session on Teaching Tomorrow's Doctors, which provides a detailed overview of GMC standards for medical education. Bespoke training will be provided for research supervisors and assessors will also receive training in OSCE and Assessment of Clinical Competency marking. Online learning materials and video resources are available for KSM staff to access on demand.

116. The BM (EU) programme team has explained to KSM teachers that they will need to actively involve students as learning members of the team. KSM teachers identified that most teaching will be ward-based, but students may still receive more lecture-based teaching than in the UK. However, they made it clear that high quality learning experiences are a priority, so they have been very responsive to and interested in the UK approach to medical education. The teachers we met were conscious of the need to deliver a broad yet comprehensive curriculum while still providing opportunities for independent learning.
117. We were informed that KSM teachers and Heads of Department continue to attend training and orientation opportunities in Southampton. Recent training has included briefings on Southampton's VLE, pastoral support for students, NHS structures and UK medical guidelines. Part of KSM staff training includes working with UK-based counterparts in the NHS to observe clinical practice. The KSM staff we met reported that this has helped to build positive relationships and improve buy-in to the programme. GNH is conscious of the need to demonstrate long-term commitment and investment in staff, and this approach has encouraged Heads of Department to maintain these international relationships and gain more experience and exposure to UK clinical and medical education practice.
118. Clinical supervisors in Kassel have also received training in clinical and academic support and student confidentiality. Training on whistleblowing and raising concerns was also delivered to the 20 KSM module leads to ensure staff awareness of the different FTP systems in Germany and the UK. The School's Medical Education Development Unit has also developed two new online Learning modules on the BM (EU) curriculum and student supervision.
119. The teaching staff we met in district hospital partner LEPs were aware of the programme structure and their responsibilities in teaching and student support in Years 3-5. The programme leader reported that teaching staff who have visited Southampton for training generally have a good understanding about what they are expected to deliver, including assessments and teaching and learning outcomes. However, they may need to work out how this works in practice and how they will balance their clinical and teaching commitments.
120. During site visits to district hospital partner LEPs we observed that some teaching staff may need further training or briefing in the Years 1-2 curriculum so they are aware of students' prior learning, knowledge, experience and skills, before they arrive in Kassel.

**Requirement 5:** The School will need to ensure that all teaching staff within

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Gesundheit Nordhessen Holding hospitals and partner LEPs are aware of, and understand the Years 1-2 curriculum and what students will have learned in Southampton. All teaching staff will need to ensure that teaching opportunities build on students' prior learning and experience in Southampton.

*Appraisal of medical educators (TD128)*

121. The School is working to develop policies and procedures for the appraisal and continued professional development of KSM teachers. The BM (EU) programme team explained plans to introduce a formalised model of appraisal for medical educators based in Kassel. This will include evaluating the educational role as an element of annual appraisals. Currently the focus is mostly on clinical competence, with limited formal appraisal of the education role, so the School wishes to improve the quality control to standardise teaching in clinical attachments. Student evaluation and peer review will be central to the appraisal of teaching staff. However, the School has recognised the need for gradual shift towards this new model to ensure that all staff are bought into, and understand the benefits of this new process.

## **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.*

*Teacher involvement in curriculum management (TD152)*

122. We note the active involvement of KSM teaching staff in developing the curriculum for bespoke modules in German Medical Practice and Clinical Research Methods. However, the BM (EU) programme team told us that further work is required to develop and embed KSM teachers' understanding of the curriculum learning outcomes and how they will be delivered at Klinikum Kassel. The programme team is aware that deadlines for developing module outcomes need to be set to ensure that all modules delivered in Years 3-5 provide students with appropriate opportunities to learn and demonstrate competency.

123. The BM (EU) programme leader reported that a vertical integration group has been established to provide a forum for all subject leads and clinicians to have a joined up approach to the curriculum across the pre-clinical and clinical phases of the programme.

*Agreements with local education providers about curriculum delivery (TD157)*

124. We note that plans for delivery of the BM (EU) curriculum in Kassel will need

to maintain the pace we have seen to date. The BM (EU) programme team reported that clinicians at Klinikum Kassel are engaged in the timings and logistics of curriculum development, but further work is required to develop and embed understanding of the curriculum learning outcomes and how they will be delivered, e.g. via ward-based assessments. There was awareness that deadlines for developing module outcomes need to be set to ensure that all modules provide students with appropriate opportunities to learn and demonstrate competency.

**Requirement 6:** The School must ensure that plans for all elements of programme delivery in Kassel are delivered as scheduled. This should include further development of learning outcomes for the Years 3-5 curriculum and progress on how these will be delivered; and training needs analysis of all teachers and assessors.

## Domain 8 – Educational resources and capacity

*159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.*

### *Learning resources and facilities (TD160)*

125. We were impressed by the rapid development of new educational resources and facilities at Klinikum Kassel, including the new inter-disciplinary learning centre, new simulation facilities, new video conferencing and IT systems, and new library and online resources hosted by the University of Kassel. We also noted that the LEPs we visited have the potential to offer excellent educational opportunities for students, with very good clinical resources. The Chief Executive of GNH indicated that district hospital partner LEPs will have adequate space to provide students with appropriate educational and support facilities such as common rooms and IT resources. However, these spaces may need to be reallocated for these purposes.

126. We note that the geographical distance and travel time from Kassel to partner LEPs may be difficult for students. The programme team confirmed that accommodation at LEPs has not yet been allocated to students, but there is an expectation that students will commute each day as there is public transport from Kassel to Kreisklinik Hofgeismar. It was also suggested that students would be able to travel to sites with doctors driving from Kassel. Sleeping facilities for students at each site are available if necessary, but accommodation requests will be considered on an individual basis.

**Requirement 7:** The School will need to ensure that students have access to appropriate educational and support facilities when on placement at partner LEPs.

This should include IT resources, library access and suitable rest space or accommodation where necessary.

127. Students were aware that they can access learning resources via the School's VLE and online Blackboard service. The BM (EU) programme leader confirmed that the VLE will be fully available to students and staff in Germany, and Kassel-based teachers will be able to upload learning materials.

128. The students we met did not report any barriers to accessing learning resources in anyway. They felt that learning resources are set at the right level for their English language skills and they do not have difficulty understanding technical English language texts. Students have remote access to eBooks and eJournals from the library for when they are in Germany. However, there was a perception that most of the core textbooks are not available as eBooks. They also identified that limited availability of some library text books, particularly in pharmacology, anatomy and histology, made it difficult to find information during assignment time.

129. Curriculum development staff identified that students will need access to English language textbooks while on placement in Kassel in Years 3-4 to ensure that they maintain competency and awareness of English language medical terminology and can prepare for English language examinations and assessments. This has been addressed with the provision of new English language textbooks in the Klinikum Kassel library.

#### *Learning environment (TD167)*

130. The students we met felt that group sizes of 8-10 students are appropriate for small group teaching and tutorials. However, there was a perception amongst the students that there is more group work than they expected, and they considered it a distraction from individual study time. They reported a much greater focus on didactic teaching in Germany. Additionally, some students found the different types of teaching methods, such as symposia, Student Selected Units and Personal and Professional Development groups quite confusing at the start of the course. Other students found the different teaching methods, particularly group-based work, provided opportunities to discuss and share ideas, hear different points of view and learn from others.

#### *Staffing (TD162)*

131. The programme team highlighted some of the challenges in ensuring consistency of teaching experience by different teachers in different specialties in different LEPs. There was recognition of the need to ensure that all teachers and

supervisors are equipped with similar standards of knowledge and skills to deliver effective teaching. The Head of KSM is working with partner LEPs to explain the programme requirements and the training and development that may be available. There was also recognition that some clinicians in partner LEPs may require supplementary English language training.

132. The Head of KSM explained that the limited number of clinical staff in district hospital partner LEPs means that there are some challenges in scheduling adequate time for teaching. The programme team has investigated appropriate times for teaching as part of the planning of clinical placements which will be used to inform the curriculum structure for clinical Year 3.

#### *Agreements with providers (TD165)*

133. The Head of KSM confirmed that district hospitals will provide clinical placements for 8-10 students for 8 weeks at a time across medical and surgical specialties. The teaching staff we met at district hospital partner LEPs reported that they have received very good information from KSM about the structure of the programme and curriculum developments. Some of the teaching staff had also received training in Teaching Tomorrow's Doctors. There was a clear understanding of what needs to be done before students arrive in September 2015, and the teaching staff had received plans for Year 3 including curriculum content, student numbers and teaching requirements.

134. The School has made good progress in securing primary care clinical placements in Kassel, but there remain some challenges. There is awareness that smaller, local practices may represent potential risks in the form of staffing and business continuity. Should a key member of staff leave a smaller practice, then teaching may not be able to continue at that LEP.

135. The teaching staff we met at district hospitals reported that the information provided by KSM was useful, particularly the training in UK teaching methods. The experiential teaching approach was viewed positively. The teaching staff highlighted that the district hospitals have previously had very limited experience of delivering undergraduate education, and that significant preparatory work is needed, particularly in teaching skills and assessment of clinical competency, to ensure that students are provided with high quality learning experiences. However, they felt that there were many advantages to clinical placements at these sites, including good exposure to different patients, pathways and clinical situations, as well as access to outpatient and in-patient clinics, and the ratio of staff to students.

136. We were informed that students will learn from, and alongside nurses and

nursing students while on clinical placements in district hospitals. There is a nursing school and specialist nursing training at Krankenhaus Bad Arolsen. The nurses have significant experience of teaching and are prepared to help educate medical students in an inter-professional environment.

137. The Chief Executive of GNH confirmed that many clinicians within Klinikum Kassel and partner LEPs also work in private practice. This means that some clinicians with teaching responsibilities, particularly general practitioners (which are different to the UK general practice specialist) may lose income when they are timetabled for teaching instead of clinical practice. The Head of GNH explained that these staff will receive compensation from KSM for their teaching duties. There was recognition that tensions between hospital management targets for patients and time for teaching will need to be carefully managed and monitored. The Chief Executive of GNH is responsible for the objective setting and appraisal of hospital chiefs (UK consultant equivalent) including for education and training responsibilities. The programme team recognised that the success of the programme cannot rely solely on good will and teaching responsibilities may need to be incentivised.

## 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.*

*Curriculum demonstrated to meet the outcomes in Tomorrow's Doctors (TD170)*

138. The BM (EU) programme team explained that the development of the BM (EU) curriculum has taken account of national differences between the UK and Germany, in areas of clinical practice, medical ethics and national guidelines. The programme team believed that understanding and preparing students for transnational practice is a key purpose of the programme. Instead of systematically identifying for the students all potential differences in practice between the UK and Germany, they want to equip students with the skills to recognise and respond to the differences, not only between the two systems but between different clinical settings. The School is also researching the feasibility of introducing new computer software to help students understand differences between patient expectations in Germany and the UK.

139. Students we met highlighted that they have already noticed differences between the two systems, and that they are open to learning and experiencing different patient pathways and types of clinical practice.

*Graduates demonstrate the outcomes (TD171)*

140. The BM (EU) programme team is aware of the challenges for students sitting UK assessments in the final year of the programme while they are learning and practicing in a German clinical environment. The School has identified the need to maintain learning from Years 1 and 2 while students are on placement in Kassel in Years 3-5. For example, communicating with patients, and maintaining awareness of the UK-specific skills and knowledge they will need to pass assessments. There are plans to train supervisors and simulated patients in Kassel to help sustain students' learning from their first two years in the UK. The School's Clinical Assessment Working Group will ensure KSM input to OSCE content development and appropriate inclusion of UK and German practice and guidelines.

141. The Director of BM programmes confirmed that ePortfolio will be used to record and track student progress while they are based in Kassel in Years 3-5. Mentors and tutors in Germany will also have access to ePortfolio. It will also be used to record learning and performance in Student Selected Units and bespoke modules, while also enabling the School to share news and developments in Southampton.

## **Acknowledgement**

We would like to thank the University of Southampton, Kassel School of Medicine and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Visit team

<b>Dates of visit/s</b>	13 November 2013: Southampton, UK 10 April 2014: Kassel, Germany
<b>Team Leader</b>	Professor David Cottrell
<b>Visitor</b>	Dr Shehla Baig
<b>Visitor</b>	Dr Steve Capey
<b>Visitor</b>	Dr Obadah Ghannam
<b>Visitor</b>	Mr Jeff Serf
<b>Visitor</b>	Reverend Dr David Taylor
<b>GMC Staff</b>	Manjula Das, Education Quality Assurance Programme Manager Joe Griffiths, Education Quality Analyst

## Appendix 2: Document register

Document number	Document name	Description	Source
1	Contextual Document - Southampton Final	SWOT analysis, changes to management or delivery of programme implemented since reporting and good practice since the 2011 MSAR	University of Southampton Faculty of Medicine
2	Organogram 2012	University of Southampton Faculty of Medicine organisation structure	University of Southampton Faculty of Medicine
3	Preamble BM 4	BM4 programme rationale and aims	University of Southampton Faculty of Medicine
4	Programme Specification BM4	Summary of programme main features and learning outcomes	University of Southampton Faculty of Medicine
5	BM4 Curriculum Plan	Curriculum Plan - September 2012	University of Southampton Faculty of Medicine
6	Preamble BM 5	BM5 programme rationale and aims	University of Southampton Faculty of Medicine
7	Programme Specification BM5	Summary of programme main features and learning outcomes	University of Southampton Faculty of Medicine
8	BM5 Curriculum Plan	Curriculum Plan - September 2012	University of Southampton Faculty of Medicine
9	Preamble BM6	BM6 programme rationale and aims	University of Southampton Faculty of Medicine
10	Programme Specification BM6	Summary of programme main features and learning outcomes	University of Southampton Faculty of Medicine
11	BM6 Curriculum Plan	Curriculum Plan - September 2012	University of Southampton Faculty of Medicine
12	BM Programmes	Periodic Programme Review	University of

	University Review Report	Report – October 2012	Southampton Faculty of Medicine
13	Assessment Framework	Assessment framework guidance	University of Southampton Faculty of Medicine
14	FTP Policy	Fitness to Practise policy document	University of Southampton Faculty of Medicine
15	FTP Procedures	Fitness to Practise procedures document	University of Southampton Faculty of Medicine
16	BM 4 Programme Specification	Summary of programme main features and learning outcomes	University of Southampton Faculty of Medicine
17	BM 5/6 Programme Specification	Summary of programme main features and learning outcomes	University of Southampton Faculty of Medicine
K001	Application form for New Schools and Campuses	Completed GMC application form for new schools for recognition under the Medical Act	University of Southampton Faculty of Medicine
K002	New BM Programmes Overview	Summary of BM programmes including background, rationale and proposals	University of Southampton Faculty of Medicine
K003	Preamble BM EU	BM (EU) programme rationale and aims	University of Southampton Faculty of Medicine
K004	Programme Specification BM EU	BM (EU) programme specification document	University of Southampton Faculty of Medicine
K005	BM EU Curriculum Plan	Curriculum Plan - September 2012	University of Southampton Faculty of Medicine
K006	Assessment Framework	Assessment framework guidance	University of Southampton Faculty of Medicine
K007	Assistantship BM EU	Assistantship module profile	University of Southampton Faculty of Medicine
K008	BM Intermediate blueprint	2011-12 Question matrix (Blueprint) (July 2012)	University of Southampton Faculty of Medicine
K009	BM EU Mapped Learning Outcomes	Map of learning outcomes across each year of programme	University of Southampton Faculty of Medicine
K010	BM EU Summary of Assessments	Summary of assessments in the BM(EU) programme	University of Southampton Faculty of Medicine
K011	Borderline Regression Pilot - Full Scale Pilot	Report on BM Finals OSCE Borderline regression Pilot – year 2 full scale pilot update	University of Southampton Faculty of Medicine
K012	Curriculum Matrix Plan BM EU	Curriculum Matrix Plan	University of Southampton Faculty of Medicine
K013	Developing the mini-CEX report	Report on review of Mini CEX as a finals component- March	University of Southampton Faculty

		2012	of Medicine
K014	FTP Policy	Fitness to Practise policy document	University of Southampton Faculty of Medicine
K015	FTP Procedures	Fitness to Practise procedure document	University of Southampton Faculty of Medicine
K016	Governance structure current	Education governance structure within faculty of medicine – Nov 2011	University of Southampton Faculty of Medicine
K017	Governance structure proposed	Draft education governance structure within faculty of medicine for 2013	University of Southampton Faculty of Medicine
K018	Guidance for students on rights of patients in medical education	Guidance document for students on the rights of patients in medical education	University of Southampton Faculty of Medicine
K019	Kassel business case August 2009	Business case for partial franchise of the BM5 programme	University of Southampton Faculty of Medicine
K020	Kassel Memo of Agreement	Memorandum of Agreement between University of Southampton and Gesundheit Nordhessen.	University of Southampton Faculty of Medicine
K021	Kassel University Letter of Intent	Letter of Intent from University of Kassel outlining plans for supporting BM (EU) programme	University of Southampton Faculty of Medicine
K022	Support services poster	Student support guidance for staff	University of Southampton Faculty of Medicine
K023	Whistleblowing policy 2012	Policy and Procedures for Confidential Reporting by Medical Students of Fitness to Practise Issues	University of Southampton Faculty of Medicine
N/A	1a Example Timetables BM5 year 1&2	Example timetable for BM5 programme years 1 and 2	University of Southampton Faculty of Medicine
N/A	1a Final report CDPG Aug 2006CS	Final Report on Curriculum Review 2006	University of Southampton Faculty of Medicine
N/A	1b Intro to year 3 Timetable 3-7 Sept	Timetable of Introduction to Year 3 course – 3-7/09/12	University of Southampton Faculty of Medicine
N/A	1b Yr3 Introductory Day 2012-13	Agenda for Year 3 Introductory day	University of Southampton Faculty of Medicine
N/A	1b BM Year 3 Info 12-13 for BM4 and BM5 Yr 2 students	Information about Year 3 in 2012/13 to help Year 2 students	University of Southampton Faculty of Medicine
N/A	2b Assessment analysis report for GMC March 2013	Report of assessment analysis report submitted to GMC in March 2013	University of Southampton Faculty of Medicine
N/A	2b Station 1 Example examiner station analysis 2012	Report of examiner OSCE station analysis	University of Southampton Faculty of Medicine

### ***Appendix 3: Abbreviations***

ACC	Assessment of Clinical Competency
BM	Bachelor of Medicine programme
BM5	Bachelor of Medicine five-year programme
BM (EU)	European Bachelor of Medicine programme
CEO	Chief Executive Officer
FTP	Fitness to Practise
GP	General Practice
GMC	General Medical Council
GNH	Gesundheit Nordhessen Holding AG
KSM	Kassel School of Medicine
LEP	Local Education Provider
OSCE	Objectively Structured Clinical Examination
QABME	Quality Assurance of Basic Medical Education
VLE	Virtual Learning Environment

## Appendix 4: Action plan for University of Southampton Faculty of Medicine 2013-14

### Requirements

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
1	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must ensure that all relevant University of Kassel staff have completed appropriate equality and diversity training.	<p>The school has been identifying who the relevant staff will be at the University of Kassel and are looking at what training such staff have already done.</p> <p>We have also started to gather data on the E&amp;D training already undertaken by German teachers and staff to establish a baseline</p> <p>We are looking to see if any online E&amp;D modules in German are available and suitable.</p>	<p>Once a reliable dataset is established, the Faculty can develop a clear timeline of which teachers need to undertake what training with a deadline.</p> <p>We are investigating the possibility of producing a E&amp;D resource in German</p>	All relevant University of Kassel staff to have received E&D training by September 2015 with a process in place that new staff will undertake training with their induction	<p>Dr Christian Unzicker – Head of KSM</p> <p>Dr Clare Polack – BM(EU) Programme Leader</p> <p>KSM Education Manager</p>

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
2	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must produce a fully developed schedule and plan for assessments for Years 3-5 of the BM (EU) programme, including assessment approach and methodology, by the time of the GMC's site visit to KSM in May 2015.	<p>The assessment structure for BM(EU) is in-line with the BM5 programme. Although a broad assessment structure has been established the details are still 'work in progress'. The special issues relating to BM(EU) are being considered as part of this process.</p> <p>An assessment lead in Kassel has been appointed and has attended the 4 day Teaching Tomorrows Doctors course (TTD) in Southampton and the International fundamentals of assessment course in London. He is a member of the assessment committee at Southampton.</p>	Assessment schedule for the new curriculum of all the BM programmes will be finalised by May 2015 with input from the KSM assessment lead.	May 2015	<p>Dr Jenny Skidmore - Chair of Taught Programmes Assessment Committee.</p> <p>Dr Clare Polack</p> <p>Dr Ralph Siekmann – Assessment lead KSM</p> <p>Dr Louise Dubras – Director of Programmes</p>
3	Update to be provided at GMC visit on 13 Nov 2014 and in next	The School must ensure that all students comply with relevant vaccination requirements of UK hospitals.	<p>All 18 students in the 2013 cohort had all the necessary vaccinations.</p> <p>The KSM website has been updated to make clear the requirements for the programme in terms of</p>	Monitor uptake of vaccinations of new cohort through occupational health.	<p>Ongoing routine monitoring by occupational health.</p> <p>2014 cohort by December 2014</p>	<p>Occupational Health</p> <p>Student Administration Team</p> <p>Dr Clare Polack</p>

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
	scheduled report to the GMC		vaccination.			
4	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must provide supplementary teacher training for all teaching staff within Gesundheit Nordhessen Holding hospitals and partner LEPs to ensure that all teaching staff are aware of, understand and utilise a variety of teaching methods.	<p>The approach we have taken for teaching staff in Kassel is the same as in the Faculty and all other NHS trusts and outlined in the last MSAR. 'We take a tiered approach to ensuring that everyone educating medical students has the necessary knowledge and skills for their role. This ranges from compulsory familiarity with key documents, such as Tomorrow's Doctors through online training via our MEDUSA staff development modules; and face to face workshops for those with appropriate levels of responsibility.'</p> <p>17 teaching staff with module or theme responsibility have already attended staff development weeks in Southampton during which a variety of teaching methods are</p>	<p>Staff development weeks in Southampton will continue (next one November 2014).</p> <p>We are planning training in Germany in German based on TTD for BM(EU) teachers.</p> <p>BM(EU) teachers also have access to University of Southampton online staff development modules and we hold a few places for them every TTD course. We are currently considering translating key resources into German such at the ACC (Assessment of Clinical Competence) Survival Guide.</p>	Ongoing All year 3 teachers to be trained by September 2015	<p>Dr Clare Polack</p> <p>Dr Christian Unzicker</p> <p>KSM Education Manager</p> <p>Dr Faith Hill (Head of Staff Development)</p>

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
			discussed, observed and role modelled by facilitators. 6 staff have attended TTD in Southampton. Project supervisors have received training in Germany by the leads from Southampton.			
5	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must ensure that all teaching staff within Gesundheit Nordhessen Holding hospitals and partner LEPS are aware of, and understand the Years 1-2 curriculum and what students will have learned in Southampton. All teaching staff will need to ensure that teaching opportunities build on students' prior learning and experience in Southampton.	<p>This information is covered in the staff development weeks for module coordinators. All module coordinators have access to the curriculum through the virtual learning environment (VLE).</p> <p>We have also produced an online 'MEDUSA' module containing the key features of the new curriculum which is available to all BM(EU) teaching staff.</p> <p>Links with U of S module leaders have been established for most modules who in turn can cascade their knowledge.</p>	<p>A summary of years 1 and 2 will be part of training in Germany.</p> <p>Part of teaching methods training will be encouraging teachers to start with the student. Therefore the students can help ensure that the teaching builds on prior knowledge.</p> <p>We are considering producing a pocket guide with links to the curriculum for all teachers in Germany and the UK.</p>	Ongoing. Teachers in each year to have received training by the start of the academic year in which their module is taught.	<p>Dr Clare Polack</p> <p>Dr Christian Unzicker</p> <p>KSM Education Manager</p> <p>Dr Faith Hill</p>

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
6	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must ensure that plans for all elements of the programme in Kassel are delivered as scheduled. This should include further development of learning outcomes for the Years 3-5 curriculum and progress on how these will be delivered; and training needs analysis of all teachers and assessors.	<p>Most of the programme follows the BM5 curriculum and the learning outcomes for these modules are developed and shared between the programmes.</p> <p>For the bespoke modules the learning outcomes have been developed and will be reviewed according to student evaluation and needs.</p> <p>Training needs analysis has been ongoing during every visit to Kassel and to Southampton.</p>	Further training in Germany, mainly in German is planned for assistant doctors. Assessment training also planned for those who have not attended the weeks in Southampton.	<p>Ongoing.</p> <p>Teachers in each year to have received training by the start of the academic year in which their module is taught.</p>	<p>Dr Clare Polack</p> <p>Dr Christian Unzicker</p> <p>KSM Education Manager</p>
7	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School must ensure that students have access to appropriate educational and support facilities when on placement at partner LEPs. This should include IT resources, library access and suitable rest space or	<p>The Service Level Agreement (SLA) the University of Southampton has with LEPs in the UK is being revised and should be finished for the start of the next academic year. This will be used to guide KSM about the expectations at the LEPs.</p> <p>The LEPs have been scoped</p>	Further negotiation with LEPs and GNH leading to installing facilities	Sept 2015	Dr Christian Unzicker

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery	Timeline for action (month/ year)	Medical school/ deanery lead
		accommodation where necessary.	and discussions have been started about facilities that will be needed.			

### **Recommendations**

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery/trust	Timeline for action (month/ year)	Medical school/ deanery lead
1	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School should improve the published information and guidance it provides to prospective applicants. This should include seeking feedback from current students and previous applicants.	This year 7 of the 2013 BM(EU) cohort attended the selection days.  Evaluation of last year's selection process led to changes this year for example; students invited to selection were given a lot more information than last year.	Evaluation of this year's selection.	Review of selection in 2014 and any changes agreed by Dec 2014	KSM Education Manager  Dr Christian Unzicker  Dr Clare Polack
2	Update to be provided at GMC visit on 13 Nov 2014 and in next	The School should extend the duration of the student assistantship to ensure that students have adequate opportunities to develop competency	There has been preliminary discussion about having some weeks in the medicine and surgery blocks in the final year as assistantship in both Wessex and Kassel. The advantage the Kassel students have is that they	Further discussions in Southampton and Kassel	May 2017	Dr Louise Dubras  Dr June Abay – Final Year Leader  Dr Christian

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery/trust	Timeline for action (month/ year)	Medical school/ deanery lead
	schedule d report to the GMC	and demonstrate required learning outcomes.	will spend most of years 4 and 5 in the hospital in which they will do their foundation jobs and as they are a small number it is likely they will be working with, and shadowing interns on a day to day basis.			Unzicker Dr Clare Polack
3	Update to be provided at GMC visit on 13 Nov 2014 and in next schedule d report to the GMC	The School should introduce additional cultural literacy teaching on the programme to help improve students' understanding of medical norms and communication with patients in the UK.	<p>Existing students for later years have been recruited (the Kassel Ambassadors) who have been helping the BM(EU) students socially and academically.</p> <p>We have recruited some German simulated patients to work with the BM(EU) students at the end of year 2 to practise communication skills in German. We also plan to work with them to reflect on any differences in cultural norms.</p> <p>The communication leads have been appointed in Kassel and have met with the communication lead in Southampton and are clear what they need to do.</p>	<p>Facilitate peer support by British students when the BM(EU) students are in Kassel.</p> <p>Recruit British simulated patients in Kassel for ongoing communication skills training.</p> <p>Visit of Southampton communication skills lead to Kassel.</p> <p>We are looking at how we might deliver some remote communication skills training (from Southampton to Kassel) using existing or new materials.</p> <p>We are considering</p>	September 2015	<p>Dr John Perry – Communication Lead</p> <p>Helmut Zeilfelder – Communication Theme Coordinator KSM</p> <p>Cathy Mehler – Communication Theme Coordinator LEPs</p> <p>Dr Clare Polack</p> <p>Dr Christian Unzicker</p>

Report Ref	Due Date	Description	Action taken by medical school/ deanery to date	Further action planned by the medical school/ deanery/trust	Timeline for action (month/ year)	Medical school/ deanery lead
			The students have all been given a list of English colloquial phrases which patients might use in giving a medical history.	setting up a Wiki to which students and staff in both the UK and Germany can contribute additional colloquialisms / idioms.		
4	Update to be provided at GMC visit on 13 Nov 2014 and in next scheduled report to the GMC	The School should communicate all relevant information about Year 3 clinical placements to students by November 2014 to provide adequate time for planning and logistical arrangements.	The outline structure of clinical placements in year 3 is clear.	We need to clarify with the district hospitals the number of students they can take for each rotation.  We need a clear plan for transport to the district hospitals.	November 2014	Dr Christian Unzicker  Dr Clare Polack