

Final report: St George's University of London  
International (formerly INTO) Medicine MBBS 2016–17

## St George's University of London (formerly INTO SGUL)

This visit is part of the [GMC's remit](#) to ensure medical schools are complying with the standards and outcomes as set out in *Promoting Excellence: standards for medical education and training*. For more information on these standards please see: [Promoting Excellence: standards for medical education and training](#)

### Review at a glance

#### About the School

<b>Medical school</b>	St George's University of London
<b>University</b>	St George's University of London
<b>Dates of visit</b>	20 June 2017 to St George's University of London
<b>Programmes considered</b>	International (formerly INTO) Medicine BSc/MBBS (six years)  International (formerly INTO) Graduate Medicine MBBS (four years)
<b>Areas explored</b>	Planning and management of the course, the quality of the clinical placement providers overseas, quality management of the course, quality management of overseas placements, teaching and assessment, feedback, clinical placements, meeting curricular requirements overseas, academic and pastoral support, careers advice, facilities.
<b>Number of students</b>	86 on MBBS 6

	113 on MBBS 4
<b>Number of local education providers</b>	21 acute NHS Trusts, 133 general practices in the United Kingdom (UK). United States (US) permanent placements through Marshall University in Huntington West Virginia from August 2015 and Thomas Jefferson University in Philadelphia Pennsylvania from August 2016.
<b>Local Education and Training Board</b>	Health Education England South London London and South East (LaSE) [from 1 August 2016]
<b>Last GMC visit</b>	2016-17 visit to St George's London site

## Introduction

- 1 St George's University of London (the School) formed a long-term joint venture with INTO University Partnerships, called INTO St George's Hospital Medical School LLP (INTO SGUL). By agreement between INTO and St George's the members applied to Companies House to strike the LLP off the register and have confirmation that it will be struck off on 23 July 2018. Via the venture SGUL offers a 4 year graduate entry programme, and a 6 year school leaver International Medicine Bachelor of Medicine and Surgery (MBBS) programme with a compulsory intercalated degree. These two programmes at SGUL (the programmes) are designed specifically for overseas (non-United Kingdom (UK), non-European Union (EU)) students. The programmes are now offered solely by the School. Students with US or Canadian passports will complete the first two years of the graduate entry programme or four years of the school leaver course at SGUL in London and the final two years at a US clinical campus. Other passport holders may only be able to complete their final year in the US. The programmes are currently in their fourth year of delivery with increasing student numbers in all cohorts. The two students due to graduate in 2016 were transferred to the School's home programme; the first cohort therefore graduated in 2017.
- 2 During the 2016-2017 academic year we visited the St George's University of London site where the university delivers the first two years of the programmes. At the time of our visit, Penultimate (P) Year and Final (F) Year had been delivered at Marshall University (MU) and Penultimate (P) Year had been delivered at Thomas Jefferson University (TJU).
- 3 In May 2017, we were informed that INTO and SGUL had decided to discontinue the International Medicine Programmes. Applicants for 2017 entry to the International MBBS programmes, who met the admissions standards, were offered places on the MBBS home programmes. Students in the International MBBS programmes at the time of the announcement will continue on the International MBBS programmes on which they started. Students already completing their clinical placements at MU and those allocated to commence placements there in August 2017 continued as planned. However, Marshall will not be able to offer further placements from the academic year 2018/19. At the time of the visit, SGUL was still in negotiations about future placements with TJU for the teach-out of current students but it was expected that the relationship would continue.

## Summary of findings

- 4 Although the experience offered by MU and TJU is excellent, at the time of our visit, the SGUL was unable to demonstrate compliance with a number of requirements in *Promoting excellence: standards for medical education and training*.

- 5** As had been noted at earlier visits, we were particularly concerned about the quality of support and advice given to students, and communication regarding placements, specifically allocation processes and the delivery of teaching.
- 6** All students must pass Step 1 of the United States Medical Licensing Examination (USMLE) in order to begin their penultimate year of study in the United States (a pass at USMLE Step 1 is not required for International MBBS students who choose to stay in the UK for their penultimate and final years of study) and the USMLE Step 2 to apply for internships in the US. The USMLE Step 1 score has a significant impact on applications for postgraduate training on US Residency programmes. The School has increased the teaching it provides students in preparing for the exam. However, the majority of students who we spoke to on the programmes stated they still feel hugely underprepared for the exam. The students must prepare for Step 2 of the USMLE whilst on their US placements.
- 7** Overall there are ongoing issues with the SGUL's quality management systems and the standard of communications between SGUL and its students. Some of the GMC requirements and recommendations from past reviews have not been addressed adequately, and although SGUL International MBBS students are now progressing through the programme, there are a few areas where our standards are not being met. In light of the decision to discontinue the International MBBS programme, the GMC's main concern is the support given to the students and consequential impact on the students at all different stages of this transition.

## Update on open requirements

We set requirements where we have found that our standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped to evidence we gathered during the course of the visit. We will monitor SGUL's response to requirements and will expect evidence that progress is being made. Even though the programme is being discontinued, as the programme phases out, we expect that the School will continue to support students and offer an experience that meets our standards, along with their partner organisations.

Below are requirements set during previous visits to the programme, and our judgement as to whether the requirement has, at the time of this report, been met, partially met, or not met. We have indicated where there is no longer relevance.

	Requirements	Update
1	<p><b>Set in 2013-2014</b></p> <p>The School must have in place signed agreements with local education providers to deliver the final two years of the programmes for current students, and agreements to provide placements sufficient for the proposed steady state intake of students by the end of 2014.</p>	<p>Met/Superseded by discontinuation of programme</p> <p>SGUL has in place signed agreements with LEPs (some in the US and the rest in the UK) to deliver P and F years for current students and for the duration of the teach-out. The number of overseas placements is limited and therefore capacity may be insufficient for all those students wishing to undertake their P and F years in the US. The School must consider as far as possible the career aspirations of those unable to study in the US – see recommendation 1 below.</p>
2	<p><b>Set in 2013-2014</b></p> <p>The School must ensure that its quality management processes identify and resolve risks to the quality of the International Medicine programmes.</p>	<p>Partially met</p> <p>SGUL submitted risk management documentation prior to the visit. While these documents demonstrate that SGUL's quality management process identifies some risks effectively, we are concerned that the risk registers do not address in detail the needs of the continuing cohort.</p>
3	<p><b>Set in 2013-2014</b></p> <p>The School should identify and implement ways to provide</p>	<p>Partially met</p> <p>Shortly after the visit, the School submitted feedback on the USMLE as well as student</p>

	<p>more tailored support for the pastoral, academic and managerial needs which are specific to the International Medicine programmes.</p>	<p>survey results.</p> <p>The USMLE feedback indicated that success rates in 2016 and 2017 were higher than in 2015. Students who were yet to take their USMLE Step 1 exams reported more satisfaction with USMLE preparation than those who had already taken the exam. This was evident in the international MBBS student survey in June 2017.</p> <p>The International MBBS student survey findings highlighted that there has been clear improvement in student satisfaction amongst the International MBBS students in areas previously identified as problematic. A large proportion of students indicated satisfaction with the USMLE package and improvements in communications, for example. However, the need for further improvements in both these and other areas (e.g. tailored careers counselling) was also evident and given that less than half the student population took part in the survey, we will need to monitor this area in our future quality assurance activities. We would like to see a clear plan of how the School is addressing the shortcomings raised by the students in the surveys and evidence that communication strategies are functioning effectively.</p>
4	<p><b>Set in 2014-2015</b></p> <p>The reports of validation visits to MU, TJU and Cooper University, their consideration by SGUL committees and final decisions about the quality of medical education and training that can be expected there must be shared with us.</p>	<p>Met</p> <p>The reports of the clinical sites visits to Marshall University in June 2015 and September 2016, and to TJU in July 2016 were all submitted to the GMC in January 2017.</p>
5	<p><b>Set in 2014-2015</b></p> <p>The School must provide the US family medicine learning outcomes mapped to the UK curriculum learning objectives</p>	<p>Partially met</p> <p>The family medicine learning outcomes mapping for Marshall was submitted to the GMC.</p>

	for general practice.	The GMC still requires evidence that the family practice outcomes have been mapped to the family medicine curriculum for TJU.
6	<p><b>Set in 2015-2016</b></p> <p>The differences in curriculum between SGUL and partner organisations must be pro-actively mapped out, with regular checkpoints to address ongoing curriculum development. This mapping must include ethical and legal issues.</p>	<p>Partially met</p> <p>The P year curriculum mapping was complete at the time of the June 2017 visit.</p> <p>We look forward to receiving the completed F year mapping.</p>
7	<p><b>Set in 2015-2016</b></p> <p>Formal structures for monitoring the P and F Years at the US partner sites must be in place and effective.</p>	<p>Partially met</p> <p>SGUL submitted quality management documentation prior to the visit which highlighted clear structures for monitoring the P &amp; F years. We will explore the effectiveness of the existing sub-committees in place at TJU during our future quality assurance activities.</p>
8	<p><b>Set in 2015-2016</b></p> <p>SGUL must ensure any differences between theirs and partner organisation student fitness to practise processes are fully mapped, and consistently applied.</p>	<p>Met</p> <p>SGUL submitted fitness to practise documentation prior to the visit.</p>

### Update on open recommendations

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

	Recommendations	Update
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1	<p><b>Set in 2013-2014</b></p> <p>The School should improve its communications with students so that they have access to clear, accurate information about the programmes and are confident in seeking advice and information about aspects of their studies which are specific to International Medicine. As part of this, the School should ensure there is sufficient expertise to advise students about registration and practice requirements in the US and any other countries where they wish to apply for registered practice.</p>	<p>Partially met</p> <p>The School submitted a student communication strategy and a career planning strategy for International MBBS students. As per requirement number 3 above, we would like to see evidence that student satisfaction has improved as a result of these strategies.</p>
2	<p><b>Set in 2014-2015</b></p> <p>SGUL would like to increase the number of students on the programmes until there are 85 students in total in each of P and F Year. This leaves a shortfall of 36 and SGUL should manage recruitment across the two programmes to ensure no more than 49 international places are required in P Year until such time as an agreement is signed to increase capacity at a current partner site or an additional partner is identified.</p>	<p>Superseded by discontinuation of programme</p>
3	<p><b>Set in 2015-2016</b></p> <p>The School should consider all location requests, particularly those in exceptional circumstances and put in place a fair appeals process where</p>	<p>Met</p> <p>Prior to the visit, SGUL submitted documentation which highlighted the School's international allocation and exceptional circumstances process, as well as a frequently asked questions documents</p>

	these requests are refused.	for students.
4	<p><b>Set in 2015-2016</b></p> <p>SGUL should continue to work closely with TJU on their curriculum review process to ensure it is fit for purpose for their students, particularly for family medicine.</p>	<p>Partially met/Superseded by requirement numbers 5 and 6 above.</p> <p>The School submitted a curriculum review document shortly after the visit which outlined changes to the curriculum and placements at TJU.</p> <p>This will be monitored by requirement numbers 5 and 6 above.</p>

## Appendix 1:

### Visit team

<b>Dates of visits</b>	20 June 2017 to St George's University of London
<b>Team Leader</b>	Professor Mairi Scott
<b>Visitor</b>	Dr Ravi Gulati
<b>GMC Staff</b>	<p>Jessica Lichtenstein</p> <p>Angela Hernandez</p>



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## **St George's, University of London Response to GMC report on International (formerly INTO) MBBS 2016-17**

We welcome the review of the International (formerly INTO) MBBS programme undertaken by the visiting General Medical Council team.

The Joint Venture with INTO University Partnerships will be formally struck off the register at Companies House on 23 July 2018. The programme was closed to further admissions after the intake in academic year 2016-17. We are absolutely committed to ensuring high standards of education and student experience for the cohort of students in the teach-out phase of the programme.

**Specific responses to the key issues raised and an overview of progress made since the visit in June 2017 are outlined below.**

### **1. Quality management processes**

Concern was raised that risk registers for the programme did not fully meet the needs of the continuing cohort. At the institutional level, we have reissued our Risk Management Policy and existing strategic risk registers have been rewritten to align with the requirements of the new Policy. The International MBBS Management Risk Register is considered at International MBBS Operations Group (IMOG) once per term. The International MBBS Strategic Risk Register is considered by International Committee once per term and presented to Risk Management and Efficiency Committee.

Following the visit, a document tracking progress with the International MBBS closure plan was developed, in addition to the existing risk registers. Its aim is to ensure that the academic standards are maintained and that students receive a high-quality educational experience in the teach-out phase of the programme. Achievement of the aims of the plan is independently monitored through Quality Assurance and Enhancement Committee once per term. We believe that the rewritten/realigned risk registers, together with the newly-generated detailed Programme Closure Action Plan, ensure that the needs of the continuing cohort are addressed in detail.

Delivery of the Penultimate and Final years of the programme is monitored by local committees at our partner universities in the USA with regular reports through the SGUL MBBS committee structure. Periodic Review of the programmes is scheduled for July 2018.

## **2. Preparation for the United States Medical Licensing Examination (USMLE) Step 1**

Support for preparation for USMLE Step1 has been augmented by provision of a full-time Clinical Teaching Fellow from August 2017 and access to a commercial package of pre-recorded lectures (200 hours). Online advice for students preparing for the examination has been developed in collaboration with colleagues at Thomas Jefferson University. The students have welcomed these developments and student representatives report that satisfaction with support in preparation for the examination has improved significantly.

## **3. Curriculum mapping**

The General Practice outcomes have been mapped to the Family Medicine curriculum at Thomas Jefferson University and mapping of the whole Final Year curriculum is complete. Where there are differences in the way that the outcomes are delivered in the US, specific provisions/arrangements have been put in place for students to demonstrate those outcomes.

## **4. Communication with students including career guidance**

We have changed the format of our student-staff meetings from academic year 2017-18 with organisation and chairing passed on to student representatives who lead on the frequency and content. This has been highlighted by student representatives as an example of good practice.

An overwhelming majority of emails to the International MBBS Team are answered the same day. Delays may be experienced very occasionally due to staff absence but never more than 48 hours.

Joint meetings for international and home student representatives are held once a term to facilitate communication and better understanding of specific issues related to each cohort. Student representatives attend all bi-monthly International MBBS Operations Group meetings. The students have fed back in meetings and through their Representatives that communication has improved substantially.

A new development from academic year 2017-18 is one-to-one career guidance sessions provided on a weekly basis by the International MBBS Course Director or Dean of International Education. Online materials have been developed in collaboration with colleagues at Thomas Jefferson University.

8<sup>th</sup> June 2018