

## Review of St George's University of London

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the School

|                            |  |
|----------------------------|--|
| <b>Programme</b>           | MBBS   |
| <b>University</b>          | St George's University of London   |
| <b>Years of course</b>     | 4 year graduate entry programme, 5 year standard programme & 6 year programme with foundation year   |
| <b>Programme structure</b> | From year one through to year two the emphasis is on lectures, tutorials and group activity with short clinical and community based placements. From year two the emphasis moves from tutorial and group based activity to a combination of Problem-Based Learning and Student-Selected Components, rotating with clinical placements. In T year and P year the focus is heavily on clinical placements. These are delivered with complementary lectures running in parallel and students have maximum exposure to clinical environments both in hospital, primary care and other community based placements. Within the final year all students undertake an assistantship and an elective. |
| <b>Number of students</b>  | 1,414  |

|  |                                  |
|--|----------------------------------|
| <b>Number of LEPs</b>                      | 48 sites in 21 trusts            |
| <b>Local deanery(ies)</b>                  | London & Kent, Surrey and Sussex |
| <b>Last GMC visit</b>                      | QABME 2008/09                    |
| <b>Outstanding actions from last visit</b> | None                             |

### About the visit

|  |   |
|--|---|
| <b>Visit dates</b>   | 19-20 November 2012   |
| <b>Sites visited</b>   | St George's University of London  |
| <b>Areas of exploration</b>  | Changes to medical education landscape, fitness to practise, student evaluation, student support, assessment, curriculum, clinical placements/assistantship, equality and diversity, staff development, patient and public involvement, transfer of information, quality management |
| <b>Were any patient safety concerns identified during the visit?</b>   | No  |
| <b>Were any significant educational concerns identified?</b>   | No  |
| <b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</b> | No  |

## Summary

1. London is the region that has been selected for review in 2012/13. The South west London regional team visited St George's University of London (SGUL) on the 19/20 November. SGUL is the smallest of the five London Medical schools with 1,414 students. It shares its site with St George's Hospital which is a large teaching hospital. SGUL has a four year graduate entry programme, a standard five year programme and a six year programme which includes a foundation year. SGUL in partnership with pathway provider INTO offers a graduate entry and a

six year programme specifically for overseas (non-UK, non-EU) students. Currently there are 12 students on the INTO programme taking classes with SGUL colleagues.

2. SGUL is currently undergoing a rolling programme of GMC quality assurance for its INTO programme and its four year graduate entry programme delivered in partnership with the University of Nicosia, Cyprus.

The *Better Service Better Value review* of health services in south west London could lead to service reconfiguration which may impact upon clinical placements. The School has been working closely with Local Education Providers to consider contingency plans. The School scored below average in the 2012 National Student Survey for most indicators. The GMC student survey highlighted that there are low levels of satisfaction around communication with the School and feedback from assessment. The School has developed a 41 point action plan to increase levels of satisfaction and improve the student experience.

3. We found much to be positive about on our visit to SGUL. The teaching and clinical staff we met were well trained, fully supported by the School and committed to education. Student support is comprehensive and students we met were confident that the programme and assistantship would prepare them well for practice. Students from different admission streams are well integrated and there is evidence of good progression between years. The assessment strategy is thorough and feedback on assessment is improving although timeliness still remains a key issue for students. Transfer of information systems are robust and the School has a close relationship with the South Thames Foundation School which is enhanced by their co-location.
4. We identified a number of areas for improvement at SGUL. Communication between the School and students needs to be improved. We heard from students that they are not always treated with respect and dignity by some administrative staff. Clinical placements arranged by SGUL are sometimes poorly organised and overcrowded and some students on placements are not aware of their immunity status through Occupational Health.

## Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

| Number | Paragraph in <i>Tomorrow's Doctors</i> (2009) | Requirements for the School  |
|--------|---|--|
| 1      | 111   | The School must improve the timeliness and relevance of feedback on assessment |
| 2      | 140   | The School must ensure that students are aware of their immunity status.       |

### **Requirement 1: Ensure that students receive timely and relevant feedback on assessment**

- Both the GMC survey of St George's students and the national student survey (NSS) revealed that there were low levels of satisfaction among SGUL students around feedback on assessment. Several students we met stated that the timeliness of feedback is poor and that by the time the feedback arrives, students can not recall the examination questions very well which means it is of little use to them.
- The senior management team acknowledged that timeliness of feedback on assessment and students' perception of this is a problem. The school is working with the student union to help manage students expectations and they have released an examinations calendar which also specifies due dates for feedback. Also, the students union is currently working on a guide to feedback for students showing what to expect and how much should be given.
- The assessment team at SGUL is working on the quality of feedback that students receive and have recently changed the OSCE feedback form so that one third of the form is free text which allows for much more personalised feedback.
- The assessment team attribute the delay in feedback to paper based marking and they are urging the school to consider using electronic systems in future as this will speed up the delivery of feedback to students.

9. We recognise the efforts of the assessment team to improve feedback quality, however steps must be taken to improve timeliness as this is clearly having a negative effect on the student experience at SGUL. We heard that the administration had just received approval for an extra post in its exams department and for funding for an electronic portal for the dissemination of assessment results and we hope that this will contribute to improvements.

**Requirement 2: Ensure that students are aware of their immunity status**

10. Some students we met reported that they were not certain of their immunity status before they started clinical placements. Students advised us that they were told by the administration that they would have to wait four weeks to get a print out of their immunisation status. This resulted in a student attending a placement unaware of their lack of immunity to Hepatitis B.
11. The Senior Management Team informed us that, as per the professional behaviours expected of doctors, the onus is on students to be aware of their immunity status. Whilst the Team agrees that students need to be aware of their health, it is also important that Occupational Health have an overview of the health of students on placements in the interests of student and patient safety.

## 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.

| Number | Paragraph in <i>Tomorrow's Doctors (2009)</i> | Recommendations for the School  |
|--------|---|---|
| 1      | 53  | The School should improve its communication with students.            |
| 2      | 106   | The School should review the organisation of its clinical placements. |

|   |          |   |
|---|----------|---|
| 3 | 124, 131 | The School should take steps to improve the relationship between students and administration. |
|---|----------|---|

### **Recommendation 1: Improve communication between the School and students**

12. The survey of St George's students showed that around 37% of respondents believe that SGUL does not respond effectively to their evaluation of clinical placements and this sentiment was echoed in our meetings with students.
13. The students we met could not provide any examples of their evaluations being responded to and many considered the evaluation form as an irrelevant box ticking exercise.
14. Some students informed us that the apparent lack of response to student evaluation may have contributed to the negative response in the GMC and national student survey as students did not think that the school would act on survey findings.
15. The senior management team agreed that there had been a weakness in communication in this area. It reported that the School has been making changes to placements in response to student evaluation, but students had not always been informed.
16. Recently the School has introduced a monthly Dean's newsletter entitled *You said, we did* which updates students on how the School has responded to student evaluations. The School has also introduced a text messaging system to notify students of last minute changes to timetabling. There are also plans for a post box for students to leave comments about the course which will be emptied twice weekly and comments analysed immediately.
17. Students we met responded positively when we told them about the school's communication initiatives and final year students particularly welcomed the idea of the Dean's newsletter as they said they had never received formal acknowledgement of their evaluations in the past.
18. Some students advised us that there was a paucity of information available to them about the INTO and University of Nicosia programmes that SGUL is involved in. Students wanted to know more about progress with these and what affect it would have on their programmes of study.
19. It is clear that the School is now taking a more proactive approach in

its communication with students and that it is consulting closely with the Students Union in discussions on how to improve communication. The visit team would encourage the School to collaborate more with students to find out what further measures can be taken to improve communication channels, as this is key to the SGUL student experience.

## **Recommendation 2: Improve organisation of placements**

20. Many of the students we met complained of overcrowding on placements at St George's Hospital. These concerns were echoed by some clinical staff. We heard about a placement which had seven students and only six patients on the ward who were fatigued with student interaction. Students related that such overcrowding also resulted in less formal teaching from consultants and competition with colleagues to get clinical skills signed off.
21. On occasions students from different year groups were all placed on the same ward. Ward staff were not always clear what the priorities and learning outcomes for each year group were. This detracted from the educational experience for all the students.
22. The quality management team reported that 97% of placements had met the core standards and that overall levels of student satisfaction in this area were high. They acknowledged that there was at times an issue with overcrowding on placements and that there needed to be more flexibility on firms to accommodate students.
23. Students reported that placement allocation varies hugely depending on the hospital. Some students were based in the same hospital for four of their six placements which meant they did not get as much variety in their experiences.
24. Students considered that co-ordinators did not work together to see where students had been on previous placements when planning the next placements. Students were under the impression that placement allocation in T year doesn't seem to join up with allocations in P year which meant that some students had the same specialty placement two years running. Where students requested changes for legitimate reasons the onus to change their placement was placed on the student with no support from the admin team.
25. The quality management team advised that measures are taken to avoid repetition of placements. They advised that P year administrators should look back at a student's placements in T year to ensure this

doesn't happen. The only instance in which repetition is more likely to occur is when students request the same hospital for their placements.

26. The distance of some placements was an issue for students as some placement providers are a considerable distance from SGUL and difficult to reach by public transport. The system for placement allocation does not appear to students to be equitable and transparent.
27. Students reported that access to NHS IT systems at St George's Hospital was better than at other trusts. A number of students we met reported that placements at Croydon University Hospital were less crowded and better organised than at St George's Hospital but IT induction and the availability of logins was poor.

### **Recommendation 3: Improve relationship between the administration and students**

28. Free text comments in the survey of St George's students demonstrated a challenging relationship between students and the administration department. This was confirmed during our visit to SGUL in our meetings with students.
29. Students we met advised us that the student centre, clinicians and teaching were very supportive and approachable and they felt comfortable going to them for help or advice.
30. Students told us that when they reported in sick, the administration did not always pass information on to teaching and clinical staff. Some students who had called in sick whilst on placements were advised that they would fail the placement if they did not attend. This meant that a number of students were attending placements whilst unwell as they were afraid of the consequences of non attendance. Some students decided not to advise the administration when they were sick as they found it easier to make arrangements with consultants to catch up on the work they missed during placements.
31. Clinical teachers we met confirmed that they had sometimes made such arrangements with students so they could attend special events and conferences as students were reluctant to approach the administration.
32. Some students were given the impression that a 100% attendance rate was required for placements and that the School had a very low tolerance for students who did not observe this. The student support team advised us that the required attendance rate for placements was actually 80% and that students would only be required to repeat a

placement if their attendance was lower.

33. The student support team advised us that as per *Tomorrows Doctors (2009)* professional behaviour and attendance are taken very seriously by the School and that at times this made them appear very strict. Communications sent out by the administration can be severe in tone and could have an alienating affect on students. Both the student support team and senior management teams were aware of the discord and advised us that a current drive by the School to improve communications aims to help resolve these differences.
34. Students with children reported that support networks for them were not as comprehensive as they had been led to believe at registration and that this was causing additional stress.
35. The Student support team informed us that that the School tries to be flexible with parents around placements but that there was no official support available for childcare arrangements.
36. It is important that the School makes every effort to improve the relationship between students and administration before the problem escalates. The new communication strategy should go some way to bridging the gulf, but it is vital that students' opinions on this are sought and responded to promptly.

## Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

| Number | Paragraph in <i>Tomorrow's Doctors (2009)</i> | Areas of good practice for the School  |
|--------|---|--|
| 1      | 103   | Use of simulated and expert patients, particularly those with long term conditions and those with learning difficulties, in teaching and assessment is innovative and is appreciated by students |
| 2      | 58  | Equality and Diversity training for staff is innovative and engaging   |

|   |     |  |
|---|-----|--|
| 3 | 120 | Assessment is managed by an experienced team and the assessment strategy is reviewed regularly to ensure that it is in line with current best practice |
|---|-----|--|

### **Good practice 1: Use of expert and simulated patients in teaching and assessment**

37. We observed that communication skills training is working well at the School. Many of the students that we met told us that they feel better prepared for practice because they are confident in their ability to relate to patients.
38. As part of its communication skills package and to assist in assessment, the school has invested heavily in the use of simulated and expert patients, some with learning difficulties or long term conditions.
39. Simulated patients are used to allow students to practice and improve their clinical and conversational skills for an actual patient encounter. They have proved to be particularly useful in training students to learn professional conduct in potentially embarrassing situations, such as male catheterisation.
40. A simulated patient that we met told us that he is sometimes wears a headset and is given instructions by clinical teachers as to how to react to the procedure that is being simulated. The School has over 500 simulated patients who participate in regular training days. They receive a very detailed briefing pack and contact details of clinical tutors before they meet students which allow them to give a convincing performance and to know what is expected of the students.
41. We also met two expert patients with learning disabilities who were very enthusiastic about their role in the education of SGUL students. Students on community placements meet patients with learning disabilities, take a history and then present their findings to the expert patients who offer feedback and advice.

42. The simulated and expert patients we met felt very well supported by the School and enjoyed working with staff and students. The School is clearly making good use of this valuable resource and we identified this as an area of good practice.

### **Good practice 2: Equality and Diversity training for staff**

43. Staff at SGUL must complete online equality and diversity training before they go on to participate in experiential training.
44. The experiential training looks at the law and examines common assumptions made about people with protected characteristics. There are also actors involved who present different scenarios that have occurred on campus including sexual harassment, bullying and Ageism. Staff find this stimulating and are always keen to sign up for equality and diversity training.
45. Refresher training must take place every three years. The Equality and Diversity team do not want staff to repeat the same training and they are planning to change the scenarios to include different issues that have occurred on campus.
46. The training at St George's Hospital is different and Trust staff with a role at SGUL must take part in SGUL equality and diversity training as well.

### **Good practice 3: Frequent review of Assessment procedures**

47. The team noted that the SGUL Assessment Team is very experienced and we were satisfied that assessment at SGUL appears to be working well and *Tomorrow's Doctors (2009)* standards are being met.
48. The team observed that the SGUL Assessment Team frequently reviews its assessment strategy to ensure that course assessments meet the appropriate standards and students demonstrate the outcomes for graduates as specified in *Tomorrow's Doctors (2009)*.
49. The latest revision of the SGUL assessment strategy took place in February 2012. One of the principal aims of the new strategy is that assessment across all years of the curriculum is designated by the domain of competence being tested. The SGUL domains align with the domains of *Tomorrows Doctors (2009)*, which are designated as: knowledge and application of knowledge, clinical and communication skills and

professionalism and clinical practice.

50. Students cannot graduate without having demonstrated competence in all the outcomes which means that each domain of competence must be passed independently.
51. The assessment team advised us that one of their main challenges is getting students to understand the new assessment strategy. Students we met advised us that they had seen a marked improvement in the way they receive feedback on OSCEs. One third of the revised OSCE feedback form is dedicated to free text which means that students can now get more useful and detailed information about their performance.
52. Students reported that timeliness of feedback can sometimes be an issue. The School acknowledged this and advised us that the main reason for this is that assessment is still paper based and they are looking into methods of collecting exam data electronically which will speed up the process significantly.

## **Acknowledgement**

We would like to thank the School and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Sources of evidence

### Visit team

|                             |                            |
|-----------------------------|----------------------------|
| <b>Team leader</b>          | Professor Sam Leinster     |
| <b>Visitor</b>              | Professor Gillian Needham  |
| <b>Visitor</b>              | Dr Martin Rowan-Robinson   |
| <b>Visitor</b>              | Dr Jo Mountfield           |
| <b>Visitor</b>              | Dr James Read              |
| <b>Visitor</b>              | George Smith               |
| <b>Visitor</b>              | Katie Carter               |
| <b>Regional Coordinator</b> | Professor Alastair McGowan |
| <b>GMC staff</b>            | Jean-Marc Lam-Hing         |
| <b>GMC staff</b>            | Simon Roer                 |

## Visit action plan

The document register (in appendix 2) gives more detail on the documents we reviewed.

| Paragraph in <i>Tomorrow's Doctors</i> (2009) / <i>The Trainee Doctor</i> | Areas explored during the visit   | Documents reviewed  | People interviewed   | Our findings  |
|---|---|---|--|---|
| <b>Domain 1: Patient safety</b>   |   |   |  |   |
| 28 (c-e )   | Student understanding of systems and procedures for raising concerns, and the School's FtP procedures in practice | GMC student survey, SGUL contextual information, Deanery contextual information, Student Support and welfare document | Students and FTP team (Student Progress Monitoring Committee)                    | Standard met<br><br>Students are taught about and assessed on these issues and understood their responsibilities regarding raising concerns.<br><br>Fitness to practice procedures are robust and include compulsory training for some staff. Teachers and supervisors we met were aware of, and had confidence in the fitness to practice process. |
| 36  | Transfer of Information between clinical placements and into F1, including support for                            | Deanery contextual information, SGUL contextual   | LEP Visits (management, trainers), School (student support), Deanery (foundation | Standard met<br><br>The transfer of information between placements is working well; academic and clinical   |

|   |  |  |  |  |
|---|--|--|--|--|
|   | students/ trainees   | information  | school)  | teachers reported that had received any relevant information about students before they started their placements. There is also robust transfer of information process between St George's and the South Thames Foundation School. |
| <b>Domain 2: Quality assurance, review and evaluation</b> |  |  |  |  |
| 41  | Management of clinical placements including agreements with LEPs and capacity                    | Minimal standards for clinical placements, SGUL evidence | School (management team, QM team)and LEP (management, students/ supervisors) | Standard met: see recommendation 2<br><br>Clinical placements were generally considered to be of a high quality, but students that we meant consistently identified some placements at St George's Hospital as being overcrowded.  |
| 51  | Procedures to check the equivalence and consistency of student experience on clinical placements | SGUL evidence  | School (management team, QM team)and LEP (management, students/ supervisors) | Standard met: see recommendation 2<br><br>We found that some students had been allocated repeated placements in the same department. Students perceived their previous placements were not considered when allocating them         |

|  |   |   |   |  |
|--|---|---|---|--|
|  |   |   |   | placements, and this reduced the variety of clinical experience they received.   |
| 43 (a-c), 53   | How does the school/ LEP collect and respond to feedback from patients and employers and evaluation by students | SGUL evidence, SGUL contextual information, GMC Trainee Survey, Feedback documents, MSAR 2011 | School (QM team), LEP, Students, lay reps and expert patients | <p>Standard met: see good practice 1 and recommendation 1</p> <p>Lay people and patients are involved in teaching and are able to provide feedback about students.</p> <p>Students we met perceived that the School is not responsive to their evaluation of the course. The School is considering how to improve its communication with students, including communicating how it has responded to students' evaluation.</p> |
| <b>Domain 3: Equality, diversity and opportunity</b> |   |   |   |  |
| 57   | Effectiveness of the Dignity Advisors Scheme & Single Equality strategy in ensuring students are treated fairly | SGUL contextual information, SGUL evidence report, Single equality strategy                   | School ( E&D leads), students                                 | <p>Standard met</p> <p>The dignity advisor scheme is in place and the School noted that it had been effective in resolving a number of issues. Students considered the support services provided by the School for equality</p>  |

|    |  |   |  |  |
|----|--|---|--|--|
|    |  |   |  | and diversity issues to be effective.  |
| 60 | Collection and analysis of E&D data                                      | SGUL evidence report, SGUL contextual information | E&D lead                                 | <p>Standard met</p> <p>The School collects a standard set of equality and diversity data on a regular basis. This is reported to committees with responsibility for particular areas of the programme, such as admissions. The School provided an example of how this data had been used to address a potential area of concern.</p>   |
| 59 | Process for making reasonable adjustments for students with disabilities | SGUL evidence report, SGUL contextual information | E&D lead, student support lead, students | <p>Standard met: see recommendation 3</p> <p>Support services themselves were praised by students, and the School provides reasonable adjustments to students where required. However, we heard examples of students who had become ill during the course being reluctant to access this support, as they perceived they would be treated punitively by the administration, or where action was not taken by the</p> |

|    |   |   |  |  |
|----|---|---|--|--|
|    |   |   |  | administration.  |
| 61 | Issues around undermining of trainees brought to light in GMC survey        | Deanery contextual info, GMC Survey, Student Support and welfare document | School (Student support team, E&D leads), Students | Standard met<br>The School has formal and informal routes where concerns about postgraduate training can feed into quality management of the undergraduate programme. Quality management staff gave an example where they were made aware of concerns with foundation training in a department where the School had clinical placements. Students we met did not report undermining taking place in clinical placements. |
| 63 | Support and progress of students admitted through widening access programme | SGUL evidence report, SGUL contextual information                         | School (Admissions Team), students                 | Standard met<br>The School runs a number of widening access programmes and is continuing to develop these. The School has used the equality and diversity data it collects to monitor these programmes and determine whether additional support to students admitted under these routes is required.   |

## Domain 4: student selection

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

|         |   |  |  |   |
|---------|---|--|--|---|
| 84, 106 | Management of clinical placements to enable students to demonstrate the 'outcomes for graduates' across a range of clinical specialties | CQC report, NHSLA, MSAR 2011, LETB contextual info, Feedback documents     | LEPs ( CEO& Ed Supervisor), Lead Providers | <p>Standard met: see recommendation 2 and domain 2 (above)</p> <p>While clinical placements were mostly considered to be of a high quality, some students we met had been allocated the same placements in close succession, reducing the range of clinical experience they received. We also heard consistently that some placements were overcrowded.</p> |
| 86      | Coordination of outcomes across the whole curriculum of the graduate entry programme  | SGUL contextual information, SGUL evidence report, Deanery contextual info | School (Curriculum Team), Students         | <p>Standard met</p> <p>Students on the graduate entry programme reported they are well integrated with students on the five year programme and the rate of attrition for graduate entry students is low. Students consider the workload on the programme to be challenging, particularly in year</p>  |

|     |  |  |  |   |
|-----|--|--|--|---|
|     |  |  |  | 1, but manageable.  |
| 88  | Training of assessors and standards of assessments, including WPBAs                                | SGUL contextual information, SGUL evidence report, NSS, GMC Survey, SGUL Assessment Strategy, SGUL Assessment Strategy, Feedback documents | School (assessment team), students                   | Standard met<br>The School uses WPBAs derived from the assessments used in the Foundation Programme. It sets experiential requirements for those signing of WPBAs and has provided some training to Foundation doctors to assist them in delivering WPBAs. Some students had found it difficult to get clinicians to sign their WPBA forms and the School noted some aspects of WPBAs it wanted to improve. |
| 95  | Implementation of SSCs in to new curriculum and compliance with minimum SSC component              | SGUL evidence report, SGUL contextual information, SGUL Assessment Strategy  | School - (Curriculum management, SSC leads) Students | Standard met<br>The School provides a choice of SSCs to students in most years of the programme. The School noted that the range of SSCs in year 2 could be broadened further.  |
| 102 | Plans for development of opportunities for inter-professional learning (IPL) and assessment of IPL | SGUL evidence, SGUL contextual information, Deanery contextual   | School (IPL Lead)                                    | Standard met<br>Inter-professional learning is part of the core curriculum. The School also provides opportunities a number of optional inter-  |

|         |   |  |  |  |
|---------|---|--|--|--|
|         |   | document, HoS Report, Quality Management, Inter-professionalism example - Physiotherapy Strategy   |  | professional learning opportunities such as SSCs.  |
| 85, 111 | Feedback on assessment following NSS results and GMC survey | SGUL contextual information, SGUL evidence report, NSS, GMC Survey, SGUL Assessment Strategy, SGUL Assessment Strategy, Feedback documents | School (Assessment and student support team) | Standard not met (see requirement 1)<br><br>Students we met reported that feedback they received on their assessments did not always help to identify their areas of strengths and weakness. They also stated that feedback was not provided in a timely manner. The School has taken steps to improve the quality of feedback from some assessments and stated that it plans to make further improvements to the timing and usefulness of feedback. |
| 116     | Implementation of shared good practice                      | Deanery & SGUL contextual info   | LEPs   | Standard met<br><br>We heard that following quality management activity from the   |

|  |  |   |   |  |
|--|--|---|---|--|
|  |  |   |   | London Deanery, LEPs receive a report of areas for improvement. Where an area of improvement is identified, this can include case studies of how this has been addressed elsewhere.  |
| <b>Domain 6: support and development of students, teachers and the local faculty</b> |  |   |   |  |
| 124  | Student support and relationship with personal tutor | Survey SGUL, contextual document, Student Support and welfare document                  | Students, School, Student union rep       | Standard met: see recommendation 3<br><br>Student support services were generally considered to be of a very high standard by students. However, some students encountered difficulty when accessing support via the administration or when attempting to access support for students who were also parents. |
| 127  | Student attrition rates in later years of programme  | SGUL evidence report, Deanery contextual evidence, Student Support and welfare document | School (Management, Student support team) | Standard met<br><br>Student support services were praised by many students. Student support staff considered that the programme of support provided by the School meant that students who were capable of meeting the  |

|  |   |  |   |  |
|--|---|--|---|--|
|  |   |  |   | requirements of the programme received the support they needed to do so.   |
| 128  | Training available to trainers  | QM strategy, SGUL contextual information                       | School (Staff development & assessment teams, staff involved in delivery of exams including WPBA), Students | Standard met<br>Clinical and academic teachers we met stated that they had received mandatory training to teach, and that they received feedback on and appraisal for their teaching role. Clinical staff confirmed that they received allocated time for teaching. The school is currently reviewing its programme of staff development, including mapping it to the Academy of Medical Educators' framework. |
| <b>Domain 7: Management of teaching, learning and assessment</b> |   |  |   |  |
|  |   |  |   |  |
| <b>Domain 8: Educational resources and capacity</b>              |   |  |   |  |
| 165  | Allocation of financial resources to support undergraduate education, including reduction in SIFT and | SGUL evidence, SGUL contextual information, Deanery contextual | School (HoS), LEP(Dir Med Ed, CEO) Deanery, LETB  | Standard Met<br>The School is represented on the board of its main teaching trust and staff considered that this ensures the School is involved in   |

|                           |  |  |   |   |
|---------------------------|--|--|---|---|
|                           | changes to service   | document, Organisational Risk Register   |   | discussions about SIFT and service changes. The School's management team considered they were in a good position to plan for changes in SIFT and service configuration.   |
| <b>Domain 9: Outcomes</b> |  |  |   |   |
| 169                       | Collecting and responding to feedback from trainees, patients and employers on the knowledge, skills and behaviour of graduates. | SGUL evidence, SGUL contextual information, GMC Survey, Feedback documents, MSAR 2011, | School (QM team, Dir of Med education, Ed Supervisor) | Standard met<br><br>The School receives some data on the progression of students beyond graduation, including data on doctors in difficulty, from the South Thames Foundation School and carries out some surveys to track the progression of graduates. However, the School's ability to track graduates outside the South Thames Foundation School remains limited. |

## Appendix 2: Document register

| Document number | Document name                          | Description  | Publication date | Source |
|-----------------|--|--|------------------|--------|
| 01              | MBBS Organogram 11-12                  | List of key programme staff  | 2012             | SGUL   |
| 02              | MBBS Committee Structure (INTO)        | Committees responsible for the MBBS (SGUL) and MBBS (INTO SGUL) Programmes | 2012             | SGUL   |
| 03              | MBBS Committee Structure (UNIC)        | Committees responsible for the MBBS (SGUL) and MBBS (SGUL UNIC) programmes | 2012             | SGUL   |
| 04              | Organisational Risk Register           | Risk register for SGUL   | 2012             | SGUL   |
| 05              | Summary Risk Table for Audit Committee | Risk table providing details of likelihood and impact                      | 2012             | SGUL   |
| 06              | Quality Management at SGUL             | Summary of SGUL QM strategy  | 2012             | SGUL   |
| 07              | Att B. Student Involvement in QA       | Details of how students are involved in QA                                 | 2012             | SGUL   |
| 08              | Att C. Programme and Module Handbooks  | Description of handbooks   | 2012             | SGUL   |
| 09              | Att D. Periodic Review                 | Periodic review procedures   | 2012             | SGUL   |

|    |   |  |      |      |
|----|---|--|------|------|
| 10 | Att E. Annual Monitoring                                  | Annual programme & monitoring procedures                           | 2012 | SGUL |
| 11 | Att F. Quality Management of Assessment                   | Description of QM of assessment                                    | 2012 | SGUL |
| 12 | St Georges - QA Extracts                                  | Extracts from Sub Dean Meeting minutes                             | 2012 | SGUL |
| 13 | Croydon - QA Extracts                                     | Extracts from Sub Dean Meeting minutes                             | 2012 | SGUL |
| 14 | SGUL QA Questionnaire                                     | Questionnaire for Croydon University Hospital                      | 2012 | SGUL |
| 15 | Draft Single Equality Scheme (SES) Strategy               | Single Equality Scheme 3 year action plan                          | 2012 | SGUL |
| 16 | Evidence: Domain Based marking                            | Preliminary evaluation on the introduction of Domain-based Marking | 2012 | SGUL |
| 17 | Evidence: External Examiner report - Domain Based marking | External Examiner report P Year OSCE 2011                          | 2012 | SGUL |
| 18 | UNIC follow up visit report                               | SGUL Visit to UNIC report  | 2011 | SGUL |
| 19 | UNIC follow up conditions report                          | UNIC's response to report  | 2012 | SGUL |
| 20 | UNIC interim monitoring report - Jan 12                   | Interim report for SGUL from UNIC                                  | 2012 | SGUL |

|    |   |  |      |      |
|----|---|--|------|------|
| 21 | UNIC interim monitoring report - May 12 | Interim report for SGUL from UNIC  | 2012 | SGUL |
| 22 | UNIC Stage 2 Validation Report (FEB 12) | Report on progress made in the development and delivery of the UNic course | 2012 | SGUL |
| 23 | UNIC GMC Application                    | Application for new schools for recognition under the Medical Act          | 2011 | UNIC |
| 24 | INTO GMC Application                    | Application for new schools for recognition under the Medical Act          | 2011 | INTO |
| 25 | Curriculum Map 2009 - 2010 TD03 - TD09  | Mapping of curriculum against TD09 standards                               | 2011 | SGUL |
| 26 | Curriculum Map 2010-2011 - Compliance   | Details of compliance with standards                                       | 2011 | SGUL |
| 27 | Curriculum Map 2011-2012 - Compliance   | Details of compliance with standards                                       | 2012 | SGUL |
| 28 | AHO - Aims and Objectives               | Details on Assistantship   | 2012 | SGUL |
| 29 | AHO Attachments guidance                | Guidance for student assistants  | 2012 | SGUL |

|    |                                |  |      |      |
|----|--------------------------------|--|------|------|
| 30 | SGUL Assessment Strategy       | Details of assessment procedures & strategy      | 2012 | SGUL |
| 31 | Fyr OSCE metrics               | F year 2011-12 OSCE statistics                   | 2012 | SGUL |
| 32 | Fyr Progress test              | Cumulative Percentage graph for Cohort 2009-2012 | 2012 | SGUL |
| 33 | Fyr Knowledge Proficiency Test | Reliability details of assessment                | 2012 | SGUL |
| 34 | Fyr Prescribing Skills Test    | Reliability details of assessment                | 2012 | SGUL |
| 35 | MBBS4 Feedback 11-12           | Results of online survey                         | 2012 | SGUL |
| 36 | MBBS5 Feedback 11-12           | Results of online survey                         | 2012 | SGUL |
| 37 | Tyr Feedback 11-12             | Results of online survey                         | 2012 | SGUL |
| 38 | Pyr Feedback 11-12             | Results of online survey                         | 2012 | SGUL |
| 39 | Fyr Feedback 11-12             | Results of online survey                         | 2012 | SGUL |
| 40 | Exam Calendar 11-12            | Exam Calendar                                    | 2011 | SGUL |
| 41 | MBBS4 Term Dates 11-12         | Term Dates                                       | 2011 | SGUL |
| 42 | MBBS5 Term Dates 11-12         | Term Dates                                       | 2011 | SGUL |
| 43 | Tyr Term Dates 11-12           | Term Dates                                       | 2011 | SGUL |
| 44 | Pyr Term Dates 11-12           | Term Dates                                       | 2011 | SGUL |

|    |  |  |      |      |
|----|--|--|------|------|
| 45 | Fyr Term Dates 11-12                       | Term Dates                             | 2011 | SGUL |
| 46 | Link to MBBS4 - Moodle                     | Moodle Access                          | 2012 | SGUL |
| 47 | Link to MBBS5 - Moodle                     | Moodle Access                          | 2012 | SGUL |
| 48 | Link to Tyr - Moodle                       | Moodle Access                          | 2012 | SGUL |
| 49 | Link to Pyr - Moodle                       | Moodle Access                          | 2012 | SGUL |
| 50 | Link to Fyr - Moodle                       | Moodle Access                          | 2012 | SGUL |
| 51 | Examinations Page - SGUL Portal            | Intranet page on exams                 | 2012 | SGUL |
| 52 | Policies and Procedures Page - SGUL Portal | Intranet page on policies & procedures | 2012 | SGUL |
| 53 | BME Minutes - 13/03/12                     | Board of Medical education minutes     | 2012 | SGUL |
| 54 | BME Minutes - 08/05/12                     | Board of Medical education minutes     | 2012 | SGUL |
| 55 | BSE Minutes - 11/06/12                     | Board of Medical education minutes     | 2012 | SGUL |
| 56 | BME Minutes - 13/09/11                     | Board of Medical education minutes     | 2012 | SGUL |
| 57 | BME Minutes - 08/11/11                     | Board of Medical education minutes     | 2012 | SGUL |
| 58 | BME Minutes - 10/01/12                     | Board of Medical education minutes     | 2012 | SGUL |

|    |  |  |      |      |
|----|--|--|------|------|
| 59 | Minimum Standards Document - January 2012    | Minimum standards for clinical placements                      | 2012 | SGUL |
| 60 | SGUL Student Support and Welfare             | Details of student support and welfare mechanisms              | 2012 | SGUL |
| 61 | Interprofessionalism example - Physiotherapy | Interprofessional learning mapped across the physiotherapy BSc | 2012 | SGUL |
| 63 | MBBS4 Blueprints                             | Assessment blueprints  | 2012 | SGUL |
| 64 | MBBS5 Blueprints                             | Assessment blueprints  | 2012 | SGUL |
| 65 | Tyr Blueprints                               | Assessment blueprints  | 2012 | SGUL |
| 66 | Pyr Blueprints                               | Assessment blueprints  | 2012 | SGUL |
| 67 | Fyr Blueprints                               | Assessment blueprints  | 2012 | SGUL |
| 68 | Exams Codes of Practice                      | Exam guidance and regulations                                  | 2012 | SGUL |
| 69 | South west sector evidence report            | Evidence collected by GMC based on previous visits and returns | 2012 | GMC  |
| 70 | SGUL - Contextual Information document       | GMC questionnaire completed by SGUL prior to visit             | 2012 | GMC  |

## Appendix 3: Abbreviations

|       |  |
|-------|--|
| BME   | Board of Medical Education                   |
| CQC   | Care Quality Commission                      |
| CS Yr | Clinical Science Year                        |
| E&D   | Equality and diversity                       |
| F Yr  | Final Year                                   |
| FTP   | Fitness to practise                          |
| FY    | Foundation year                              |
| GP    | General practice/practitioner                |
| IPL   | Inter-professional learning                  |
| LEP   | Local education provider                     |
| LETB  | Local education and Training board           |
| MBBS  | Bachelor of Medicine and Surgery             |
| MSAR  | Medical Schools Annual return                |
| NHS   | National Health Service                      |
| NHSLA | National Health Service Litigation Authority |
| NSS   | National Student Survey                      |
| OSCE  | Objective structured clinical examination    |
| P Yr  | Penultimate Year                             |
| PCT   | Primary care trust                           |
| PPI   | Patient and public involvement               |
| QM    | Quality management                           |
| SES   | Single Equality Strategy                     |
| SGUL  | Saint George's University of London          |
| SIFT  | Service Increment for Teaching               |
| SSC   | Student selected component                   |
| STFS  | South Thames Foundation School               |
| T Yr  | Transition Year                              |

|      |                             |
|------|-----------------------------|
| TD09 | Tomorrow's Doctors (2009)   |
| TOI  | Transfer of information     |
| UNIC | University of Nicosia       |
| WPBA | Work Place Based Assessment |