

## Swansea College of Medicine visit report 2014-15

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>	Swansea College of Medicine
<b>University</b>	Swansea University
<b>Date(s) of visit</b>	20 March 2015
<b>Programme investigated</b>	Graduate Entry Medicine Programme, Four Year MB BCh
<b>Area explored</b>	Assessment All-Wales working Curriculum Student Assistantships Preparedness Doctors in training health and conduct Foundation year 1 doctor support
<b>Number of students</b>	287
<b>Number of LEPs</b>	12 hospitals, 53 GP practices and medical centres
<b>Local deanery(ies)</b>	Wales Deanery
<b>Last GMC visit</b>	2013/14
<b>Significant Patient safety or Educational concerns identified</b>	None

**Has further regulatory action been requested via the Responses to Concerns process**

No

## Executive summary

### Summary of key findings

- 1** The foundation year 1 (FY1) doctors we met are the first cohort of graduates from Swansea College of Medicine (the School). The GMC has followed the development of the Swansea Graduate Entry Medicine (GEM) programme since before commencement in 2009/10.
- 2** We visited two local education providers (LEPs) as the part of the Swansea College of Medicine review. This was the last visit in the new schools cycle for Swansea College of Medicine. The LEPs we visited were Morriston Hospital in Swansea and Glangwili General Hospital in Carmarthen. During the visits in both sites we met with FY1 doctors and their supervisors to hear about their transition from the school into foundation training.
- 3** Overall, these final visits were positive and successful. The Swansea College of Medicine graduates we met were well prepared for the foundation years. The School has provided a good programme which has prepared high calibre graduates, ready to perform highly and demonstrate the key skills required of them. The educational and clinical supervisors we met confirmed that they were impressed with the capabilities of the Swansea graduates.

## Recommendations

	<i>Tomorrow's Doctor</i> paragraph	Recommendation	Report paragraph
1	TD28	The FY1 doctors we met at Morriston Hospital expressed some concern about the use of the incident forms. The School should work with the LEPs to review the educational effectiveness of incident reporting.	<a href="#">4</a>
2	TD15	The educational and clinical supervisors we met expressed some concerns about the ability of FY1s to deal with difficult patients. The School should ensure that students are able to communicate appropriately with difficult or quickly-deteriorating patients.	<a href="#">8</a> , <a href="#">11</a>
3	TD103	The FY1s described feeling less than fully prepared for night and weekend shifts. The school should improve preparation of students for weekend and night shifts.	<a href="#">10</a>

# The Report

## Domain 1: Patient safety

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

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

### *Acting within competence (TD28a)*

- 4 The FY1s we met told us that they felt generally well supported from other colleagues and supervisors. However, we also heard that at particular times when wards get very busy they are occasionally asked to perform procedures beyond their level of competence. The FY1 doctors informed us that they felt confident to say that they were unable to undertake these procedures.

### *Clinical supervision (TD31, 35)*

- 5 We heard that there is no distinction between educational and clinical supervisors for foundation year one doctors in Wales. In foundation year two separate educational and clinical supervisors are appointed. We also heard that FY1 doctors in both LEPs we visited do not get protected time with their supervisors. The supervision time can vary greatly and it depends on the supervisor. The FY1s told us of cases when the supervision time was minimal because the supervisor busy with other duties, including clinical work.

### *Raising concerns (TD28e)*

- 6 The foundation year one doctors we met expressed concern about the use of the incident forms. The main purpose of these forms is to flag patient safety matters quickly. The FY1s told us that they felt these incident forms needed reviewing to ensure that they are used appropriately. The school should work with the LEPs to review the purpose, utility and educational effectiveness of incident reporting.

## Domain 2: Quality assurance, review and evaluation

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

### *Learning experience (TD49)*

- 7 The FY1 doctors felt that the learning outcomes they had covered at Swansea College of Medicine had prepared them for a confident start to their first year of foundation training. The Swansea graduates felt particularly prepared with regard to clinical skills, history taking and communication skills. The supervisors we met concurred and said that they were impressed with the preparedness of the Swansea graduates in these areas and particularly with their communication, clinical and history taking skills.

### *Pastoral and academic support (TD49)*

- 8 We heard that FY1 doctors get a good level of support in clinical areas. They reported that supervisors, colleagues and consultants in their teams were approachable and they felt supported. However some FY1 doctors we met felt that more could be done to forge good relationships with the nurses' teams.

### *Assessment of students (TD49, 54)*

- 9 FY1 doctors were generally happy with the final assessments at Swansea College of Medicine and felt they were well prepared for them. We did hear that they were expecting a more integrated assessment system and would have liked more assessment testing of their critical skills. The exams they had already taken effectively tested communication skills and the theoretical side, but lacked testing of more complex clinical assessment skills. The FY1 doctors would have preferred more practical examinations at Swansea College of Medicine.

## 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 design and structure (TD83, 101)*

- 10** Some of the supervisors we met expressed concerns about the ability of Swansea graduates to deal with difficult patients. Although they recognised that most of these capacities develop with experience, the School could also do more in terms of preparing the graduates. The School would benefit from reviewing their curriculum to see if more could be done to prepare their students for dealing with rapidly deteriorating or non-compliant patients.

### *Student assistantships (TD109)*

- 11** We heard that all medical students in Wales complete a 6-week assistantship in the hospital where they have been appointed for their foundation training. This has proven to be an excellent opportunity for students to gain first-hand experience in the environment where they will be working. It is also a very good opportunity for students and the team at the LEP to forge good working relationships and get to know each other. The assistantships have been a very useful tool in facilitating the student transition from medical school to training.
- 12** The FY1s described feeling slightly unprepared for night and weekend shifts. There are opportunities to cover these shifts during student assistantships, but many students opted out. The school should consider requiring students to do a minimum number of shifts before graduating, in order to prepare them better for this aspect of work.

### *Preparedness for practise (TD110)*

- 13** The supervisors we met reported that Swansea graduates were very well prepared to start working. They emphasised particularly their excellent communication skills and the ability to integrate with the team and forge good working relationships. The above areas were also highlighted as positive by the doctors in training who told us that the 6 weeks assistantship played an important role in this. However, the FY1 doctors we met reported that they thought more could be done to prepare them for prescribing. The supervisors felt that graduates ought to be better prepared to deal with difficult or quickly-deteriorating patients.

*Design and delivery of assessments (TD113)*

**14** The FY1 doctors were generally happy with the structure and delivery of their assessment as students at Swansea College of Medicine. They thought the theoretical side of the assessments was very good. However, regarding the clinical exams the feedback was that the scenarios needed to be enhanced. Students felt confused about the physical examination side of the clinical exams, they were unsure whether they needed to examine the patient as a whole and find the clinical signs or whether they needed to focus on one particular system, i.e. cardio-vascular or abdominal system. However, they did recognise the benefit of examining the patient as a whole and identifying the physical signs as this would be necessary in the assessment of patients on emergency wards.

## Appendix 1:

### Visit team

<b>Dates of visit/s</b>	20 March 2015
<b>Team Leader</b>	Professor Sean Hilton
<b>Visitor</b>	Professor Chris Fowler Professor Caroline Boggis Dr Chris Hands
<b>GMC Staff</b>	Mr Jean-Marc Lam-Hing Ms Rosalind Barron Ms Elona Selamaj

<b>Response to findings</b>	Prof Andrew Grant, Dean of Medical Education
<b>Good practice</b>	<p>I am happy to present the responses of the graduate entry medicine team to the most recent visit to Swansea and, more particularly to our first cohort of graduates in their workplace as F1 doctors</p> <p>We are delighted that the two visits carried out were positive and successful. In particular we were pleased to read that the Swansea graduates met by the team were well prepared for the foundation years, that Swansea graduates were considered of high calibre and that the educational and clinical supervisors were impressed with the capabilities of Swansea graduates.</p>
<b>Recommendations</b>	<p>I would like to present our response to each of the three individual recommendations</p> <ol style="list-style-type: none"><li>1. The F1 doctors interviewed should have been introduced to the system of incident forms and when and how to use them during their induction on starting work for the health boards. This would be the primary responsibility of the health board. This cohort will have learned about incident reporting, safety and errors and complaints and risk management as part of their Integrated Clinical Method teaching in years three and four.</li><li>2. We believe that 2 issues may be raised in relation to</li></ol>

difficult patients. Firstly, dealing with patients who may be angry or very demanding for a variety of reasons and secondly patients whose clinical condition is rapidly deteriorating and who are in need of urgent intervention. Dealing with demanding or aggressive patients is dealt with in Integrated Clinical Method sessions. Students are also given teaching on dealing with acute psychiatric patients with the use of video recordings of patient presentations.

Dealing with rapidly deteriorating patients is covered in students' simulation training and also in their Integrated Clinical Method learning in years three and four. From 2015 simulation training will be compulsory for all students.

3. It has been highly recommended for all Graduate Entry Medicine students to work with clinical teams out of hours both in the evenings and at weekends. Until now this has been voluntary. From 2015 it will be compulsory for all GEM students to participate in out of hours training. Some health boards are not able to provide on-call rooms for medical students so it will only be possible for students in these hospitals to participate in late shifts rather than overnight.

We are, of course, delighted that our graduate entry medicine programme has successfully completed the initial cycle of course approval.

We are committed to continually improve our programme and look forward to further interaction with GMC representatives through the ongoing regulation process.