

Undergraduate Quality Assurance Visit

Report on Swansea University,
College of Medicine

2011/12

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Executive summary

1. The School has continued to build on the progress that was noted during our previous visit in October 2011, particularly in the area of assessment under the leadership of the Co-Directors of Assessment. The School remains on track to deliver Year 3 of its programme from September 2012. There remain a number of areas that could be improved, including the quality control of assessment material and assessment blueprinting.
2. The School provided a submission of clear and coherent documentation in advance of the visit.
3. The School has continued to engage with the Wales Deanery and Cardiff University School of Medicine. The three organisations are developing an 'all Wales' faculty development programme.
4. The School plans to extend the role of external examiners to consider the totality of the assessment system for that year and observe the relevant exams. Previously they were subject specialists and only the chief external examiner took an overview of the year or phase.
5. Overall, the feedback provided to students after their assessments is good practice. At the Year 2 Objective Structured Clinical Examination (OSCE) we observed the examiners completing feedback sheets for the students in addition to completing mark sheets.
6. The School continues to develop quality control mechanisms for monitoring of assessment items data, and should develop this further to ensure quality and fitness for purpose.
7. The School is continuing its discussions with the Medical Schools Council (MSC) about the quality of material from the MSC Assessment Alliance (MSC-AA) question bank, and continues to review its plans for workplace based assessments to be implemented for Year 3 in 2012/13.

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Summary of key findings

Good Practice

	<i>Tomorrow's Doctor</i> paragraph	Good Practice	Report paragraph
1	85	The comprehensive feedback provided to students on their performance in examinations generally.	<u>33-37</u>
2	85	OSCE examiners provide written feedback for students about their performance in each station. This is in addition to completion of the mark sheet.	<u>33</u>

Requirements

	<i>Tomorrow's Doctor</i> paragraph	Requirement	Report paragraph
1	86	The School must strengthen the quality control of assessment materials, including those already in use, new material being generated and items from the MSC-AA bank, to ensure their quality and fitness for purpose.	<u>41-45</u>
2	86	The School must create a summary blueprint for the entire programme and a blueprint for each year of the programme incorporating all assessment methods.	<u>81</u>
3	86	The School must develop further existing assessment blueprints. The one provided at the Year 2 OSCE was lightly populated and related to the curriculum rather than <i>Tomorrow's Doctors</i> (2009).	<u>82</u>

Recommendations

	<i>Tomorrow's Doctor</i> paragraph	Recommendation	Report paragraph
1	86	The School should review the calibration of items included in the progress test.	<u>47</u>
2	86	The School should simplify the rules for progression and thereby clarify the purpose of using WPBAs in Year 4.	<u>51</u>
3	86	The School should review the duration of stations in the Year 2 OSCE.	<u>53</u>

4	86	Real and/or simulated patients' marks should contribute to the assessment of Year 2 students.	<u>55</u>
5	86, 106, 153	The School should review in 2012/13 the logistical implications of the plans for work place based assessments, including keeping in close contact with partner local education providers (LEPs) and providing us with reassurance that they are fully signed up to deliver these assessments.	<u>79</u>

Visit overview

School	University of Swansea, College of Medicine
Dates of visit/s	20 March 2012, 17 July 2012
Programmes investigated	Four-year MB BCh
Areas for exploration	<ul style="list-style-type: none"> • Assessment and standard setting • Equality and diversity • Selection processes

Concerns raised during the visit

8. We have a policy which sets out the process for responding to serious patient safety or educational concerns that may be raised during a scheduled quality assurance visit. Concerns raised via this process will require immediate action and if necessary will then be referred to our response to concerns process:

<http://www.gmc-uk.org/education/process.asp>

Were any Patient Safety concerns identified during the visit?	
Yes <input type="checkbox"/> (include paragraph reference/s)	No <input checked="" type="checkbox"/>
Were any significant educational concerns identified?	
Yes <input type="checkbox"/> (include paragraph reference/s)	No <input checked="" type="checkbox"/>
Has further regulatory action been requested via the responses to concerns element of the QIF?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

The Report

Domain 2: Quality assurance, review and evaluation

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

Feedback from employers about the preparedness of graduates

9. The School has not yet agreed how the deanery and health boards in Wales will feed back on the preparedness of its graduates for practice. The first cohort of Swansea graduates will begin Foundation Year 1 (F1) in August 2014. The School recognises that it will be more challenging to collect feedback on graduates who complete foundation training outside of Wales.

10. The former ABMU Foundation Programme Director is leading on the transition to foundation training with the Wales Deanery, Cardiff University and the current Foundation School Director for Wales.

11. We will explore plans to collect employer feedback on preparedness during the 2012/13 visits.

Domain 3: Equality, diversity and opportunity

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

Equality and diversity training

12. Equality and diversity training is mandatory and the School has introduced appropriate processes to monitor compliance.

13. Most clinicians complete equality and diversity training through the Health Boards every three years. The School is developing an in-house faculty development database and also has access to the Postgraduate Deanery Intrepid database which will be key in monitoring the uptake of this training in future as it will hold data about the completion of all training. All assessors are asked to confirm that they have completed equality and diversity training when they are appointed.

Collecting and analysing data

14. The School receives equality and diversity data from the University annually. The School sends a questionnaire to its own students on a voluntary basis, which covers all protected characteristics. This will allow the School to collect, monitor and analyse its own data and to explore in detail any concerns that are identified.

15. The School continues to develop quality control mechanisms from the monitoring of assessment items data but has some way to go with this. The School wants to check, based on protected characteristics, that its assessments are not favouring certain people or groups. Although the University holds intranet data on assessments to check for any bias in assessments, the University's data do not fit with the School's assessment model at present and need to be reformatted.

Implementing and monitoring changes to policy

16. The School advised that it conducts equality and diversity impact assessments on all policy changes in liaison with the University.

Domain 4: Student Selection

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

Selection processes will be valid, reliable and objective

17. After our last visit we required the School to ensure greater consistency in the interview process for selecting students into the programme. The School has since evaluated the validity of its selection systems and a statistical report has been produced. Dr Kevin West, Senior Tutor for Admissions at Leicester Medical School, has also been analysing the School's selection processes for the last two years of entry and the School reported that his initial findings indicate that he is satisfied with the processes in place. He is reviewing further statistical analysis before completing a final report, which we will review once it is available.

Training those responsible for student selection

18. All those responsible for student selection are appropriately trained.

19. All interviewers are required to complete an induction and observe an interview before they can interview applicants. The School gives interviewers evaluation of their performance compared to other interviewers.

20. Since our last visit the School has added students to its interview panels and is in the process of introducing lay people. The School now has a substantial pool of over 100 interviewers, which includes doctors and other health professionals. It recognises that it will be a challenge to train all the new selectors but assured us that no one would be permitted to interview without undertaking the training.

Reliable and valid selection processes

21. The School is keen to introduce the multiple mini interview process (an interview format that uses a series of short independent assessments, in a timed circuit, to obtain an aggregate score of each candidate's skills) in future but

recognises that this will require a lot of resource and expertise. The School is seeking external advice on this and we will explore this during the 2012/13 visits.

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

22. Swansea is working with Cardiff University School of Medicine and the Wales Deanery to ensure alignment of the final year of medical school with the foundation programme and to improve the transition from medical school to clinical practice.

23. The final year of the medical programme at Cardiff (F0) is currently under development. The School will need to see a final curriculum map and learning outcomes for the Cardiff F0 Year to assess how closely it fits with Swansea's planned Year 4. The School anticipates that there may be some differences in the approach, particularly plans for student assistantships, as Cardiff plans to use the foundation programme competencies, while Swansea is using the outcomes for graduates in *Tomorrow's Doctors (2009)*.

24. The School recognises the need for consistency of graduates from medical schools in the United Kingdom and is therefore prepared to consider adjusting the programme in future if required, to accommodate an 'all-Wales' approach. The newly formed Welsh Academic Board for Medical and Dental Education will be instrumental in advising and working with both schools and training providers to ensure graduates are best prepared for postgraduate training in Wales.

Clinical placements and student assistantships

25. The School is fully aware of the progress of service reconfiguration in Wales and the need to monitor any impact that this may have on the delivery of clinical placements and undergraduate medical education.

26. The School does not expect its clinical apprenticeships to be greatly affected by service reconfiguration, as they are not specialty specific. Reallocation of services will be more of an issue for the specialty attachments in Years 3 and 4. The School is working with the Wales NHS Service Increment for Teaching (SIFT) Liaison Office to monitor this and if necessary to make alternative arrangements for clinical placements.

27. The School reported that it had sent a reminder to its partner health boards about the need to keep it informed early of planned changes to service and that this is now working well.

28. The School is being proactive about responding to the potential changes to service configuration. The School already had plans in place to address the changes to mental health services in Wales and to ensure that they have minimal impact of the delivery of the curriculum. In addition the School was aware that Neath Port Talbot Hospital was losing emergency medicine and moved its specialty attachment in Acute Medicine to Singleton Hospital. Neath Port Talbot Hospital will now deliver more apprenticeships instead.

29. The School also has contingency plans in place for student placements at Bronglais Hospital, Aberystwyth if centralisation of some specialties to West Wales General Hospital occurs during the next 12 months.

30. The School has identified particular activities that students must undertake within the five-week specialty attachments. Students may have to travel further to reach those opportunities if services move. The clinical teachers will also be travelling between sites as this will affect the whole clinical team.

31. We will monitor the impact of service reconfiguration on the delivery of clinical placements during the 2012/13 visits.

Students will have regular feedback

32. Students receive a transcript of their results from extended matching questions through the Blackboard virtual learning environment, which provides an overall mark, an indicative pass mark, and breaks down the question paper by item and subject area. The School provides students with feedback at individual item level. Students also receive their question paper to see how they answered against the approved answers. The School has received very good evaluation of this feedback from Year 2 students.

33. OSCE results and feedback are given to students on each individual station following the exam, which is good practice. We observed that it was challenging for examiners to consider fully their judgement and to complete written feedback and marks in the limited time available. There is also an OSCE feedback session for the whole year, providing details about how the cohort performed and any strengths or weaknesses. The impact of each station, the borderline method and distribution of the results are also covered.

34. The Co-Director of Assessment had delivered the cohort statistical feedback on the first Year 2 OSCE the day before our visit in March. The School reported that there were many questions from students about how they can improve and the remediation on offer, particularly from students who need to do very well in the second part of the Year 2 OSCE to progress.

35. For the progress test the School gives feedback on how students have progressed since the previous test.

36. All students who are below the cut score for an assessment also receive an individual feedback session with one of the Co-Directors for Assessment.

37. During the compulsory mid-year appraisal the students' personal tutors discuss their results with them, look for trends in the students' performance and personalise approaches for improvement.

Assessments will be fit for purpose

38. We are reassured that the School is continuing to make good progress in preparation for the delivery of Year 3 and noted improvements to its assessment strategy in response to our earlier feedback, including the improved reliability of OSCEs and the plans for an end of Year 4 final OSCE.

Feedback and assessment

39. The School is setting all assessments for Years 3 as well as Year 4 at the level expected of a graduate, which we support. The cut score in Year 3 is lower than for Year 4 and higher standards are expected closer to graduation.

40. The School has mapped all assessment items against *Tomorrow's Doctors (2009)* outcomes, which are linked to the learning outcomes of the programme. We will review this document in 2012/13.

Item writing

41. During our visit to the School in October 2011 we found the number and quality of question items available for the progress test, extended matching questions (EMQs) and the Objective Structured Skills Examination (OSSE) required further expansion and improvement. At the time of our visit in March 2012 the School had recently been through an intensive writing period for Year 3 and had produced over 100 items. The School had run two question writing workshops and written to all week leaders to ask them to write questions based on their teaching of the Year 3 curriculum. The School also sent guidelines to question writers about the sort of things to include in questions for each year group to improve the calibration and the MSC guidance on how to write a valid question.

42. The School stated that across all assessments in all four years of the programme it needs around 1000 items per year. The School is confident that it has the capacity to meet this, especially as the week leads are becoming more confident in writing questions since completing the workshops. The School reported that it is developing Year 4 questions ahead of schedule.

43. We reviewed questions for all years of the programme and found that although about 70% of questions were good, about 30% were not of the standard we would expect for the year group to be assessed. Many OSSE questions were of a fairly low level and the pictures used did not always add much value. The quality of the

anatomy spotters reviewed was variable and for some short answer questions it was not clear how students can get all the marks allocated to the item.

44. Some of the questions need improvement in terms of construction, for example one EMQ had a list of distracters with only four being drugs, when the question was asking about which drug to use. For some EMQs the options could also be put into two or three discrete groups, and students may be able to work out how to narrow down the options. We consider that there should be more than 10 appropriate distracters in line with best practice.

45. We note the considerable work done by the School this year to increase its bank of questions. After reviewing question papers and items for the entire programme we noted that there has been an improvement in the quality of the material in use. However we consider that the School needs to strengthen further the quality control of its assessment materials, both those already in use and new material being generated, to ensure their quality and fitness for purpose. We will review the question papers again in autumn 2012 and will monitor the progress the School is making towards generating an item bank sufficient to support a four year programme.

Year 4 OSCE

46. The School plans to run a final 16 station OSCE towards the end of Year 4 addressing our previous concerns. The OSCE will be set at graduating level and will take place over two days.

Progress test

47. Last year we noted that the Year 1 students were scoring an average of 50% and Year 2 students an average of 62% in the progress test, which is unusually high (10-20% would be expected for Year 1 students). As the progress test was optional and formative this was a self selected group, which may have influenced the results. Since our last visit the School has undertaken a second progress test which was compulsory for all Year 2 students. This time the mean score was slightly lower at 56%. The scoring remains higher than expected but the School stated that the scores may plateau. We consider that it raises questions about the level of the material in use. The School should review the calibration of items included in the progress test.

48. The School stated that the progress test is set at graduate level for all years, a principle we support. Questions are from the MSC-AA question bank and are all meant to be set at final outcome level. The content of the progress test is one third easy questions, one third moderate questions and one third difficult questions. Two thirds of the difficult questions are classified as hard and others are unclassified. The School is trying to minimise use of unclassified questions that have not been used by other medical schools, since these may be of varying standards.

49. The School reported that the MSC considered the School's progress test appropriate but is reviewing the item difficulty within its question bank. The School should continue discussions with the MSC about the use of material from its MSC-AA question bank and the standards of the items within it.

Work place based assessments (WPBAs)

50. In the final apprenticeship in Year 3 students must undertake two compulsory but formative mini-Clinical Evaluation Examinations (mini-CEX) assessments.

51. In Year 4 each student must complete eight mini-CEXs, two in each of the four clinical apprenticeships, and pass at least five of them. If students pass their first five mini-CEXs they still complete all eight. Students who do not achieve five satisfactory mini-CEXs out of the eight must complete a further 2 satisfactory mini-CEX for each one short of the 5 required, with a maximum of 10 mini-CEXs. These remedial opportunities will occur during the shadowing period at the end of Year 4. The School did not want to be prescriptive about the types of mini-CEXs students could undertake as it is not yet aware of the detailed clinical opportunities for students during Year 3 and 4 placements and it wants to assess students across all domains including professionalism. The School should simplify these rules for progression and clarify the purpose of WPBAs in Year 4. We will explore this further in 2012/13.

Multi-source feedback (MSF)

52. Students' professional behaviour is assessed through MSF. The School stated that the use of MSF began as a research project triangulating the views of different professionals about their interactions with medical students. Students are rated by six of their peers, a range of administrative and support staff and by their cohort tutor in: ability to recognise professional responsibilities, respect for others and the ability to adapt their behaviour to the required standards. If students are identified as exhibiting unprofessional behaviour, a concern form is completed and the student is interviewed by their cohort tutor to identify underlying issues. Repeated or serious unprofessional behaviour would be raised at Progress and Professionalism committee and may lead to instigation of fitness to practise procedures. We will continue to monitor the use of MSF during the 2012/13 visits.

Year 2 OSCE

53. The Year 2 OSCE was set up with one cycle of eleven stations, of which two stations were preparation stations and one a rest station. Students were assigned an odd or an even number that would correlate with the cycle of the OSCE stations they needed to complete. All the stations were eight minutes in duration (six and a half minutes for the task and one and a half minutes to feed back the findings to the examiner). Due to the nature of some stations, eight minutes was not sufficient time to complete the station satisfactorily. One minute between stations was sometimes insufficient time for examiners to consider their judgement and to complete the necessary documentation.

54. Marking criteria were good. Mark sheets were clear and provided adequate guidance to make judgements of students' competence. It appeared that examiners were reluctant to use the 0 mark on the 0, 1, 2 scheme. We have asked the School to provide analysis of the spread of marks to ensure the 0, 1, 2 marking scheme is discriminatory.

55. The simulated patients were well prepared and performed their roles consistently. Their comments were used to inform the students' overall progress in a station. However, their marks do not currently contribute to the assessment of Year 2 students as they do in the Year 1 OSSE.

Administration of Assessment

56. The School will be able to look at student performance in Year 3 and 4 WPBA via a database. This will highlight whether a particular student is struggling in any area, which will provide helpful formative feedback for the student.

Year 2 OSCE

57. The OSCE was professionally run and well staffed. Appropriate measures were taken to ensure consistency across sites. It was unclear whether all examiners and students understood the use of the yellow card system,

58. The student briefing at the Year 2 OSCE was delivered by the Assessment Director and content was appropriate.

59. The School provides students with advance reading material to prepare themselves for the OSCE. They will also be familiar with the OSCE format from Year 1 and from completing the first part of the Year 2 OSCE in February. Students appeared to be well informed, the student briefing was appropriate and contained the required information.

60. The content of the examiner briefing was relevant and examiners were in full attendance.

61. The 'yellow card' system, available for examiners during OSCEs is used to raise a particular concern with respect to a student's conduct, interactions with patients/examiners and/or performance that would not otherwise be identified through the OSCE score sheet, which is essentially numerical. This was not mentioned in the examiner briefing we observed and it was not apparent if examiners knew about this system, no students were issued with a yellow card.

62. We were informed that all examiners and externals are made aware of the yellow card system at the pre-OSCE team meeting that takes place on the day of the OSCE.

63. It was not clear whether students are aware of the yellow card system, though the Dean of Medical Education advised that students are aware of it.

64. One OSCE station required the candidate to undertake a vicarious consultation with a patient's relative. The station instructions had no information to tell the student that patient consent had been given to the relative to speak on their behalf or that the student should ask the relative if the patient had consented to them speaking on their behalf.

65. There was one external examiner at Singleton hospital and one at Morriston hospital, where the OSCE was run in parallel. External examiners were able to confer and ensure consistency across both sites.

66. The ward used was appropriate though there was some unavoidable external noise. When two stations were housed in the same room there was, on occasion, distracting noise.

67. Appropriate measures were taken to ensure students were not able to tell those taking the exam after them about the content of the stations.

Selection and training of assessors

68. There are processes in place to ensure only those with appropriate training are allowed to assess.

69. The EMQ Lead had recently run two question writing workshops, which covered the need for eight good options for answers to an EMQ question; best practice requires more than 10 options. The School is writing to those who have produced poor questions to provide them with feedback. The Theme Lead also feeds back to the week lead on the quality of the questions that they produce.

70. All OSCE assessors must complete training before assessing students. The School reported that over 90% of assessors have now completed the training. In addition assessors receive data on how their performance compares to the other assessors. The School has found that assessors whose marking is not consistent with others successfully adapt their behaviour in response to the feedback. The School's evaluation has shown that this has improved the overall reliability of the OSCEs.

71. For WPBAs the School has piloted a programme of assessor training which was designed for foundation training and is planning to continue its use. The School received good evaluation of training materials for the pilot, which include clear descriptors.

72. There will be further formal training later this year in time for the assessments in January 2013. We were satisfied with the plans for assessor training.

73. The examiners we met at the Year 2 OSCE in July 2012 were fully aware of their role and performed appropriately.

74. When there are not a sufficient number of examiners at the OSCE, the teaching staff, who have been trained, step in and assume the role of an examiner.

Standard setting and achievement of curricular outcomes

75. During our visit in October 2011 we noted that the Director of Assessment had modelled the OSCE and reported a reliability coefficient Cronbach's Alpha of 0.59. The School was aware that this was too low for a decision making OSCE and we required the School to enhance its assessment system to ensure that the reliability improved to at least 0.7. This has been achieved.

76. The School reported that it has appointed a Co-Director of Assessment who has been working to improve the reliability of its OSCEs. The first Year 2 OSCE in December 2011 received a Cronbach's Alpha of 0.895. A list of descriptors for each station was produced and sent to examiners three weeks before the OSCE and the examiners met before the OSCE, with these descriptors to agree how to mark each station. More examiner training was provided the week before the exam to supplement and reinforce the main training period, which was held around two years ago. The School reported that examiners felt much more confident about the process having discussed the stations in advance.

77. The plans for WPBAs imply a considerable workload for the School and its partner LEPS. The WBPA Lead has worked on the logistics of the plans and stated that it is a manageable workload. There will be 700 mini-CEX in total per year and half of these will be assessed by the team of central mini-CEX assessors. Each team member will complete 30 mini-CEX per year, two or three per apprenticeship. The School recognises the need to involve right people and expertise and has the finances to support the new pool of assessors.

78. The level expected by the School for WPBAs is of someone entering the foundation programme. The School recognises the need for calibration through training and guidance, as many assessors will be used to assessing foundation trainees. The central team of mini-CEX assessors will be used to train other assessors and the School will review the consistency of assessments undertaken by those outside the central team.

79. The School should keep the logistical implications of the plans under careful review, including keeping in close contact with partner LEPS and should provide us with reassurance that LEPS are fully signed up to deliver the assessments.

80. The School has consulted nationally about its approach to WPBAs and is running another trial. We will watch how this progresses and seek further information from the School about the results of the trial.

Blueprinting

81. We were pleased to see that the School now has blueprints for all its assessments. There are different blueprinting rules for each element of the scheme of assessment and the individual blueprints are kept separate. To enhance this, the School must create a summary blueprint for the entire programme and a blueprint for each year of the programme incorporating all assessment methods.

82. We found the Year 2 OSCE assessment blueprint was lightly populated and related to the curriculum only and was not mapped to *Tomorrow's Doctors (2009)*.

Assessment of practical procedures

83. The Year 2 OSCE did not assess any of the practical procedures outlined in *Tomorrow's Doctors (2009)*. These must be summatively assessed at some point within the programme before students can graduate. The School advised it will be introducing these in Years 1 and 2 OSCEs in the next academic year and that current students in Year 2 will be assessed throughout the remainder of the programme. We will keep this under review.

External Examiners

84. The School is changing the way it uses external examiners, and its plans are in line with current good practice. We will keep this under review.

85. External examiners are selected through staff nomination and then the applications are reviewed by the GEM Board of Studies, College Learning and Teaching Committee and University Academic Board prior to approval. External examiners can be in the role for four years, plus an option of one additional year.

86. Previously the School sent subject specialist external examiners only the items relating to their subject expertise for review. The School had received reports that external examiners did not think that they were being used well, as they were only being asked to review a small set of questions per year.

87. The School has since reviewed its external examiner policy and from 2012/13 intends to attach three examiners to each year of the programme who will review all assessments in that year. There will be a mix of clinically qualified and non-clinically qualified external examiners. In addition chief external examiners will cover each phase of the programme (Phase I - Years 1 and 2, Phases II - Years 3 and 4). They would be required to review all question papers, attend practical examinations and assessment practices for the phase and to gain an overview of the standards across the programme. The School had consulted with its chief external examiners and the University who have agreed with its proposed plans.

88. The School reported that it has made changes to questions as a result of comments from external examiners in the past, but have not yet received comments on the overall standard of the assessments.

89. In anatomy the leads sought the advice of an external examiner on how to write good anatomy questions and how to make the difficulty of questions progressive as students pass through stages of the programme.

90. The external examiners that look across each phase of the programme also review the assessments of student selected components.

91. The School stated that external examiners attend the OSCEs and final exam boards and in future the School intends to invite externals to standard setting sessions.

92. The University Quality Office provides external examiners with induction sessions. During induction the external examiners meet members of the School and are provided with the School's Scheme of Assessment. Examiners are also provided with all the OSCE checklists and explanatory station instructions and are present to observe the examinations.

93. Additionally the School generally liaises with the external examiners on the OSCE process throughout the year.

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

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

Academic and Pastoral Support

94. The School GEM 'Fit to Sit' policy (endorsed by the University) is appropriate and flexible enough to respond to individual students' needs.

95. The School GEM programme adheres to a 'Fit to Sit' policy. Students may not submit a claim in respect of extenuating circumstances that existed before the assessment following the assessment. We were concerned that students who do not declare an issue before sitting an assessment would not be entitled to a second attempt even if an issue affecting their performance was identified afterwards, such as those who are ill at the time of the assessment and fail but are not diagnosed until after the assessment. The School explained that normally a student should declare extenuating circumstances before an assessment but that this would be judged on a case by case basis and we were satisfied with this response.

Staff training

96. There is appropriate training in place for staff and the School has processes to monitor uptake of training. We will explore levels of compliance during the 2012/13 visits.

97. The Wales Deanery and Cardiff University School of Medicine have been working with the School to develop a joint 'all Wales' approach to faculty development.

98. The current focus is on making sure that all teachers involved in the programme are fully trained in the key elements of the Swansea curriculum, such as apprenticeships.

99. We heard that the School is working with its partner health boards on appraisal and revalidation. The Wales Deanery's Intrepid database will align data from undergraduate and postgraduate teaching so that School can retrieve evidence of the development of clinical teachers for use in appraisals.

100. The School is mapping its faculty development database, which includes courses from the School and postgraduate deanery, to the Academy of Medical Educator's seven standards. The aim is that teachers who complete a course can see where it fits with these standards.

101. Abertawe Bro Morgannwg University (ABMU) and Hywel Dda health boards have been meeting regularly with the School to review Supporting Professional Activities (SPAs) for clinical teachers. They are working to protect SPAs for educational activities and have generally been successful in this. The School reported no greater pressure recently to reduce SPA time for clinical teachers.

Domain 8: Educational resources and capacity

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

Resources and agreements between medical schools and other education providers

102. The School reported that placement SIFT has seen a 3% reduction this year but that infrastructure SIFT, which is the majority of the School's SIFT funding, remains steady.

103. The School also meets regularly with the Medical Director and Finance Director at ABMU health board to increase the transparency of the use of SIFT for undergraduate teaching. This includes the allocation of dedicated Senior Clinical Tutor (SCT) sessions (available in ABMU) to support the educational activities of clinical teachers with a more defined role. This work is still in progress.

104. We are aware that the changing fee structure and approaches by the UK funding councils create potential problems with resourcing and will explore this further with the School in 2012/13.

105. The School stated that, so far, the impact of reductions in public sector funding has been relatively mild. We are conscious that the School must review any funding reductions and respond appropriately. We will continue to monitor this during the 2012/13 visits.

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.

Graduates are able to demonstrate the outcomes

106. The School is undertaking research about how to track its graduates. This will allow the School to assess graduates' preparedness for practice, where they undertake the foundation programme and identify whether any gaps or weaknesses need to be addressed in the curriculum.

Acknowledgement

107. We would like to thank the School and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Appendix 1: Context

The GMC's role in medical education

108. The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for qualified doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.

109. The GMC sets and monitors standards in medical education. The standards and outcomes for undergraduate medical education are contained in TD09 while the standards for postgraduate medical education are set out in the publication *The Trainee Doctor*. The GMC visits medical schools and deaneries to share good practice, review management of concerns and investigate any other areas of risk indicated by the information held by the GMC.

110. When the evidence collected indicates that specific standards are not being met we will set requirements with deadlines in the visit report so that schools and deaneries can adjust their programmes to ensure they meet all of our standards. We may also make recommendations when schools or deaneries are meeting the standards but there are opportunities to improve the way medical education is managed or delivered. The visit reports will highlight good practice identified in the review.

111. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries.

Appendix 2: Sources of evidence

Members of the visit team in attendance	
Team Leader	Professor Sean Hilton
Deputy Team Leader	Professor Chris Fowler
Visitors	Professor Caroline Boggis Professor Lindsey Davies Mr Nick Deakin Dr Christopher Hands Professor Richard Hays Mrs Carol Lamyman-Davies
GMC Staff	Jennifer Barron Elizabeth Leggatt Nasema Uddin Samara Zinzan
<p>Quality assurance activity</p> <p>Meeting the following:</p> <ul style="list-style-type: none"> • Management team • Assessment staff • Staff responsible for standard setting <p>Observation of the Year 2 OSCE in July 2012.</p>	
<p>Evidence base</p> <p>Documentation submitted by the School in advance of the visit:</p> <ul style="list-style-type: none"> • A Scheme of Assessment dated 14 Feb 2012 • An update on work place based assessments • An update on standard setting • An update on question writing <p>Assessment papers (reviewed on site):</p> <ul style="list-style-type: none"> • All assessment papers for Years 1 and 2 2011/12 academic year • An Extended Matching Question (EMQ) sample paper, for Year 3 term 1 (24 EMQs) and blueprint • An Objective Structured Clinical Exam (OSCE) sample paper, for Year 3 term 1 and blueprint • An Objective Structured Skills Exam (OSSE) sample paper, for Year 3 term 1 (anatomy spotter, data stations) and blueprint • Sample questions for Year 4 for all curriculum themes and modalities • An updated calendar of faculty development events • Evidence collected during the visit to the School on 2 and 3 March 2011. 	

Appendix 3: Abbreviations

ABMU	Abertawe Bro Morgannwg University Health Board
EMQ	Extended matching questions
F0	Year 5 of the Cardiff undergraduate programme
F1	Foundation Year 1
GEM	Graduate Entry Medicine
LEP	Local education provider
Mini-CEX	Mini-clinical evaluation examinations
MSC	Medical Schools Council
MSC AA	Medical Schools Assessment Alliance
MSF	Multi source feedback
OSCE	Objective structured clinical examinations
OSSE	Objective structured skills examinations
SIFT	Service increment for teaching
SPA	Supporting professional activities
WPBA	Workplace based assessments



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27 Nov 2012

Dear Jennifer

Re: Response to Final Swansea Report 2011-12

On behalf of the GEM team and College of Medicine, I would like to thank you for the final report from 2011-12. We very much appreciate the way in which the team and yourselves are working with us in a challenging, yet supportive way. The report clearly reflects the progress we have made in meeting the requirements and recommendations and clearly sets out actions for the next stages towards full approval. As we are now in the 2012-13 cycle of visits, we have no specific comments to make on the 2011-12 report which is a realistic and pragmatic summary of the visits and documentary evidence provided.

With best wishes

Professor Judy McKimm
Dean of Medical Education