General Medical Council

Visit Report on University of Southampton School of Medicine

This visit is part of our regional review of undergraduate and postgraduate medical education and training in Wessex.

Our visits check that organisations are complying with the standards and requirements as set out in *Promoting Excellence: Standards for medical education and training.* 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

Education provider	University of Southampton School of Medicine
Programmes	BM4, BM5, BM6, BM(EU)
Date of visit	8 March 2018
Were any serious concerns identified?	No serious concerns were identified during this visit.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed in this report. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

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. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 3 (R3.4): supporting learnings	The medical school's use of the equality and diversity data to make significant changes for students. For example, we heard about the development of special modules for international students in response to differential attainment.

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme 2 (R2.3): educational governance and leadership	Students are engaged at all levels within the medical school. The school is prepared to listen and adjust their processes to improve the student experience.
2	Theme 3 (R3.2): supporting learners	The pastoral support systems that are in place are working well and are highly valued by the students.
3	Theme 5 (R5.4): developing and implementing curricula and assessments	The students recommend Southampton medical school as a friendly and good quality educational experience. They believe that the course is preparing them effectively for practice.
4	Theme 5 (R5.4): developing and implementing curricula and assessments	Rotations appear to be well constructed and designed to improve exposure to a diverse range of patient types and diversity. The new matching schemes for placements appear to be working well.

Recommendations

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

Number	Theme	Recommendation
1	Theme 1 (R1.13): learning environment and culture	The medical school should increase awareness of induction procedures at LEP level.
2	Theme 2 (R2.1): educational governance and leadership	The medical school should improve their quality management processes, in particular provide clarity on how triggered visits are initiated, monitored and communicated.
3	Theme 2 (R2.3): educational governance and leadership	The school should explore opportunities to develop a greater diversity of lay/patient influence within the medical school.
4	Theme 5 (R5.8): developing and implementing curricula and assessments	The school should provide better calibration amongst consultant trainers for the ACC assessments. The school should also increase their level of awareness regarding the level and calibration of trainers.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards
S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.* **S1.2** *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1), Dealing with concerns (R1.2)

1   The senior management team at Southampton medical school encourage students to report concerns. They make it clear to students that they can report concerns to their local administrator or their local associate clinical sub dean and these concerns will then be dealt with. Placement leads also emphasise the importance of reporting concerns effectively.

2   We were told that the school do not receive many patient safety issues arising from placements. Students are always asked at the end of placements about any patient safety issues or concerns that they may have encountered. While the school do not receive much feedback regarding patient safety issues, the faculty do continue to encourage students to report concerns.

3   Medical students told us they would email their year lead if they wished to raise a concern, and confirmed that during their induction to the medical school they are given information on how to report patient safety issues. Students reported that they would initially use the NHS reporting system. Students also can use the more informal process of reporting concerns to their year tutors, who will then in turn escalate any issues with the student's consent.

4   When talking to the academic educators from the school, it became apparent there is a lack of clarity for some about their roles, responsibilities and processes around how students can identify and report patient safety concerns. The overall approach appears to be to take concerns to module leads and it will be escalated from there. Some educators did not appear fully aware of the clear pathway if someone comes to them with a concern.

Seeking and responding to feedback (R1.5)

5   The medical school regularly seeks to obtain and respond to feedback from both learners and educators. They recently received negative feedback from students regarding a particular placement and the attached learning environment. As a result, the school have removed both students and funding from the placement until the environment is improved.

6   The school routinely seeks student feedback and then discusses this with the trusts during their visits. Student feedback can trigger an LEP visit if concerns are raised. Another example of the school responding to feedback is the changes made to the healthcare support worker placement. They made adjustments to the module after the results of the student survey were analysed, and shown to have raised specific issues that needed to be addressed.

7   If the school is worried about a particular placement, they actively seek further feedback from both students and staff to resolve any issues. The school reacts to negative feedback regarding modules by implementing mid-module feedback, which allows them to make adjustments more quickly.

Educational and clinical governance (R1.6)

8   The senior management at the school provided us with diagrams of their educational governance structure. The school's primary governance group is the BM Teaching and Learning committee. It makes decisions regarding all the programmes and each programme has its own steering group, including an implementation support group which steers the move to the new curriculum.

9   The academic educators feel they are part of an integrated team who work closely together. There are often overlaps between teams at the medical school and they seek to help each other whenever possible. The educators know each other well and this results in good communication between both teams and individuals. They are well aware of the school's hierarchy and there are clear lines of communication.

Identifying learners at different stages (R1.10)

10   Southampton medical school appears to have a reliable method of identifying learners at different stages of education. The staff members are aware of this and it can prevent learners being asked to work beyond their level of competency.

11   Students in years 1 and 2 told us that they have badges to identify themselves as medical students whilst on placement. However, the badges do not indicate the year they are in which can sometimes be confusing. Students in their final year told us they have badges with 'final year' on them.

12   The importance of not letting anyone think they are above their level of competency is stressed to students. If students are asked to act above their level of competency, they feel comfortable speaking out and the consultants are accepting of this.

Induction (R1.13)

13   Students told us they are given a lecture before they start placements on how to behave, how to dress and other useful information. They are also given a handbook

that contains relevant contact details for their placement, a practice that is valued by the students.

14 However during our visit, we heard concerns amongst students regarding awareness of induction procedures at LEP level. We were told of several occasions where students arrive at placements without the knowledge of local consultant supervisors. It is unclear to us at this time whether the communication block is at medical school or LEP level, and we urge the school to work on this.

Recommendation one: the school should increase awareness and induction procedures at LEP level.

Multiprofessional teamwork and learning (R1.17)

15 The medical school supports learners to be effective members of the multiprofessional teams during placements by promoting a culture of learning and collaboration between specialties and professions. During placements, students have timetabled sessions with other professions. The school have listened to feedback from students regarding multiprofessional learning and made relevant changes as a result.

16 Students in year 2 have the opportunity to complete the healthcare support worker placement. This is currently a work in progress and more is being done to develop it for the future.

Adequate time and resources for assessment (R1.18)

17 Decisions regarding assessments are made by a specific assessment committee. The academic educators told us that assessments are currently evolving, moving from modular components to synoptic assessments. There is an undergraduate assessment handbook available on the online portal, Blackboard, and the students know where to go for further information on assessments.

18 The medical school arranges an annual lecture to describe the full range of assessments that students will receive that year. This includes examples of questions and the format they will be in.

Capacity, resources and facilities (R1.19)

19 Academic educators told us that students have equal access to resources and facilities at both the University and Southampton General Hospital. They have seen improvements at the library and the majority of the facilities have been upgraded. The medical school have made it a priority to increase the number of social areas available at Southampton General Hospital.

20 Podcasts are recorded and lectures are available online for students to revisit learning objectives. The year 2 medical students told us that there are a lot of online resources, with staff making great use of twitter and other forms of social media. An example of this is the online votes that are run on twitter to determine learning objectives that the educators should concentrate on or re-visit in the future.

21 We were told that the student's web-based e-portfolios are available university wide, and they are easily accessible while on placement. We did not hear any concerns relating to the e-portfolios from the groups we spoke to.

22 The medical school makes decisions on organisation of placements based on capacity- for example, there was a decision against the introduction of the Physician Associate course due to concerns around capacity.

Accessible technology enhanced and simulation-based learning (R1.20)

23 We were told that many of the modules at Southampton medical school involve contact with virtual patients. These involve individual case studies containing animation and a story, with the students making a decision at the end. The lab facilities were described as very good by the students and they are always open with assistance available. Clinical skills do a lot of simulation in acute care skills.

24 The anatomy equipment at the medical school is highly rated by both staff and students. There is a good array of technology enhanced equipment at the medical school.

Access to educational supervision (R1.21)

25 Southampton medical school encourage learners to meet with their personal tutor regularly. The students are required to meet with their personal tutor a minimum of twice a year, an element that the students value. We were told by the students that they would go to their personal tutor if they had any issues and appreciate having an outside voice who is not in their direct teaching environment.

Theme 2: Education governance and leadership

Standards
S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*
S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*
S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

26 It was not clear during our visit whether the school has effective, transparent and clearly understood educational governance systems and processes to manage the quality of clinical placements.

27 The school have recently reviewed their quality management process and thought about what they want to get out of it. They concluded that a lot of what they discover on the day of visits can be requested before the visit itself. The current process involves visits every three years which the school accept can be a long time, especially if issues need addressing. The school decided that an important part of the process is writing to the trusts at least once a year, through which they can ask for updates on recommendations. They also ask for further information and student feedback, both of which can trigger a future visit. This process started towards the end of last year and it enables the school to address any issues that need more immediate attention.

28 The school confirmed to us that they look at the CQC reports and are informed by HEE Wessex if a particular trust is put under special measures. They have a high level of understanding over which trusts are good at providing education, and which ones need further assistance and attention.

29 When exploring the school's quality management processes, we did not find clarity regarding the quality rating of placements. As a result, there is a lack of clarity about how triggered visits are initiated, monitored and shared. We heard that a new Quality Review Committee has been developed to provide this function. We encourage the school to pursue this mechanism to improve quality management processes.

Recommendation two: the medical school should improve their quality management processes and in particular provide further clarity with regards to how triggered visits are initiated, monitored and shared.

Accountability for quality (R2.2)

30 The medical school has reacted in the past to concerns regarding the quality of education, an example of this being at a specific Obstetrics and Gynaecology placement at one NHS trust, where concerns were raised by students on their placement evaluations.

31 The medical school reviewed data that showed negative feedback and highlighted low feedback scores. A triggered a quality assurance visit to that trust resulted in a decision not to place any further students in that department until these concerns have been addressed.

32 The school will ask for feedback within a year and the report that will be produced as a result of the visit will be sent to the chief executive of the trust. The GMC visited this trust during the regional review and no concerns were raised from medical students on other placements at this trust.

Considering impact on learners of policies, systems, processes (R2.3)

33 The medical school consider the potential impact on learners that policies, systems or processes may have. They try to take into account the views of learners, educators, patients and the public.

34 Students appear to be engaged at all levels within the medical school. The school is prepared to listen and adjust their processes to improve the student experience.

35 However, during our visit we heard about a general lack of patient engagement in core medical processes. We were told how there is no patient public involvement in the fitness to practise groups, but this is standard practice. The management team at the school told us they are looking at ways to increase patient involvement with the school, in particular in the development and review of the curriculum. There is some patient involvement on a modular level but again, this could be improved.

Area working well one: students are engaged at all levels within the medical school. The school is prepared to listen and adjust their processes to improve the student experience.

Recommendation three: the school should explore opportunities to develop a greater diversity of lay/patient influence within the medical school.

Evaluating and reviewing curricula and assessment (R2.4)

36 Southampton medical school regularly evaluates and reviews their curriculum and assessment framework. Their aim is to take good practice from their providers and share this to improve the quality of education and training.

37 The clinical centre forum allows module leads, year leads and placement leads to get together and look at curriculum and assessment across all the years rather than just their own years. Module leads across the clinical years are encouraged to work with their placement leads to ensure an equivalence of experience.

38 There is a separate assessment committee where proposals regarding assessment in the faculty are made. These are then taken to the BM Teaching and Learning committee for the final decision. All the students who fail are well supported and further resources are provided for them, an example of this being more individual feedback when it comes to assessments. There are several mechanisms in place to help these students gain academic and pastoral support.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

39 As an organisation, the medical school regularly evaluates information about a learner's performance, progression and outcomes by collecting data on quality and equality and diversity. The medical school is quite diverse and there are both educators and students from all over the world.

40 This data is routinely analysed, an example being the students who arrived from an international programme. The data showed that they were not progressing as well as they should be. As a result, these students now have a whole module to themselves to help orientate to the UK culture. Analysis of this data has been used effectively by the school to drive change.

Systems and processes to monitor quality on placements (R2.6)

41 We were told during our visit that the new financial tariff system was established at the same time as the curriculum changes. The medical school and LEPs are coping with the transition and it will provide them with opportunities in the future to move the money around. The financial meetings that take place between the medical school, HEE Wessex and placement providers are a new initiative and we were told they are very informative and beneficial.

42 Southampton medical school know that ensuring high quality education is hugely important. They have a choice of which placements to send their students to, an element which is hugely beneficial. The school confirmed that they only send students to placements with guaranteed good quality.

43 The management team recently received feedback from students regarding a particular placement. They were told that the environment in this placement was not good for learning. As a result, the school removed students and funding from this placement until they see an improvement. The school has a commitment to deliver high quality placements and therefore support their providers as much as possible.

44 However, during our visit we still heard uncertainty around the arrangements with LEPs and their finance, admin support and matched clinical governance structures. We encourage the school to continue to work with LEPs seeking to develop greater transparency in their funding pathways for undergraduate education delivery.

Concerns about quality of education and training (R2.7)

45 Southampton appears to have a system in place for both learners and educators to raise concerns about education and training. They seek to investigate and respond when such concerns are raised. In particular, if they receive concerns about a particular placement they will take a more hands on approach in monitoring that particular module.

46 The school have several formal channels that they encourage students to use to raise any concerns they have over education and training. They also encourage the students to become involved in the revalidation process for the next cycle.

Sharing information of learners between organisations (R2.17)

47 Southampton medical school has processes to share information with their LEPs and the deanery if they have concerns over a learner. They do not share personal information, such as a student's health, with the trusts unless they have been given the student's permission. However, most students do grant the school permission to do so. They also encourage the students to speak to those they will be working with at the start of their placements.

48 The school does not generally share details of students' previous academic performance with placement providers. An exception to this is when a placement is specifically arranged to accommodate a student 'referral' (resit) due to a previous placement failure. The module leads and academic leads are aware of how their students are doing academically. A lot of work is carried out through the clinical centre forums, where placement leads gather to emphasise the importance of reporting and discussing both academic and professionalism concerns.

Requirements for provisional/full registration with the GMC (R2.18)

49 Southampton medical school (and Southampton University) has processes to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification.

50 The medical school and the educators witness the students' progress and work with them on the wards. They work closely with the Foundation School Director and HEE Wessex. The feedback they receive is that Southampton students are well prepared and good with patients. The school confidently told us that they have never graduated anyone they do not think is fit to practise.

Recruitment, selection and appointment of learners and educators (R2.20)

51 We were told during our visit that open days at the university are well attended and they have large numbers of individuals apply. The UK Clinical Aptitude Test scores are used to select people for interviews, which are face-to-face interviews with two representatives from the university. Following this, potential students also have group interviews where they are asked to discuss a topic. All those who are involved in the interviewing process are required to have taken part in interview training.

52 The widening participation programme is overseen by a specific team that are skilled and trained in widening participation. The school look at success and progression data throughout the course and Southampton University are one of the few Universities who publish progression details on their BM6 students.

53 During our visit, we heard about variable forms of recruitment for the academic educators. Some of them were self-selecting and others have a contract focussed role. Southampton medical school recognises the teaching fellow pathway and supports LEPs in their development of this.

Theme 3: Supporting learners

Standard
S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Good Medical Practice and ethical concerns (R3.1)

54 Students are supported to meet professional standards, as set out in *Good Medical Practice.* Students in years 1 and 2 receive specific teaching on Good Medical Practice.

Learner's health and wellbeing; educational and pastoral support (R3.2)

55 The students we met told us that the pastoral support team would tackle any issues that may affect them or their fellow students. Several students told us they knew of people who have used the pastoral support system and they gave it a high level of praise.

56 The pastoral support team communicates any personal issues with individuals overseeing the student's education, but only after obtaining the student's permission first. There is efficient and clear communication throughout the process. The pastoral team are very supportive and they make the right adjustments. There are several options available to the students in terms of people to talk to.

57 Within the university's student services, there is a crisis service, counselling team and disability practitioners. The students have access to a daily drop-in clinic which is co-ordinated and run by the central University administration team. There are 20 minute appointments available so there is time to see everyone. We were told that 2000 students used the drop-in clinic last year. The Student Life team are available 24 hours a day in the student halls and private rented sector. A counselling service offers students up to 6 sessions of counselling. The medical school also has excellent student support and if the students wish to seek assistance outside the faculty, this is easily accessible.

Area working well two: the pastoral support systems that are in place appear to be working well and are highly valued by students.

Undermining and bullying (R3.3)

58 There are very clear guidelines to follow in the event of witnessing bullying and undermining. The students we talked to are aware of the policy and know where to find it if they need it.

59 Students are shown how to raise concerns confidentially and know that there is a 'freedom to speak' guardian being introduced at the various trusts. We were told by the medical school about an incident involving a student who felt bullied by another student via social media. The student in question was then referred to the student progress committee as a result of this. We heard from students about incidents of sexual harassment by a GP Trainer. We were told that that the medical school has not assigned students to this GP since and they have also warned HEE Wessex about sending trainees there. We would also expect allegations of such professional misconduct to be reported to the individual GP's employer or, if a GP partner, to their Responsible Officer.

60 The medical school efficiently deals with any behaviour that could potentially undermine a student's professional confidence, performance or self-esteem.

Information on reasonable adjustments (R3.4)

61 Southampton medical school is prepared to make reasonable adjustments. They ensure that all learners have access to information about reasonable adjustments. An example of one of the changes they have made is an adjustment to the anatomy lab for a student who used a wheelchair. This has now led to having a system and procedure in place if similar adjustments are needed in future. The changes that were made allowed the student to have an equal experience to other students.

62 The medical school employs a disability officer who is responsible for supporting those who may have a disability that affects their student experience. The students we spoke to at Dorset County Hospital mentioned that they receive an email from the medical school twice a year explaining the option of reasonable adjustments. The visit team were impressed with the medical school's use of the equality and diversity data to make significant changes for students. The school is also exploring differential attainment. For example, we heard about the development of special modules for international students in response to differential attainment. The school has clearly been engaging with data and making changes as a result of this. We have identified this as an area of good practice.

Area of good practice one: the medical school's use of the equality and diversity data to make significant changes for students. For example, we heard about the development of special modules for international students in response to differential attainment.

Supporting transition (R3.5)

63 Forums are run to help manage any period of transition for medical students, such as the changes in the OSCE process and the move to the new curriculum. Programme leads liaise with teaching staff to communicate any change and there is staff development training provided within the Faculty, including a very popular four day

'Teaching Tomorrow's Doctors' course, which provides a longitudinal view of teaching.

64 During our visits to the LEPs, some students told us that they are not particularly reassured about the move to the new curriculum. Several of them have concerns over the way the changes are managed. The students believe the medical school has demonstrated a lack of communication in several cases, such as not providing students with sufficient information on their Ethics Law and Critical Appraisals exams. Some students also told us there was a lack of communication regarding the move from six minute stations to nine minute stations in the OSCEs.

65 The medical school has a close working relationship with the Foundation Programme Director at Wessex. They are also in regular communication with HEE Wessex regarding the transition period for medical students.

Information about curriculum, assessment and clinical placements (R3.7)

66 Prior to the year commencing, the assessment system for the year is explained to the students and they are provided with the assessment dates for the whole year. There is an undergraduate handbook and a blackboard system which has this information available.

67 Medical students in years 0, 1 and 2 told us that they have a written mock exam three months before their real exam. This allows them enough time to prepare for the real exam however several students expressed the belief that the mock does not relate to the final exam. The medical school have a relatively small question bank so it can take time to develop further practice questions.

68 There is a process available to students if they wish to question assessments. There are a number of lecturers who do the marking but the school told us it is done fairly across the board. The undergraduate handbook is available on the online portal, Blackboard, and students know where to go for information when they need it.

69 Students told us that they know around six months in advance where their next placement is going to be. However some expressed concerns that this doesn't always tie in with deadlines for obtaining housing. The medical school try to give students the placements they selected. They are provided with a leaflet prior to commencing their placement which contains useful contact details.

Out of programme support for medical students (R3.9)

70 Medical students are given appropriate support whilst studying outside of the medical school, including the time they spend on electives. Before they go on elective they are given emergency contact details. Whilst on elective students are encouraged to

contact the Student Office if required in office hours who will then contact the elective lead or academic lead as appropriate.

71   If they experience difficulties whilst on placement, their first point of call would be the student administration team. There is also an out-of-hours team available. We were given an example from a few years ago of a student who was unhappy staying at their elective. The school responded by granting them permission to return home and keeping in regular contact with them.

Support for learners in difficulties (R3.14)

72   Students whose progress or performance gives rise to concern are supported to try and overcome these concerns and, if appropriate, given advice on alternative career options.

73   All low-level concerns regarding a student are recorded on the student's electronic file, which has restricted access. Therefore anyone looking at a particular student's file would see other issues relating to the student in question, ensuring the triangulation of any concerns. The management team encourage the academic tutors to feedback any concerns that are raised to the students themselves so that they can reflect and improve.

74   If a medical student fails their final exams, the medical school checks that they have failed for valid reasons. The student's supervisors will receive feedback on those who do fail in an effort to assist them. Supervisors are encouraged to raise any concerns they have over particular students as early as possible to ensure the appropriate support is in place.

75   The medical school triangulates any information they receive on students in difficulty. Any student who is a borderline pass is referred to the pastoral support team and issues emerge in the end of placement report. If it is a health concern, the issue goes to pastoral support, and if it is a professionalism issue it goes to the module or year leads.

Career support and advice (R3.16)

76   Medical students who are unable to complete a medical qualification or achieve the learning outcomes required for graduates are given advice on alternative career options.

77   There is sufficient careers advice available at the medical school. A lot of the support available is student supported, MEDSOC being a prominent example. The school provide drop-in sessions for students to discuss the various different specialties and GPs are invited to the school to talk about their careers. Students who express an

interest and have specific queries have the chance to talk to the relevant people. The school told us that they aim to provide even more careers advice in the future.

Theme 4: Supporting Educators

Standards
S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*
S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

78 Academic educators told us that they are evaluated on teaching and also course leadership. If an educator conducts a lecture, they receive feedback in the form of a score and written comments. If they receive more than one negative comment, a discussion normally takes place to establish why there are negative comments. If they do not arrive at a solution, the lecture could be dropped in the future. The medical school seek two-way feedback to constantly improve the quality of education.

79 The educators work with the staff development team and workshops are available to help them improve their teaching, including example question writing and assessment skills. Educators are invited to attend external courses to enable them to adequately cover the assessments required by the curriculum. There are also internal courses, such as workshops on writing good MCQ questions. Staff have to complete mandatory equality and diversity training every three years.

Accessible resources for educators (R4.3)

80 Educators have access to the resources they need to meet the requirements of the curriculum. There is a clear curriculum that should be followed and they have regular meetings to discuss how this will happen.

81 In terms of the modules, there are module profiles that contain the learning outcomes within them. They are used for blueprinting assessments. More experienced lecturers will include learning outcomes for each individual teaching session and they are encouraged to outline these at the start of the lecture. These are also included in the module profile.

Working with other educators (R4.5)

82 Southampton medical school support educators to liaise with each other to make sure they have a consistent approach to education and training. Educators are encouraged to feed into the steering group and they also teach various different modules and courses, across different years. This helps them form a network to discuss any challenges they may face.

83 If an educator wishes to engage with colleagues from other disciplines, they can do this through the subject leads. We heard that the network of subject leads works well. We were told of an example concerning feedback in Haematology, where the educator discussed their slides with the subject lead and has gradually changed the content over the past 4 years. This has seen positive improvements as a result.

84 The academic educators do have away days when looking to change and revalidate the curriculum. In addition to this, there are more formal structures in place to discuss any forthcoming changes. The subject leads are invited to assessment committees to give their perspective on any potential changes.

Recognition of approval of educators (R4.6)

85 We were told by the academic educators that the university value teaching more so than in the past. There is a far clearer structure within medical education and excellence in teaching is increasingly supported. It was clear that more and more staff want to be engaged with education rather than just tick a box. Southampton University was awarded three national teaching fellowships in 2018, the maximum possible.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.* **S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

GMC outcomes for graduates (R5.1)

86 The medical school curriculum is planned to show how medical students can meet the outcomes for graduates across the whole programme.

87 We were told that the BM4 programme has clear learning outcomes. The educators are given these learning outcomes in advance to plan their lectures. They are also given feedback from previous lectures to help improve their own. This feedback involves scores for each lecture and free text comments.

Informing curricular development (R5.2)

88 During curriculum revalidation, the school seeks input from both patients and students. They have a group that they consult with but senior management at the school admitted they find this challenging and receive limited comments from the group.

89 Patient involvement is an area that the medical school are looking to improve. They are actively seeking assistance from HEE to gain further patient contribution to the curriculum. We did hear that student involvement in curriculum design is very good.

90 A small group of students, who are very well informed of the curriculum changes, seek to inform the rest of the students about any changes. The medical school also look to spread this information as much as possible. The medical school did state that they need to improve their communication of curriculum changes, a view the students share. The information is published in the right places but the students are not looking for it themselves.

Undergraduate curricular design (R5.3)

91 Southampton medical school's curriculum contains a 4 week assistantship module that students have to pass to graduate. This involves two weeks in surgery and two weeks in medicine. To pass their assistantship, students have to complete certain tasks during these blocks. Students told us during our visit that the assistantship and shadowing period are really beneficial. They provide students with good exposure to F1s and, under the new curriculum; the assistantships are for a longer period of time.

92 Students encounter a good level of exposure to psychiatry through the medical school curriculum. This is well received by students and encourages them to consider psychiatry as a future career.

93 The school is constantly reviewing all years of their curriculum and takes the opportunity to do this every year. They confirmed that they are able to maintain a degree of flexibility in order to reflect the upcoming changes in some areas of the curriculum. The student logbooks that accompany each clinical placement have been developed, with greater emphasis on reflection and patient safety.

94 Educators point out where the gaps are in the curriculum and provide ideas on how they can fill these gaps. Reports are produced as a result and list what the medical school need to do to address and how it fits into the faculty.

95 To encourage professionalism, the medical school have a professionalism lead who ensures this is embedded in the curriculum. A lot of work has taken place to develop opportunities to deliver this in a meaningful way. One of the highlights of this has been the Personal and Professional Development module, which is based around good medical practice. Students have been very engaged with this module.

Undergraduate clinical placements (R5.4)

96 It became clear during our visit that the medical school has designed rotations that enable students to have exposure to a wide range of patient types and diversity. The new matching schemes for placements appear to be working well. Students are given the opportunity to select their preference for placements and the school managed to match all but a handful of students to the placements they wanted.

97 We were told by students in years 1 and 2 that placements and the good level of patient contact they engage in throughout them are one of the highlights of their early years in medical school. History taking is also seen as a beneficial experience whilst on placement and the students commented on the advantages of being involved in the placement environment early on.

98 Students are given a lecture before they start their placements, along with a handbook that contains the contact details of those they will be working with on placements. These both contain useful information, such as how to behave and dress on placement. Students have a point of contact on their placements if they feel they have any concerns that need to be discussed. As mentioned previously, students have badges to identify themselves as medical students.

99 Everyone experiences the same teaching whilst on placement and we did not hear of any concerns about quality. In the early years the medical school organises transport to placements. In the later years students are reimbursed for travel costs by rail, road, ferry or flights as appropriate. Students pay into a communal travel fund

annually and the university provides financial assistance for students with financial hardship.

100 Southampton medical school appears to give students placements that enable them to become members of the multidisciplinary team and sufficient practical experience to achieve the learning outcomes required for graduates.

Area working well three: students universally recommend Southampton medical school as a friendly and effective educational experience. They believe that the course is preparing them effectively for practice.

Area working well four: rotations appear to be well constructed and designed to improve exposure to a diverse range of patient types and diversity.

Assessing GMC outcomes for graduates (R5.5)

101 Students are assigned a clinical tutor for each of their clinical placements, who is responsible for signing off the student's end of attachment form and confirming the student's completion of their learning log. It is a requirement for students to have completed all the designated practical procedures to pass the final exams.

102 In signing off a clinical placement, the clinical tutor may take into consideration the opinions of all members of the clinical placement team. If a student fails, there are chances for remediation. The school will check that students who have been failed have done so for the right reason. The supervisors are given feedback on those who do fail, so that they are aware of the reasons. If a supervisor is concerned about a student in the programme, they are encouraged to raise these concerns early on in the process, and at any other time with the medical school.

Fair, reliable and valid assessments (R5.6)

103 The medical school have recently made changes to their assessment processes, in particular final year assessments and clinical summary assessments. The school looked at where the gaps are and tried to replicate working life scenarios. These include prescribing charts, referral letters, handover, witnessing a psychiatry consultation.

104 Students experience 4 written tasks, including an audio-visual task involving a simulated patient. These are marked separately, with each question being marked by a different examiner.

105 The school told us that there were a couple of typos in the paper and therefore they gave students extra time as a result of this. Due to the fact that the assessment method is new, the school provided significant preparation for the students. They started talking to them about it a few years ago and gave them examples of good answers to specific questions. There is a wide range of material online relating to the

assessments, including further example answers and information on each of the assessments.

Examiners and assessors (R5.8)

106 Assessments are supposed to be carried out by those who have the appropriate expertise in that area. The assessors are responsible for honestly and effectively assessing the medical student's performance.

107 The medical school have rules on who can conduct an ACC assessment to ensure they are at the required standard. Assessors have to sign documents to confirm that they have completed the minimum training required. The new database for faculty development will include further information on examiners, for example they will be able to pick out examiners who are scoring above or below average. The school are trying to encourage those who have only done tier one training to complete tier two training.

108 The medical school provide training for examiners, including online training and workshops. One online module provides a step-by-step guide for assessors on how to do an assessment and benchmarks their assessment against an expert's. There are various rules and regulations that need to be followed for the assessment to be valid.

109 Despite this, several medical students expressed concerns over the ACC assessments. They believe that the assessments vary depending on the patient they receive and the assessor they are assigned. The students feel that the ACCs are poorly calibrated amongst consultant trainers and that not all the assessors are significantly trained to conduct the ACCs. Students are being marked against the standard of a Foundation doctor however the consultants have varying views on what makes a good F1.

110 The students suggested the introduction of a prescriptive, standardised marking scheme to improve the quality of the ACC assessments. They also believe the assessors should communicate with each other more to improve the consistency of the ACCs.

111 The examiners are given feedback on their performances in assessing the OSCEs and on the day, if an examiner is having issues, the experienced area coordinator will give them immediate feedback.

112 There are several regulations in place with regards to external examiners and who can be one. All the external examiners have an induction before they start their role. They will have a phone call followed by a visit to the school before they meet the board of examiners. They are all invited to attend an OSCE and they get the opportunity to meet some of the students.

Recommendation four: the school should provide better calibration for consultant trainers regarding the ACC assessments and increase the level of

awareness throughout the school regarding the level and calibration of trainers.

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Evidence base	The medical school prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.

Acknowledgement

We would like to thank Southampton medical school and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.