

2018 Regional Review of Wessex Action plan for University of Southampton School of Medicine

General
Medical
Council

Report	QA Code	Type	Description	Due Date	Action taken by organisation since the visit (if applicable)	Further action planned by organisation	Lead by
University of Southampton School of Medicine		Recommendation	The medical school should increase awareness of induction procedures at LEP level.	Oct 2018	The Faculty sends out an annual request to all LEPs to return details on key areas including information on their student placement inductions and updates on requirements and recommendations from their previous placement visit by the medical school (LEPs are routinely visited every 3 years, and more frequently if required)	Specific letter from AD (Education) to go to all clinical placement leads (ACSDs) in Autumn 2018 thanking them for engagement with the Review and requesting assurance that induction procedure is followed at all individual placements. Faculty will specifically note student feedback on induction provided by LEPs as part of the yearly quality assurance process.	Karen Morrison/Ben Chadwick
University of Southampton School of Medicine		Recommendation	The medical school should improve their quality management processes, in particular provide clarity on how triggered visits are initiated, monitored and communicated.	Nov 2018	There has been discussion between senior faculty staff regarding clarifying this process. This will be actioned at the first Quality Monitoring Group meeting following the Review.	Specific process to be discussed by Quality Monitoring Group (Sept 2018), developed and finalised before end Oct 2018 and sent to all ACSDs in Nov 2018.	Ben Chadwick

University of Southampton School of Medicine		Recommendation	The school should explore opportunities to develop a greater diversity of lay/patient influence within the medical school.	Ongoing	<p>We have appointed an experienced member of our education team to lead on developing the Patient and Public Involvement (PPI) in our programmes.</p> <p>We have mapped where patient involvement activity currently occurs in our curriculum, our assessments and in student selection.</p> <p>The new PPI Lead and our Diversity Lead attended a GMC/MSc Patient Involvement day on 03.09.2018 and reported back on examples of good practice from other medical schools.</p>	<p>Arrange time within job plan for PPI Lead.</p> <p>In working to embed PPI further throughout our programmes suggestions for early adoption include: increase involvement of Sim patients in curriculum development; include a lay representative in our Student Progress and Fitness to Practise processes; involve the hospital Patient Advice and Liaison Services in student medicine placements; encourage all Primary Care placements to invite students to their patient participation groups; involve University PPI Hub in the Year 3 student project conference.</p> <p>Contact other areas in local healthcare education (e.g. School of Health Sciences, local CCGs) where PPI works well, to seek best practice and advice on how to implement further.</p>	Deborah Rose/ Pritti Agrawal
University of Southampton		Recommendation	The school should provide better	Ongoing	We already have in place a tiered structure of training and have	We are developing new material for clinical assessment examiner	Bruce McManus/Jane

School of Medicine			calibration amongst consultant trainers for the ACC assessments. The school should also increase their level of awareness regarding the level and calibration of trainers.		arranged future workshops (tier 3 - which includes calibration) starting this autumn, which we will take out to regional centres. We have continued to promote our online training which also includes a calibration exercise (tier 2). We are involving our ACSDs (placement leads) to promote and increase tier 2 & 3 completion rates.	<p>training to support future workshops and facilitate training away from the centre.</p> <p>We have scheduled further workshops specifically for ACC training and are involving our clinical centres to encourage participation in these.</p> <p>We will consider how to further encourage examiners to progress onto higher tiers of training, whilst maintaining the high levels of participation.</p> <p>We will request that all placements accurately record and feed back to the faculty details of local ACC examiner training and calibration, and will disseminate examples of good practice across our centres.</p>	Wilkinson
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