

Quality Assurance Report for University of Sunderland School of Medicine

This visit is part of the GMC's new schools quality assurance process.

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

Summary

Education provider	University of Sunderland School of Medicine
Programmes	MB ChB
Date of visit	24 January 2020 27 July 2020 (Videoconference)
Key Findings	<ol style="list-style-type: none"> 1 This cycle of visits was the first in a multi-year programme of quality assurance for the University of Sunderland School of Medicine (the school). The purpose of this cycle was to assess how the school is performing now it has accepted its first cohort of students in September 2019, to speak to staff and students, and to identify any areas of good practice, requirements or recommendations. 2 We carried out two visits to the school and conducted one student survey during this cycle; this survey (which had a 78% response rate) replaced our planned student meeting in July. Due to the COVID-19 pandemic the second visit was conducted via videoconference, during which we focused on areas of risk, previous areas of concern, and the school's preparations for the incoming cohort.

- 3** In January we were pleased to see that the school continues to have a good working relationship with Keele School of Medicine (its contingency partner), and that educators reported that the school actively seeks their feedback. However, we also identified a number of areas for further consideration, including placement planning and Fitness to Practise (FtP) processes.
- 4** In particular, we were concerned to find an evident lack of teaching space for the current and incoming cohorts; the school was unable to provide an adequate action plan for resolution at the time. We requested further documentation which showed that the school had taken action after our visit to find additional and suitable teaching space.
- 5** In July we were pleased to see the school is well prepared to support all students in light of the current pandemic. We were also pleased to see the school has external representation on its quality committee from Health Education England North East (HEENE). However, some concerns remain over the school's FtP processes, Year 1 GP placements and the university administration audit.

Update on open requirements and recommendations

	Open requirements	Update	Report paragraph
1	<p>We found that Fitness to Practise processes are not yet fully aligned with the timelines set out in the GMC guidance. Timelines and process descriptions for each component part of the FtP process are not adequately outlined in documentation for students.</p> <p>Further consideration should also be given to the finer details of the FtP process (for example the number of times students can postpone their attendance at FtP proceedings and how such requests are made and considered by the panel).</p>	<p>The school has met this requirement. Changes have been made to the fitness to practice policy to refine the timelines. These timelines are made explicitly clear in student handbooks.</p> <p>The second part of this requirement has been closed and superseded by recommendations 3 and 4.</p>	38

	Open recommendations	Update	Report paragraph
1	We suggest that the school considers an annual student declaration of health.	The school has met this recommendation. Pre-visit documentation showed that the school has introduced an annual student declaration of health.	35
2	We suggest that further thought be given to the remit and membership of the Health and Conduct Committee with respect to the members' potential for conflicts of interest.	The school has met this recommendation. It has appointed senior clinical co-chairs of the Health and Conduct Committee to avoid conflicts of interest with other formal fitness to practice processes.	34

3	We suggest that the school considers appointing a clinical external examiner for OSCE assessments during the early years of the programme.	The school has met this recommendation. Pre-visit documentation showed that the school has appointed a clinical external examiner.	
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Areas that are working well

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

	Theme	Areas that are working well	Report paragraph
1	Theme 2: Educational governance and leadership (R2.8)	HEENE representation on the school's Quality Committee adds a layer of externality that will support the school's quality management processes.	27
2	Theme 3: Supporting learners (R3.2)	There are good avenues for pastoral and academic student support.	43-44

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

	Theme	Requirement	Report paragraph
1	Theme 2: Educational governance and leadership (R2.6)	The school must ensure it signs service level agreements with Year 1 primary care placement providers as soon as possible.	31-33

Recommendations

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

	Theme	Recommendation	Report paragraph
1	Theme 1: Learning environment and culture (R1.7)	The school should keep its administrative requirements under review to ensure there is sufficient support for the programme.	9-10
2	Theme 1: Learning environment and culture (R1.19)	The school should keep its teaching space capacity under close review to ensure there are adequate facilities for all students.	20-22
3	Theme 2: Educational governance and leadership (R2.16)	The school should clarify both how it records decisions taken by the Health and Conduct Committee and how this committee feeds into other progression panels.	36-37
4	Theme 2: Educational governance and leadership (R2.18)	The school should take further steps to ensure that it has a sufficient number of trained GMC registered panel members for each stage of the Fitness to Practise process.	39-40

Findings

The findings below reflect evidence gathered in advance of and during our visits, 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
<p>S1.1 <i>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.</i></p>
<p>S1.2 <i>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.</i></p>

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

- 1 We are pleased to see that the school has developed a culture to support learners to raise concerns: in January, students told us they would feel able to raise a concern if necessary. Furthermore, in response to our survey, the vast majority of students either strongly agreed or agreed that they are confident that any concerns they raise will be addressed. This culture is reinforced by robust raising concerns policies: if a patient safety concern is identified at the school, students are told to notify the year lead in the first instance, whilst on placement they would speak to their GP supervisor and follow up with the school if necessary. Students also told us they can access information on raising concerns quickly via the virtual learning environment (VLE). We are therefore confident that the school has systems in place for learners to raise concerns openly and safely.

Learning from mistakes (R1.3); Concerns about quality of education and training (R2.7)

- 2 The school uses Incident Evaluation (IE) reports to record and learn from unforeseen and exceptional incidents. In pre-visit documentation, the school provided us with three IE reports to show how the process works in practice. One of the IE forms related to the problem-based learning (PBL) sessions, where it became apparent that PBL was delivered differently across Sunderland and Keele medical schools (Sunderland uses a smaller number of groups than Keele, but these groups have more students in them). This meant that students could rely on the work of others rather than conducting research themselves to meet their learning objectives. The IE method allowed the school to address and resolve this issue quickly, amending group size to better facilitate student learning. This shows that the school has processes in place to investigate, reflect and learn when mistakes are made.

Supporting duty of candour (R1.4); Good Medical Practice and ethical concerns (R3.1)

3 In January students told us that that they are familiar with the term 'duty of candour' and were able to explain what it means. We heard that this is covered in students' professionalism sessions. Additionally, in our student survey, all students either agreed or strongly agreed that the programme emphasises professional behaviours and expectations. As such, we are confident that the school is developing a culture which supports learners to be open and honest, and to meet professional standards. We will explore this standard further over future cycles as students progress into clinical placements.

Seeking and responding to feedback (R1.5); Considering impact on learners of policies, systems, processes (R2.3)

4 Organisations must consider the impact of learners of policies, systems and processes. We are therefore pleased to see that the school has a student staff liaison committee (SSLC) that considers learners' views; students told us that they find it easy to contribute to the committee via their year representatives. In advance of January the visit, we reviewed SSLC meeting minutes: these showed that students chair the meetings (which take place twice per year). In addition to the SSLC, the school told us that it collects student feedback at the end of each unit; any feedback is discussed at the fortnightly Curriculum Review Group so the school can take swift action to respond to any acute risks.

5 We were pleased to find that students were aware of these feedback collection methods and could tell us about improvements that occurred in response to their feedback. For example, in the first semester students fed back that lectures were timetabled too closely together, leading to learning fatigue. To combat this, the school introduced breaks between lectures to allow students a rest period.

6 Despite these positive findings, in January we found that there were few formal routes for the school to close the feedback loop. Other than noticing changes, students told us that the main way to receive updates on the feedback they give is through PBL wrap up sessions; we noted that this may become unsustainable as the school grows. In July we were therefore pleased to hear the school has introduced further methods to close the feedback loop, including a monthly 'You said, we did' document. We also heard that next year the school will have a Medical Student School Coordinator; this will be a student who works with course representatives and meets with the Head of School on a monthly basis to strengthen the feedback loop.

7 These changes were corroborated by our student survey, where all students responded that their feedback had led to issues being resolved or improvements in the programme. The majority of students also said that these changes were fed back effectively. As such, we are confident that the school has systems in place to seek and respond to feedback from learners.

Appropriate capacity for clinical supervision (R1.7)

- 8** We are pleased to hear that the school continues to develop its staffing body so that there are enough staff members to provide a high-quality education experience for students. For example, in January the senior management team told us that the school has a scalable recruitment model in line with the growth of the school, and in July we were pleased to find that the school had recruited to this model. Pre-visit documentation provided further detail about the new academic posts recruited during the 2019/21 academic year and the school's plans for future recruitment.
- 9** Medical schools must also ensure that they have enough staff to support operational processes. In July, the school provided us with its risk register, which outlined that an administrative capacity audit is taking place across the university. The school has identified this as a key risk, as medical school support staff recruitment is currently on pause due to the pandemic. We heard from the School Operations Manager that the school has identified its requirements across the academic year to identify pinch points, allowing the senior management team to map its administrative requirements. The Head of School told us that the school can utilise staff across the university to cover its administrative needs, but issues can arise as these staff are not directly line managed by the school. We heard that if the audit results in reduced medical school staffing, the school will approach the university executive and request additional support from within the university.
- 10** Although we are satisfied that the school currently has enough suitably qualified teaching staff, we note and share the school's concerns about the audit. If the school does not have enough dedicated administrative staff, then operational running and educational quality of the medical school may be compromised. We encourage the school to work with the university and keep this area under close review to ensure there is sufficient administrative support to meet the needs of the programme.

Recommendation 1: The school should keep its administrative requirements under review to ensure there is sufficient support for the programme.

Appropriate level of clinical supervision (R1.8); Appropriate responsibilities for patient care (R1.9); Systems and processes to ensure a safe environment and culture (R2.11)

- 11** Learners' responsibility for patient care must be appropriate for their stage of education. We were therefore concerned to find that around a third of respondents to our student survey felt they have faced clinical problems beyond their competence or experience. However, the GP Team at the school told us it wants to encourage situations where students feel stretched, ultimately improving their placement experience. This includes taking medical histories relatively early in their clinical learning. The school also assured us that students are always supervised.
- 12** Furthermore, the senior management team told us that all students are well prepared for placements, with four briefing and skills sessions before placement and then a

further four throughout the year. In January, students confirmed that the school had run these sessions and told us that they were useful. As such, we are satisfied that the school has processes in place to ensure students do not work beyond their competence, and we will closely monitor this over future cycles.

Induction (R1.13)

- 13** Learners must receive an induction in preparation for their placements. We were therefore pleased to hear from GP and secondary care supervisors that the school provides a comprehensive list of elements that must be covered in the induction; the school also approves all inductions before students start placements. Furthermore, these supervisors reported that the students were all well prepared for their placements and commented on how impressed they were by the students' levels of professionalism.
- 14** Medical school programmes must also give students an educational induction. In January, students told us that they were generally happy with their induction to the school and had had the opportunity to provide feedback about their experience. The school will use this feedback to shape student inductions for subsequent years. As such, we are confident that students receive comprehensive inductions which help them prepare for medical school learning and clinical placements.

Multiprofessional teamwork and learning (R1.17)

- 15** During this visit cycle we continued to hear about how the school promotes interprofessional learning (IPL) opportunities. For example, the senior management team told us that the school is represented on a faculty wide IPL implementation group; this will help ensure that IPL cases are relevant and authentic for medical students. Furthermore, senior school managers told us they have mapped these sessions to the Keele curriculum and ensured that all IPL activities align with other scheduled learning opportunities.
- 16** In January we heard that students had completed one IPL session so far and that a further three were planned for the remainder of the year. The session was with nursing and pharmacy students, with learners working together to discharge a simulated patient. We were pleased to hear that students found this session valuable, as it was helpful to learn about the different roles of other healthcare professionals. Our student survey also showed that the vast majority of students rated the amount of interprofessional learning they receive as 'just right'. We are therefore confident that the school has systems in place to support learners to become an effective member of the multiprofessional team.

Adequate time and resources for assessment (R1.18)

- 17** Medical schools must make sure that learners and educators have adequate time and resources to complete the assessments required by the curriculum. We were

therefore concerned to hear of issues with the assessment platform, Speedwell, during our visit in January. Students told us that, despite improvements since the formative written assessment, a number encountered issues during the summative assessments such as being logged out of the software and difficulty in using the onscreen keyboard.

- 18** We were therefore pleased to hear in July that the school had taken steps to resolve these concerns. For example, the school purchased laptops for students to complete their assessments and procured proctoring software to help invigilate the online examination. The senior management team also told us that the school ran practice sessions to ensure all students could access the online platform and manage issues before sitting the summative assessment.
- 19** Despite these positive actions, around a third of survey respondents reported that the online software negatively impacted their ability to complete the summative written assessment in June. We discussed these survey results with the school's assessment staff, who told us that they are aware of the students concerns' (for example, students must navigate three separate pieces of software to take the assessment) and continue to review the software. This will be particularly pertinent given that online methods may well become more prevalent in future assessment delivery.

Capacity, resources and facilities (R1.19)

- 20** In January, we were concerned to find an evident lack of teaching space for the Year 1 students. Students told us that teaching spaces can often feel quite cramped, especially when the full cohort of 50 students is taught together; we also heard of instances where some students were not able to find a seat in lectures. Furthermore, school and university staff noted that it was difficult to find appropriate teaching spaces with the correct capacity. During our visit we were unable to find evidence that the school would be able to find sufficient space for the full Year 1 and 2 cohorts of 150 students at the beginning of the next academic year; as such, we requested additional documentation to show how the school would improve its teaching space in both the short and long term.
- 21** The school provided a robust response to our concerns. This documentation outlined the health and safety capacity of each room as well as the number of students who would be in each session; this covered both the current Year 1 and prospective Year 2 cohorts. The school set out how it had worked with the university timetabling team to relocate smaller cohorts of students from other programmes to allow medical students to take advantage of larger teaching spaces. As such, all teaching spaces now have a higher seating capacity than the number of students in the timetabled session. The school are also using this incident as a catalyst for reviewing its timetabling procedures.
- 22** We included some questions about teaching space in our student survey. The results showed that around half of respondents were dissatisfied with the available teaching

space. Although we understand that the school will not have been able to implement all changes before teaching stopped due to the ongoing pandemic, the school should continue to closely monitor its teaching space. This will be particularly important as the school grows.

Recommendation 2: The school should keep its teaching space capacity under close review to ensure there are adequate facilities for all students.

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

- 23** During our previous visits to the school, we commended the Patient, Carer and Public Involvement (PCPI) reference group's work to embed technology enhanced and simulation-based learning into the curriculum. During this visit cycle, we were therefore pleased to hear that the group continues to have a positive influence on the programme. For example, students told us that PCPI members acting as simulated ultrasound patients enhanced their learning. The school also uses PCPI members to allow students to practice clinical procedures such as taking histories; again, students reported that this had helped prepare them for their first GP placements.
- 24** In July, we were also pleased to hear that clinical skills teaching will continue within student bubbles when the school returns to campus for the 2020/21 academic year. The school told us that risk assessed and trained briefed PCPI patients will join simulated teaching sessions (run at lower room capacity to allow for social distancing). In addition, simulated patients will not need to wear face coverings during communication skills sessions to ensure that students can observe facial cues, but all other guidelines will be followed. Finally, we heard that the school will record clinical skills teaching sessions so students can practice within their bubble. We are confident that the school has given sufficient thought to how it will ensure that students can access high quality technology enhanced and simulation-based learning opportunities despite the ongoing pandemic.

Access to educational supervision (R1.21)

- 25** In January we heard from students that they had had two scheduled meetings with their personal tutors so far, one in the early weeks of the programme and one to receive feedback on their formative assessments. The school told us that they expect students to meet with their personal tutor at least once a semester and, positively, students reported they are confident that this is achievable. Furthermore, almost all student survey respondents told us they either strongly agree or agree that they can always contact their personal tutor and subsequently receive a timely response. As such, we are satisfied that students have the necessary opportunities to meet with their personal tutors.

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); Accountability for quality (R2.2); Sharing and reporting information about quality of education and training (R2.8)

- 26** Organisations must have clear structures to manage the quality of education and share information with relevant partners to manage risk. We are therefore pleased to hear from the senior management team that the school's relationship with its contingency partner, Keele, remains strong. Both schools are represented on the Joint Curriculum Implementation Board (JCIB), which meets monthly. This allows the two schools to discuss all aspects of the programme, share learning, and ensure teaching is being delivered in line with the curriculum.
- 27** Additionally, pre-visit documentation in July indicated that the school has established a quality committee to ensure a consistent and robust approach to quality management within the school. The school told us that this committee considers data from various committees and stakeholders; we also heard that it feeds into all other school committees and is a vehicle for quality reporting both internally and externally. Finally, the school told us that HEENE also sits on the quality committee, bringing a layer of externality to its processes – the senior management team told us that this allows for a regional approach to quality management. We feel that this externality from HEENE will enhance quality management and information sharing, strengthening the school's position in the region as it grows.

Area working well 1: HEENE representation on the school's Quality Committee adds a layer of externality that will support the school's quality management processes.

Evaluating and reviewing curricula and assessment (R2.4)

- 28** We are pleased to see that the school will conduct a review of the content and delivery of the Year 1 curriculum. The school will come together with stakeholders, staff and students to identify areas where the curriculum was delivered well and areas for improvement. The school does not envisage any major changes as it continuously reviews the programme by scrutinising student teaching block feedback.

As such, we are satisfied the school has processes in place to regularly review the curriculum and assessments.

Systems and processes to monitor quality on placements (R2.6); Educators for medical students (R2.13)

- 29** The school has five agreements with LEPs for clinical placements, two of which are with mental health trusts. The senior management team told us that it has employed a Director of Undergraduate Clinical Studies (DUCS) at each trust to help manage placement quality in real time; this will help the school respond appropriately when standards are not met. In addition, each LEP has an LEP liaison committee which will also support monitoring and quality management. We heard that these committees are in the early stages of development but will help manage any potential capacity concerns. We look forward to exploring how these committees will help the school manage placement quality over future visit cycles.
- 30** The GP Lead told us that approximately 40% of the GP practices the school uses also take students from Newcastle University Medical School. However, the school has an agreement in place with HEENE, Newcastle and their shared LEPs that tutors will not teach students from different organisations at the same time. Additionally, secondary care trust representatives told us they have the capacity to deliver both curricula and as such do not see any issues with offering placements for both Sunderland and Newcastle students. The senior management team also told us that they continue to have regular contact with HEENE and Newcastle to ensure capacity issues are managed effectively, and meet formally with Newcastle every two months. We are therefore confident that school has processes to share information between relevant organisations; we will continue to monitor their effectiveness over future visit cycles.
- 31** In January, the senior management team told us it would wait until it had reviewed placement feedback from the current academic year before developing its plans for third year placements and confirming placement providers. We fed back that we were concerned this would not leave a sufficient amount of time to mitigate any potential risks. We were therefore pleased that the school's document submission in July showed that the school had responded to our concerns: placement planning is underway, and the school has received 59 expressions of interest for a required 25 placements. We will continue to review the school's plans during future visit cycles.
- 32** Despite these positive findings, July pre-visit documentation indicated that whilst the school had confirmed all primary care providers for Year 2, eight service level agreements (SLAs) were still outstanding for Year 1. The senior management team told us that it is considering various options for the remaining placements, such as asking practices to take three students.
- 33** Whilst we acknowledge the school's ongoing work to sign SLAs in the face of the pandemic, we remain concerned that a number of agreements are outstanding. This could compromise learning opportunities, supervision and patient safety; furthermore,

signing SLAs at a later date could reduce the time available for training staff and developing placement activities. The school must ensure it has signed agreements with all Year 1 GP placement providers to monitor quality, teaching, support, facilities and learning opportunities.

Requirement 1: The school must ensure it signs service level agreements with Year 1 primary care placement providers as soon as possible.

Managing concerns about a learner (R2.16)

34 We previously set a recommendation for the school to review the remit and membership of the Health and Conduct Committee (HCC). We were therefore pleased to see in pre-visit documentation that the school has appointed clinical co-chairs, who are not involved in other elements of the FtP process, to the panel. This recommendation is therefore now closed.

Open recommendation 2: We suggest that further thought be given to the remit and membership of the Health and Conduct Committee with respect to the members' potential for conflicts of interest.

35 We also set a recommendation for the school to consider an annual student declaration of health. Pre-visit documentation showed that the school has introduced this declaration for all students as a part of its reasonable adjustments and student concerns processes. As such, this recommendation will be closed.

Open recommendation 1: We suggest that the school considers an annual student declaration of health.

36 Pre-visit documentation outlined that the HCC considers all low-level concerns and refers students to fitness to practise if needed. This committee can also decide on a range of outcomes below the FtP threshold, such as issuing a verbal warning. In July, the senior management team told us that HCC outcomes do not appear on the student's official record but are recorded by the school. However, the school could not fully articulate how the process for recording outcomes works in practice. We encourage the school to develop a robust method of recording these; this will allow the school to monitor multiple low-level concerns and ensure that it maintains a clear audit trail.

37 Pre-visit documentation also outlined that the HCC receives information from the progress panel to aid its decision making. However, in July, the school could not explain how this works in practice. As such, there is a risk that these governance structures may not be clear to staff and students; this may lead to potential issues being missed or to committees working outside of their remit. We therefore encourage the school to make the link between all committees involved in managing low-level concerns clearer.

Recommendation 3: The school should clarify both how it records decisions taken by the Health and Conduct Committee and how this committee feeds into other progression panels.

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

38 We previously set a requirement for the school to review its FtP timelines and ensure these are made clear for students. In January, we were therefore pleased to hear from the senior management team that the school has refined its FtP timelines to better align them with GMC guidance. Our findings were reinforced by our review of student handbooks, which clearly outline the relevant timelines. As such, the first part of the open requirement relating to this is now closed. The second part of this requirement is now closed and superseded by recommendations 3 and 4.

Open requirement 1: We found that FtP processes are not yet fully aligned with the timelines set out in the GMC guidance. Timelines and process descriptions for each component part of the FtP process are not adequately outlined in documentation for students.

Further consideration should also be given to the finer details of the FtP process (for example the number of times students can postpone their attendance at FtP proceedings and how such requests are made and considered by the panel).

39 In January, the school told us it has introduced an investigations committee which considers the findings of an independent investigator (who has collected evidence on the case, including the student's view). The committee's terms of reference show that membership must include two GMC registrants who cannot sit on the full FtP panel (which must also include two GMC registrants). In July, the senior management team told us that the school has five GMC registrants amongst its staff but can draw on the faculty and local education providers if needed. However, the school also told us that it does not have a list of confirmed registrants willing to be panel members, nor could we find any evidence of the training offered to these staff.

40 We are therefore concerned that the school may find it difficult to find enough suitably qualified and trained panel members, without any conflicts of interest, to ensure that both committees are appropriately run in accordance to the terms of reference. We encourage the school to find ways to manage the required expertise.

Recommendation 4: The school should take further steps to ensure that it has a sufficient number of trained GMC registered panel members for each stage of the Fitness to Practise process.

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

- 41** Medical schools must make sure that the recruitment of learners is open, fair and transparent. We were therefore pleased to hear in January that 59% of the current Year 1 cohort meet one or more of the Office for Students WP criteria; the school is also on target to achieve a 25% WP cohort for the 2020/21 Year 1 cohort. To increase its pool of WP applicants, the school runs a summer school for local learners; successful completion automatically entitles attendees to an interview for the medical school. In July, senior management staff told us that 176 applicants took part in the 2020 summer school and all had applied for 2021 entry. We also heard of 'discover medicine' sessions, a widening access initiative where the school hosts students from local schools to talk to them about a career in medicine.
- 42** During our visit in July we were pleased to hear the school is planning for varying student recruitment scenarios in light of the ongoing pandemic. The senior management team told us that it continues to work with HEE and other medical schools to ensure a consistent and fair approach across the country. As such, we are satisfied that the school has conducted its first round of admissions in a fair and transparent manner. We will continue to review the school's admissions processes during future visit cycles.

Theme 3: Supporting learners

Standard

S3.1 <i>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.</i>
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Learner's health and wellbeing; educational and pastoral support (R3.2)

- 43** We are pleased to see that student support systems have become embedded in the school over the course of the first year. Students told us that they are aware of the services available to them should they need it; for example, we heard that there is a self-referral scheme for students run by the wider university, which tutors can and do signpost students to. Students also told us about the buddy scheme with Keele medical students, which they value for the peer support it provides. These positive findings were reinforced in our student survey, where the majority of respondents rated the pastoral support available as either good or very good. Finally, we were also pleased to hear that the school has engaged with various local religious leaders to help support students from different religious backgrounds. This was in direct response to student feedback.
- 44** During our visit in July, we discussed how the school continues to provide students with educational and pastoral support throughout the pandemic. The senior management team told us that the school had been proactively contacting students on a weekly basis, and gave us a number of examples of the student support systems working in practice. We feel the school is developing a culture of support, and that students do not see barriers to accessing this support. We are confident that the school is developing a positive culture of support and that students have access to resources to support their health, wellbeing and educational progression.

Area working well 3: There are good avenues for pastoral and academic support for students.

- 45** Although students in January told us that all staff are approachable and helpful, we noted that many students cited senior members of staff as key routes for support. The senior management team told us that it was confident it could continue to provide a high level of support, but we were concerned that these current arrangements may not be scalable as the school grows, and that senior staff may become overburdened with work outside their day to day role.
- 46** We were therefore pleased to note in the July pre-visit documentation that the school has recruited additional staff members who will help respond to day to day student concerns. This will allow senior members of staff to focus more on the operational development of the medical school. The student survey corroborated this information, with the majority of students citing either their personal tutors or dedicated student support staff as their main routes for accessing support. We will continue to monitor student support structures over future visit cycles.

Information on reasonable adjustments (R3.4); Reasonable adjustments in the assessment and delivery of curricula (R5.12)

- 47** Organisations must make reasonable adjustments for appropriate learners in line with the *Equality Act 2010*, and we were pleased to hear from the school that it has successfully implemented all reasonable adjustments thus far. For example, in January we heard that a number of students were given additional time for the written assessment in line with their adjustments. We were also pleased to hear that there was a blanket policy across the university in place for the summer assessments due to the pandemic. This policy acknowledged that students may find it difficult to obtain the evidence to support their request, and as such allowed adjustments to be granted without the previous level of evidence required.
- 48** The senior management team told us that the school has mapped its processes against GMC *Welcomed & Valued* guidance; we also heard that reasonable adjustments are agreed by the Professionalism and Welfare Panel and approved by the Health and Conduct Committee. Adjustment plans are stored on a secure drive with restricted access, shared on a need to know basis. However, the school does not yet have a formalised plan for allowing extra time in Objective Structured Clinical Examinations (OSCEs); we will monitor this over the next visit cycle to ensure that the appropriate processes are in place in time for the first OSCE assessment.

Feedback on performance, development and progress (R3.13)

- 49** In January we were concerned that students did not receive meaningful feedback on their performance after their formative written assessment. Students told us they did not receive their marks for the multiple-choice questions, only the long answer questions. Furthermore, we were concerned to hear students report a wide variety in feedback quality due to the different specialties of their tutors. For instance, students told us if a tutor is a specialist on anatomy, they could provide valuable feedback on anatomy questions, but limited feedback on others. The Assessment Lead told us that Speedwell has the ability to tag questions to different specialties, but that this functionality was not used for the January assessments. We were concerned that the assessment platform was being underutilised and students were not receiving meaningful feedback as a result.
- 50** We were therefore pleased to see that July pre-visit documentation outlined how the school was addressing students' dissatisfaction. After the January summative assessment (which took place after our visit) all students received a one-to-one feedback meeting with the year lead or medical science lead to discuss their results and discuss strengths and weaknesses. During our visit in July, we also heard any student below the cut score after the summer formative assessments will be offered another feedback meeting with the year lead or medical science lead, and all students who pass will be offered a feedback meeting with their personal tutor. Additionally, the Assessment Lead told us that authors of assessment items must now provide specialty tags and keywords when submitting questions.

- 51** These positive findings were reflected in our student survey, where the majority of respondents agreed or strongly agreed that they received satisfactory feedback on their assessments. As such we feel that the school has addressed the issues highlighted in January, and are confident that students receive constructive and meaningful feedback on their assessment performance. We will continue to review assessment feedback during future visit cycles.
- 52** Learners must also receive regular, constructive and meaningful feedback on their performance on placement. We were therefore concerned to see that our student survey showed around a quarter of respondents were dissatisfied with the feedback they received from GP supervisors. The school told us that the expectations for feedback from supervisors are clearly defined in training materials, but that it will investigate students' concerns in more detail to ensure higher quality feedback. We will keep this area under review over future cycles.

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)

- 53** We are pleased to see that the school has robust induction and appraisal systems for its educators. For example, we heard from the senior management team that all academic staff receive a university induction and are allocated an experienced member of university staff to act as their academic buddy. New members of staff have a review every three months for the first year, with performance reviewed annually after this. Academic staff must also complete mandatory monthly training, covering topics such as teaching innovation, course delivery and student feedback.
- 54** The educators we spoke to during this visit cycle confirmed our findings and also noted that they all feel supported in their role thus far. Additionally, the DUCS we spoke to in January confirmed that they receive an appraisal for their educational role from their trust. As such, we are satisfied that educators receive an appraisal for their educational responsibilities, and will monitor this area as the school develops.

Working with other educators (R4.5)

- 55** The school runs an annual conference for its educators where they can come together to interact, undertake training and learn about any updates to the programme. At the last conference this included training for GP tutors, as well as training on OSCEs and MMIs. The school told us that attendee feedback was broadly positive and will be used to inform planning for the next conference. We are pleased to see the school has created opportunities for educators to liaise with one another, and we will monitor these processes over future cycles to see how they promote a consistent approach to delivering the programme.

Accessible resources for educators (R4.6)

- 56** During this visit cycle we found evidence to show that the school supports and develops its educators. For example, all academic staff are supported to gain a Postgraduate Certificate in Higher Education or Higher Education Academy Fellowship within two years of appointment. A fully funded Masters in Medical Education is also available to all educators, and the university has waived fees for all academic staff looking to obtain their doctoral qualifications. Finally, the senior management team told us that all staff have a personal development programme, and the school keeps a live register of what training staff have completed.

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); Undergraduate curricular design (R5.3)

- 57** Students must be supported to meet *Outcomes for Graduates* across the entire programme. We were therefore pleased to review the school's submission in January which confirmed that the school has mapped all individual learning outcomes to *Outcomes* for Year 1, and that the process for Year 2 is underway. Additionally, our student survey showed the vast majority of respondents either agreed or strongly agreed that the programme had allowed them to meet their learning objectives and outcomes. Finally, the senior management team told us that all external lecturers must show the school how their material maps to *Outcomes* before it is delivered; the school told us this makes it easier to blueprint assessments. We will continue to review how the curriculum allows students to meet the required outcomes during future visit cycles.
- 58** In July we heard that the school had not adapted its progression requirements in light of the pandemic. We heard the delivery method may be changed (including greater use of online lectures), but all outcomes and objectives remained blueprinted as before. Our student survey indicated that the change in delivery methods has not had a detrimental impact on students' ability to meet their learning outcomes; almost all respondents agreed or strongly agreed that they had met their learning outcomes for the year. As such, we are confident that students have the necessary learning opportunities to meet their learning outcomes. We are pleased to see this has not been compromised by the pandemic.
- 59** Our student survey also showed that the vast majority of students rated the quality of their teaching as either good or very good. This reiterates the positive comments from our student meetings in January, where students highlighted the PBL sessions as an example of successful teaching delivery. The students told us they find these well organised, and that the course structure allows them to build on knowledge of topics over each PBL case. We are therefore pleased to see that the school has created learning opportunities for students to integrate their clinical knowledge and link theory to practice.

Fair, reliable and valid assessments (R5.6)

- 60** Medical schools must set fair, reliable and valid assessments. To ensure this, we heard that the school can use up to 75% of Keele questions for assessments. In July,

we heard the school used over 70% Keele questions in the June summatives and that this ratio will continue until the first cohort graduates; the assessment team told us that it will continue to build its own question bank whilst it uses Keele's. We were also pleased to hear that the school has undertaken some statistical analysis to compare performance across the two schools and will use these findings to drive improvement. We will continue to monitor the school's assessments during future visit cycles.

Examiners and assessors (R5.8)

- 61** At our previous visit we set a recommendation that the school appoint a clinical external examiner to ensure clinical relevance for OSCEs. Pre-visit documentation showed that the school has now appointed a clinical external examiner, and as such this recommendation will be closed.

Open recommendation 3: We suggest that the school considers appointing a clinical external examiner for OSCE assessments during the early years of the programme

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Visitors	Mr Corey Briffa Professor Alan Denison Dr Jill Edwards Ms Elaine Tait
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Acknowledgement

We would like to thank the University of Sunderland School of Medicine and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.



Dear Jamie and Lucy

Response to Stage 7.1 Visit Report on University of Sunderland School of Medicine July 2020

Thank you for the helpful and supportive quality assurance visit.

We were pleased that the GMC acknowledged our efforts to introduce externality into our Quality processes with HEENE representation and the processes to ensure robust student academic and pastoral support.

Please find below our responses to your requirements and recommendations:

Number	Theme	Requirement
1	Theme 2: Educational governance and leadership (R2.6)	The school must ensure it signs service level agreements with Year 1 primary care placement providers as soon as possible. RESPONSE: We acknowledge this requirement and will report on progress at our next Quality visit.

Number	Theme	Recommendation
1	Theme 1: Learning environment and culture (R1.7)	The school should keep its administrative requirements under review to ensure there is sufficient support for the programme. RESPONSE: We are conducting a full review/audit of our administrative requirements which will be presented to the School of Medicine Steering

		Group and University Executive. We will update the GMC on progress in due course.
2	Theme 1: Learning environment and culture (R1.19)	The school should keep its teaching space capacity under close review to ensure there are adequate facilities for all students. RESPONSE: Forward planning of all timetabled requirements for the whole academic year, meeting the teaching and learning requirements for our students including our plans for further infra-structure development will be reported at the next Quality visit.
3	Theme 2: Educational governance and leadership (R2.16)	The school should clarify both how it records decisions taken by the Health and Conduct Panel and how this committee feeds into other progression panels. RESPONSE: Details of this recommendation are under review and the clarity on our processes will be presented at the next Quality visit.
4	Theme 2: Educational governance and leadership (R2.18)	The school should take further steps to ensure that it has a sufficient number of trained GMC registered panel members for each stage of the Fitness to Practise process. RESPONSE: We have reviewed this requirement and evidence of our pool of GMC registrants to discharge responsibilities at each stage of the Fitness to practise process will be provided at the next Quality visit.

Many thanks for your support and we look forward to demonstrating progress at your next visit early in 2021.



Scott Wilkes
Head of School of Medicine and Professor of General Practice and Primary Care