General
Medical
Council

Quality Assurance Report for University of Sunderland School of Medicine

This visit is part of the new schools quality assurance annual cycle.

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
Sites visited	University of Sunderland (virtual visit)
Programmes	MBChB
Date of visit	02 & 03 February 2021 10 & 11 June 2021
Key Findings	1 This cycle of visits was the second in a multi-year programme of quality assurance for the University of Sunderland School of Medicine (the school). The school has now welcomed its second set of students (at an increased cohort size of 100). The purpose of this cycle was to assess the school's progress and to identify any areas working well or for further consideration; we did this by speaking to staff and students over two visits conducted virtually via videoconference. 2 Students praised the school's efforts to ensure that face to face teaching and placements continued throughout the pandemic. Students reported that the school has high quality support mechanisms. We were pleased to see that the school demonstrated a high

level of resilience and agility in delivering the curriculum during the pandemic. We also found evidence of effective working relationships between the school and its various stakeholders.

3   Students reported a lack of clear communication about their curriculum and assessments from the school. We suggest that the school accelerate its plans for managing joint informal clinical teaching with medical students from other institutions. We also found evidence to suggest that, although it is clear the school collects feedback on the programme through a variety of mechanisms, that these could become unsustainable as the school grows.

4   Overall, we are pleased that the school continues to develop its processes to ensure it meets GMC standards. We look forward to reviewing progress further in the 2021/22 cycle.

Update on open requirements and recommendations

	Open requirements	Update	Report paragraph
1	The school must ensure it signs service level agreements (SLAs) with Year one primary care placement providers as soon as possible.	The school has met this requirement. At our February visit, the school confirmed all SLAs had been signed. In June, we heard that the vast majority of SLAs were in place for the incoming Year one cohort.	36 **Closed**

	Open recommendations	Update	Report paragraph
1	The school should keep its administrative requirements under review to ensure there is	The school has met this recommendation. The school completed an audit of administrative tasks and put	11 **Closed**

	sufficient support for the programme.	forward a business case for additional administrative staff. The school now has 3.5 whole time equivalent dedicated administrative staff in place.	
2	The school should keep its teaching space capacity under close review to ensure there are adequate facilities for all students.	The school has partially met this recommendation. We heard of the school's plans for ensuring adequate teaching space; however, we could not fully triangulate this due to the pandemic. We will seek a further update on this recommendation when we can complete a physical visit to the school.	22-23 **Open**
3	The school should clarify both how it records decisions taken by the Health and Conduct Committee (HCC) and how this committee feeds into other progression panels.	The school has met this recommendation. HCC decisions are recorded as outcome letters, which are sent to the student and all relevant parties on a need-to-know basis. This is held within a student's record, and the meeting is also recorded in the student's ePortfolio.	40-42 **Closed**
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.	The school has met this recommendation. The school organised two half-day sessions for panel training, and now has over 20 GMC registrants trained and available as fitness to practise process participants.	43-45 **Closed**

New areas of note

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.

	Theme	Areas that are working well	Report paragraph
1	Theme 1: Learning environment and culture (R1.20); Theme 5: Developing and implementing curricula and assessments (R5.1; R5.4)	The school has shown a high level of resilience and agility in delivering the programme during the pandemic. Examples include maintaining some face-to-face teaching, consolidated clinical experience teaching and GP clinical placements with real patient contact. Students in both Years one and two praised the school's efforts to ensure this.	25, 70-74
2	Theme 3: Supporting learners (R3.2)	Students continued to praise the various support structures offered by the school. It is clear these have remained of a high quality throughout the pandemic.	49-53

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.

Number	Theme	Requirements	Report paragraphs
		No new requirements have been identified	

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.

	Theme	Recommendation	Report paragraph
1	Theme 1: Learning environment and culture (R1.5)	The school should review its systems and capacity for handling, interpreting, disseminating and acting on feedback data.	7-10
2	Theme 2: Educational governance and leadership (2.4); Theme 5: Developing and implementing curricula and assessments (R5.3)	The school should consider how it can work in collaboration with its students and clinical partners to deliver its equality, diversity and inclusivity strategy.	31-35
3	Theme 3: Supporting learners (R3.7)	The school should review how it communicates important information about the curriculum and assessments to students.	57-63
4	Theme 5: Developing and implementing curricula and assessments (R5.6)	The school should review the format of assessment to ensure consistency.	78-81

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); Educational and clinical governance (R1.6); Concerns about quality of education and training (R2.7); Educators' concerns or difficulties (R4.4)

1   Organisations must demonstrate a culture that allows learners and educators to raise concerns, and to investigate and take appropriate action when concerns are raised. As such, we were pleased to hear from students that there are various ways in which they can raise concerns, citing their personal tutor as the first point of contact. Several students also told us they would feel confident raising concerns with the Professional Development and Welfare Lead. Furthermore, Year one students told us that if they want to raise a concern regarding their GP placements, then they would contact their GP Patch Lead.

2   The school told us that it has not received any patient safety or educational concerns from clinical educators at present, but it is confident mechanisms are in place to do this. For example, the GP Lead told us that the school sends placement providers the raising concerns policy when they sign service level agreements (SLAs), and that the regular contact between the school allows for any GP providers to raise concerns efficiently. The school also told us that its Local Education Provider (LEP) liaison committees meet quarterly, as do meetings with its Directors of Undergraduate Clinical Studies (DUCS). These offer another route for raising concerns. Although the educators we spoke with did not cite these specific routes, they did highlight the DUCS as the first point of contact if they wished to raise a concern. We are therefore pleased to see that the school has established mechanisms for both educators and learners to raise concerns openly and safely.

Learning from mistakes (R1.3)

3   During the previous cycle of visits the school told us that it uses Incident Evaluation (IE) forms to investigate and learn from near misses and mistakes. We were therefore pleased to see the school continues to use IEs within the programme. Pre-visit documentation outlined several examples of the IEs working in practice. For example, one form covered Exam Question Sharing; senior management told us that using the forms allows the school to deal with these issues swiftly if experienced again. The school also told us it collates IE forms, which it reviews monthly through its governance structures, making any changes to processes or structures as necessary. We are pleased the school continues to embed a formal structure to ensure it can investigate and reflect on mistakes, incidents and near misses.

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

4   Organisations must demonstrate a culture which promotes feedback, and considers the impact on learners of policies, systems and processes. In February, we heard that the school uses the application Padlet to gain rapid feedback from students. In addition, students told us that there are various ways to provide feedback; for example, the school actively seeks feedback via student representatives who sit on the Staff Student Liaison Committee (SSLC). Senior management told us that the school collates themes which emerge from the SSLC and other sources of feedback such as end of unit surveys and the student feedback spreadsheet. These are a standing item on the Programme Studies Board which reviews any impacts on the programme. The school also ensures students present this standing item to the board.

5   Furthermore, Year two students also told us that the introduction of the Medical Student School Coordinator (MSSC) had made it easier to provide feedback. Students have created Facebook and WhatsApp groups where they can post concerns about the programme to the MSSC for escalation to the senior management team.

6   In February, we also found evidence that the school had made the feedback loop more transparent. We heard from Year two students that the MSSC has access to a shared online spreadsheet where the school tracks and manages feedback. A named member of staff handles each item and provides updates on progress made; this allows the MSSC to feedback to student representatives and the rest of the student body in real time. Students also told us that they received a regular 'You said, we did' document from the school, which outlines actions taken as a direct result to student feedback.

7   However, in June it was clear the feedback loop was not working as well as before. Students reported dissatisfaction on the feedback they had received from the school in response to the feedback they had given. For example, students told us that they felt that the school's responses had become more generic over the course of the

year, and that some of the responses were dismissive of the issues they raised. We heard that this makes it hard for student representatives to provide meaningful feedback to their peers.

8   We are concerned that the feedback loop appears to have weakened over the course of the year. It is clear the school has several mechanisms to collect feedback from students, and that students feel able to use these. However, it appears the current structure of these mechanisms makes it difficult for the school to interpret, disseminate, and act on key issues raised by the students in a timely manner.

9   For example, the School Operations Manager told us they collate all feedback and look to identify themes which are then responded to using the 'You said, we did' process rather than responding to individual feedback. However, a response to the individual feedback is provided on the student feedback spreadsheet shared with the School Coordinator and Reps. The Undergraduate Programme Lead told us that the school feels it has responded robustly to student feedback through this, but that students sometimes expressed dissatisfaction with the response. We also heard that the pandemic has exacerbated this issue, as it has been difficult to get all students together to address concerns face to face.

10   However, as the school grows, we are concerned that the current format could mean learners feel their feedback is not acted upon, and as such may not provide meaningful feedback on standards of patient safety, education and training. It could also mean that learners' views may not be accurately considered when assessing the impact of policies and processes on students. We recommend that the school reviews this.

Recommendation 1: The school should review its systems and capacity for handling, interpreting, disseminating and acting on feedback data.

Appropriate capacity for clinical supervision (R1.7)

11   At our previous visit, we set a recommendation for the school to keep its administrative requirements under review. Pre-visit documentation outlined that the school had completed an audit of administrative tasks and put forward a business case for 1.5 whole time equivalent (WTE) administrative staff. At the visit, the Head of School told us that the school now has 3.5 WTE dedicated administrative staff and can also draw on the university's professional services if needed. We heard the school is confident this gives it sufficient administrative resource. The recommendation relating to this standard will therefore be closed.

12   In February, pre-visit documentation also showed that the school has continued to recruit staff in line with its scalable model and remains on target. We are pleased to see the school continues to work with its clinical partners to ensure appropriate staff numbers are in place. Documentation indicated that each of the school's partner LEPs

have plans in place for local recruitment for Year three teaching, such as consultant block leads and clinical teaching fellows. LEPs are responsible for this recruitment, but the school maintains oversight through its LEP committees and DUCS.

13 Additionally, in June we heard the school is recruiting nine new members of staff ahead of the incoming cohort. The School Operations Manager told us that this is in line with the school's model, but that the school has been able to be flexible in its approach. Following a work-loading exercise, the school reviewed the staffing plan for the upcoming period and reallocated funding for higher grade posts to increase the number of staff being recruited overall. This demonstrates that the school is aware of its staffing needs. By using this flexible approach to staff recruitment, we are satisfied that the school has enough suitably qualified staff members to ensure students are able to meet the required learning opportunities.

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)

14 Organisations must make sure learners have an appropriate level of clinical supervision and that they do not work beyond their level of competence. As such, we were pleased to hear that all students are satisfied they have access to a named tutor on their GP placements. In addition, Year one students told us their supervisors took time to get to know them individually and explained the role of a GP in depth, as well as what students should expect on their GP placements. Similarly, Year two students told us their GP supervisors were well prepared for the start of their placements.

15 It is clear supervisors are aware of learners' levels of competence and that students are not working beyond this. We heard from students that supervisors are very supportive, and students do not feel out of their depth. Year one students told us that GP supervisors can take over the consultation if the student feels overwhelmed. Students told us that if they did feel they were acting beyond their competence, the school has given them information on how to raise this with their supervisors.

16 During the previous cycle we heard that the school has an agreement with Newcastle University Medical School (Newcastle) that shared LEP tutors would not teach students from the two organisations simultaneously. In February, we heard that this was the case for formal teaching, but that joint informal teaching (such as ward rounds or clinics) may take place. High level plans are in place regarding this; DUCS representatives told us that each clinical block in Year three will have a block lead who will ensure trainers are briefed on learning outcomes. Additionally, DUCS will meet with their Newcastle equivalents monthly to review feedback on joint teaching from both sets of students, and feedback is a standing item at LEP liaison committees.

17 The school is also engaging directly with Newcastle on this issue. The school told us there continue to be high level meetings with Newcastle where the heads of school

and quality teams discuss shared placements. The school intends to monitor the quality of this teaching through its weekly case-based learning sessions where students can provide feedback on their clinical teaching. The school also told us it has had some Newcastle students come to speak to Sunderland students about their experiences.

18   Although the educators we met are confident joint learning will work well, we did not find evidence they were aware of the high-level plans. Trust representatives told us they will use their experience in teaching other healthcare students from different institutions simultaneously and apply this to medical students. Educators also told us they will look to tailor informal teaching to the learning outcomes they have received. We heard from a trust representative that they may look to designate staff to either Sunderland or Newcastle students should issues arise. As such, it appears educators on the ground are unaware of any finalised plans for informal teaching.

19   Although plans are in place for informal clinical teaching, and structured high-level decisions have been made, we are concerned educators who will be directly supervising students are not yet aware of these. The educators we spoke with felt informal teaching would be successful based more on previous experience of teaching multiple different healthcare students, rather than due to a formal process implemented by the school. This could lead to students not having appropriate supervision or responsibility for the stage in their learning. However, it is apparent that information is beginning to reach educators. We will seek an update on informal clinical teaching from the school during the next cycle and triangulate this with both educators and students.

Multiprofessional teamwork and learning (R1.17)

20   Organisations must support learners to be an effective member of a multiprofessional team. Year one students told us that they had had one interprofessional learning (IPL) session with pharmacy students and simulated patients. We heard that students found this session difficult due to the virtual environment, finding it hard to have constructive conversations. They also told us there were instances where the medical students greatly outweighed the pharmacy students, making it difficult for any effective IPL to take place.

21   In June the school told us that it wanted to keep the momentum of learning with other healthcare professions going and has continued to deliver IPL sessions online. However, it was aware of student feedback and the desire for IPL sessions to take place face to face. Although it is clear the school has taken steps to support learners to be effective members of a multiprofessional team, these efforts have been impacted by the pandemic. We will seek an update on IPL provision during the next cycle.

Capacity, resources and facilities (R1.19)

22 During the previous cycle, we set a recommendation for the school to keep its teaching space capacity under close review. In pre-visit documentation, the school outlined that all teaching for the 2020/21 academic year had been timetabled into appropriate teaching space. We heard that plans were underway to move the medical school to a larger site with bespoke problem-based learning (PBL) rooms and a large technology enhanced learning space with capacity for 120 students. During our meetings with the senior management team this year, the school told us that this has allowed it to preserve some face-to-face teaching with appropriate social distancing and personal protective equipment. Students did not report any further issues with physical teaching space for any face-to-face sessions throughout this cycle.

23 It is clear the school has taken steps to ensure that it has sufficient capacity and facilities to deliver safe and relevant learning opportunities through the face-to-face sessions this year. However, we have not been able to triangulate these findings fully. We have been unable to visit the school due to the pandemic. Also, the school has not been fully based on campus this year, and therefore has not been able to test its teaching capacity. The recommendation related to teaching space will therefore remain open until we can visit the school and the facilities in person. If no concerns remain following this, we will look to close this recommendation.

24 In June, we heard that development of the new anatomy building is progressing ahead of schedule, and that the school should have access from November 2021. We heard that the school is in the process of applying for a Human Tissue Authority license to allow it to have a full wet cadaveric facility. Until this point, the school will continue to use the dry anatomy facilities it has used to deliver the programme so far, such as models, manikins and digital resources, such as Anatomage tables. We are pleased that the school is actively expanding its resources for teaching, whilst ensuring students are still able to have relevant learning opportunities.

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

25 We were pleased to see that students continue to have access to simulation-based learning opportunities throughout the pandemic. For example, the school uses members of its Patient Carer and Public Involvement group (PCPI) for simulated training; during this academic year, students practiced with PCPI members in their social bubbles. Members of the teaching team told us they are confident that this, coupled with the variety of material covered in the clinical skills sessions, will give students the necessary skills. Furthermore, the school told us that it is satisfied that these tools have sufficiently prepared Year two students for their Year three trust-based placements, which start in September 2021. In addition to this, the school has used the 'flipped classroom' method (where students work through theoretical learning before the session and then put this into practice in the session) to help maximise the time spent on clinical skills. It is clear students appreciated these

methods; students told us they were pleased to have some face to face teaching this year.

Area working well 1: The school has shown a high level of resilience and agility in delivering the curriculum during the pandemic. Examples include maintaining face to face teaching, consolidated clinical experience teaching and GP clinical placements with real patient contact. Students in both Years one and two and praised the school's efforts to ensure this.

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

26   During this visit cycle, it was encouraging to see that the school continues to embed and operationalise its educational governance. The school provided its risk register as part of our pre-visit document request. We were pleased to see that the school has mapped this to *Promoting excellence* and adopted GMC reporting thresholds for its risk framework. This clearly shows the school when it should inform the GMC of risks outside of the formal visit process. Any items that meet this threshold are uploaded to the GMC's Quality Reporting System, which allows for more frequent reporting on issues, allowing actions to be escalated as necessary. The school has successfully used this system thus far.

27   It is clear the school has continued to develop effective and clearly understood governance structures to manage educational quality. There are several formal mechanisms to do this, which allow the school to share and report information about quality management with its stakeholders. For example, the Head of School told us they hold a fortnightly meeting (weekly at the height of the pandemic) with all staff, as well as a fortnightly Curriculum Development & Delivery meeting chaired by the Undergraduate Programme Lead and the Phase one / Medical Sciences Team Leader. We heard this gives the school a forum to discuss the issues. These are then escalated through other groups, such as the Programme Studies Board and the School of Medicine Steering Group. Through escalation the school can make effective

governance decisions. The school highlighted the example of the issues around administrative capacity to show these structures working in practice.

28 We were also pleased to hear that the school has continued to strengthen its working relationship with its LEPs. DUCS told us that they are well sighted on the school's plans and are able to work collaboratively as the programme develops. The Undergraduate Programme Lead told us that educational governance issues are discussed quarterly at a dedicated LEP liaison committee for each clinical partner as well as informal monthly meetings with DUCS and the Undergraduate Programme Lead. In our educator session a Director of Medical Education at one of the partner trusts highlighted both the LEP liaison committee and the DUCS as effective ways the school keeps all staff aware of significant developments. The School Operations Manager told us that they have regular contact with the administrative teams at each LEP to discuss operational matters. As such, it is clear these processes allow the school to share information about quality management successfully.

29 At our previous visit, we outlined Health Education England North East's (HEENE) attendance on the school's quality committee as an area working well. We were therefore pleased to meet with a representative from HEENE, who confirmed the relationship between the two organisations remains effective. We heard HEENE joins the school's bimonthly quality meetings and plans to conduct joint quality management visits to LEPs on an annual basis.

Accountability for quality (R2.2)

30 We are pleased to see the school has implemented methods to ensure learners are aware of the processes for educational and clinical governance at placement providers. The school told us it stores all LEP policies on the virtual learning environment (VLE) to provide students with information about the local governance processes at each placement provider. We heard that this process is covered at induction to placements. Whenever the school updates its own policies, these are also uploaded to the VLE. As such, students can be confident that the latest version of any policy they require can be found online. This ensures students always have access to information which informs them of the processes to follow if they have concerns about the quality of care. It is good to see that the school is working with its placement providers to ensure students are aware of governance processes, allowing quality standards to be met.

Collecting, analysing and using data on quality and on equality and diversity (R2.5); Undergraduate curricular design (R5.3)

31 In February, we were pleased to see the school had begun to evaluate information about learners' outcomes in relation to equality and diversity. We heard the school analyses EDI data from admission, assessment and student support. Additionally, the school told us that it analyses progression metrics based on demographic data

provided by students at admission (namely: gender, household income, ethnicity, locality and polar quintile status). We heard that, although the school has not found any statistically significant results, there was some variation in the scores in the January formative assessments. The school told us they will monitor this.

32   Medical school curricula must also give students experience with the diversity of patient groups they will see when working as a doctor. We were therefore concerned to read in June's pre-visit documentation that students had raised concerns over the lack of diversity in the school's PCPI members. Students raised at a SSLC meeting that they felt that more diversity in this group would be more representative of their work post-graduation, and so would allow them to feel better prepared for their clinical years and give them the opportunity to become better doctors.

33   We asked the school how it plans to respond to this feedback. The GP Lead told us the PCPI lead is aware of the issue and is actively looking to increase diversity of PCPIs. For example, the school plans to reach out to local mosques and GPs from different backgrounds. These measures will help ensure students meet with a diverse group of patients.

34   However, we are concerned that the onus for improving diversity may be overly weighted on students and clinical partners. For example, the GP Tutor (Clinical Skills Lead) told us that the school will look to students to drive diversification of the PCPI group. It will suggest that they seek out potential PCPI members during their community placements, where they will meet members of the public from a variety of backgrounds. The school also told us that students will experience more diversity in clinical staff as they move into hospital placements. Although this may help alleviate student concerns, it also pushes responsibility away from the medical school and cannot be easily monitored.

35   Overall, we encourage the school to review its EDI strategy, and how its senior management team can provide further leadership over this. Drive for diversity appears to be student led, and the school appears to be falling back on its clinical partners to ensure students have access to a diverse range of support mechanisms.

Recommendation 2: The school should consider how it can work in collaboration with its students and clinical partners to deliver its equality, diversity and inclusivity strategy.

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

36   Medical schools must have agreements with LEPs to provide education and training to meet the standards. At our previous visit, we set a requirement that the school must sign SLAs with Year one GP placement providers as soon as possible. In February, pre-visit documentation outlined that the school had received signed SLAs from 40 out of 41 GP placement providers. At the visit, the Head of School confirmed the

school had signed the remaining SLA. When we visited the school in June, the GP lead confirmed that the school had agreements in place for 97 students of the incoming cohort of 100, and that the final agreements would be signed soon. We will therefore close this requirement.

37 The school told us it is well underway with placement planning for Year three. The GP lead told us the school has received more than enough expressions of interest from GP providers, and it is confident it will have a sufficient number of placements. We heard the school will seek firmer agreements soon and will have confirmed the providers well in advance of these placements starting in May 2022. In June the school told us that a new GP lead for Year three is due to start in August who will take over moving this piece of work forward, although an outline of what the placements will look like is in place.

38 Additionally, clinical placement providers told us that planning and preparation for Year three placements are on track. For example, DUCS representatives told us how they are preparing for Year three placements. Each trust knows how many students they will receive, and LEPs have identified block and specialty teaching. Finer details, such as which wards the LEP will place students on, are hard to confirm due to the uncertain nature of the pandemic but will be confirmed before students begin the placement. The school told us that similar processes are in place for other Year three placement providers. As such, we are pleased to see the school continues to work with LEPs to provide a robust educational experience to students.

39 The GP lead also told us that the school has not yet focussed in detail on GP placements for Years four and five. We encourage the school to keep this under review to ensure there is sufficient time for plans to be put in place and risk mitigation. This will also allow the school and students to clearly see where learners will meet *Outcomes for Graduates*.

Managing concerns about a learner (R2.16)

40 Organisations must have systems and processes to support learners when concerns arise about their performance, health or conduct. During the previous visit cycle, we set a recommendation for the school to clarify how it records decisions taken by its Health and Conduct Committee (HCC), and how this committee feeds into other progression panels. We are pleased that the way the school records decisions is now clear. The school outlined in pre-visit documentation it records HCC decisions as formal letters, which it sends to the student and all relevant parties on a need-to-know basis. This is held within a student's record, and the meeting is also recorded in the student's ePortfolio.

41 In addition, the Undergraduate Programme Lead told us that only the Programme Assessment Board can make a decision in regard to a student's progression, but that the HCC and Progress Panel can make recommendations to this board. The school

clarified in its pre-visit documentation that the Progress Panel terms of reference allow the panel to receive outcomes of the HCC to help inform decisions.

42   We were pleased to see that the school has taken steps to clarify how the HCC records decisions and how these feed into other progression panels. This will help the school to identify, support and manage learners where concerns arise. As such, the related recommendation will be closed, and we will monitor how the HCC and other progression panels work in practice over the coming cycles.

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

43   During the previous cycle, we were concerned that the school may find it difficult to find enough suitably qualified and trained panel members to run its fitness to practise processes. This could mean that the school may not be sufficiently able to investigate and take action when concerns about fitness to practise arise. As a result, we set a recommendation for the school to ensure that it has a sufficient number of trained GMC registered panel members.

44   The school outlined in pre-visit documentation that it requires five fully trained GMC registrants for the entire fitness to practise process. The documentation outlined that the Fitness to Practise Lead had organised two half-day sessions for panel training, and that the first of these had 13 attendees.

45   At February visit, the school told us that once it completes the second training session it will have over 20 GMC registrants trained and available for its fitness to practise processes. As such, the Fitness to Practise Lead told us they are confident that the school is now self-sufficient in this area. We are pleased to see the school has taken steps to ensure the process to only allow students who are fit to practise as doctors to graduate is robust. We will therefore close the open recommendation and seek an update on how these processes are working in practice over future visit cycles.

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

46   We were pleased to see in February's pre-visit documentation that the school has introduced a contextual offer for local and widening participation (WP) students. This provides another method to ensure the school's admissions processes are fair and open for applicants from all backgrounds. This helped the school achieve its goal of 100 students for the current year one cohort: over a quarter of students enrolled did so through contextual offers. June pre-visit documentation outlined that the school is on track to recruit another 100 students for the next cohort and has plans in place should it under or over recruit.

47   The documentation also outlined that the school has been asked by Health Education England to be part of a pilot to use a new situational judgement test called CASPer. This is an evidence based online situational judgement test used to assess non-

cognitive competencies such as problem-solving, empathy, ethics, and collaboration in an open-ended manner.

48 We heard this will be used for the forthcoming recruitment cycle in October. In June the school told us that CASPer can be used as a WP tool, but that it will complete its own analysis on the pilot before making judgements regarding this. The Admissions Lead told us that students will not pay the fee for the CASPer during the pilot. If it proves to be a successful tool for WP recruitment, the school will discuss with HEE how this should be funded moving forward. As such, we are satisfied that this new tool will help the school to continue conducting its admissions in an open and fair manner. It is good to see the school continues to refine its admissions strategy. The pilot may prove a positive addition in ensuring the admissions process is fair for all candidates. We will seek an update on the newly admitted year one cohort in the next cycle.

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.*

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

49 We found evidence to show that learners continue to have access to resources to support their health and wellbeing. For example, the school told us that a comprehensive package of services is available to students and that these had all continued successfully throughout the pandemic. The school also told us it has increased support services for any students living in accommodation on university campus. We heard that the strong working relationship the school has with the university's central support services has allowed it to ensure these are as robust as possible. The Professional Development & Welfare Lead told us that the school also hosts wellbeing drop-in events, which give students the opportunity to address any feelings of isolation or loneliness.

50 Students corroborated this information. All students we met with felt they have been able to access support throughout the pandemic, and that staff have been proactively supporting students. We heard staff actively follow up on wellbeing concerns and that communication between members of staff and students on these issues was good. Year one students also told us they find the drop-in support sessions useful as it gives them more opportunities to interact with both their peers and staff.

51 The school outlined in pre-visit documentation that it has introduced a 'medic families' programme as an additional method of student support. Under this programme two Year two students act as mentors for four Year one students, supporting them as

they become accustomed to undergraduate medical education. Year one students told us they think the programme is working well overall, but that there is some variance depending on the Year two students the school matches them with. Year two students told us it has been slightly difficult keeping up the medic families, but that it was a good initiative to have in place. We heard Year two students feel it is good to be able to offer support and reassurance to the Year one students.

52 The school also told us that the student Medical School Society (Med Soc) has now taken responsibility for the medic families programme, and that it is planning some enhancement activities which the school will encourage students to attend in their medic families. The school also told us that Med Soc has organised sessions for Year one students on examinations and assessment.

53 As such, it is clear the school has a strong educational and pastoral support provision in place. The school has maintained these throughout the pandemic, and students clearly feel supported on varying issues.

Area working well 2: Students continued to praise the various support structures offered by the school. It is clear these have remained of a high quality throughout the pandemic.

54 In June, students also told us they would like further representation of diverse backgrounds in their student support mechanisms. We heard that students would appreciate being able to access support from a more diverse pool of support staff. The school told us that it is increasing staff from a diverse background over the coming months, but that these numbers will still be relatively low. We also heard the school is trying to diversify year leads by gender as far as possible. We encourage the school to keep this area under review to ensure all students continue to feel able to access to support.

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

55 The school submitted a detailed account of its processes for implementing reasonable adjustments, as well as some examples of how it has implemented this process to deliver adjustments for students. This process also supports students to achieve *Outcomes for graduates*; If the school feels that the student cannot be supported to meet *Outcomes* through implementing adjustments, the school will hold a meeting to discuss alternative options (such as other degrees or career paths).

56 All students we met with told us they would feel confident requesting a reasonable adjustment and are aware of how to find further information about this process. Students highlighted that additional time was added to assessments based on reasonable adjustments, and that this worked well. As such, we are pleased to see

the school continues to make reasonable adjustments to help learners meet the standards of competence, in both the delivery of the curriculum and assessments.

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

57 Across this cycle, we found evidence that the school does not always provide timely and accurate information about the curriculum and assessments. We found several examples where students were uncertain of the programme's expectations.

58 For example, in February Year two students told us they are dissatisfied with the information they receive on their student selected components (SSCs). Students told us that they were unsure what the school expects of them, both in terms of the work they needed to complete and how the school will assess this. Students cited the pandemic as a cause for this but told us they feel the rapidly changing environment means SSC supervisors are also unclear on these issues.

59 The school told us that early in the academic year it became clear SSCs would be unable to run as intended. SSC placements were either greatly reduced due to the pandemic, or else cancelled altogether. The Assessment Lead told us that, based on student feedback, the school rewrote the SSC marking rubric to ensure there would be no disadvantage to students who were unable to attend placements. We heard that the Year two SSC is a pass/fail summative assessment, but the granular marks will not count towards student ranking for this academic year. However, in our student sessions, students were not all fully aware of this.

60 In June, students again expressed dissatisfaction with their SSCs. Year two students told us that, due to the pandemic, some students had been able to attend placement but others had not. We heard this led to very different experiences. Students who did not attend placement felt this made their reflections difficult as they had not gained any actual placement experience. Students in both years also expressed variety in support and guidance from their SSC tutors. Whilst some told us their tutors were supportive, others told us they received little support or else conflicting guidance from their tutor in comparison to their peers.

61 We heard the school will take the learning from the issues with this year's SSCs to improve the student experience. In June, the school told us it is engaging with third sector placements and has streamlined the process for organisations to sign up with the school. The GP Tutor (Clinical Skills Lead) told us that over 100 individuals have signed up to be SSC supervisors, and that a new SSC lead will join the school in the summer. We heard that the school has received funding for these placements, which will mean it can remunerate providers for hosting their students. The GP lead told us that this should help confirm students must spend some time on site, should social distancing restrictions remain. We will seek an update on SSC delivery and students' perceptions of this during the next cycle.

62 Students were also dissatisfied with communication around their assessments. We heard that the school told students the June summative assessment would move from an online to paper format two weeks prior to the planned assessment date. Students told us that while they appreciated this was due to unforeseen issues, communication around contingency measures (such as moving the assessment offline) could have been communicated before such measures were enacted. Year one students expressed similar concerns regarding their SSC presentations; these were moved from an online to a face-to-face format the day before they were due to take place. This was due to a Wi-Fi outage across the university. The lack of communication around these issues concerned students; they told us that this impacted on their confidence that they would be able to perform well.

63 Whilst we understand that several of the highlighted problems arose due to unforeseen issues, we encourage the school to review how it communicates up to date information on curriculum and assessments to students. As students are not informed of contingency planning around extraneous circumstances, they are not fully aware of all planned scenarios regarding their curriculum and assessments. Conflicting guidance and support from assessment tutors could lead to students being unaware of the accurate information regarding these, subsequently disadvantaging them. Issues faced relating to the online assessment platform may have again been mitigated by better communication. By reviewing this issue, the school will ensure all students receive accurate and timely information about their curriculum and assessments.

Recommendation 3: The school should review how it communicates important information about the curriculum and assessments to students.

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

64 Learners must receive regular, constructive and meaningful feedback on their performance on placement. During the previous cycle, we conducted a survey with students; this showed that around a quarter of students were dissatisfied with the feedback they had received from their GP tutors. We heard that the school had conducted a thorough investigation and raised an IE. The GP Lead told us the issue could be due to the cancellation of the final GP placements in May 2020. This led to several GPs not completing the end of year reports.

65 To mitigate against this, we heard the school has moved the reports to the ePortfolio, making it easier for supervisors to complete. The GP lead told us that the onus is now on the student to ensure their supervisors complete the reports, and the school ensures these are completed through its quality processes. The school believes that if GPs have sight of the report on a regular basis, with a regular prompt from students, this will lead to an increase in completed GP feedback. We also heard that the school would consider sanctions on GP practices if feedback is not completed to a

satisfactory manner. Due to the pandemic, we were unable to triangulate these findings with GPs directly; we will look to do so in the next cycle.

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); Accessible resources for educators (R4.3)

66 Educators must receive an appropriate induction for their role. Therefore, we were pleased to hear from educators that all new starters received an induction week at the start of the academic year. Educators told us that this had given them sufficient time to become accustomed to the university's systems, as well as online delivery of teaching. Educators praised the PBL training sessions included at induction and were pleased that these had continued post-induction with facilitators from Keele. We also heard that the school records these sessions so staff can use them as an ongoing reference tool.

67 We were also pleased to hear Educators report they have access to appropriately funded professional development and training. For example, we heard that educators have been able to access leadership courses, and that the school supports educators with independent research plans to help develop their research careers. Educators also cited the university's Centre for Enhancement of Learning and Teaching, which offers numerous training courses for professional development. We were also pleased to hear that the school has ensured all educators are up to date with all mandatory training.

68 It is clear that clinical staff are also able to access professional development and training. Trust representatives told us that the school has linked well with clinical partners to ensure supervisors are able to access sufficient professional development. This includes train the trainers courses, as well as access to a postgraduate certificate in medical education. We heard that clinical teaching fellows have access to these options and are encouraged to attend HEE training, which is available to all clinical educators. As such, it is evident the school continues to provide sufficient resource and opportunity to educators for development.

Working with other educators (R4.5)

69 Educators told us that the school ensures there are regular opportunities to allow them to liaise with one another. Educators told us that the regular meetings are useful to share learning around PBL sessions, particularly when tutors are teaching topics which are not necessarily their area of expertise. We also heard examples of educators giving talks about their clinical area of expertise to their colleagues at these

meetings, or else on using the virtual learning environment. Educators told us they find these methods useful as it allows them to share learning and best practice. This has provided the school with a mechanism to ensure education is consistent, and the educators we spoke to confirmed this was the case. We are pleased to see the school has created opportunities for educators to collaborate, ensuring a consistent approach to education.

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)

70   Medical school curricula must and allow students to meet *Outcomes for graduates*. We were therefore pleased to find evidence of several ways the school has been able to do this in face of the pandemic. Pre-visit documentation across the cycle outlined how the school has taken measures to maintain some face to face teaching this year, ensuring learning outcomes could be met. The Head of School told us that the school has adopted a hybrid delivery model of two days on campus and three days virtual teaching. We heard priority had been given to clinical and communication skills sessions for face-to-face teaching, as well as anatomy. Additionally, the school told us it structures face to face teaching around social bubbles based on students' accommodation arrangements. We were therefore pleased to hear in June that the school was satisfied students had been able to meet all their learning outcomes for the year through its hybrid teaching model.

71   We also found evidence showing how the school will ensure students meet the learning outcomes for the clinical years. Clinical representatives told us that they are making adaptations to the Keele curriculum to allow Sunderland students to meet the outcomes. For example, a DUCS told us that it will use breast cancer nurses to meet outcomes which are met through breast cancer screening services in the Keele curriculum.

72   We were also pleased to see that the school has responded to student feedback to ensure outcomes are met. At our previous visit, we heard concerns that material from external lecturers was not fully mapped to learning outcomes. As a result, we heard in February that the school has increased the contact between the unit leads and external lecturers to help ensure that they align their content to the learning outcomes. The school told us that, during the pandemic, external lecturers pre-record their material and upload this to the VLE before the lecture. This makes it easier for students to access and ensures they have the material if the school needs to cancel a lecture. We also heard that the school has reviewed unit level feedback and that students have provided extremely positive feedback on external lecturers.

Area working well 1: The school has shown a high level of resilience and agility in delivering the curriculum during the pandemic. Examples include maintaining face to face teaching, consolidated clinical experience teaching

and GP clinical placements with real patient contact. Students in both Years one and two praised the school's efforts to ensure this.

Undergraduate clinical placements (R5.4)

73   We are pleased to see that the school has taken steps to ensure students can achieve sufficient practical experience in the face of the pandemic. Namely, the school has continued with face-to-face GP placements for all students. These were well received by students. Year two students told us that these had remained at the same quality as placements before the pandemic. We heard that, although some patient interactions were online, students really appreciated the opportunity to gain placement experience throughout the pandemic. Students also told us that they feel staff are doing all they can to preserve as much face-to-face teaching as possible. The steps to preserve placements this year will also have a positive impact on students' ability to meet outcomes in the next academic year; the school told us it is confident Year two students will have the skills to fully engage with hospital placements in Year three.

74   In addition to GP placements, the school outlined in June pre-visit documentation that hospital placements had been amended in light of the pandemic to allow students to still gain the expected experience. This consisted of a four-day consolidated placement followed by the formative OSCE on day five. It is clear this had a positive impact; students told us they found this very useful as it allowed them to put the skills they had learnt into practice, as well as having practical revision ahead of the OSCE. Educators told us they also felt the consolidation weeks had gone well and were impressed by the students' levels of skill and professionalism. The Undergraduate Program Lead told us that, given the success of the consolidation week, the school will look to include elements of this in future years. It is good to see the school's flexibility in delivering the necessary experience has led to potential improvements for future years.

Area working well 1: The school has shown a high level of resilience and agility in delivering the curriculum during the pandemic. Examples include maintaining face to face teaching, consolidated clinical experience teaching and GP clinical placements with real patient contact. Students in both Years one and two praised the school's efforts to ensure this.

Assessing GMC outcomes for graduates (R5.5)

75   Medical schools must assess medical students against the required learning outcomes at appropriate points. February pre-visit documentation outlined that the school has continued to adapt the curriculum to ensure this is the case. The documentation showed that the school has removed the summative OSCE from Year one to align further with Keele's assessment strategy. A formative OSCE will now take place later in the year to allow the school to be able to examine more content. This also

considers the modified hybrid programme of teaching and learning by giving students more time to develop clinical skills.

76 June pre-visit documentation outlined that the OSCEs had taken place face to face with appropriate social distancing in place. The school told us these had gone well and that it would take learning from these into the next year. We heard that examiners and PCPI members had received extensive training on the OSCE, and that students had received question and answer sessions on how the OSCE would run and what the content would be.

77 Year one students told us that they had found the OSCEs useful as it allowed them to practice their clinical skills in a different setting. Year two students told us that they felt staff were supportive during the OSCEs and it was clear they wanted the students to do well. We also heard students had received the titles of the stations the night before the exam. Students told us this relieved stress and allowed them to focus their preparations. However, students also reported logistical issues with the OSCEs, such as a delay to the start time and timings for stations running too quickly. We heard these issues were rectified on the day; students were able to resit these stations. As such, we are satisfied the school continues to assess students at appropriate points. This will help ensure students can meet all outcomes before graduation.

Fair, reliable and valid assessments (R5.6); Adequate time and resources for assessment (R1.18)

78 During the previous cycle we heard from both staff and students that there were several issues with the online assessment platform, Speedwell. We were therefore concerned to hear in February that students were still experiencing issues with this platform. Pre-visit documentation outlined that 15% of students had experienced some issue with the platform during their summative assessments in January, which students corroborated at our February visit. Both cohorts of students gave examples of being unable to log into Speedwell at the start of the examination, or the software logging them out of the exam halfway through. Although all students reported they had received additional time to make up for the time lost, we heard the stress caused was not fully alleviated by the additional time. Students found it difficult to refocus once the school had resolved the issues.

79 Students also reported stress due to the format of the examination. Documentation outlined that the school had separated the January summative exam into two papers for security reasons, as this allows the school to randomise questions so that each student receives them in a different order. However, students told us this made them uncertain they would be able to log into both examinations online. We heard this decision was taken relatively soon before the examination, and students felt this added to the stress as it did not allow them long to practice the new format.

80 Further changes to the planned format caused additional stress. June pre-visit documentation showed the school intended to move the remaining examinations to in person assessment on campus. This would help resolve any proctoring or connection issues. However, after testing the system, the school was not confident there would not be further disruption and moved the assessments to a paper format. Students told us they found this change difficult. Year two students highlighted to us that they have never sat an assessment with the same modality twice during their time at medical school. We heard that this has made it difficult to prepare for examination as students feel they are left with little time to practice a new assessment style.

81 Whilst we appreciate that the school has managed to deliver its planned assessment diet across the programme during the pandemic, we feel the regularly changing assessment modality may not afford students structured resource to sit a fair assessment. During the next cycle, we will seek an update on progression data to ensure students have not been negatively affected by this.

Recommendation 4: The school should review the format of assessment to ensure consistency.

Mapping assessments against curricula (R5.7)

82 During our February visit, Year two students expressed concern that their first summative written assessment was not appropriately mapped to the curriculum. Students told us that they felt the assessment covered areas which lectures did not include, or else focused on content the lecture did not explain in detail. Students told us they were confident they would meet their learning outcomes before the assessment but were unsure of this following the exam.

83 In June, we were pleased to hear the school had taken steps to address students concerns and make the mapping process clearer. Pre-visit documentation outlined that the school has introduced a dedicated student assessment guide which will provide additional clarity to mapping processes. This covers topics such as the different types of assessments, how pass marks are calculated and how the school ensures assessments are fair. The school has also produced a frequently asked questions document on assessment.

84 Additionally, we were pleased to hear the school has also taken steps to make blueprinting processes clearer. The Assessment Lead told us the school posts a student version of the blueprint on the VLE three to four months before each assessment. This contains information on the number of questions for each unit and the number of each type of question that will be on the assessment.

85 From this, we were pleased to see students are more satisfied with the mapping of the curriculum to assessments. During our meetings with students in June, we heard the most recent assessments were a better reflection of the curriculum. Students told

us that, in response to their feedback, they had been told by staff that if a question appears on an exam it must now be able to be linked back to taught materials throughout the year. We are therefore satisfied that the school has taken steps to ensure that its assessments are appropriately mapped to the curriculum.

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