

Academic year 2024-2025

# Quality Assurance Report for Kent and Medway Medical School

This report forms part of the GMC's new schools quality assurance 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	Kent and Medway Medical School
Sites visited	University of Kent, Pears Building
Programmes	BM BS
Date of visit	5 December 2024 (in person)
Key Findings	<ol style="list-style-type: none"> <li>1. This visit was part of a multi-year programme of quality assurance for Kent and Medway Medical School (KMMS) (the school).</li> <li>2. We carried out document reviews followed by one in-person visit to the school. The purpose of this visit was to assess how the school is progressing since our previous visits in April and July 2024 and now that it has admitted its fifth cohort of students, and to seek assurance of the GMC Medical Licensing Assessment (MLA).</li> </ol>

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**3.** Our visit in December 2024 was conducted in person and lasted for one day. The visit was conducted at the University of Kent (UoK).

**4.** During the visit we met with various groups, including the senior leadership and quality management teams, two groups of KMMS Year 5 students, as well as clinical leads and Directors of Undergraduate Medical Education (DUMEs) from several local education providers (LEPs) and primary care networks (PCNs).

**5.** During the visit cycle, we were pleased to see the school's continued responsiveness to GMC feedback. We noted clear progress has been made on the open requirement and recommendations set at previous visits. We heard students speak positively about the provision of technology-enhanced and digital learning and the pastoral support available to them on placements. It was also positive to learn about the strong communication channels between the school and LEPs.

**6.** We also found areas that could be improved for Year 5 of the programme. These include the assessment load, which was acknowledged to be over-burdensome by both students and the school. We also heard that the short (3-week) rotation blocks at placements were problematic for both staff and students, and that there have been challenges in preparation for student electives. It was encouraging, however, to note that the school is aware of these issues and is already undertaking a review of Year 5 of the programme for future cohorts.

**7.** Overall, we are satisfied that the school is continuing to develop and work towards meeting GMC standards. We are also satisfied, via the information and documentation provided, with the school's preparedness for the implementation of the MLA and its compliance with the GMC's MLA processes.

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## Update on previous activity

### Update on open requirement

	Theme/Requirement	Open requirement	Status
1	Theme 1 (Learning environment and culture) R1.2, R1.3	The school must consider how it works with providers to manage findings of external reports, for example Care Quality Commission reports, to ensure learning from patient safety concerns.	Closed

#### Open requirement 1:

**The school must consider how it works with providers to manage findings of external reports, for example Care Quality Commission reports, to ensure learning from patient safety concerns.**

***R1.2*** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

***R1.3*** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.

We set this requirement following our visit in April 2024. At this visit, we recognized that the school had reviewed its communication processes with placement providers to clarify the processes for raising concerns, and how these are managed. We did, however, require further evidence of how the school is made aware of any significant patient safety concerns in an organization, and how it manages findings of external reports (for example Care Quality Commission [CQC] reports). This is to ensure learning from patient safety concerns, and that any issues affecting the safety of patients are addressed immediately and effectively.

The school confirmed, in its written response to the visit report, that it had established mechanisms for reviewing the outcome of CQC reports. We heard that the school receives automated notifications when CQC reports relating to its placement providers are published, allowing the school to review and risk assess any areas of concern raised. The school then works collaboratively with its placement providers to ensure that the learning environment for students is not compromised. In addition, the school told us that CQC reports are discussed throughout its quality assurance visits with providers, and the need for the school to be informed of any concerns is emphasised. Another way the school is kept updated is by working with colleagues in the current

Faculty of Medicine, Health and Social Care at Canterbury Christ Church University (CCCU) to ensure that information and learning is shared when concerns are raised in another healthcare programme.

During our visit in December 2024, the school told us that routine CQC reports are also discussed with placement providers, and this is a standing item at school/Trust meetings. A DUME from one Trust told us that any issues raised in a CQC report would immediately be raised with the school to ensure transparency and patient/student safety. Although CQC reports are routinely discussed during meetings and at quality visits, the DUMEs and PCN managers we spoke to advised they would not wait until these meetings to raise any issues with the school. Issues are shared in real time, and are also considered via internal governance at the relevant Trust. For PCNs, we heard that reports are raised at quality management forums and are tracked and monitored via liaison with local practices.

Given the information provided by the school, and our discussion with senior colleagues at LEPs during our visit, we are satisfied that this requirement has been met.

## Update on open recommendations

	Theme/Requirement	Open recommendation	Status
1	Theme 1 (Learning environment and culture) R1.17 and Theme 5 (Developing and implementing curricula and assessments) R5.4 (e)	The interprofessional education (IPE) strategy should be better communicated to students and members of staff. Although there are good examples of IPE in practice settings, the school should consider providing more guidance about how IPE in the clinical learning environment is operationalised to maximise learning opportunities from the wider healthcare teams.	Closed
2	Theme 3 (Supporting learners) S3.1	The school should consider making clearer distinction between pastoral and disciplinary/professional support to avoid potential conflicts of interest.	Closed

**Update on open recommendation 1:** The interprofessional education (IPE) strategy should be better communicated to students and members of staff. Although there are good examples of IPE in practice settings, the school should consider providing more guidance about how IPE in the clinical learning environment is operationalised to maximise learning opportunities from the wider healthcare teams.

**R1.17** *Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.*

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**R5.4 (e)** *Medical school programmes must give medical students.....the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working.*

In previous visits, we have heard mixed reports from students about their opportunities to work alongside other healthcare professionals. Some students reported meaningful interactions on placements, where they had worked with phlebotomists, nurses and advanced nursing practitioners. However, we also heard that some students felt like their presence had not been expected on some occasions, and the reason for their attendance on some wards had not been made clear to members of staff. This led to students not fully benefitting from working with other healthcare professionals.

In its document submission, the school provided information about IPE developments since our visit in April 2024. The school provided a copy of the draft IPE strategy document. This sets out a mission statement, goals and details on how the strategy will be delivered. The draft IPE strategy has been presented and reviewed by the undergraduate programme board, shared with CCCU and shared with placement providers during a clinical delivery group meeting. We also found that an initial meeting of the KMMS IPE group has taken place, and this group meets termly to develop collaborative learning throughout the programme. IPE teaching is further developed with the Medway School of Pharmacy.

During our visit, it was encouraging to hear DUMEs and GPs speak enthusiastically about IPE and the importance of students spending time with members of multiprofessional teams. They also told us that the school has provided timely, clear and explicit guidance, including learning outcomes which have to be signed off. Meetings with the school also take place, where colleagues from LEPs receive updates on any changes. It was acknowledged that facilitating IPE was hard work, but the information and guidance provided by the school ensures consistency and has been of assistance to new educators.

The Year 5 students we spoke to also talked positively about their experience of IPE. They stated that they generally felt expected and welcomed on placements, with colleagues understanding their role and why they were there. It was also positive to hear the students report they receive clear guidance from KMMS about the purpose of IPE.

We were encouraged to learn that the school has reviewed its communication and guidance on how IPE should operate in the clinical learning environment. This helps to ensure that learning outcomes are clear from both student and placement perspectives, maximising learning opportunities from the wider healthcare teams. It was extremely helpful to hold discussions with students and placement providers during our visit, and they provided helpful information which supports the information provided by the school. Given our findings, this recommendation has been closed.

**Update on open recommendation 2: The school should consider making clearer distinction between pastoral and disciplinary/professional support to avoid potential conflicts of interest.**

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

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This recommendation had initially been set following our visit in April 2022 to ensure there was a clear distinction between pastoral and academic support available to students. In subsequent visits, we heard about plans to create additional roles which would ensure the two areas were completely separate.

Following our visit in April 2024, the school, in its written response to our report, advised that it had plans in place to fully separate the management of professionalism concerns from the work of the student life and guidance (SLG) team (formerly the student life and wellbeing team), which provides pastoral support. At this point, it had appointed a Student Procedures and Quality Officer who dealt with any professionalism concerns separately from any wellbeing concerns. The role-holder was reporting to the Quality Manager rather than the Student Life and Guidance Manager. At our visit in December 2024, the school told us that a Deputy Dean for Student Affairs and Academic Staffing has been appointed and will commence their role on 6 January 2025. This role will deal with the management of professionalism/fitness to practise concerns, with the support of the existing Student Procedures and Quality Officer. Student welfare issues will be managed by the SLG team.

We are satisfied that the appointment of the Deputy Dean for student affairs and academic staffing will ensure full separation of these two areas of work. As such, this recommendation has been closed.

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## Findings from 2024/25 activity

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.

### 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
1	Theme 1 (Learning environment and culture) R1.5	It is positive to note the school's continued responsiveness to GMC feedback. We have seen that clear progress has been made on the requirement and open recommendations set at previous visits. This includes the implementation of robust, automated systems and good progress on the implementation of an interprofessional education strategy.
2	Theme 1 (Learning environment and culture) R1.20  Theme 5 (Developing and implementing curricula and assessments) R5.4 (c)	Year 5 students spoke positively about the good provision of technology-enhanced and digital learning, including access to telehealth on placements.
3	Theme 2 (Educational governance and leadership) R2.17  Theme 4 (Supporting educators) R4.4	There are strong communication channels between LEPs and the medical school. Colleagues at LEPs told us they receive prompt, efficient responses from the medical school, and that they feel supported.

4	Theme 3 (Supporting learners) S3.1, R3.1, R3.2	We heard positive reports from Year 5 students about the pastoral support available to them when on placements. Students benefit from both formal and informal support from a range of sources.
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**Area working well 1:** It is positive to note the school’s continued responsiveness to GMC feedback. We have seen that clear progress has been made on the requirement and open recommendations set at previous visits. This includes the implementation of robust, automated systems and good progress on the implementation of an interprofessional education strategy.

*R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.*

In its response to our report following our in-person visit in April 2024, the school provided an update on the open requirement and recommendations. It was encouraging to hear that the school was already taking steps to address these, for example by establishing mechanisms for reviewing the outcome of CQC reports (see ‘Update on open requirement’ above). The school also provided details of plans to separate the provision of pastoral and disciplinary/professional support (see ‘Update on open recommendation 2’ above), which we also discussed in more detail during our visit.

It has also taken steps to better communicate the IPE strategy to staff and students (see ‘Update on open recommendation 1’ above). We had the opportunity to speak to staff and students about this during our visit. Staff at LEPs told us about the many opportunities available for students to work with other professionals on both primary and secondary care placements. It was pleasing to hear colleagues from LEPs tell us that they receive good information from KMMS, with a granular level of detail which is helpful for the teaching faculty. This information is described as explicit and clear, and it is received in a timely manner. The guidance provides consistency and helps new educators as they develop in their role. For example, educators can access the student handbook which sets out objectives, and they also have the opportunity to meet at the school annually where they are updated about any changes.

It is extremely encouraging to see the progress made since our last visit and it’s a credit to the school that the open requirement and recommendations have been closed.

**Area working well 2:** Year 5 students spoke positively about the good provision of technology-enhanced and digital learning, including access to telehealth on placements.

*R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.*

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**R5.4 (c)** *Medical school programmes must give medical students: ....(c) - the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation*

The Year 5 students we spoke to during our visit told us that there is good access to simulation teaching throughout the programme, which they felt to be worthwhile and a good learning experience. The students have also experienced digital medicine on placements, in both primary and secondary care. Students also reported having access to electronic patient records, including imaging, while on placements, which they find very helpful.

From our findings, there are a range of technology-enhanced opportunities available to Year 5 students and these are valued to help their learning.

**Area working well 3: There are strong communication channels between LEPs and the medical school. Colleagues at LEPs told us they receive prompt, efficient responses from the medical school, and that they feel supported.**

**R2.17** *Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.*

**R4.4** *Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.*

During our discussions with LEP and primary care management teams, it was overwhelmingly apparent that there are excellent channels of communication between the school and LEPs. We heard that colleagues in LEPs find the school to be approachable and helpful. A prompt response is received from the school when advice is needed and LEP contacts feel comfortable in approaching the school about any issues. We heard examples of the school providing clear and accessible guidance. This was found to be helpful for the teaching faculty and provides consistency, helping new educators as they develop in their role. The LEPs feel the school keeps them updated when changes happen, and there are opportunities to provide feedback.

It is clear that a trusted relationship has been fostered between the school and LEPs, with colleagues working together with the aim of developing students who will become high quality doctors. Furthermore, we heard many examples of good communication and collaboration between the LEPs themselves, which was also extremely encouraging to hear.

**Area working well 4: We heard positive reports from Year 5 students about the pastoral support available to them when on placements. Students benefit from both formal and informal support from a range of sources.**

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

**R3.1** *Learners must be supported to meet professional standards, as set out in Good medical practice and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.*

**R3.2** *Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services, b careers advice and support, c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.*

We heard that students on placements can seek pastoral support from many sources including their clinical academic tutors and health and wellbeing representatives. One group of Year 5 students reported that the medical education team at their trust was very supportive and students are happy to approach them when needed.

The school told us that students had reported some difficulties in the transition to their clinical years as they felt that the medical school was more distant. Following this feedback, the SLG has started in-person visits at the trusts from this year, and one group of students we spoke to told us they found this to be a good port of call. We also heard there is a lot of other informal support available, with colleagues stopping in corridors to ask how students are.

It's encouraging to hear how students' health and wellbeing is supported on placements, that the students are aware of this support and how to access this.

## Requirements

We set requirements where we have found that our standards are not being met. We will monitor each organisation's response and will expect evidence that progress is being made during the next QA cycle. We are pleased to say we did not set any requirements following our visit.

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## 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
1	Theme 5: Developing and implementing curricula and assessments, S5.1, R5.1, R5.3(b), R5.3 (f), R5.6, R5.7	The school should update us on plans to address the issues raised around assessment load, length of clinical placements and preparation for electives for Year 5 of the programme.

**Recommendation 1:** The school should update us on plans to address the issues raised around assessment load, length of clinical placements and preparation for electives for Year 5 of the programme.

We found some areas for improvement relating to the curriculum and assessments of Year 5 of the programme. These include an over-burdensome placement-based assessment load and timelines, the 3-week rotation blocks at placements were problematic for both staff and students and arrangement for electives, particularly rigid timelines and the risk assessment process, were also problematic.

The school should therefore address the issues raised around the assessment load for Year 5 students, including the number of sign-offs required.

***S5.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.*

***R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.*

***R5.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.*

Year 5 students told us they felt over-examined and held to an extremely high standard, with a fear of failure leading to stress and anxiety. Some students also stated they felt overwhelmed with the number of sign-offs required, sometimes within a short period of time and some of which were felt to involve unnecessary duplication. We also heard that sign-offs required for GP placements do not

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make allowances for illness, which is another source of anxiety.

The senior members of the assessment and curriculum teams at the school acknowledged that a heavy assessment load had been mandated in Year 5 and that some students were having to repeat skills they had undertaken in previous years. Colleagues were aware that students had raised concerns about over-assessment and told us that the school will be seeking and evaluating student feedback. The school acknowledged that there were lessons to learn, but it hoped that students would ultimately be well-prepared for foundation training.

We are encouraged to hear that the school is aware that lessons are to be learned regarding assessment in the final year of the programme, and that it is seeking student feedback about this. The school should continue to address the assessment load and sign-offs required for Year 5 students, and consider building in more workable timelines to help alleviate the stress and anxiety felt by students. We look forward to receiving further updates about this, including details on how feedback from students is sought and acted upon.

The school should also review the length of placement blocks in Year 5 and consider increasing these for future years of the programme.

***55.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.*

***R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.*

***R5.3 (b)** Medical school curricula must give medical students: (b) experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor*

Some of the Year 5 students we spoke to told us that the short placement blocks can feel overwhelming and very time pressured. The school also told us they had found the 3-week placement blocks involve a very tight turnaround which has been challenging to manage as well as very work-intensive. The school already plans to discuss making changes to placement blocks for next year. We are pleased to hear the school is already aware of the impact of the shorter placement blocks, and it should continue with its consideration in reviewing these.

The school should also review timelines for electives and enhance the guidance available for the process, particularly around the submission of risk assessments.

***R5.3 (f)** Medical school curricula must give medical students: (f) the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates*

The Year 5 students we spoke to told us about the difficulties they had encountered in organising their electives, particularly in submitting risk assessments (which is a university requirement). The students felt they had received minimal guidance in the first round of submissions but, after receiving feedback and some guidance from the school, further submissions have been made.

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Students believe that their elective period at KMMS is much shorter than at other UK medical schools and that this has caused some confusion with prospective placement providers. Students also believe the process is not flexible and application deadlines don't match up well with the rest of the school timetable.

When we spoke to the school, they told us the process had been intentionally rigorous, and information and guidance is available on the student portal. The students also received an example of a risk assessment and a template to follow for a multi-faceted risk assessment.

It is clear that there have been some issues surrounding the timelines and submission of risk assessments for electives. While guidance is available, the school should ensure that this is reviewed and transparent to students to ensure a smoother process for future Year 5 cohorts of the programme. We look forward to receiving further updates about enhancements made to the process.

<b>Team leader</b>	Professor Anne-Marie Reid
<b>Visitors</b>	Dr James Francis Dr John Jones Professor Peter McCrorie
<b>GMC staff</b>	Ms Tulsi Patel – Education Quality Assurance Manager Ms Christine Haynes – Education Quality Analyst

### **Acknowledgement**

We would like to thank Kent and Medway Medical School and all those we met with during our visit for their cooperation and willingness to share their learning and experiences.

**Date:** 19/03/25

Dear Professor Anne-Marie Reid

**Response to GMC Quality Assurance Report for Kent and Medway Medical School,  
Academic Year 2024/25**

This academic year marks several significant milestones for Kent and Medway Medical School (KMMS):

- We have successfully launched all years of the Bachelor of Medicine, Bachelor of Surgery (BMBS) Programme.
- We have delivered the Prescribing Safety Assessment (PSA) and Medical Licensing Assessment (MLA) Applied Knowledge Test for the first time and are well-prepared for the Clinical and Professional Skills Assessment.
- Our inaugural cohort of students is on track to complete the BMBS programme at the end of this academic year.

We are grateful to the General Medical Council (GMC) for its ongoing support during the quality assurance process of our new medical school. The constructive feedback received over the past several years has been invaluable, and we are pleased that your recent visit confirmed our continued progress towards meeting GMC standards.

In response to the feedback from last academic year's GMC visits, we have addressed the issues raised, leading to the closure of all open requirements and recommendations.

We were particularly pleased that your December visit highlighted several areas of excellence, including:

- Our responsiveness to your feedback.
- The robust provision of technology-enhanced and digital learning.
- Strong communication channels with, and support for, local education providers.
- Comprehensive support available to students on placement.

Regarding the remaining open recommendation from your visit, we have implemented several changes to address concerns about assessment load, the length of clinical placements, and preparation for electives in Year 5 of the programme. These changes include restructuring our placement rotations to extend deadlines from the current three weeks to six weeks. We have also reduced our placement-related assessment burden in Year 5 within the e-portfolio, both in content and in administrative process.

We have also enhanced our approach to elective preparations, with student safety as a top priority. By engaging health and safety experts from both universities, we have ensured that our risk assessments are thorough and fit for purpose. Recognising the additional workload of students during their final year, we plan to offer risk assessment training and writing sessions at various points throughout the year. Additionally, we have appointed a senior administrator to support the student choice element of the programme, including the electives risk assessment process, ensuring they are fully trained in health and safety and risk assessments.

We appreciate the opportunity to acknowledge the report from your December 2024 visit and to respond actively and constructively to your feedback. We hope this summary provides reassurance that we are continually taking steps to address raised issues and improve our processes and programme delivery.

Thank you once again for your support of KMMS during our formative years as a new medical school. We look forward to continuing our collaboration with the GMC and to welcoming you to our Clinical and Professional Skills Assessment (CPSA) MLA in early May as part of the ongoing quality assurance processes.

Yours sincerely,



**Professor Chris Holland**  
**Founding Dean of Kent and Medway Medical School**  
**Professor of Medical Education**  
**Consultant in Intensive Care**