GMC visit requirement

Theme 2 Educational governance and leadership

The school should develop a more formal integration of the educational and clinical governance structures. This will be monitored in future via the Medical School Annual Return.

2015/01/2018 2018 QAF Exeter Medical School

We have received an invitation from RCHT (Royal Cornwall Hospital) Trust to be on their strategy board. CMH (College of Medicine and Health) Deputy Pro Vice Chancellor Richard Smith and Professor Ian Fussell Vice Dean of Education met with the Chief Executive, Katie Shields and Mark Daly the Medical Director to discuss this.

01/09/2019 Plan in place Julie Thacker/Ian Fussell N/A

David Mabin our CMH fitness to practice lead is now Deputy Medical Director of The Royal Devon and Exeter Hospital directly linking our governance arrangements. The programme directors, Alison Curnow and Julie Thacker, met with Professor Ian Fussell the RCHT Medical Director to discuss collaborative and given us an opportunity to align our organisations and governance requirements on an regional level.

01/09/2019 Plan in place Julie Thacker/Ian Fussell N/A

Supporting documents (if required)

Medical School Annual Return - Section B

GMC quality assurance items

This sheet is pre-populated with open GMC visit requirements and recommendations. Please provide updates on all items. Supporting documents and action plans may be required to evidence progress.
Table: Extension of learning and teaching experience for the students in terms of the expansion of the student body and the introduction of new facilities.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Justification for Expansion</th>
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<tr>
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<td>Video masterclasses in response to student feedback on the difficulties of live lectures between our sites. Feedback was received from both doctors and students, with many expressing the need for a more modern and engaging teaching method. This has enabled us to blend their learning and also free up time in the curriculum room for other developments.</td>
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<td>01/10/2017</td>
<td>Utilisation of paper forms and data transcriptions.</td>
<td>Paper forms and data transcriptions help to ensure accurate and consistent collection of student information. The use of iPads has dramatically reduced the hours of time our professional services team have to spend on data processing.</td>
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**Concerns ONLY**

- Concerns should be outlined in a clear and concise manner.
- Concerns should be supported by evidence from relevant sources.
- Concerns should be relevant to the specific area of good practice being addressed.
- Concerns should be prioritised based on their significance.

**Supporting documents (if any)**

- Supporting documents should be included as appendices.
- Supporting documents should be referred to in the text where relevant.
- Supporting documents should be relevant to the specific concerns being addressed.

**Person responsible**

- The person responsible for addressing the concern should be clearly identified.
- The person responsible should have the necessary authority and resources to address the concern.

**What further actions have been planned to address the concern or to promote the area of good practice over the past 12 months?**

- Actions should be specific and measurable.
- Actions should be time-bound.
- Actions should be related to the specific concerns being addressed.
- Actions should be prioritised based on their significance.

**Quality of medical education within the medical school**

- The quality of medical education should be evaluated using a consistent and reliable framework.
- The quality of medical education should be assessed using feedback from students, staff, and other relevant stakeholders.
- The quality of medical education should be improved through continuous improvement processes.

**Theme 4: Faculty development and support**

- Faculty development and support should be prioritised to ensure the professional growth and development of all faculty members.
- Faculty development and support should be aligned with the strategic goals of the medical school.

**Theme 5: Theme delivery**

- Theme delivery should be aligned with the strategic goals of the medical school.
- Theme delivery should be aligned with the needs of the student body.
- Theme delivery should be supported by evidence from relevant sources.

**Theme 3: Support and monitoring of student performance**

- Support and monitoring of student performance should be prioritised to ensure the success of all students.
- Support and monitoring of student performance should be aligned with the strategic goals of the medical school.
- Support and monitoring of student performance should be provided in a timely and effective manner.

**Theme 2: Learning and teaching experience**

- Learning and teaching experience should be prioritised to ensure the success of all students.
- Learning and teaching experience should be aligned with the strategic goals of the medical school.
- Learning and teaching experience should be supported by evidence from relevant sources.

**Theme 1: Undergraduate education**

- Undergraduate education should be prioritised to ensure the success of all students.
- Undergraduate education should be aligned with the strategic goals of the medical school.
- Undergraduate education should be supported by evidence from relevant sources.

**Notes**

- Notes should be included as appendices.
- Notes should be referred to in the text where relevant.
- Notes should be relevant to the specific concerns being addressed.

**References**

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<td>Assessments were then deferred to other blocks to complete; placing burden on students within the department due to lack of direct patient contact. Assessments normally undertaken as preparation for year 4 summative.</td>
<td>Many assessments are highly standardised and do not reflect the wider contextual environment. This means that the summative assessment is not reflective of the formative assessments. The formative year 3 competency is usually undertaken as prepration for year 4 summative.</td>
<td>In Exeter the summative competency has been brought forward (to the relevant year 3 pathway week) in which the activity being missed. The situation in Oncology teaching in Truro is very much improved. Students on the pathway previously came into conflict with cardiology speciality lead consultants.</td>
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Concerns and GMC or fault items including related departments that have capacity and are willing to support. Educational and administrative staff have identified key issues and plan in place to address these. Health professionals have been involved in the planning and implementation of the changes. The changes have been communicated to all students and staff. Some issues remain to be addressed and will be monitored in the future. Student feedback was very positive and in support of the change. The locality will review this again at next departmental QA meeting. | Progress being managed by Tom Fox. N/A |

**Radiology**

Radiology has been removed from the yr 5 assessment rotation due to clinical sub deans feedback has improved. Radiology has been removed. Other placements, so we are confident that learning outcomes will not be affected and therefore stays within the same clinical directorate. Oncology are able to deliver haematology (which replaces the oncology week) This has the advantage for our oncology related departments that have capacity and are willing to support. Educational and administrative staff have identified key issues and plan in place to address these. Health professionals have been involved in the planning and implementation of the changes. The changes have been communicated to all students and staff. Some issues remain to be addressed and will be monitored in the future. Student feedback was very positive and in support of the change. The locality will review this again at next departmental QA meeting. | Progress being managed by Tom Fox. N/A |