Visit Report on Scottish Graduate Entry to Medicine programme (ScotGEM)

This visit is part of the new schools/programmes 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

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<thead>
<tr>
<th>Education provider</th>
<th>University of Dundee School of Medicine/University of St. Andrews School of Medicine</th>
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<tbody>
<tr>
<td>Sites visited</td>
<td>St. Andrews School of Medicine</td>
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<tr>
<td>Programmes</td>
<td>Scottish Graduate Entry to Medicine (ScotGEM)</td>
</tr>
<tr>
<td>Date of visit</td>
<td>21 March 2019</td>
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**Programme summary**

ScotGEM is a 4 year graduate entry programme which is run and administered by a combination of the Universities of St. Andrews and Dundee (referred to as ‘the School’ throughout this report).

The programme is mainly community based, with students being exposed to remote and rural medicine, and has been designed to help meet the future workforce needs of NHS Scotland.

We visited the ScotGEM programme during the second semester of year one at which time the students were based at the University of St. Andrews. We will continue a rolling cycle of annual quality assurance visits to the programme and will follow the first cohort of students through to graduation.
During our visit we found an extremely enthusiastic group of students who are having a good experience on the programme. In addition, it is clear that the General Clinical Mentors (GCMs) and university staff are fully invested in making the programme a success.

Overall the visit was positive and we look forward to visiting the programme in the next academic year to obtain an update on its progress.

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.

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Areas that are working well</th>
<th>Report paragraphs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (R1.19)</td>
<td>Students were positive about the IT facilities available to them and knew who to go to for IT support.</td>
<td>24 - 26</td>
</tr>
<tr>
<td>2</td>
<td>2 (R3.2)</td>
<td>Students report an excellent experience so far. They are enthusiastic and very positive about the programme.</td>
<td>55 - 58</td>
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<tr>
<td>3</td>
<td>3 (R3.2)</td>
<td>Students valued the bursary, as a number of them would have been unable to join the programme without it.</td>
<td>59</td>
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<tr>
<td>4</td>
<td>5 (R5.3)</td>
<td>The faculty staff are enthusiastic about the programme and have developed innovative aspects, such as the agents of change module and the clinical interactions course (CLIC).</td>
<td>95</td>
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<tr>
<td>5</td>
<td>5 (R5.4)</td>
<td>GCMs are a valuable part of the programme and students were very positive about their experience of learning with them.</td>
<td>98 - 99</td>
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</table>

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.

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<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td>1</td>
<td>2 (R2.3)</td>
<td>The School must consider formalising ScotGEM staff and student representation on school committees.</td>
<td>38 - 40</td>
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<tr>
<td>2</td>
<td>4 (R4.2)</td>
<td>The School must continue to monitor time in job plans for staff, in particular the GCMs, as we heard concerns as to whether the current workload is sustainable.</td>
<td>79 - 81</td>
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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.

<table>
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<tr>
<th>Number</th>
<th>Theme</th>
<th>Recommendations</th>
<th>Report paragraphs</th>
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<tbody>
<tr>
<td>1</td>
<td>1 (R1.19)</td>
<td>The School should continue to monitor and seek to address issues with physical space for learning.</td>
<td>27 - 28</td>
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<tr>
<td>2</td>
<td>2 (R2.6)</td>
<td>The School should continue engagement with stakeholders in its development, e.g. the Universities of the Highlands and Islands (UHI) and health boards.</td>
<td>48 - 50</td>
</tr>
<tr>
<td>3</td>
<td>5 (R5.1)</td>
<td>The School should consider the development of a whole programme curriculum map.</td>
<td>89</td>
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</table>
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)

1. Students are allocated a personal tutor at the School who has a pastoral role, and a GCM who supervise them on their clinical placements. Students feel confident in raising concerns confidentially and described a number of ways they felt able to do so.

2. If there was a patient safety concern, students would report this to their GCM in the first instance and also raise it with their personal tutor. However, they also told us that they had the option to raise the concern through ‘student voice’ on the online management system for the programme. They felt well supported and that there would always be someone to approach if they came across an issue.

3. During their one to one meetings with students, personal tutors reiterate that students can report concerns to them and feel that students would approach them if they had any issues.

4. Students spend a large proportion of time with their GCMs and so would feel comfortable approaching them with any concerns, although they acknowledged that this was not the official process and if they wanted the School to take action on an issue they would approach their personal tutors about it.

5. The GCMs told us that they have made it clear to their students that they do not have a pastoral role, and although they would talk to them about an issue, they would direct a student to their personal tutor to report concerns and would check that this process had been followed.
Learning from mistakes (R1.3)

6 Students are encouraged to be open and honest about things that may go wrong and the GCMs reported that students are very open if things go wrong whilst on placement and that they use these instances as a learning opportunity.

Supporting duty of candour (R1.4)

7 Students are aware of the duty of candour and each sign a form to confirm that they have read the duty of candour guidance. In addition, they attend a session during which ethical issues are discussed, using cases to demonstrate these.

Seeking and responding to feedback (R1.5)

8 Student feedback is obtained through a variety of methods, including weekly feedback forms at the end of each component, and evaluation questionnaires at the end of each module. Students felt some ‘feedback fatigue’ at the beginning of the programme; however they told us that feedback requests are now not as frequent and therefore more manageable.

9 Feedback is collated by the School and is reviewed during evaluation days and teaching away days to identify themes, areas of good practice and areas for development. Students described the School as excellent at responding to feedback. They provided examples of changes which had been made to the programme as a result of their feedback, such as changes to the anatomy timetable.

10 A further example of changes made as a result of student feedback was the use of the ‘Panopto’ video lecture capture system. Students fed back to the School that they would like to be able to download the lecture videos and watch them during their commute. This request was submitted to the design and curriculum committee and the teaching and learning committee where they gathered support from the Dean of Science and within a few months this change was implemented.

11 The School has also implemented a ‘you said, we did’ process whereby minutes of issues discussed during the Student Staff Consultative Committee are emailed to class representatives to disseminate, and also entered into the student handbook.

Appropriate capacity for clinical supervision (R1.7) and appropriate level of clinical supervision (R1.8)

12 There are eight GCMs for the year one students allowing for small groups of students to be allocated to each GCM. During the first year of the programme due to long term sickness, some students have been distributed amongst the other GCMs; however this was not raised as an issue amongst either the students or GCMs.
Recruitment for GCMs for year two is ongoing, however senior management are aiming to recruit ten GCMs in total which will reduce the number of students allocated to each GCM and will also provide resilience for any potential absences.

Students spoke highly of the supervision provided to them by the GCMs. They are supervised at all times whilst on placement. They described the GCMs as approachable and felt able to seek clarification or advice from them at any time if they were unsure of something.

Identifying learners at different stages (R1.10)

There were no concerns raised regarding students’ working beyond their level of competence. GCMs described students as very competent and feel that as they get to know their students so well they are familiar with each individual’s level of competence.

Students wear badges whilst on placement which identify them as medical students. They told us that as they are introduced to all staff on their placements, they are easily identifiable as students whilst they are there, and are always introduced to patients they come into contact with. The students feel that this is important as being graduates they may appear older than a patient expects a student to appear.

Induction (R1.13)

Induction for students is working well. Students are provided with a variety material to read during their induction and although senior management understand this could be overwhelming, they have plans to spread the induction over a greater length of time for future cohorts of students to ease this.

Students felt their induction was mostly aimed towards the BSc programme, however did not think this was detrimental to them. Their induction included being provided with a comprehensive online handbook prior to their arrival, being introduced to both St. Andrews and Dundee campuses and being shown the various I.T systems. Students were also introduced to the support services available to them and met with their personal tutors.

During their induction, students participate in a ‘Unidrama’ session where they are presented with scenarios related to multiple issues they may experience such as bullying and undermining, sexual harassment, unconscious bias and negative drinking behaviours. Following the session students are asked to complete a reflective exercise about this.

Students were also very positive about their induction with the GCMs during which they were introduced as a group during the first week and visited their respective practices the following week for a tour to meet the staff working there. They told us
that this induction had been repeated recently when they had moved to another practice and found this beneficial to them.

21 Senior management are currently in the process of developing the induction for year two, which will include an introduction to secondary care clinical placements to prepare them for working in community settings with multiple professions. They are also developing a half day induction per six week block as the students will move around frequently, however they are conscious of the need to avoid repetition.

22 Senior management told us that they are keen to develop a more bespoke regional induction for students as they progress to year three.

**Multiprofessional teamwork and learning (R1.17)**

23 Students have already had the opportunity to interact with other professions. They have had a lecture from a dietician, have met multiple different professionals as part of the ‘Agents of Change’ project, and have worked alongside practice managers and pharmacists whilst on placement.

**Capacity, resources and facilities (R1.19)**

**Area working well 1: Students were positive about the IT facilities available to them and knew who to go to for IT support.**

**Recommendation 1: The School should continue to monitor and seek to address issues with physical space for learning.**

24 Students were provided with access to IT systems during their induction and we only heard positive comments about the IT facilities available. Students knew who to approach for IT support.

25 Students praised the Learning Technologist for the programme for his responsiveness to IT queries, and provided examples of action he had taken to improve their experience, such as combining their email addresses for both Dundee and St. Andrews.

26 Students described facilities on placement as good with dedicated teaching rooms and Wi-Fi at each practice. They also appreciate being able to access the library resources at Dundee as well as St. Andrews, which is particularly helpful for those who live closer to Dundee.

27 However, there is an issue with teaching space at St. Andrews as students feel they are ‘crammed in’ to the seminar room used for teaching at St. Andrews. They told us that this had been raised in the staff/student council meetings, however they are still being taught in this room.
28 Educators told us that the central university had acknowledged the capacity issues with teaching space and these had also been identified during the recent joint evaluation event; however we would encourage the School to continue to monitor and seek to address the issues with physical space for learning.

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

29 Students have access to a simulation suite at St. Andrews in which they are able to practice the skills they have learnt. Each week they attend a four hour session in the simulation suite during which they practice around four skills before they go on their weekly placement.

30 In order to ensure the quality of simulation based learning continues as students’ progress, representatives from senior management have visited the health boards the students will have placements with to check on their simulation equipment and cannot foresee any issues with the facilities which are available.

Access to educational supervision (R1.21)

31 Students are all allocated a personal tutor who they meet as part of their induction. Students meet with their personal tutors two or three times per semester and told us that they find these sessions useful.

Supporting improvement (R1.22)

32 Within the ScotGEM programme, each year students will undertake ‘agents of change’ projects with the local community to enable them to understand and practice the processes for making changes to how healthcare is delivered, and we will review this element further as the programme progresses.
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) and accountability for quality (R2.2)

33 Senior management explained the governance structure for the programme including the strategic board which is fed into by groups such as the operational programme board, which has representatives from the universities and the NHS, and the curriculum liaison group.

34 To ensure both universities are equally involved with the development of the programme, weekly teleconferences take place between Dundee and St. Andrews. In addition, every fortnight the deans of each school chair a meeting with the senior management team to pitch ideas for improvements, which are progressed to the strategic board for ratification.

35 Since the programme began, senior management have had to review their governance structure and create additional groups for approvals and decisions due to the fast paced nature of the development of the programme. The School has also developed a process map of how information is shared between the different groups, and they are currently in the process of developing a document to show how the ScotGEM internal processes feed into the existing quality processes from both parent organisations.

36 Where possible, the ScotGEM programme uses existing policies from Dundee and St. Andrews. Students will follow the St. Andrews policies for the first two years and the Dundee policies for the final two years to ensure consistency between ScotGEM students and BSc students. Where it has not been possible to use an existing policy, a new policy has been created, such as the student agreement and Occupational Health policy.
Considering impact on learners of policies, systems, processes (R2.3)

**Requirement 1: The School must consider formalising ScotGEM staff and student representation on school committees.**

37 The School aims to include students’ views when making changes to the programme and we were provided with an example of when students were consulted when changes were made to the travel policy.

38 Senior management told us that the School president sits on the School teaching committee and staff student consultative committee; however they would like to expand the representation of the ScotGEM programme on these committees.

39 The student’s class representative meets with the staff student council committee twice per semester at which they are able to raise issues with the programme; however we were told that this committee does not have a large ScotGEM presence and is mainly made up of staff and students from the BSc programme.

40 Students told us that they have requested more representation for ScotGEM on the committee and feel that this is especially important for when the students are more dispersed to ensure any ScotGEM specific issues are discussed, however they were not clear as to whether this request would be granted. Therefore the School should formalise it’s arrangements for ScotGEM representation on school committees so that it is clear where there is representation.

Evaluating and reviewing curricula and assessment (R2.4)

41 Joint evaluation events between the Universities of Dundee and St. Andrews are held regularly to review the programme. At the time of our visit two of these events had taken place and these events also included NHS Fife. They focussed on the initial implementation of the programme and student experience so far.

42 Actions from these events are collated and allocated to the most appropriate person to take them forward. A report from these events is then sent to the ScotGEM programme board.

43 During our visit we were provided with a summary report from the second joint evaluation event, which included actions around eight themes such as improving student experience based on feedback and clarifying process for curriculum review.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

44 The collection of equality and diversity data for the programme is currently being developed. The School currently holds approximate equality and diversity data and
data on reasonable adjustments, however a new staffing appointment has been made and part of this role will be to look into improving the data they collect.

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

Recommendation 2: The School should continue engagement with stakeholders in its development, e.g. the UHI and health boards.

45 Students attend placements within NHS Fife for their first year, however in future years placements will be more dispersed. There have been no capacity issues with placements in year one, and when agreeing placements with the health boards, they ensure that by taking on a ScotGEM student at a particular placement, there would be no loss of capacity for other students.

46 Senior management monitor quality at these placements in a number of ways. Following each block with a GCM, students are asked to complete a questionnaire. The lead GCM then meets with the GCMs to discuss feedback they receive and on the whole feedback has been positive so far.

47 In addition, the Programme Lead and Lead GCM conduct review visits with each GCM each semester, and the aim is for GCMs to peer review each other in future. Senior management hope that this process can continue into year two, as they feel it is even more important to ensure high quality and consistency of placements as the students will be more dispersed.

48 Senior management are currently working with a range of stakeholders to deliver the first year of the programme and to develop the subsequent years. They have SLAs in place with NHS Fife in which students currently undertake placements; however they are still working on the SLA with NHS Highland, who will offer placements to students in year two.

49 At present, there are nine different employment contracts between staff at NHS Fife and the University of St. Andrews, and as they would like contracts to be as similar as possible to ensure consistency, the School are currently working on a template contract which can be used in other health boards.

50 Due to the dispersed nature of placements throughout the programme, we would encourage the School to continue to engage with UHI and the health boards to ensure equity of experience for both staff and students.

Concerns about quality of education and training (R2.7)

51 There is an electronic reporting system within the online management system which anyone can use to report concerns about the quality of the programme, however due to the programme being in its infancy it was unclear from our visit how this
information will be used and therefore this will be area for further exploration at subsequent visits.

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

52 Educators felt that the recruitment processes for the School were fair. They described their own recruitment as robust, with the School ensuring a variety of representatives on the interview panel.

53 Those responsible for student admissions described a thorough recruitment process including an online questionnaire, free text questions regarding motivations, and MMIs. There is a clear scoring system in place for the process and as a result staff described a strong, knowledgeable cohort of students for the first year, resulting in them replicating this process for the second cohort of students with only minor modifications the entry requirements.

54 At present, the School is collating admissions data and have a plan to analyse this data in the long term, particularly data around widening participation. The School also has plans to link in further with the University of the Highlands and Islands to increase interest further from those currently living in remote and rural areas.
Theme 3: Supporting learners

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<thead>
<tr>
<th>Standard</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

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

Area working well 2: Students report an excellent experience so far. They are enthusiastic and very positive about the programme.

Area working well 3: Students valued the bursary, as a number of them would have been unable to join the programme without it.

55 Students we met with were extremely positive and enthusiastic about the programme so far and valued the different support mechanisms in place for them, both from staff and through support services. They described the student support centre at St. Andrews, which provides advice around a wide range of issues such as careers and finances, as ‘fantastic’.

56 Students are provided with key contact information for support services within their handbook and so are aware of where to go for support if needed. They told us that their GCMs were very approachable and that their personal tutors take a genuine interest in their wellbeing.

57 Students have access to Occupational Health services from Dundee, which screens all students before they start to identify any support they may require, however students are able to request a referral to them if further issues arise. Dundee’s services are used as this is where the students will progress to for the final years of their course. Staff members report that students are willing to access support when needed, rather than having to be encouraged to access it.

58 The School is in the process of extending the support services available by building relationships at the different health boards and with UHI so that students feel supported whilst on placements throughout the programme.

59 Students were extremely positive about the bursary available to them. All students we spoke to fully understand the policy for the bursary and some told us that they would be unable to join the programme without it due to their personal circumstances.
Undermining and bullying (R3.3)

60 Students we spoke to had no experience of bullying or undermining behaviour, either at the School or whilst on placement. They described the School as ‘a lovely environment’.

61 Senior management told us that any issues with bullying or undermining would be dealt with using the central university’s policy. They told us that they have had no issues with bullying or undermining, however described a number of ways students could raise concerns about this behaviour, such as through their personal tutor and through ‘Student Voice’ on the online management system.

62 As part of their induction, students attend a ‘Unidrama session’ during which a number of issues are discussed, including bullying and undermining, meaning that they are aware of the behaviours to look out for.

Information on reasonable adjustments (R3.4)

63 Students are aware of the process for requesting reasonable adjustments should they need them, and told us that they would speak to their personal tutor in the first instance.

64 Educators told us that if they were to receive a request for a reasonable adjustment as a personal tutor, they would refer the student to the central university’s disability team. The student would be asked to provide evidence of their disability and would undergo an assessment. The central team would then inform the School of Medicine of the adjustment required.

65 We were provided with examples of adjustments which have been made, such as extra time in examinations for students with dyslexia.

Supporting transition (R3.5)

66 The students are supported in their transitions from the School to their placements. Prior to starting their first placement, they had the opportunity to meet with their GCM. They also had the opportunity to visit their respective practices for a tour and this process is repeated each time they move to another placement.

67 In addition, students have already been introduced to the Dundee campus, which they will attend for the final two years of the programme. There are also plans for a transition block between years two and three, and a local induction for students which will vary depending on their longitudinal clerkship.
Information about curriculum, assessment and clinical placements (R3.7)

68 Students receive information about the programme in a timely manner and told us that they felt well prepared for joining the programme and for starting their placements. Students are already aware of their rotations for year two.

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

69 Students appreciate the feedback they receive on their assessments through the online management system. They receive a breakdown of their scores for each question and following the first assessment had the opportunity to meet with their personal tutor to discuss their feedback.

70 Students also receive feedback from the patients they treat who are asked to complete feedback questionnaires following their consultation. GCMs told us that this feedback is usually positive. In addition, senior management told us that patients involved in the programme have provided informal feedback that the calibre of the ScotGEM students is high.

Support for learners in difficulties (R3.14)

71 During our visit we were told of the ‘yellow card’ system which is in place, which is also used for the BSc students. The system allows educators and GCMs to allocate yellow cards to students for low level concerns, such as being late which are live for one semester.

72 Personal tutors have an oversight of this system and if a student obtains three yellow cards, they are asked to attend an interview with the professional, health and welfare committee during which the issues are discussed, alongside any support the student requires. These meetings are intended to be supportive and an early intervention to stop the escalation of issues.

Career support and advice (R3.16)

73 The student services unit at the University of St. Andrews provides advice to students on a range of topics, including careers advice. For ScotGEM, there are plans to link into the careers service at a later date, including involvement by the Foundation Lead for Scotland.
Theme 4: Supporting Educators

### Standards

<table>
<thead>
<tr>
<th>S4.1</th>
<th>Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</th>
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<tr>
<td>S4.2</td>
<td>Educators receive the support, resources and time to meet their education and training responsibilities.</td>
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**Induction, training, appraisal for educators (R4.1)**

74 Educators’ inductions varied slightly depending on their roles and when they were recruited, however all felt that they had been given enough information during their inductions to undertake their roles. Those who are personal tutors were able to attend a training workshop for their role.

75 Senior management have put a prolonged induction programme in place for the GCMs. The GCMs themselves felt that they could not have been better prepared for their roles and described a programme of training which included student portfolios, giving feedback, carrying out objective structured clinical examinations (OSCEs) and writing OSCE questions.

76 Educators described their appraisal process as robust and staff told us that the School is working to align process across St. Andrews and Dundee. GCMs were positive about the dual appraisal approach for their roles.

77 Due to the differing contracts amongst staff, educators are entitled to various amounts of time for continuous professional development (CPD). Those employed by the universities are able to apply for funds through their employers and felt that they would be supported by the School in doing so. This option was not open to those employed by the NHS; however educators were aware of ongoing discussions with NHS partners to develop a system for CPD funding.

**Time in job plans (R4.2)**

**Requirement 2: The School must continue to monitor time in job plans for staff, in particular the GCMs, as we heard concerns as to whether the current workload is sustainable.**

78 Educators feel that they have been challenged this year, however have enjoyed being involved in the programme. The School has recruited deputies for each year which staff feel will help to alleviate the workload.

79 Although the GCMs are extremely enthusiastic about their role, they admit that it has been challenging and have had to give up a lot of their spare time to the role, planning work and preparing resources. They attribute this to the programme being
new and feel that next year will be less demanding as they will be able to re-use resources they have developed.

80 Due to their workload, the GCMs have been awarded an additional supporting professional activity (SPA) on a temporary basis which was acquired by senior management making a bid to the regional ACT group. The GCMs feel that this SPA will be needed in subsequent years to reduce the amount of work they do outside of their working hours. Senior management told us they do want to make a bid for additional SPA funding for next year, and they have also included this in the budget for the year 2 GCMs.

81 Although the GCMs feel that their workload will be lower in subsequent years and the temporary extra SPA has alleviated some of the pressure on them, the School should continue to monitor time in job plans for all staff as the workload may not be sustainable for the current GCMs and issues may arise with future GCMs who will also be responsible for developing resources.

**Educators' concerns or difficulties (R4.4)**

82 The GCMs feel well supported and told us they would raise concerns they have with the Lead GCM in the first instance. They described the Lead GCM as approachable and very responsive, and valued the feedback they receive from him on issues they raise.

83 Educators were aware of their responsibilities in terms of pastoral support for students, and described the various support mechanisms in place to assist them with dealing with student issues.

84 Both educators and GCMs appreciated the support given to them by senior management, and in particular the GCMs appreciated the opportunity they had to create a ‘community’, especially due to their workplaces being dispersed. They told us that the never feel as though they are working in isolation.

85 In addition, all staff appreciated the development and training opportunities given to them by senior management. They described a number of training opportunities available across both universities, and feel supported to undertake continuous professional development.

**Working with other educators (R4.5)**

86 The GCMs are a cohesive group who often have the opportunity to work together. They meet on a weekly basis to share learning and discuss any concerns they may have. These sessions are facilitated by the Lead GCM who tries to protect this time for them.
In addition, the GCMs share resources to ensure equity of experience for students and sometimes combine groups to work alongside each other if specialist learning opportunities arise. The GCMs also have common agreed learning outcomes which guide the delivery of the student experience.
Theme 5: Developing and implementing curricula and assessments

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<th>Standard</th>
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<tr>
<td><strong>S5.1</strong> Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</td>
</tr>
<tr>
<td><strong>S5.2</strong> 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.</td>
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GMC outcomes for graduates (R5.1)

**Recommendation 3: The School should consider the development of a whole programme curriculum map.**

88 As part of the programme, there are approximately 15 learning outcomes each week which are mapped to the GMC Outcomes for Graduates. The learning outcomes will be re-mapped each summer for subsequent years of the programme.

89 Each teaching session has its individual learning outcomes linked to them on the online management system, which students have access to, however it may be helpful for students to be able to see an overview of all learning outcomes in one place, and therefore we encourage the School to develop a whole programme curriculum map.

Informing curricular development (R5.2)

90 The School are currently looking at ways they can involve students in curriculum development to a greater extent. They have already invited students to volunteer to be part of the curriculum development group. In addition, they ask students to complete feedback questionnaires on each component of the course and have arranged focus groups to review areas which need improvement.

91 The GCMs told us that they are able to contribute to the learning outcomes for students and give feedback on the learning outcomes devised by the School.

92 The School told us that they have worked closely with NHS Fife on the curriculum. In addition, for the agents of change aspect of the course, the School obtains input from external stakeholders from the health boards and NHS Education for Scotland.

Undergraduate curricular design (R5.3)

Area working well 4: The faculty staff are enthusiastic about the programme and have developed innovative aspects, such as the agents of change module and CLIC.
Students were positive about the curriculum so far and feel that the timetable is working well. They described finding the first semester intensive, especially those from less of a scientific background, however they told us that by semester two they felt comfortable with the amount of information being given to them. Students were also unsure of the portfolio aspect of the course at first, however told us that this has now been restructured which has provided more clarity for them.

In particular, students value the contact they have with patients from the very beginning of the course and told us that they feel comfortable interacting with real patients already.

Staff members across the School are extremely enthusiastic about ScotGEM and are proud to be part of an innovative programme. Staff have developed innovative aspects of the course, such as agents of change whereby students are involved with healthcare improvement projects and CLIC, during which students learn communication, examination and procedural skills. Senior management told us that from feedback obtained from students, it was clear that CLIC is very popular and deemed it a success.

Work on the curriculum for subsequent years is currently underway. Those responsible for the year one and year two curriculum are working together to develop cases for the second year of the programme.

In addition, work on the longitudinal clerkships for year 3 is ongoing. As Dundee School of Medicine already has this in place, ScotGEM staff are evaluating this to ensure that it can be adapted for the ScotGEM programme.

Undergraduate clinical placements (R5.4)

Area working well 5: GCMs are a valuable part of the programme and students were very positive about their experience of learning with them.

It is clear that the role of the GCM is working well. Students described the clinical input of GCMs as ‘fantastic’ and feel they have learnt a lot from them. They feel that their time spent with the GCMs is one of the best aspects of the course, as they are able to apply their learning straight away.

Students value the time GCMs give them to go over learning outcomes and they feel able to approach their GCM for support if they do not understand a particular learning outcome fully.

Students report some differences in experience with placements, such as the level of patient contact and the ability to experience community hospitals, however feel that as they move between placements they will benefit from being able to experience different environments.
Assessing GMC outcomes for graduates (R5.5) and fair, reliable and valid assessments (R5.6)

101 Students are clear on how assessments for the programme work and told us that the School is quick to respond when they request further clarity on assessments. They were positive about their experience of assessments so far.

102 The School has already begun to make plans for assessments in subsequent years. Students will be required to return to the School for OSCEs and will most likely take their final OSCEs alongside the BSc students.

103 The School researched other schools with small cohorts with regards to assessment and as a result of this decided upon using borderline regression for standard setting.
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<tr>
<th><strong>Team leader</strong></th>
<th>Professor Hisham Khalil</th>
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<td>Ian Somerville, Policy &amp; External Affairs Officer (observer)</td>
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