Visit Report on University of Sunderland School of Medicine

This report forms part of the GMC’s new schools quality assurance process. Our visits check that organisations are complying with the standards and requirements as set out in *Promoting Excellence: Standards for medical education and training.*

### Education provider
The University of Sunderland School of Medicine

### Programme
MBChB

### Date of visit
31 May 2019

#### Key Findings

1. The University of Sunderland (the university) applied to establish a new medical school in 2017 and received notification of public funding from the Office for Students in March 2018 for 100 students per cohort. The allocation of these students is staggered across 2019 and 2020, with an initial cohort of 50 students to begin in September 2019. From 2020, the additional allocation will commence, with a total of 100 students beginning each academic year going forward.

2. In July 2018, the General Medical Council (GMC) carried out an initial visit to the University of Sunderland School of Medicine (the school) to validate the school’s understanding of the documentation it had provided to the GMC, to selectively question certain aspects of the proposed programme, and to ultimately determine whether the GMC should commit resources to a rolling programme of quality assurance. During this visit we commended several aspects of the programme including the strong working relationship with the school’s contingency partner, Keele Medical School (Keele), its strong sense of faculty...
collaboration, and practical assessment and simulation facilities. We suggested the school give further thought to several areas including risk management, student support, fitness to practise, admissions and assessment. Overall, we were assured that the school was making progress and the decision was made to commit resources to a rolling programme of quality assurance.

3 The second visit as part of the GMC’s new schools quality assurance process was carried out in May 2019. The purpose of this visit is to confirm that the school is sufficiently developed and on track to welcome its first cohort of students in September 2019.

4 The team is pleased with the progress that the school has made since our last visit, and we commend the cohesive and collaborative atmosphere shown by the senior management team, staff and contingency partner. It is clear that the school has been reflective and open to the feedback provided by the GMC over the quality assurance process thus far, and we welcomed the additional information we received prior to and during our visit.

5 We were impressed with the developments the school has made in relation: to student selected components within the curriculum; its emphasis on interprofessional learning and the embedding of public and patient involvement within all aspects of the programme. We also felt that the school has provided a comprehensive approach to supporting its pioneer cohort of students.

6 However, there are a few areas where further thought and reflection is required. We have concerns that the school’s Fitness to Practise procedures are not yet fully aligned with GMC guidance and this still requires further consideration, particularly around the finer details of the process and its timelines. We also suggest that the school further considers its approach to implementing a student declaration of health; the appointment of clinical external examiners; and the remit and membership of the Health and Conduct
Panel.

7 Overall, we are assured that the school is sufficiently developed and on track to receive its pioneer cohort of students. At the next visit to be held early in 2020, we will address the suggested improvements outlined in this report and explore the operationalisation of the school’s plan and processes with students and staff.

NHS Placement Providers

The school has partnered with the following trusts:

- South Tyneside and Sunderland NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Northumbria Health Care NHS Foundation Trust
- Northumberland Tyne and Wear NHS Mental Health Foundation Trust
- Tees Esk and Wear NHS Mental Health Foundation Trust

Students will be assigned clinical placements at a selection of these trusts during their time at the University of Sunderland. The school has also partnered with a number of GP practices across the region to provide primary care placements.
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.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

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<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Good practice</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 5: Developing and implementing curricula and assessments (R5.2)</td>
<td>The team was impressed to see that the Patient, Carer and Public Involvement Reference Group is truly embedded at multiple levels within the curriculum.</td>
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**Area of good practice 1:** The team was impressed to see that the Patient, Carer and Public Involvement Reference Group is embedded at multiple levels within the curriculum.

1. In the information provided in previous document requests, it is very clear that the University of Sunderland has a well-established Patient, Carer and Public Involvement (PCPI) Reference Group, which now includes representation from the medical school, in addition to a large group of enthusiastic patient volunteers. We heard during the visit that this group now consists of 170 patients from a wide variety of backgrounds, and that recruitment is ongoing.

2. At the visit we were told that outreach work by the university with local healthcare and patient groups, in addition to a partnership with one of the local mental health trusts enables further broadening of the range of patient volunteers. The visit team were particularly interested in the partnership with the mental health trust, and the referral scheme for potential clients near to discharge. We heard that approximately 30-40 individuals with a breadth of mental health issues have now been referred to the pool of patient volunteers; this group is and are enthusiastic about sharing their experiences with students within the allied health professions.

3. It is clear from the documentation and our discussions during the visit that the patient volunteers are well supported and trained to conduct their role. We heard that a suite of mandatory training is provided to volunteers which covers equality and diversity, communication skills, objective structured clinical examination (OSCE) preparation and how to provide effective feedback to students. Further specialised
training is also provided linked to the role of the individual and can include anything from scenario training, history taking to value based recruitment training. The school emphasised its intention to foster a sense of community amongst the volunteers through the creation of a dedicated patient space, staff badges and lanyards, and social activities.

4 Since our last visit in July 2018, it is apparent that the school has continued to embed patient, carer and public involvement into the development of the medical school. The team was impressed to hear how the patient volunteers have been and will continue to be utilised in a broad manner across the entirety of the programme, including admissions (multiple mini interviews), clinical skills training and assessment, and annual curriculum review and open days.

5 We also welcomed the collaborative nature of the usage of patient volunteers. During the visit, we heard that representatives from the allied health programmes and the medical school liaise via several forums including the PCPI Group and the Strategic Patient Reference Group, with the aim of planning and further developing opportunities for patient volunteers to be involved in the range of health programmes available at the University of Sunderland.

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.

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<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Area working well</th>
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| 1      | Theme 1: Learning environment and culture (R1.19)  
Theme 3: Supporting Learners (R3.2) | The team was impressed with the range of initiatives available to support the pioneer cohort of students. |
| 2      | Theme 5: Developing and implementing curricula and assessments (R5.3) | The team was impressed with the development of student selected components (SSC) within the curriculum, particularly the SSC with an emphasis on social responsibility in year two of the programme. |
| 3      | Theme 5: Developing and implementing curricula and assessments (R5.4) | The team was pleased to see a strong emphasis on the benefits of interprofessional learning (IPL), and were impressed with IPL opportunities planned for students in year one of the programme. |
Area working well 1: The team was impressed with the range of initiatives available to support the pioneer cohort of students.

6 In documentation provided throughout the GMC’s new schools quality assurance process it was evident that the school aims to take a multidisciplinary approach to supporting students’ health and wellbeing. It has been emphasised that this support, run primarily through the University of Sunderland, will be tailored to each student’s unique situation, and could cover anything from student support and careers advice to financial guidance.

7 Across the course of the programme, students will be made aware of the different support services available to them through the induction process, the annual course handbook, via online resources and personal tutors. The programme ‘Silver Cloud’ will also be utilised (alongside counselling services as needed) to provide modular support services for a range of different student issues, including stress, anxiety and wellbeing.

8 We were particularly impressed with the range of support services and initiatives which will be available for the pioneer cohort of students in September 2019. In documentation provided before the visit, we read that a virtual buddy system has been developed with students from Keele School of Medicine. Buddies from Keele will meet with Sunderland students early in the first semester to establish support networks and will then provide ongoing support via social media. At the visit, we heard that additional support for the entire pioneer cohort will include free accommodation in the first year, in addition to discounted rates in the second; a variety of free core medical textbooks; and free transport on metro and bus services in the Tyne and Wear and/or North-East region. For widening participation and other eligible students there is also a range of bursaries and scholarships.

Area working well 2: The team was impressed with the development of student selected components (SSC) within the curriculum, particularly the SSC with an emphasis on social responsibility in year two of the programme.

9 Since our last visit in July 2018, it is evident that the school has significantly advanced the student selected component (SSC) aspect of the curriculum. We were told at the visit that the SSC leads are now in place and have developed this component to focus on several key topics including scholarship, social responsibility and community.

10 Documentation provided before the visit outlined that in the first year SSC’s will focus on providing students with the opportunity to explore contemporary research topics in the field of human disease. This will allow for students to engage with primary literature earlier in their studies, as it will form an integral aspect of their careers as doctors.

11 We were told during the visit that the SSCs in year two of the programme will have an emphasis on social responsibility. We were impressed with this focus and with the broad range of options which will be available to students in the local community. We
heard that students will be able to select placements from a variety of third sector providers including refuges, care homes, halfway houses and rehabilitation services.

**Area working well 3: The team was pleased to see a strong emphasis on the benefits of interprofessional learning (IPL), and were impressed with IPL opportunities planned for students in year one of the programme.**

**12** Documentation provided throughout the quality assurance process has demonstrated the school’s intention to deliver effective interprofessional learning opportunities across the programme. From discussions at the visit, it is clear that educators within the medical school and in the broader allied health faculties are enthusiastic about collaborating to provide and build upon the university’s existing IPL programme for current healthcare students. We were told that a cross-faculty group has been established, and whilst it is in its early stages, the aim is to create a forum where scenarios and plans to deliver IPL more broadly can be developed.

**13** We were especially impressed with the planned opportunities available for students in the first year of the programme. We heard that 12 hours of formal IPL activities have been scheduled. These will be linked to a number of first year units and be primarily simulation based, with a mixture of scenarios which will utilise the university’s laboratory, simulation and ambulance bay facilities and involve paramedic, nursing and pharmacy students. We were told that several informal opportunities will also be provided for students throughout the year.

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

**Requirement 1:** We found that Fitness to Practise (FtP) processes are not yet fully aligned with GMC Guidance. Timelines and process descriptions for each component part of the FtP process are not adequately outlined in documentation for students.

Further consideration must also be given to the finer details of the FtP process (for example the number of times students can postpone their attendance at FtP proceedings).

14 In documentation provided prior to the visit, the school outlined updates made to its FtP policy and clarified aspects of the committees and structures which sit underneath the full FtP panel. Whilst the visit team feel that progress has been made in this area, there are concerns that the overall process is not yet fully aligned with the GMC’s *Professional behaviour and fitness to practise: guidance for medical schools and their students*.

15 The school must further develop its timelines and process descriptions for each component part of the FtP process as we found that this information has not been adequately outlined in documentation currently written for students. As described in the above-mentioned GMC guidance document, it is essential that a medical school provides clear information to students regarding each stage of the fitness to practise process, a student’s right to appeal and the process involved, available support mechanisms and an indicative timeframe.

16 In addition, the team feels that the school should provide further consideration to the finer details of its FtP process; including the number of times students are able to postpone their attendance at FtP proceedings; the mechanisms for student representation at closed committee meetings (specifically the investigation stage); handling of potential conflict of interests in panel/committee members; and the procedures relating to a student challenge or appeal.

**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.
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<th>Recommendation</th>
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**Recommendation 1:** We suggest that the school considers an annual student declaration of health.

17 In documentation supplied over the quality assurance process, it was reported that the school has a partnership in place with Newcastle Upon Tyne Hospitals NHS Foundation Trust Occupational Health Services who will be undertaking the occupational health services for the medical school. Once accepted into the programme, students will be provided with a link to complete an online pre-placement health questionnaire; students will be required to attend an appointment with the service to go through vaccination requirements and necessary health checks. A fit to train declaration will then be provided to the school by the service, and this will include any reasonable adjustment recommendations (if required) for each student.

18 During the visit, we were told that students will be encouraged to raise any emerging health issues on an ongoing basis with the school, however there is no formalised process in place for reviewing reasonable adjustments or other health issues on a regular basis. We suggest that the school considers implementing an annual student declaration of health, so that it is able to be assured that students have not developed any new health issues or that their existing support requirements have not changed over time.

**Recommendation 2:** We suggest that further thought be given to the remit and membership of the Health and Conduct Panel with respect to the members’ potential for conflicts of interest.

19 Prior to the visit, we received documentation which outlined the processes and governance arrangements surrounding the school’s FtP mechanisms. One aspect of this is the Health and Conduct Panel, whose remit is to monitor issues regarding
student health and conduct which may cause potential concerns regarding a student’s fitness to practise.

20 We noted in this documentation that the chair of the Health and Conduct Panel also holds dual roles as the Undergraduate Programme Lead and the Fitness to Practise Lead. Following discussions during the visit, we are not reassured that this appointment will not cause a conflict of interest, particularly where the individual may need to make judgments on both academic and health and conduct issues. On this basis, we recommend that the school provide further thought to the remit and membership of the Health and Conduct Panel particularly with respect to the potential for conflicts of interest.

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

21 Both in the documentation and on the visit, it was reported that the medical school has now appointed two external examiners who will have oversight over the OSCEs. While it is clear that both examiners have experience in anatomy and the basic preclinical sciences, we are concerned that they are not practising clinicians.

22 We recommend that the school considers appointing a clinical external examiner for OSCE assessments during Years 1 and 2; this will help ensure that the clinical and community facing aspects of the curriculum have sufficient external clinical scrutiny.
<table>
<thead>
<tr>
<th>Team leader</th>
<th>Professor Gillian Doody</th>
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<tr>
<td>Visitors</td>
<td>Professor Alan Denison</td>
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<td>Dr Jill Edwards</td>
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<tr>
<td>GMC staff</td>
<td>Courtney Whitford (Education Quality Analyst)</td>
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<td>Eleanor Waters (Education Quality Analyst)</td>
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<td>Jamie Field (Education Quality Adviser)</td>
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<td>Kate Gregory (Joint Head of QA, Visits)</td>
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**Acknowledgement**

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

Response to Stage 7.1 Visit Report on University of Sunderland School of Medicine May 2019

Thank you for the helpful and supportive quality assurance visit.

We were pleased that the GMC visiting team were impressed with our Patient, Carer and Public Involvement strategy, the range of supportive measures for our medical students, our emphasis upon social responsibility and our embedded interprofessional learning (IPL) provision.

Please find below our responses to your requirements and recommendations:

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<td>Number</td>
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| 1      | Theme 2: (R2.16) | We suggest that the School considers an annual student declaration of health.  
RESPONSE: We have introduced a medical school annual student health declaration form to complement the occupational health services process we have commissioned from Newcastle Upon Tyne Hospitals NHS Foundation Trust. |
| 2      | Theme 2: (R2.16; R2.18) | We suggest that further thought be given to the remit and membership of the Health and Conduct Panel with respect to the members’ potential for conflicts of interest.  
RESPONSE: We are small school of medicine and are in a process of appointing staff. We will address the issue raised and ensure that the Health and Conduct Panel members do not have any potential conflicts of interest. |
| 3      | Theme 5: (R5.6; R5.8) | We suggest that the School considers appointing a clinical external examiner for the OSCEs and general practice placement assessments in the early years.  
RESPONSE: We are recruiting a clinical external examiner for Phase 1 (years 1 and 2) of our programme. |

Many thanks for your support and we look forward to demonstrating progress at your next visit early in 2020.

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