Undergraduate Quality Assurance Visit

Report on Swansea University, College of Medicine

October 2011

General Medical Council

Regulating doctors
Ensuring good medical practice

Contents

Visit overview

School	University of Swansea, College of Medicine
Dates of visit/s	20 and 21 October 2011
Programmes investigated	Four-year MBBCh
Areas for exploration	• Management of the programme including plans to deliver Years 3 and 4 • Curriculum • Assessment • Pastoral support • Careers advice • Fitness to practise • Quality Management • Equality and diversity • Reasonable adjustments • Selection processes • Widening participation • Working relationships with local education providers (LEPs) • Working relationships with the Wales deanery • General practice teaching in Years 1 and 2 and preparation for the delivery of Year 3
Visit team	
Lead visitor	Prof Sean Hilton
Visitor	Prof Caroline Boggis
Visitor	Prof Lindsey Davies
Visitor	Mr Nick Deakin
Visitor	Prof Chris Fowler
Visitor	Dr Christopher Hands
Visitor	Prof Richard Hays (analysed evidence but did not attend visit)
Visitor	Mrs Carol Lamyman-Davies
GMC Staff	Ms Elizabeth Leggatt, Ms Jennifer Barron, Mr Jean-Marc Lam-Hing (20 October 2011) and Mr Darren Hughes (21 October 2011)
Evidence Base for 2010/11	Documentation submitted by the School: • Clinical Placements Handbook • College Student Concern policy and form • Induction Timetable 2011 • Quality Assurance Strategy • Graduate Entry Medicine (GEM) Management Structure and Teaching Staff • Annual Monitoring of Modules and Programmes Summary • Report to Clinical Placement Sub-Committee on potential for introducing patient feedback in the GEM

	curriculum • Minutes Postgraduate Deanery Liaison Group June 09 – Sept 11 • Terms of Reference - Postgraduate Deanery Liaison Group • GMC Regional Visit Wales Deanery Contextual Document Extract • The College's equality and diversity (E&D) policy and how this is disseminated to staff and students • Summary of E&D policies used by the School • Contribution by Staff to E&D related schemes, action plans and annual reports produced within the University • E&D brochure for staff training • E&D Slides for Interview workshop • Student services E&D talk for student induction week • Harassment monitoring form • Equal Opportunities Committee Annual Report 2009/10 • Proposed strategy for consideration by the Admission Subcommittee of the College of Medicine Swansea • Examples of reasonable adjustments given to students with disabilities • Individual Circumstances for Clinical Apprenticeships Policy • Terms of reference for the Special Circumstances Committee • School response to visit team questions about interview process • Letter to Apprenticeship Teachers • Scheme of Assessment v4.2 • Modelling of New Assessments in Swansea • Assessment Schedule Year One and Two • Development of Assessments at Swansea • Year Two Handbook • Community Based Learning (CBL) Handbook • Personal Tutor Handbook • Annual Report for the Student support and guidance Sub-Committee: Effectiveness of Personal Tutoring • Report on progress of recruiting and training clinical mentors • Minutes of GEM Undergraduate Board 2011 • GEM Undergraduate Board Terms of Reference • College of Medicine Facilities Report • Mapping of the teaching and assessment to specified learning outcomes • Evidence collected during the visit to the School on 20 and 21 October 2011.

	• Map of the programme including planned learning weeks and student assistantships through Years 3 and 4 • Assessment papers (reviewed on site)

The GMC’s role in medical education

1. The GMC protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for licensed doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.

2. The GMC sets the knowledge, skills and behaviours that medical students learn at UK medical schools; these are the outcomes that new UK graduates must be able to demonstrate. The GMC also sets standards for teaching, learning and assessment. These outcomes and standards are laid down in *Tomorrow's Doctors* (TD09). The GMC visits medical schools to share good practice, review management of concerns and investigate any other areas of risk indicated by the GMC’s evidence base, to ensure that medical schools are complying with the standards in *Tomorrow’s Doctors*.

3. Visit reports make requirements of medical school for change which must be achieved in order for the school to meet the standards. Reports also make recommendations where schools are meeting the standards but improvements could be made to develop the quality of provision, and highlight good practice observed in provision.

4. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries. Visits will be targeted towards areas of risk identified through the GMC’s evidence base and coordinated across all stages of medical education and training within a region.

5. This report will be presented to the GMC Undergraduate Board for endorsement.

The School

6. This is a report on the quality assurance programme for Swansea University, College of Medicine (the School) for 2011/12.

Quality assurance activity 2011/12

7. We conducted a quality assurance visit on 20 and 21 October 2011.

8. Our findings have been reached by reviewing documentary evidence submitted by the School and undertaking the following activities:

a. Meetings with members of the School responsible for: assessment; quality management; equality and diversity; student selection.

b. Discussions with Year 1 and 2 students.

c. Discussions with CBL tutors.

d. Discussions with teaching staff preparing to deliver Year 3 and those delivering Year 2.

e. Discussions with representatives of the School's key NHS partner Health Boards and Trust.

f. Discussions with the Postgraduate Deanery for Wales (the deanery).

9. We will meet the School in early 2012 to further discuss the assessment plans for Year 3 and 4 and a subset of the team will observe the Year 2 Objective Structured Clinical Examination (OSCE) in July 2012.

Priorities for 2012/13

10. Quality assurance activities to assess the quality of content and delivery of Year 3 and plans for Year 4 during 2012/13 will be confirmed following consideration of further documentation from the School, assessment meetings in early 2012 and the OSCE observation in July 2012. The following list is not exhaustive however it is likely this will include:

a. Delivery of or planning for Year 3.

b. Planning for Year 4.

c. Student selection.

d. Public health.

e. Assessment including standard setting.

f. Observation of assessments.

g. Review of exam papers.

h. Meetings with students.

i. Delivery and evaluation of Year 3 clinical placements.

j. Planning for the delivery and evaluation of Year 4 clinical placements.

Summary of key findings

11. The School has made significant progress during the time afforded to it by the decision to delay the delivery of Year 3. Key senior positions have been filled, there is good strategic leadership in place and a sense of involvement and ownership of the programme by staff and clinical teachers.

12. A robust Quality Strategy has been developed. The balance of teaching and clinical placements in the planned Years 3 and 4 appears to be much improved.

13. The School is making progress tackling assessment issues and improvement is evident. As in many established Schools, there remain a number of areas we consider could be improved and we are encouraged by the School's commitment to continue to collaborate and address these.

14. The improved approach was evident through the School's submission to the GMC; paperwork is coherent and useful.

Were any Patient Safety concerns identified during the visit?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Were any significant educational concerns identified?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Has a triggered visit been requested?	
Yes ☐	No ☒

Requirements

15.	Requirement *(Tomorrow's Doctors 86)*	The School must enhance the assessment system so that: a. there are enough items within Objective Structured Skills Examination (OSSE) and Extended Matching Questions (EMQs) to ensure the assessment is valid and reliable b. questions within the progress test, OSSE and EMQs are sufficiently challenging to assess whether students are competent to progress (see paragraph 139) c. the OSCE's reliability (as measured by Cronbach's Alpha) is improved from 0.59 to at least 0.7 (see paragraph 123).
16.	Requirement *(Tomorrow's Doctors 89)*	The School must ensure standard setting is undertaken by a group of appropriate size and expertise (see paragraph 137).
17.	Requirement *(Tomorrow's Doctors 74)*	The School must ensure greater consistency in the interview process for selecting students into the programme (see paragraph 86).

Recommendations

18.	Recommendation *(Tomorrow's Doctors 86)*	The School should consider aligning the OSCE into one summative session at the end of the academic year in line with best practice (see paragraph 122).
19.	Recommendation *(Tomorrow's Doctors 28, 127)*	The reasons and circumstances under which student confidentiality may be broken for fitness to practise (FTP) or patient safety reasons should be communicated clearly to students (see paragraph 154).
20.	Recommendation *(Tomorrow's Doctors 153)*	We encourage the School to explore opportunities for the Health Boards, the Postgraduate Deanery and CBL tutors to input into curriculum development, particularly the final year (see paragraph 186).

Good practice

21.	The School's Quality Management Framework is comprehensive, has been well implemented and is understood by all involved in delivery of the programme. There is timely and appropriate escalation of issues to the School's senior management team (see paragraphs 36, 37 and 41).
22.	'Turning Point' as a mechanism for regularly collecting and responding to student evaluation (see paragraph 44).

23.	There is good linkage between the University and the School in the collection and analysis of equality and diversity data (see paragraph 77).
24.	The School's provision of feedback to students after assessments (see paragraph 147).
25.	The School's effective student support mechanisms, enhanced by the small cohort size (see paragraph 155).
26.	We consider the careers guidance strategy well thought out and clearly being implemented from Year 1 (see paragraph 159).
27.	The School run workshops for GP educators that support staff development and ensure those delivering elements of the programme in the community are engaged with curriculum developments (see paragraph 173).
28.	The comprehensive mapping of the entire programme to the standards and outcomes in *Tomorrow's Doctors* (2009) (see paragraph 200).

The Report

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors *or are otherwise not fit to practise must not be allowed to graduate with a medical degree.*

29. A Progress and Professionalism Sub-committee has been established by the School to monitor academic performance of the year cohort and any behavioural concerns or fitness to practise issues relating to individual students. The Progress and Professionalism Director chairs the committee, maintains overall strategic direction for the committee and ensures that all those involved in Progress and Professionalism are kept up to date and informed about University, GMC and professional or discipline based information or changes. The Committee meets each term. The students and teachers that we met were aware of this committee and its responsibilities.

30. Students, teachers and representatives from the Health Boards were aware of the School's Student Concern policy and form, how to access and submit it. Teachers stated that students can also complete a concern form about their teachers and trainers. Issues raised on a Student concern form are reviewed by the Progress and Professionalism Director who passes any issues onto personal and cohort tutors (or other staff) as necessary.

31. Students were able to describe the School's processes for dealing with students with potential FtP concerns.

32. During induction week students are made aware of when a health issue might become an FtP concern and also receive a talk about their responsibilities if they become ill during the programme.

33. Year 1 and 2 students stated that if they had a patient safety concern during a placement they would speak to their consultant, an F1 or the undergraduate office, depending on who the concern was about. They were not sure who to contact if the concern was with another member of the multi-professional team.

34. The School has mapped all clinical procedures to specific clinical placements including specialty attachments. Procedures must be completed in the clinical skills lab first (via Integrated Clinical Method [ICM] sessions) and then under supervision on the wards. Procedures must be signed off in the lab and in a clinical setting via the clinical skills e-portfolio log, which is monitored at least bi-annually by the Personal Tutor and the School's Clinical Placements Team.

35. Year 2 students we met knew that they should introduce themselves to every patient and explain that they are a medical student.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

36. We found the School's Quality Strategy document helpful, describing a much clearer set of processes. The document appropriately highlights six priorities for quality enhancements during 2011/12. These include faculty development and increased patient and public involvement in the programme.

37. There has been significant improvement with well defined roles and lines of accountability and responsibility. Governance arrangements and committee structures are also set out more clearly. There is a good understanding of quality management by all involved in the delivery and management of the programme.

38. The collection of student evaluation has been formalised and it is used systematically to effect change, previously this was gathered in an ad hoc and untargeted way. Student evaluation is also supplemented by peer review of teaching.

39. The School's quality processes have been strengthened by further development of the links with the NHS Liaison Unit and the All Wales SIFT Co-ordinator, including the appointment of a Swansea SIFT Co-ordinator. This gives the School access to detailed student evaluation for LEPs across Wales and forms the basis of monitoring visits and contract negotiations.

40. The School routinely collects and analyses evaluation data from teachers and students. This analysis may generate exception reports which prompt the Quality Directors to request a review and targeted response.

41. The Executive of the Quality Sub-committee (Quality team), made up of two Quality Directors and the Education Unit Manager, analyse evaluation data from clinical and school based teaching regularly to check for risks and keep a database of information on the quality of teaching. A response of more than 20% inadequate or poor would generate an exception report which prompts the Quality Directors to request a review and targeted response from the Curriculum Directors. The Curriculum Directors can refer this to the relevant team lead or week lead to investigate further. The Quality team receives information about how the issue has been responded to at its fortnightly team meetings until a satisfactory response is received and the issue can be closed or the matter escalated to the School's senior management team.

42. The Quality Sub-committee has an advisory role and makes recommendations to the Board of Studies (BoS). If the Sub-committee agrees with the proposed response to an issue it is closed. If not the Committee suggests improvements and reports this to the BoS each term, which is responsible for making the final decision about the requirement for change.

43. If a student has concerns about any element of teaching during a week including time in GP or other Learning Opportunities in a Clinical Setting (LOCS) and clinical placements they can provide evaluation via Blackboard. Student evaluations of all other aspects of the Learning Week (including lectures, ICM, Anatomy, expert forum) are evaluated via 'Turning Point' every Friday afternoon. Student evaluations from 'Turning Point' and 'Blackboard' are received by the Quality Directors weekly in advance of weekly Programme team meeting where it is discussed. This enables the School to respond quickly and allows the teachers to improve their performance.

44. The response rate for 'Turning Point' varies but the School stated that this averages 60%, and is often higher. 'Turning Point' is anonymised and gets a higher response rate than the Blackboard based evaluation. The 'student of the week' leads the data collection for that week. Students respond well to this. Year 1 and 2 students stated that they are getting used to the system and have noticed that the School responds to their evaluation quickly. We consider 'Turning Point' as a mechanism to collect and respond to student evaluation to be good practice.

45. In the clinical environment, the Undergraduate Managers are generally the first point of contact for the verbal concerns of students and teachers. Each locality also has named consultants to feed back issues at clinical sites to the School. All issues are fed back to the Clinical Placement Director who makes a judgement about the level of concern and decides if an exception report to the Quality Directors is necessary.

46. Exception reports are considered with other evaluation from placements and significant or recurring issues will generate a triggered request for a formal exception report from the Clinical Placement Director overseen by the Quality Director for clinical placements.

47. For clinical apprenticeships students are placed in pairs with a senior clinician and the School has found that this structure enables issues to be picked up and addressed early. At the end of a placement the supervising consultant completes an assessment of the students. The students complete a mandatory questionnaire on the quality of the placement within two weeks of completing their placement.

48. Annual evaluation on the performance of clinical teachers' is also provided through student evaluation of the LOCS.

49. The School stated that the student representatives attend the programme team meetings, which enables students to see how the School is responding to their evaluation and to raise any student concerns.

50. The School has recently completed an evaluation by clinical teachers of their support and development for clinical teaching, and plans to do this yearly. Teachers can also continue to provide evaluation through the faculty development programme.

51. GP teachers we met stated that the School visits their practices annually to discuss teaching methods, to inspect the facilities and to discuss the evaluation provided by students on their teaching. However the School confirmed it will undertake an initial visit when a practice begins taking students. If students raise concerns or if there are concerns following annual collection of quality data a visit will be triggered.

52. Peer review of teaching has been introduced within the Faculty but is not yet formalised for clinical teachers. Currently the School operates a policy of informal voluntary peer review of clinical teaching but is considering formalising this process and introducing triggered peer review on the basis of exception reporting in future. Students reported variability in the quality of teaching during clinical placements and the School should formalise its evaluation processes to ensure teaching on all clinical placements is of an appropriate minimum standard.

Liaison with the deanery

53. The School and deanery confirmed that the Postgraduate Deanery Liaison group meetings had become less effective earlier this year but that meetings have been reinstated and regular dates had been agreed through to the end of 2012.

54. The deanery's Quality Unit has worked with the School in the past to support the development of its Quality Framework. The Postgraduate Sub-Dean for Quality is now on the School's Quality Sub-committee and shares the deanery's experience with the School. The School stated that the risk and impact approach to Quality Management is based on a deanery model.

55. The School is working with the Welsh Government, NHS SIFT Liaison Unit, deanery and Cardiff medical school on an 'All Wales' approach to SIFT funding and SIFT visits to local education providers (LEPs). The School will undertake its own quality management visits in tandem to the All Wales approach and has undertaken a series of roadshows to explain the School's curriculum and engage with LEPs (see paragraph 164).

56. The School is both sharing and generating quality information with the Welsh Government's NHS Liaison Unit and has appointed a government-funded SIFT Co-ordinator who is based at the School. The SIFT Co-ordinator acts as a link between the School and NHS Liaison Unit and will support the co-ordination and monitoring of SIFT visits. The deanery supports the alignment of SIFT processes and the creation of this liaison role at Swansea.

57. The deanery Sub-Dean for Quality is arranging a set of SIFT financial visits in conjunction with the School in the eight weeks following the visit in the Swansea localities. Once they have collected the data they will produce a locality report then return to discuss it with the clinical partners. This information will feed into the 'All Wales' SIFT visiting cycle. . The Swansea based SIFT team is also carrying out a series of visits to the Health Boards and LEPs used by the School.

58. The deanery's QA risk reports are shared with the medical schools every three months. This is a new development that has come out of greater collaboration.

59. Representatives from the key partner Health Boards stated that the Service Specification Document agreed with the School is a useful document that can be delivered in practice. They welcomed the opportunity to work with the School to draft the Service Specification Document and agree which areas it would include.

60. We commend the improved liaison with the deanery and hope that the School strengthens this collaboration further.

Patient feedback

61. The School is exploring how to use patient feedback about students' performance in its quality data without being too intrusive. The School already includes patient feedback in student OSCE results. The School is also exploring the use of patient feedback about students' performance on clinical placements on wards, in clinics or as part of the formative long case observations, but this is at an early stage. As part of this project the School had met with its main partner Health Boards to see how they use patient feedback. We consider the plans to include patient feedback as potential good practice and will follow this up during future visits.

62. The School stated that the main way for employers to feed back on the curriculum has been through its site visits, as well as through the Undergraduate and Partnership Boards. Communication to and from the School is usually through the Undergraduate Managers based at the sites. The School stated that involving teachers who don't see many students is more challenging.

Feedback on the preparedness of graduates

63. A Monitoring Group had been set up with the Postgraduate Deanery and Cardiff Medical School to monitor the progress of foundation doctors. The School is a key partner in this group despite not yet having graduates. The School stated that this group will be crucial in monitoring the preparedness of the Swansea graduates in future. The School was unclear how other UK Deaneries will feed back on the progress of Swansea graduates.

64. We consider that overall there has been significant positive change in the documentation and approach to quality management and fully support the School's plans.

Domain 3: Equality, diversity and opportunity

56. Undergraduate medical education must be fair and based on principles of equality.

65. The University collects data on its students for the three of the nine protected characteristics (race, gender and disability). It is beginning to collect data on the remaining protected characteristics in line with the Equality Act 2010 and has until April 2012 to comply with the Act.

66. The University holds equality and diversity data on admissions, acceptances, suspension and withdrawals. The School recognises the need to check this data against student progression and drop-out rates in future.

67. Administrative staff and those involved in interviewing applicants are required to complete training in equality and diversity. CBL teachers stated that they are required to complete an online module every two years, or when there is a major legislative change such as the Equality Act, and the School reminds them to do this. Clinicians involved in delivering the course also receive the School's equality and diversity policies by email and should have completed training in last two years.

68. The School reported good progress in the area of support for students declaring a disability. The School meets any students requiring reasonable adjustments for clinical placements in advance of the placement to discuss their needs. During the meeting the School asks students to disclose their disability to clinical supervisors during clinical attachments. They then have a follow-up meeting with the student after the placement to ensure that the adjustments met their needs.

69. The School's Clinical Placements Sub-Committee discusses and makes decisions about more complex reasonable adjustments requested for clinical placements.

70. Teachers we met were aware of the guidelines to be applied when marking the work of students with dyslexia.

71. The School has begun formal teaching sessions for students on equality and diversity in Year 1. This was confirmed by the Year 1 students we met. Year 2 students reported that they have not yet received equality and diversity training. The School advised that this would be delivered following their return from clinical apprenticeship.

72. The School is building up a database to record the equality and diversity training of everyone involved in teaching students. Data is currently self reported and the Faculty Development Leads are exploring the introduction of routine checks of this data to verify that it is accurate.

73. The School reported that its student body is more ethnically diverse than the Welsh population and the University wide student body.

74. The new lecturer in medical education has analysed three years of selection data and has found no evidence of bias towards any one group. He also looked at the semi-structured interview and the three phases of the selection process and was satisfied that each applicant has the opportunity to show their potential in all stages.

75. The School recognises the problems recruiting doctors in Wales and is working to attract Welsh students who are more likely to remain in Wales. The School is working with its marketing department to improve its website, which will now be bilingual in English and Welsh. Welsh speaking students can request to undertake their clinical placements in predominantly Welsh speaking areas, such request will be considered by the Individual Circumstances Committee.

76. The University encourages the School to undertake equality impact assessments of all policies to ensure there is no bias in favour or against any groups or individuals.

77. We note the good linkage between University and School in the collection and analysis of equality and diversity data. We will follow up the plans to include all protected characteristics from April 2012 during future visits.

Domain 4: Student selection

71. Processes for student selection will be open, objective and fair.

78. The School has identified student selection as an area for review and improvement and many of the observations we make are already in the process of being addressed.

79. Applicants must have a minimum of a 2:1 honours degree before they will be considered for interview. Selection for interview is based upon; overall academic ability, Graduate Australian Medical School Admissions Test (GAMSAT) result, and the University and Colleges Admissions Service (UCAS) form. The decision whether or not to accept students onto the course is weighted: interview score 60%; GAMSAT score 20%; academic score 20%.

80. We consider that the screening process of academic qualifications and GAMSAT is set as a high bar.

81. Subsequently, 60% of the total mark for ranking applicants is from the semi-structured interview, which means that it is very important that the interview be rigorous. The semi-structured interview is, however, open to some variation. At the interview there are five questions and applicants are asked about motivation, caring and awareness of what is required of a doctor. Interviews must stick to those broad subject areas but there is considerable scope for variation in how they are followed up depending on student responses.

82. The School stated that workshops before and after interviews ensure the interviewers perform consistently. Interviewers are provided with criteria and given training on how to use them. They then receive feedback on their performance after the interviews.

83. The interview panels are drawn from all medical specialties and other healthcare professionals such as nurses, pharmacists. From 2012 panels will include students and from 2013, the School plans to include lay interviewers. The School plans to seek advice from the deanery, which has a pool of lay interviewers, and from Patient and Community Groups

84. A minority of the applicants accepted onto the course are from the local area. The School considers that this may be due to lack of preparation by local candidates compared to graduates from other parts of the UK. The School had been exploring this for the last couple of years and visiting local schools and universities to let people know about the course and other routes into medicine.

85. The School is doing some strategic work around encouraging more doctors to stay in Wales after graduation by recruiting more Welsh students (including the Tracking our Graduates study) The School considers that to make a real difference this is a matter for the Welsh Government and other stakeholders and is actively involved in a range of initiatives around recruitment and retention of the medical workforce.

86. We acknowledge that the School's selection processes are under review but consider that the School must ensure greater consistency in the interview process, given its high proportion of the ranking score.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduate demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors.

Curriculum design and structure

87. The curriculum comprises Phase I (Years 1 and 2) and Phase II (Years 3 and 4). It is described as a spiral, integrated curriculum, structured around six themes; Behaviour, Defence, Development, Movement, Nutrition, Transport and six strands of learning that run longitudinally through the programme. There are three modules per year that reflect the Tomorrow's Doctors (2009) outcome areas; Scholar and Scientist, Practitioner and Professional.

88. Phase I is mainly delivered through learning weeks orientated around a case of the week, with a CBL day every three weeks, ICM half days, LOCS and three early five-week clinical apprenticeships.

89. The School does not yet deliver Phase II, this will consist of a case of the week learning day, seven five-week specialty attachments, intermediate apprenticeships and three assistantships (medicine, surgery and primary care). There is a CBL day every three weeks in Year 3, an elective at end of Year 3 and a shadowing period at end of Year 4.

90. The amount of time spent in formal teaching in learning weeks has reduced in the final two years giving greater emphasis to the apprenticeships and specialty attachments. We consider this to be a positive development. Classroom based teaching (the learning day) during specialty attachment weeks has been moved to the first day of the week to minimise disruption to the students' clinical experience.

91. Specialty attachment leads did not consider it detrimental for student learning if the learning day topic did not match the specialty attachment that week, especially as it falls on the Monday and doesn't split up the rest of the week.

92. Year 2 students thought that having a different topic each week helps to maintain their interest and reinforces learning. Although some with no medical background had found the structure challenging at the start of the course they felt that things had become clearer when topics were revisited. Year 1 students felt that the structure of the course prepares you to be a doctor as you learn everything together instead of the science and anatomy first and then how to interact with patients.

93. Students organise their half day LOCS to fit in with the topic of the week where possible, and students consider this had helped to reinforce their learning.

94. Students reported some variability in the teaching of CBL and clinical apprenticeships depending on the teachers involved.

Specialty attachments

95. The five-week specialty attachments in Years 3 and 4 will be delivered in hospitals in the Swansea area only and students will be placed at sites in groups of 10-12, then subdivided into pairs to work directly with clinicians.

96. The School had met all specialty attachment leads to discuss how realistic the outcomes and the activities set for each attachment are. They had mapped all activities to the outcomes in Tomorrow's Doctors (2009) to address any gaps.

97. Most specialty leads stated that they were in an advanced stage of planning timetables for specialty blocks in Year 3.

98. Specialty attachment leads advised us that there is adequate time to teach students what they need to know in the five-week blocks and that the allocated activities can be realistically achieved by students. Specialty leads stated that they will meet the students at the end of each week of the placement to make sure that the outcomes are being achieved.

99. The lead for general medicine had some concerns about providing students with sufficient exposure to the sub specialties of general medicine, although acknowledged that they will already have some exposure through clinical placements in Years 1 and 2.

Apprenticeships

100. The purpose of apprenticeships is to learn about the practice of medicine not about the specialty in which the student is placed. The School stated that there is now clear evidence of student progression of learning through the plans for the phased apprenticeships; early, intermediate and the final three apprenticeships (assistantships). We are encouraged by the development of the three stages of apprenticeships and the more appropriate balance of clinical and classroom learning planned for the later years.

101. Year 2 students praised the one to one teaching time in the apprenticeships. They stated that being in pairs makes it easier to fit into the clinical team.

102. Students are provided with a list of learning outcomes for each trio of apprenticeships within the Clinical Apprenticeship Handbook, which the School stated is also disseminated to all clinical supervisors and undergraduate offices.

103. The School stated that it is moving towards the concept of student led care in Year 4 assistantships, with students working alongside F1 doctors. For example planned activities will include running their own GP clinics under supervision or being allocated a designated ward area in a general clinic. The School understands the need for a good level of supervision during these assistantships.

104. We consider that the documentation reviewed provided reassurance that students will not be a concern to patient safety during their assistantships.

105. The deanery and Cardiff Medical School have begun a harmonisation project to align the final year of the undergraduate medical education with postgraduate education. Swansea has been invited as an observer at the meetings with a view to identifying areas for potential collaboration and harmonisation.

106. The School has an assistantship model planned for the final year and considers that this is already in line with the plans for developing apprenticeships through the course, and therefore compatible with the deanery proposals. As the graduate entry course at Swansea is shorter in duration the deanery stated that the project would not be aiming to create exactly the same final year at both medical schools. The deanery would like to see a combined quality assurance process for Year 4 at both schools to ensure that the end product is the same, but this is at a very early stage.

Community based learning (CBL)

107. There are 10 days of CBL in Year 1, 10 days of CBL in Year 2, thirteen days of CBL in Year 3 and a five-week Primary Care Assistantship in Year 4.

108. Previously CBL placements were not allocated specific outcomes. The School has now decided on competencies for each CBL placement showing progression across the four years, which we consider an improvement.

109. The School stated that all *Tomorrow's Doctors* outcomes have been mapped to placements in the student CBL student handbook. GP tutors are familiar with the competencies but will receive further training in the outcomes through the developmental workshops run by the School. GP tutors again expressed how useful these workshops are and their wish that the School should continue to deliver these three times a year.

110. CBL tutors stated that in Year 3 students will undertake more complex patient assessments and negotiate management plans with patients, under supervision. Afternoon teaching sessions will be structured around case scenarios rather than a case of the week. Students will also complete a longitudinal study of chronic illness. CBL tutors stated that they were able to input into the Year 3 curriculum content during their last development workshop.

111. In Year 4 students will spend five weeks on a GP assistantship. The School stated that nine GP Senior Clinical Tutors (SCT) are working on the development of these attachments. It is planned that the GP tutors from 38 practices involved in Years 1 and 2 CBL will also be involved in teaching Years 3 and 4. Some extra practices have come on board and the School stated that they have the capacity to deliver the placements in all years.

112. The CBL teachers we met were aware of the GP assistantship but not yet of the detail. They thought this would be discussed at future development workshops. Most stated that they were used to having students from Cardiff with them for this length of time and recognised the need to plan the time carefully. They expected final year students will have the skills to thrive in a longer block.

113. Year 2 students stated that GP teaching is variable for the afternoon sessions and often depends on the availability of patients. However they felt that the quality of teaching generally had improved. Year 2 students stated that their academic representatives had provided feedback at the GP teachers training workshop which had helped to improve the quality of teaching.

Student feedback

114. The School has introduced a student learning contract, in which students agree the objectives for their learning and regularly review their progress. Mid-year reviews (appraisals) by the students' Personal Tutors and annual reviews by lead clinicians/academics will help the students to plan their learning needs. A final meeting will be held in the Year 4 shadowing period to review progress and to prepare students for clinical practice at foundation level.

Assessment

115. The School has introduced a new assessment structure of three 50 credit modules. The University previously required a modular structure of small regular assessments but now recognises that medicine requires a different structure to meet best practice in assessment. Assessment has reduced in frequency from three to two periods of assessment per year. Most Year 2 students were supportive of this change finding it a less pressurised schedule and were not concerned about being over assessed.

116. We reviewed assessment papers to be used during 2011/12 while on site and consider the Extended Matching Questions (EMQ) for Year 2 and the stations planned for the Year 2 OSSE to be less challenging than expected.

117. The School has mapped the entire programme to the outcomes in *Tomorrow's Doctors* (2009) and has agreed where they can best be assessed.

Progress test

118. The School has addressed the issue of inadequate sampling of knowledge with the introduction of a twice-yearly 200 question progress test. This is voluntary and formative in Year 1, compulsory and formative in Year 2 and summative in Years 3 and 4. The School conducted a trial progress test in July 2011. 35 Year 1 and 11 Year 2 students sat the examination.

119. We noted that the Year 1 students last year were scoring an average of 50% which is unusually high (10-20% expected) and Year 2 students an average of 62% in the progress test. The School stated that the results have been skewed as the test had been voluntary and results may not be representative of the entire cohort. The results will be more useful this year when it is compulsory for all Year 2 students.

120. We consider the performance of both Year 1 and 2 students to be higher than expected. The School will need to work with the MSC whose question bank was used as the whole source of the School's questions in the progress test to ensure that questions are of an appropriate standard.

121. The School is discussing with Cardiff medical school the possibility of a shared progress test or shared questions in future.

OSCE

122. The School has two smaller OSCEs spread over two assessment periods per year, rather than one large end of year OSCE. This is one assessment in two sittings and students are required to pass 75% of all stations. This allows the students to reflect on their performance in the first half before completing the second half. After the first OSCE students can look through their results and can ask for remediation. As there is a passmark of 75% it would not be possible for a student to pass fewer than 50% of stations in the first part of the OSCE and compensate through the second part. Students were supportive of this structure and stated that it motivates them to improve their performance before the second OSCE. Although other schools use a similar model this is not in line with best practice. The School should consider aligning the OSCE into one summative session at the end of the academic year.

123. The assessment lead modelled the OSCE and reported a Cronbach's Alpha of 0.59, noting that a reliability coefficient of 0.59 is too low for a decision making OSCE. The School must enhance its assessment system to ensure that reliability is improved from 0.59 to at least 0.7.

124. We will return to observe the end of Year 2 OSCE in July 2012.

Portfolio

125. The portfolio is the main way that student professionalism is assessed, although the School stated that it is also integrated into other assessments. The portfolio includes CBL written case reviews and case based discussions, LOCS reports, a skills report and multi-source feedback. Students are given a traffic light rating for each element of the portfolio to show how they have done. Compulsory elements of the portfolio must be completed for students to progress.

126. The School reported that the portfolio will be checked formatively twice a year to allow students and their personal tutors to discuss progress. We will review examples of completed student portfolios during future visits.

Work place based assessments (WBPAs)

127. The School is currently piloting and evaluating how WBPAs will be used and how the assessors will be trained for Years 3 and 4. Two apprenticeship leads will be trained and will undertake two mini-CEX assessments with student volunteers. Evaluation of this will inform the second part of the trial to take place with trained assessors throughout the second Year 2 apprenticeship in 2012.

128. The School will be using the mini-CEX and multi-source feedback (MSF). The latter is formative but compulsory. The Assessment Lead stated that evidence on WPBA suggests that MSF has the greatest value in changing attitudes. The School will be following the results of the report by Professor Collins to ensure that the plans for WPBAs are complementary to those in the foundation programme.

129. There will be two WPBAs per apprenticeship in the final two years and it is expected that assessors will see at least a third of the cohort to compare students' performance.

130. We are pleased the School plans to adopt established assessment tools and we will continue to explore the implementation of these through future visits.

Standard setting and questions

131. The School is now standard setting full question papers rather than by individual question.

132. The School stated that it has sufficient questions from the Medical Schools Council (MSC) database but that it is also beginning to generate its own single best answer questions. This question writing is done by those delivering the specialty attachments who concentrate on items not met by MSC question bank, such as professionalism.

133. The School explained that they use the ‘Yes/No Angoff’ method to standard set the progress test. A standard setting panel of six, including lay people, some of whom are assessment experts and relatively junior clinicians, are given a brief and are asked whether a Year 1 borderline student would know the answer to each question, to which they answer Yes or No. Any ambiguous questions or questions where the response was split are subsequently discussed by the panel.

134. We noted that the School is standard setting the progress test year by year, which varies from the philosophy of a progress test, in which the questions are standard set at level of final year students.

135. The School is using the Medical Schools Council question bank to set the progress test question standard at the level of a final year medical student. Additionally the School will set absolute standards for progression decisions to be made in Years 3 and 4. This will be determined by a modified Angoff process.

136. The School stated that a more traditional Angoff method is used for the Extended Matching Questions (EMQs). A panel of six agree a score for each question and a meeting is held to review the outcome data and to make sure that the questions are discriminating appropriately.

137. We note that the School now has a clear methodology in place for standard setting, which we welcome. However we consider that this is still at an early stage of development and encourage the Assessment Lead to continue to collaborate and to seek external expertise, especially in regards to the progress test. There remain some concerns about the small pool of individuals involved. The School must ensure standard setting is undertaken by a group of appropriate size and expertise.

138. The School reported that OSCE and Objective Structured Skills Examination (OSSE) assessment items are being created by ICM leads for each year in conjunction with the speciality attachment teams. We reviewed the OSSE question paper for Year 2 and did not consider the questions to be challenging enough.

139. We consider that the number and quality of question items available to the School for both the progress test, EMQs and the OSSE may still be insufficient and will require further expansion.

External examiners

140. The School stated that the Chief Examiner for each assessment is responsible for reviewing the entire question paper and checks the cut score and that the paper is of an appropriate standard. External examiners are subject specific and review each question, checking that the standard setting score is appropriate. External examiners feed back whether questions are considered good and the Angoff score is correct. The School advised that they have made changes to assessments following advice from external examiners. We will explore this during the visit in July 2012.

141. The GEM BoS and the College Learning and Teaching Committee receive a Curriculum Vita for a potential external examiner and decide whether to recommend their appointment to the University. External examiners are officially appointed by the University and are generally in post for four years but this can be extended.

142. The School stated that it has a good level of engagement with its external examiners. We are satisfied with the School's approach to the use of external examiners.

Feedback to students about their performance

143. The School reported that a group of faculty and student representatives had been set up to discuss feedback to students about their performance. This had resulted in a new feedback policy and strategy that had been given to all students.

144. Students receive feedback on an examination from the ICM lead for an OSCE or the Assessment Lead following a written exam, via meeting following the assessment. A report following each examination is available to students, which includes the number of failures. Students receive an assessment grid of every written question and OSCE station telling them which they have passed or failed.

145. For the OSCE, feedback is given to students within three weeks of the marks being released. A feedback meeting for an examination run by the leads cover general cohort statistics and discuss failures and the reliability of items. They go through each individual station and question with the students in two groups stating where students went wrong, and also provide individual feedback to students who have failed.

146. The School goes through each individual OSCE station and question with the students in two groups. The School stated that they can do this in one day and so it will not be too resource intensive. Year 2 students stated that the half hour session of statistics was not useful on an individual basis and thought that the plans for improved feedback looked good.

147. We consider the School's provision of feedback to students after assessments to be an area of good practice.

Assessor training

148. The School stated that it is making sure that all assessors are fully trained for Year 3 and 4 of the programme. We will follow up progress when we return to the School to observe the Year 2 OSCE in July 2012.

149. We welcome the collaborative approach now taken in the area of assessment and that the School is questioning its approach and examining the evidence base to improve quality. We recognise progress made in implementing a new assessment strategy, and are reassured that the School is progressing under the direction of the Assessment Lead. We encourage the School to continue to collaborate regarding

further assessment questions/items: especially the levels of detail for the progress test, the WPBAs and final year assessments. We also consider that standard setting is at an early stage of development and requires further development.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Academic and pastoral support and guidance

150. Students reported variable experience of interaction with their personal tutors with some being very supportive while others had not met with their students at all. Students felt that staff based at the Grove building made better personal tutors than clinicians based outside the school. Students stated that there are many other people they can go to for support if they don't want to go to their personal tutor.

151. The role of clinical mentors for students in Years 3 and 4 has been clarified. They will provide advice on professional or career development or issues on clinical placements. The personal tutor will remain the main support mechanism for students. They will only be provided for those students who do not have a clinical personal tutor. Clinical mentors will have the same training as personal tutors and will be provided nearer the time.

152. Year 2 students were not yet fully aware of the plans for clinical mentors in Years 3 and 4.

153. The dual role of support and discipline of the personal tutor has now been separated, which we endorse. The Cohort tutor would now take a more disciplinarian role than the personal tutor, though is still an avenue of support for students. The Dean for Medical Education, Programme Director and Progress and Professionalism Director do not have personal tutees as this would conflict with their disciplinary roles.

154. A meeting between a personal tutor and tutee is confidential. However if something was to impinge on a student's FtP or patient safety it is the School's policy that this confidentiality may need to be broken. We did not consider that this point had been made clear enough to students in their guidance and handbook and recommend that the School emphasises this point. The School should ensure that reasons for confidentiality between students and tutors to be broken for fitness to practise or patient safety reasons are communicated clearly to students.

155. We consider that the School has effective student support mechanisms in place, enhanced by the small cohort size.

Careers advice

156. The University has trained careers guidance specialists and the School is focusing on exposure to the specialties. The lead for careers explained that they have a list of 36 clinicians across a range of specialties named on the student Blackboard site, for students to approach for careers advice in their specialties. The School is keen to give all specialties equal exposure and is looking to recruit others to add to this list of agreed advisors. There are also dedicated half hour sessions where clinicians are invited to talk about their specialty and an annual careers event.

157. Year 1 students had already received some careers guidance. They stated that there is an interactive map, a careers service in the library and talks at lunchtime. A careers fair was planned for the week following the visit however Year 1 students would not be able to attend due to a timetabling clash. The School advised this was a London based fair and that all students had the opportunity to attend a similar fair in Cardiff previously.

158. The deanery stated that it has been leading an 'All Wales' Careers strategy looking at career planning from undergraduate through to postgraduate training. This has been established over the last three years and involves the School's career service. The Wales Careers Steering Group includes undergraduate and postgraduate representatives.

159. We consider the careers guidance strategy to be well thought out and clearly being implemented from Year 1 onwards.

Student progression and fitness to practise (FtP) procedures

160. Students were aware that their personal tutor would be their advocate if they were facing disciplinary issues. In the case of student appeals, they will be encouraged to use a College advocate from outside the GEM programme.

161. The School had not had any new formal FtP cases so far this academic year.

162. The School has developed a system for dealing with lower level concerns. The Progress and Professionalism sub-committee has been established to monitor low level cases. Twice a year the School goes through every student's record to check their progress and flag up issues early. The School is exploring other ways to flag students with issues early so that remedial action can be offered and serious FtP cases avoided when possible. It has been working with Leicester Medical School on this.

163. We welcome the move away from the Dean alone making decisions on whether a student should go to FtP panel. The School has revised the regulations and now the Progress and Professionalism sub-committee, which includes the Dean of Medical Education, makes the decision and the student is entitled to be present at the committee.

Support for educators

164. The School had been delivering a series of ‘Roadshows’ at clinical sites to explain the curriculum to its teachers.

165. The School reported that all apprenticeship leads had been trained. The Sub-Dean for Professional Development had been to clinical sites to provide lectures/seminars on things such as WPBAs and delivering feedback. Year 3 teachers stated that the workshops on apprenticeships had been helpful.

166. Teachers we met stated that they are encouraged to complete the School’s ‘training the trainers’ course.

167. GP, Year 2 and 3 teachers were fully engaged with the programme and reported improved information and communication from the School.

168. Locality leads and Specialty attachment leads are responsible for engaging with the teachers on site. Specialty attachment leads stated that they had been explaining their role to the clinical teachers and checking that they consider the outcomes for the attachment appropriate.

169. Specialty attachment leads preparing to deliver Year 3 we met were fully engaged with the School and reported a significant change in terms of an increase in effective communication with the School. They felt more supported and included in the new structures and found the Dean of Medical Education very approachable.

170. Specialty attachment leads had been speaking to teachers ‘on the ground’ about what they will be teaching and when. The School had provided a standardised PowerPoint presentation and brochures for all clinical teachers and academics to ensure that they are delivering a consistent message. They felt that there had been a big development in the education of teachers.

171. The School has been making sure that the Senior Clinical Tutors (SCTs) are prepared for the delivery of Years 3 and 4 and that all contracts are correct.

172. The School stated that many clinical teachers are currently delivering the Cardiff University programme and will therefore receive ‘just in time’ training for Year 3 to avoid any confusion. We will check the delivery and quality of this training during future visits.

173. Nine GP SCTs are responsible for recruiting and training GP tutors through development workshops. There are three workshops per year where tutors discuss issues and share ideas. We were pleased to see the continuing commitment of the GP tutors and enthusiasm for their workshops. GPs considered them a supportive environment to communicate with the School. GP tutors stated that attendance although not mandatory is very high. GPs had found it particularly helpful when student representatives attended workshops to report what they find most helpful on placements.

174. GP tutors stated that they are kept well informed by email and that the School management team is very approachable. Year 2 teachers were positive about their role in the development of the curriculum.

175. Faculty development for teachers to support the programme is continuing at the School. The School reported that it had recently revisited the purpose and content of its development programme and has set out a programme for the 2011/12 academic year, including providing programme specific faculty development sessions.

176. Local faculty development is now on an 'All Wales' level. Swansea has collaborated on an outline staff development strategy with Cardiff University and the deanery. The School stated that it is working in partnership with the Health Boards on faculty development. We welcome these developments.

Appraisal

177. Joint clinical and educational appraisals are still an aspiration in hospitals rather than the norm. The School is working with LEPs to develop joint appraisals for clinical teachers but is reliant on Health Boards to make this work. We were informed that Specialty Attachment Leads expect to undertake a parallel 'mini-appraisal' of clinical teachers before and after clinical placements to ensure that it is being delivered appropriately.

178. Clinical teachers stated that they are supposed to put teaching into the standard appraisal but that this is very difficult in practice. They stated that recent management changes in the NHS have affected the success of this approach. We note the commitment from LEPs to recognise teaching in SPA time, which is to be encouraged.

179. GP teachers have a joint appraisal of their teaching and clinical practice and GP Senior Clinical Tutors have undergone College of Medicine Appraisals.

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

180. Governance of the Programme is through the Leadership Team which comprises the Senior Management Team and Directors.

181. The Senior Management Team comprises the Dean and Head of the College of Medicine; Dean and Professor of Medical Education; Sub Dean (Community Based Learning and Educational Research) and Professor of Medical Education; Sub Dean (Professional Development) and the Programme Director.

182. There are Directors for the nine sub-committees of the Board of Studies: admissions, assessment, clinical placements, community based learning, curriculum, equality and diversity, progress & professionalism, quality, and student support and guidance. Each Director has an agreed set of responsibilities including chairing the relevant sub-committee.

183. The School reported that the central team has greater ownership and responsibility for the management of the programme. Fortnightly Leadership team (Directors) meetings have been introduced, in addition to the weekly programme team meetings, to enable the Directors to maintain an overview of the entire programme.

184. The School provided a table summarising the roles and responsibilities of key posts below the level of Sub-Dean. This includes leads for all aspects of the programme including: learning weeks, themes and strands, specialty attachments, SSCs, electives and clinical apprenticeships.

185. We note the strengthened management structures in place and many new members of the programme team who contributed to meetings with confidence and authority.

186. Year 2 and 3 teachers' we met were positive about their involvement in curriculum development. We encourage the School to explore opportunities for the Health Boards, the deanery and CBL tutors to contribute to curriculum development, particularly the final year.

187. Liaison with the deanery has improved greatly and we encourage the work to align structures and share expertise. Health Boards stated that the increase in joint working between the deanery and the undergraduate system is helping to remove barriers and confusion.

188. Health Boards stated that the relationship with the School has more recently been formalised by means of the service level agreement (SLA) and forming the Undergraduate Board. They stated that the Undergraduate Board brings together the evidence needed to show that funding is working effectively.

189. The Chief Executive of Abertawe Bro Morgannwg University Health Board had been impressed by the contact with the School and the feeling of 'shared mission'. He considered there to be a good degree of transparency between the NHS and academia, which allows both parties to meet their objectives.

190. Health Boards welcomed the single meetings with Cardiff and Swansea medical schools to discuss service level agreements and track the use of SIFT funds. This model is to be further developed through tripartite meetings with clinical supervisors who teach Swansea and Cardiff students during clinical placements, tripartite SLA discussions and joint annual teaching review meetings between the SIFT Liaison Unit, Swansea and Cardiff medical schools and clinical teachers.

Domain 8: Educational resources and capacity

159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.

191. The School considers the teaching facilities adequate for the student numbers. The College Manager stated that the facilities are monitored weekly rather than monthly.

192. The Postgraduate Dean stated that the School now has the people in place to run a successful programme but that resources remain a challenge given the current financial climate.

193. We toured the Grove Building and noted a number of recent improvements such as a new lecture space for Year 2 students, the common room had been improved, one clinical skills unit has been refurbished and second unit established with funding from the deanery. Year 1 students felt that there are quite a lot of places to go for quiet study both within the school and LEPs. There are plans for a new quiet space for students at the Grove Building.

194. The School stated that the anatomy suite is available out of hours and it is very well used. Year 1 students were very positive about the anatomy suite as it is open at times convenient to them and the technicians are very helpful.

195. In December 2011 there will be a move of research staff within the Grove Building to the new Institute of Life Science (ILS2) building, this will release an area for medical students to study (see point 192 above), additional teaching/learning spaces and additional office spaces for education staff.

196. A new Education Centre for postgraduate and undergraduate training at Morriston Hospital is under development. This centre will include teaching orientated outpatient clinics, a multidisciplinary teaching unit, lecture theatre, seminar rooms, and a simulation suite. The OSCE will also be run there rather than over two sites as it is currently, which will improve standard setting. The School is actively involved as a formal partner in the planning of this unit and intends to remain involved in discussions about the use of this building.

197. All GP tutors we met had received visits from the School to inspect their teaching facilities.

198. The School stated that there are pressures in West Wales due to the reconfiguration of services. The Health Boards need to rationalise services and the School is working closely with partner Health Boards to understand how this may affect the programme delivery.

199. The deanery stated that reconfiguration is a big challenge. The Minister for Health will be announcing service reconfiguration plans in June 2012. This will entail a huge piece of work over three years which inevitably will impact on medical student placements. Health Boards stated that they are monitoring changes closely and the leadership team and specialty attachment leads recognise the need to adapt to changes in service and were working on contingency plans. We will explore the implications of reconfiguration on the school and its programme during future visits.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors*. All medical students will demonstrate these outcomes before graduating from medical school.*

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors *against the knowledge, skills and behaviour of students and graduates.*

200. The mapping of the curriculum to the outcomes in *Tomorrow's Doctors* (2009) was comprehensive. The School has produced timetables and mapping for every student in the programme.

201. The School has put in place processes to track graduates' outcomes with the postgraduate deanery when the time comes but will need to consider how to track outcomes of graduates who leave Wales to complete the foundation programme.

Acknowledgement

202. The GMC would like to thank the School and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Swansea University
Prifysgol Abertawe
College of Medicine / Coleg Meddygaeth

Jennifer Barron
New Schools and Programmes Review Manager
Education Quality
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

Professor Judy McKimm
Dean of Medical Education/Deon Addysg Meddygol
Grove Building / Adeilad Grove
Swansea University / Prifysgol Abertawe
Singleton Park / Parc Singleton
Swansea SA2 8PP / Abertawe SA2 8PP
Direct line: 01792 606854
PA: Viv Lewis 01792 513498
s.v.lewis@swansea.ac.uk
Mobile: 07805 632354
Email: j.mckimm@swansea.ac.uk

Dear Jennifer

Re: GMC Visit to Swansea: Report of the Visit on 20-21 October 2011

Many thanks for sending us the report on the visit of the QABME team of 20-21 October 2011 to check for factual accuracy. Our detailed comments are set out in the body of the report. On behalf of the GEM management team, I have also provided specific comments relating to the requirements and recommendations below, along with some additional information and an update to you and the panel on progress made since the visit and our plans.

On a general note, the School very much welcomed the more directive approach taken by the panel and GMC officers in setting out the highly detailed action plan and timeline for achieving goals. The QIF process also provided a useful template for developing and enhancing quality management processes both internally and with our stakeholders. We very much appreciated the spirit of 'developmental dialogue' in which the last visit was carried out and the increased communication from the GMC in terms of expectations and process. We feel we have clear communication lines to GMC officers and to the QABME panel which have been very helpful. Taking this forward, we welcome the clear timeline and actions agreed for future visits during the rest of this academic year and into 2012, so that we can plan accordingly and, should issues arise, they can be addressed in a timely manner.

Requirements

The School must enhance the assessment system so that:

a. there are enough items within Objective Structured Skills Examination (OSSE) and Extended Matching Questions (EMQs) to ensure the assessment is valid and reliable

Based on discussions at the visit and the report, we assume that this requirement refers to the number of items in the bank, rather than the number of items in an examination. We are currently developing new question items for the bank in all modalities to cover topics covered in the 3rd and 4th year of the course. These questions are being developed in line with the development of the teaching materials for each year. We have previously supplied a projection of the timelines for the development of assessment items (reattached for reference) and we do not envisage substantial problems with the generation of these items to be developed in time for the year 3 assessments in September 2012 and the year 4 assessments in 2013. If the requirement refers to including more items in each examination, then we welcome further clarification of this and discussion at subsequent visits.

b. questions within the progress test, OSSE and EMQs are sufficiently challenging to assess whether students are competent to progress (TD86)

We are continuing with development of new assessment items for the progress test, OSSE and EMQs to improve item quality and appropriate level of difficulty at each stage of the programme. Questions within the formative progress test were fully drawn from the MSC-AA national item bank and we will continue to work with the MSC-AA to develop new items. Our current examinations have been viewed by our external examiners and they consider that they are of an appropriate difficulty for this stage of the course. Our external examiners and external advisers will also be involved in evaluating the level of questions within examinations to ensure that these are challenging enough at each stage of learning and that they are consistent with standards on other programmes.

c. the OSCE's reliability (as measured by Cronbach's Alpha) is improved from 0.59 to at least 0.7.

We have modelled the predictions for the reliability of the new OSCE examinations on previous data and previously identified that the reliability issues are concerned with increased standardisation of the stations and examiners rather than OSCE design. This was discussed with the panel on the visit where we highlighted that work was required on this and that we had plans in place to address the low reliability. The new OSCE structure's increased standardisation will deliver a reliability that exceeds a Cronbach's Alpha score greater than 0.7 when combined with examiner training and patient standardisation.

The School must ensure standard setting is undertaken by a group of appropriate size and expertise (TD89)

We have recognised this as an issue and are expanding the role of the external examiners to include participation in standard setting of written exam papers. We will also share expertise with other medical schools in standard setting and will be working closely with our expanded team of external advisers over the coming months to address this issue.

The School must ensure greater consistency in the interview process for selecting students into the programme (TD74)

With assistance from external advisers and through active engagement in national meetings, we have reviewed the admissions and selection process and revised the selection policy prior to the current admissions cycle. This can be found on the Graduate Entry website along with information on the selection process, open days and course information. We have also reviewed and improved the training process for interviewers. With a view to further improving the reliability and equity of the selection process, a detailed analysis of the selection process was carried out earlier this year, including analysis of the reliability of the interview process. Although this revealed that internal reliability is high, we are actively exploring alternative ways of selecting students for the GEM programme, including an all-Wales initiative, multiple mini-interviews and further strengthening of the interview schedule in alignment with Tomorrow's Doctors 2009.

The School must ensure that those responsible for student selection include people with a range of expertise and knowledge (TD75)

The pool of UCAS form scorers and interviewers already includes people from a range of professional backgrounds (academics, doctors and other health professionals) and we have actively recruited a number of new interviewers for the current cycle. Students have already been recruited for interview panels in 2012 and are in the process of being trained and from 2013, we will include lay members on selection panels. We are working with the Postgraduate Deanery and community and patient representative groups to identify and recruit lay members.

Recommendations

The School should consider aligning the OSCE into one summative session at the end of the academic year in line with best practice.

We appreciate that an OSCE examination that is sat in one single setting is common practice in UK medical education. We are actively considering this recommendation through carrying out a research study to explore and evaluate the two-part summative OSCE and its impact on reliability and student learning.

The reasons and circumstances under which student confidentiality may be broken for fitness to practise (FTP) or patient safety reasons should be communicated clearly to students.

Although some aspects relating to confidentiality had been communicated with students, we recognise that there were some discrepancies between the Fitness to Practise (FTP) policy and the Personal Tutor handbook. We have amended the handbook in line with the FTP policy (this can be provided on request) and reissued this to students and personal tutors. Prior to the visit we had been developing a new Integrated Student Record (which pulled together previously disparate sets of information and records on assessment, meetings, health issues etc) and alongside this we have also written a new confidentiality statement and set out clearly what 'confidentiality' means in the setting of undergraduate medical education at Swansea. This includes the reasons and circumstances under which confidentiality may be broken but also highlights the reasons for maintaining confidentiality and the boundaries for staff and students. The *Confidentiality and the Integrated Student Record: Policies and Pathways* document is provided which is currently in the process of being approved through the formal committee structure. The ISR has just been launched for staff training and development and as part of this the confidentiality policies and pathways are also being discussed. The ISR will be formally launched to students in January 2012 prior to its first use to support the student mid-year appraisal process. As part of the launch, we will present to students the confidentiality policies and pathways. This will also be placed on Blackboard and the Information Point (Faculty resource centre).

We encourage the School to explore opportunities for the Health Boards, the Postgraduate Deanery and CBL tutors to input into curriculum development, particularly the final year.

We welcome this recommendation which aligns closely with the excellent working relationships we have with our stakeholders and clinical teachers. Many Health Board and CBL representatives and teachers already have direct input to curriculum development and delivery and we are working at strategic as well as operational levels to involve a wider group of people and organisations. We have appointed a lead clinician (who was a former Foundation Director) to take forward the linkages between the final year and F1, lead on 'harmonisation' activities, help to prepare students for application for Foundation posts and liaise with employers on the preparedness of our graduates for the Foundation programme. We have a number of ongoing curriculum initiatives, for example the work with the Postgraduate Deanery on developing a pathway for academic training programmes in research, education and clinical leadership and management and participation in the national workstreams on medical education and training. We are also actively working with the BMA and Welsh Government on exploring initiatives to encourage and retain doctors in underserved areas in Wales, which will include a 'rural pathway' within the

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GEM programme for students actively considering a career in medicine in rural or remote areas.

Please do not hesitate to contact me if anything in the report or letter is unclear or if you require additional information.

With best wishes

Professor Judy McKimm
Dean of Medical Education