

2017-18 cycle

Visit Report on University of Southampton Faculty of Medicine 2017-18

This visit is part of the new schools quality assurance annual cycle.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	University of Southampton
Sites visited	Kassel School of Medicine
Programmes	European Bachelor of Medicine: BM (EU)
Date of visit	16 & 17 May 2018
Key Findings	<ol style="list-style-type: none"> 1 This report details the findings from our sixth annual cycle of quality assurance of the Southampton Faculty of Medicine new European Bachelor of Medicine Programme (BM (EU)). We visited Kassel School of Medicine (KSM) in May 2018 where we met with the BM (EU) Programme Team and students. 2 KSM have taken action to address the open recommendations and requirements from the previous cycle. The visiting team were impressed with various aspects of the medical school, including the educators' desire to teach, the range of multi-professional input, peer-to-peer teaching, the well-structured management team, the allocation of assistantships, the collaboration of educators, the re-orientation week for year 5 students, the organisation of the surgical firm, the organisation of the ACCs, the positive examination results and the preparation for the

foundation year.

- 3** The visit team did comment on several areas that they believe the school could improve, providing several recommendations. These included reinstating the 'you said, we did' feedback, improving access to the Wi-Fi, clarifying to students the confidentiality of their information, making further improvements in the GMP module, reviewing the teaching of the PSA, reconsidering the amount of time students spend in theatre, addressing the problems in the research project and creating guidance for hospital inductions.
- 4** The following terminology is used throughout the report. For clarification on terms and their definition:
 - 'Faculty' is University of Southampton Faculty of Medicine
 - 'BM(EU) management team' are the teams working together across Kassel and Southampton
 - 'KSM' is the core education management team and senior team at Kassel
 - 'KSM management team' is the senior team at Kassel

Update on open requirements and recommendations

	Open recommendations	Update	Status
1	The BM (EU) management team should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.	The GMP module has been improved over the last couple of years but there is still work to be done to further engage students in its aims. KSM provided us with a report on the GMP. They hope to implement more changes for the 18/19 academic year in order to make the intended module learning outcomes clearer.	Open
2	We encourage the KSM management team to review the	Since our visit last year, KSM have expanded their pastoral support team. There is now a large and	Closed

	<p>structure and resources of the core education management team, including succession planning. This team is currently working to a very high standard; however, we are concerned about sustainability when student numbers increase and the potential risks to the success of the programme which we judge to be significant.</p>	<p>well-structured core education management team in place for the programme in Kassel. It was reported by both staff and students that they are always available to provide assistance and support. The module leads have coped well with the expansion of numbers and there are currently no further plans to expand the programme. KSM need to determine how many of the first cohort will stay and how many jobs will be available for the students at the hospital.</p>	
3	<p>Many of the module coordinators and clinical teachers we spoke to reported good links with their counterparts in Southampton which added value to their roles, whilst others reported no such links. We encourage the BM(EU) management team to develop links between KSM and Southampton across the programme.</p>	<p>We heard how the pastoral support teams in Kassel and Southampton are in close contact and work effectively together. The clinical teachers in Kassel told us they have direct contact with their specialty equivalents in the UK. They have regular meetings to discuss ideas and plan the programme.</p>	Closed
4	<p>We recommend that the Southampton assessment team ensure that the final OSCE exams are worded and structured appropriately for KSM students who have practised in Germany.</p>	<p>KSM have introduced OSCE training at the hospital, which students and teachers were invited to. This allowed examiners to see examples of OSCE assessments and feedback. Two members of the Kassel team observed the OSCE process last year in Southampton. There is an online staff development module on OSCEs.</p>	Closed

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.

Number	Theme	Standard/ Requirement	Areas that are working well
1	1: learning environment and culture	S1.2	We found the clinical teachers extremely committed and have seen this growing year on year. The educators have a desire to teach and have become more engaged with the training development opportunities available to them.
2	1: learning environment and culture	R1.17	We heard about the range of multi-professional input that is present in the teaching.
3	1: learning environment and culture	R1.17	Learners and educators both praised the peer to peer teaching environment with students working alongside each other to provide advice and support.
4	2: educational governance and leadership	R2.1	Following our visit last year, we encouraged the school to review the structure and resources of the core education management team. There is now a large and well-structured management team in place for the programme in Kassel. It was reported by both staff and students that they are always available to provide assistance and support.
5	3: supporting learners	R3.6	Students are allocated to their FY1 placements early in order that their assistantships are aligned to these placements.
6	4: supporting educators	R4.5	We found that the year 3 teachers are working collaboratively as a team to improve the quality of teaching. All the module leads in Kassel have regular meetings together. We were told that the year 4 student representative is also invited to attend these meetings.
7	5: developing and implementing	R5.4	The re-orientation week for year 5 students is well received and praised by the students. They see it as an important part of the programme.

	curricula and assessments		
8	5: developing and implementing curricula and assessments	R5.4	We heard positive feedback from students about the organisation of the year 5 surgical module.
9	5: developing and implementing curricula and assessments	R5.6	The visiting team noted significant improvement in the organisation of assessments of clinical competence (ACCs) on placements.
10	5: developing and implementing curricula and assessments	R5.7	The visiting team noted the positive examination results across all three years, which are on a par with Southampton students on the home programme. We encourage the school to share these statistics with Kassel students.
11	5: developing and implementing curricula and assessments	R5.9	The visiting team were impressed with the hard work put into preparing for F1. There appears to be good links established between Kassel and Health Education Wessex.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	2: educational governance and leadership	The BM(EU) management team must clarify to students what information is held on their personal files, who has access to it and which information is confidential.

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.

Number	Theme	Recommendations
1	1: learning environment and culture	The BM(EU) management team should reinstate the 'you said, we did' sessions and emails.
2	1: learning environment and culture	The KSM management team should improve access to Wi-Fi and computers.
3	5: developing and implementing curricula and assessments	The visiting team noted positive changes to the GMP module but found further areas that could still be improved, including educator input. The school should make the intended module learning outcomes clearer.
4	5: developing and implementing curricula and assessments	We encourage BM(EU) management team to consider reviewing teaching of the PSA. Some students suggested starting teaching for PSA in the earlier years.

5	5: developing and implementing curricula and assessments	The BM(EU) management team must address the problems with the ethics approval and supervision of the research project.
6	5: developing and implementing curricula and assessments	We encourage KSM and the surgical module leads to reconsider the amount of time students spend in theatre, especially around exam time. Students feel unable to leave the wards at the scheduled time for leaving due to pressure from Consultants to stay and so have less time for self-study and preparation.
7	5: developing and implementing curricula and assessments	We encourage the BM(EU) management team to provide detailed guidance over what needs to be covered in the hospital inductions as it would help with consistency. Several students suggested including a description of a typical patient journey on the wards.

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 in this report. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1), Dealing with concerns (R1.2)

- 1** Kassel School of Medicine (KSM) demonstrated a culture that allows learners and educators to raise concerns about patient safety and the standard of education without fear of adverse consequences. It became apparent during our visit that they investigate and take appropriate action locally to make sure concerns are properly dealt with.
- 2** Students told us that if they have any concerns or encounter any patient safety issues whilst on the wards, they would feel comfortable raising it. They appear assured of the process they need to follow and we were given several examples of students raising concerns and them being acted upon. Students suggested that if they had a concern, they could use the critical incident reporting system in place at the various hospitals. They would also feel comfortable approaching KSM directly or the staff on the wards, who they have built good relationships with.
- 3** All the students receive an email on whistleblowing so there is guidance available to them. They appear comfortable in discussing such issues amongst themselves before escalating it with a staff member they know and trust at the hospital.

Seeking and responding to feedback (R1.5)

- 4** During our visit, it became apparent that the school seeks and responds to feedback from both learners and educators. We were told by students in year 5 that they have been asked to give feedback on the German Medical Practice module (GMP), which

they have done. The students suggested that this feedback has made its way through the system and changes made as a result.

- 5 Year 4 students told us that at the end of every module, Southampton sends them a survey to complete. KSM also arrange feedback sessions with the module leads for the students at the end of each module. This enables the students to tell the BM(EU) management team what went well and what could be improved. Although some students mentioned that their comments are not always taken forward, on the whole students told us that the BM(EU) management team will try and make positive changes as a result of this feedback.
- 6 During our discussion with the clinical teachers, we heard how some specialties have created feedback forms for the students. This provides the students with an opportunity to give honest feedback to their teachers. KSM introduced this due to problems with a previous cohort and is an example of them being responsive to feedback. Southampton collects extensive feedback that allows them to compare teachers at different sites in the UK and Germany. This data is then shared at steering groups and with the teachers. Southampton also collects feedback on the teachers.
- 7 Approximately two to three weeks after placements, the placement providers receive an email containing feedback from students on their own placements. They are then given the option to discuss this feedback. The educators also personally ask the students if there is anything that could be improved. We were told by the educators that the formal feedback they receive from Southampton and KSM is very beneficial.
- 8 However, we heard during our visit that the school no longer provide their 'you said, we did' format of feedback. This previously allowed the school to demonstrate to the students how they have reacted to their feedback. During our last visit, it was a format of feedback that was highly praised by the students. The BM(EU) management team assured us that this format of feedback would be reinstated and the visit team encourage KSM to make sure this happens.

Recommendation one: the BM(EU) management team should consider reinstating the 'you said, we did' sessions and emails.

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

- 9 KSM has sufficient suitably qualified staff members to ensure learners have clinical supervision at the appropriate level. We were told that the level of supervision matches the learner's competencies.
- 10 Students indicated that if they feel uncomfortable carrying out a procedure that they perhaps have not done before, they would be happy to ask for supervision. The

students said that this supervision is always available and they are always presented with the option of asking other doctors and nurses for assistance and supervision.

Area working well one: we found the clinical teachers extremely committed and have seen this growing year on year. The educators have a desire to teach and have become more engaged with the training development opportunities available to them.

Identifying learners at different stages (R1.10)

- 11** During our discussions with the students at the medical school, it became apparent that no learners are expected to work beyond their level of competency. The medical school has a reliable way of identifying learners at different stages of education and training.
- 12** The students in year 3 do not enter the hospital in Kassel and the only overlap between year 3 and year 5 is in primary care, which they do recognise can be harder to clearly separate. To distinguish the difference between the two years, the final year students have a blue badge which states 'final year' on it.
- 13** The management team believe that the students would inform them if anyone was asked to work beyond their level of competency. We heard an example of this occurring. The student shared their experiences with the group, which provided other students with inspiration to speak up if they encounter anything similar. The school emphasised to us that the module coordinators understand that if a student expresses uncertainty or concern over performing certain procedures, they should not do it.

Induction (R1.13)

- 14** Students are provided with an induction prior to commencing each placement. This sets out their duties and supervision arrangements, role in the team and the workplace policies they must follow.
- 15** At the start of each academic year, there is an induction day for year 3, 4 and 5 students. This outlines what is expected of them whilst on placement. There is also a teaching week for year 5 students, during which students are given surgery and medicine inductions. They will also have two days of prescribing teaching from the Southampton lead. Students expressed concerns that previously they have not received enough information on additional teaching. The school have reacted as a result of this feedback and their aim is to have all the additional teaching scheduled by the start of the academic year. This will allow students enough time to prepare for the teaching.

- 16** Students in year 4 told us placement leads are very motivated and give them a good introduction to the placements. They are provided with timetables for next year and are confident they have enough information for the upcoming year. Students in year 5 told us that in preparation for their foundation year, they were given an induction on the various forms of support that will be available to them.
- 17** However, we were also told that the content of the inductions can vary. Educators are required to give inductions but they are not told what these inductions should include. We heard that they can involve unnecessary and excessive information. The visit team suggest that educators are given a briefing on the content of inductions as this would help with consistency. We have set a recommendation on improving induction and further detail can be found under theme 5.

Multiprofessional teamwork and learning (R1.17)

- 18** KSM supports learners to be effective members of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
- 19** The clinical teachers told us that midwives deliver several lectures and nurses occasionally provide teaching for the students. The students have also received teaching on pharmacy. Throughout the visit, we heard about the range of multiprofessional input that is present in the teaching.
- 20** During our visit, the year 3 students told us that the students in the years above run sessions on the OSCE process for them, the older students are keen to share their knowledge and experiences. Peer to peer teaching is becoming more embedded in the system as the cohorts advance through the programme.

Area working well two: we heard about the range of multiprofessional input that is present in the teaching.

Area working well three: learners and educators both praised the peer to peer teaching environment with students working alongside each other to provide advice and support.

Adequate time and resources for assessment (R1.18)

- 21** Both learners and educators are given adequate time and resources to complete the assessments required by the curriculum. The BM(EU) management team ran a day's teaching on the new clinical summary exam and students completed a mock version of the exam in preparation.
- 22** Clinicians undertake training to help them understand the assessments they should be delivering and also engage with an online staff development module. KSM has launched further training for educators on the OSCE examination and also implemented mock OSCEs for the students.

Capacity, resources and facilities (R1.19)

- 23** Throughout our discussions with students, it became apparent that there are still on-going issues with access to the Wi-Fi and computers. We were told that there is no Wi-Fi access in the smaller district hospitals and only guest Wi-Fi available at the hospital in Kassel. However, there are rooms with computers available at the hospital for student use. The problems with the Wi-Fi can also result in issues gaining access to patient details in the hospital systems.
- 24** We were told by students that there are study rooms in every hospital, all of which have sufficient space. There is also social space available at most hospitals for students to both study and relax. However, several students also suggested it would be beneficial if there was a common room at the main Kassel hospital. The educators feel that they have sufficient space and facilities to teach the students.

Recommendation two: the school should improve access to Wi-Fi and computers.

Access to educational supervision (R1.21)

- 25** The majority of students at KSM have no difficulty in meeting with their personal academic mentors. Each student is given a mentor in Kassel who acts as a point of contact, as well as their personal academic tutor in Southampton. However, we were told that the frequency of these meetings depends on who the mentor is. Some are very engaged and happy to save time for regular meetings with students whilst others are harder to contact. Students do have an appraisal each year with their personal academic tutor.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1), Accountability for quality (R2.2)

26 KSM appears to have effective, transparent and clearly understood educational governance systems in place. These are used to manage and control the quality of medical education and training. KSM work closely with and is quality assured by the Southampton Faculty. The local systems in Kassel seek to identify and remedy concerns as soon as possible.

27 Following our visit last year, we encouraged the school to review the structure and resources of the core education management team. There is now a larger and well-structured management team in place for the programme in Kassel. During our visit, it was reported by both staff and students that they are always available to provide assistance and support.

28 The KSM team told us that they have strong working relationships with every module coordinator. They have monthly meetings with them both before and after the modules. Their aim is to establish further relationships with the educators on the ward. The team have a risk register for the whole programme, which documents any meetings that take place.

Area working well four: there is now a large and well-structured management team in place for the programme in Kassel. It was reported by both staff and students that they are always available to provide assistance and support.

Evaluating and reviewing curricula and assessment (R2.4)

29 KSM regularly review their curriculum and assessment framework to ensure that the standards are being met and to improve the quality of education and training. They seek feedback from those involved and look to make changes as a result. For example, there were some problems with the GMP. KSM therefore asked the students what they could do better and how they could improve the experience.

- 30** The management team also made changes to the OSCE process by implementing OSCE training at the hospital for both students and educators. This allowed examiners to observe the process and see examples of feedback. The student teaching is also a significant factor in improving preparation for the OSCEs. Students now teach the cohort below, fellow students and also the educators about the OSCE process.
- 31** The year 5 placement providers we talked to during our visit told us that if they wanted to make changes to the delivery of the curriculum, they simply have to discuss them with the team at KSM and the module leads in Southampton. They have meetings every four weeks, during which changes can be discussed and implemented. The educators commended the ease with which curriculum changes can be made due to the small and engaged team in Kassel.

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

- 32** Prior to our visit, KSM provided us with overall selection statistics, results from an anonymous equality and diversity survey of applicants and equality and diversity data collected at enrolment for all the BM (EU) cohorts. Therefore it is clear that KSM collect, analyse and use data on quality and equality and diversity.
- 33** During our discussion with the pastoral support team, we heard how data is kept on a shared drive for those students who seek pastoral support. This data can be accessed by the pastoral support team in Southampton and Kassel, who are both kept up to date on this. The student files on the shared drive have restricted access, with access limited to the senior tutor team in Southampton, individuals in the student office and the pastoral support team in Kassel.
- 34** The pastoral support team log any advice that has been given to the student, not the specific details of the issues the student has discussed with them. They can share this information with the student's consent when appropriate and they do have the option to leave this information off the files. The same system is used in Southampton.
- 35** However, it did become apparent during our visit that the students are not fully aware of the level of confidentiality regarding their information and who can see it. We suggested to the school that they should establish with the students the exact nature of the information held on their personal files, who has access to it and which elements of the information is confidential.

Requirement one: the school must clarify to students what information is held on their personal files, who has access to it and which information is confidential.

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

36 KSM have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities whilst students are on placement. They respond when standards are not being met. We were told during our visit that two to three weeks after a placement finishes, educators receive an email with feedback from students on their placement. They are then provided with the opportunity to discuss this feedback. We were told by the educators that they find the formal feedback sent to them by KSM or Southampton very beneficial and helps them improve the overall experience for the students.

Monitoring resources including teaching time in job plans (R2.10)

37 During our visit, we heard how clinical teachers do not always have enough time in their job plans and it depends on the individual hospitals. The teachers do try and teach when possible, but if the hospital is understaffed they do not always have time.

38 In comparison, clinicians in the UK are expected to teach students and this is in their job plans. However, in Gesundheit Nordhessen Holding there is no specific time in job plans designated to teaching and with increased numbers in the future, this may need to be addressed.

Managing concerns about a learner (R2.16)

39 KSM has systems and processes that assists them in identifying, supporting and managing learners when there are concerns about their professionalism, progress, performance, health or conduct that may affect their wellbeing or patient safety. The systems and processes they implement are deemed as appropriate by Southampton.

40 We were told that the majority of cases where students have been in difficulty relate to health or personal issues, not professional ones. When such issues arise, they discuss this with the pastoral support teams in both Kassel and Southampton. This would also be discussed at the Student Progress Committee, where a decision over any further action is made.

41 The management team at Kassel regularly ask the module coordinators if there are minor or major concerns with students. There are end of placement meetings for both educators and students. The students have to inform the school if they are ill or unable to attend, which is recorded formally.

42 The senior tutor team at Southampton would discuss the issues and concerns with the student and the chair of the Student Progress Committee and the student would visit the pastoral support team in Kassel. Alternatively, they could visit the senior tutor team in Southampton directly. The school emphasised that they are very careful with confidentiality.

43 KSM also has a process in place if a concern needs to be escalated further. An investigation would take place, involving neutral individuals from both the University and hospital. We were told that this system has not been tested yet as, so far, they have not encountered a need to use it. We were assured by the school that if the concerns affected the hospital, such as patient safety, they would remove the student(s) from the hospital.

Theme 3: Supporting learners

Standard

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

Good Medical Practice and ethical concerns (R3.1)

44 Learners are supported to meet professional standards and receive guidance on how to do so. Students engage with the German Medical Practice (GMP) module, designed to compare practice across the UK and Germany. The patient journey is described for a German patient and then for a patient in the UK with the same condition. There has been positive feedback from students regarding the module; however there are further areas that could still be improved. Differences in the British and German systems for healthcare can generate ethical issues sometimes but learners have a clear process to follow for raising ethical concerns.

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

- 45** Both learners and educators have access to resources to support their health and wellbeing, as well as educational and pastoral support. Following our visit last year, the school has employed additional members to the pastoral support team. There are now four members of the pastoral support team in Kassel. Documents have been produced by the school to inform students about the new members
- 46** Each student is given a mentor in Kassel and they also have their personal academic tutors in Southampton. Data on pastoral issues is kept on a shared drive, which can be accessed by the senior tutor team in Southampton.
- 47** We were told by the BM(EU) management team that the two pastoral support teams, in Southampton and Kassel, work and learn together. Students have no problems visiting the pastoral support offices to discuss any issues or contacting their personal academic tutors in Southampton.
- 48** Students are given an induction on what pastoral support is available to them prior to commencing the programme. The students feel that if they have an issue, there is always someone available to talk to. Students in year 5 told us that they have not had to use the pastoral support system. They are a very close group who often share and discuss any issues amongst themselves.

Undermining and bullying (R3.3)

49 The majority of the students we talked to during our time in Kassel confirmed that they have not been subjected to or subjected others to, behaviour that undermines their professional confidence, performance or self-esteem.

50 The year 3 students informed us that they had not experienced any issues with regards to undermining and bullying. They are confident that if they did, they would inform KSM. Students are also comfortable approaching pastoral support with any personal problems too. Students told us that they have good relationships with the junior doctors on the wards.

Information on reasonable adjustments (R3.4)

51 KSM makes reasonable adjustments for disabled learners, in line with the *Equality Act 2010*. Learners have access to information about reasonable adjustments, with named contacts. We heard examples of students with specific learning difficulties who needed extra time and students who have had illnesses. The school has made the appropriate adjustments as a result of this. We heard about the positive relationship that KSM has with occupational health in Southampton, as well as its equivalent in Germany.

Supporting transition (R3.5)

52 Learners receive information and support to help them move between different stages of education and training. For their assistantships, students are allocated to the departments where they will also be starting their foundation year. Students value the match as it helps prepare them better for their foundation year. Students praised the learning environment and how well they are integrated into the team.

Area working well five: students are allocated to their FY1 placements early in order that their assistantships are aligned to these placements.

Out of programme support for medical students (R3.9)

53 When studying outside the medical school, students have the appropriate support. Students have various forms to fill out for their electives and this process is done in Southampton. We heard how students are travelling to a wide range of countries for their electives and they are very engaged with the process.

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

54 Learners receive regular, constructive and meaningful feedback on their performance and development whilst on the Kassel programme. Students in year 3 told us they receive a lot of verbal feedback, whilst also being given written feedback from their ACC assessments. The students feel that if they want feedback, they can ask for it. Students in year 4 told us that they receive limited feedback, including the feedback from Southampton for their exams. The students felt that as a result of what they perceive to be minimal examination feedback, there is no process in place for students to learn from their mistakes. Kassel students receive the same level of post examination feedback as all other Southampton students. However, they did

comment on the high standard of feedback they receive whilst on the wards, which also involves personal feedback, and the ACC feedback. Students in year 5 also commented about not receiving feedback for written exams, just their scores.

- 55** The clinical teachers told us that they try and give the students as much feedback as they can. They did suggest that there isn't always enough time to give sufficient feedback but they try to give as much as possible.
- 56** The management team at Kassel told us that in an attempt to address the issue of feedback, they contacted Southampton to ask for advice. They told their educators that they have to give feedback to the students but they do recognise it can be an issue getting the clinicians and teachers to understand the importance of giving feedback. There is an online staff development module, in English, on providing feedback and the BM(EU) management team are seeking a suitable alternative in German.
- 57** KSM are hosting staff development sessions that focus on providing feedback and its importance. They also plan to arrange peer to peer feedback, so those who are good at giving feedback can teach others how to do it. In addition to this, KSM want to set up peer observation of the ACCs so others can see how to provide feedback. There is a willingness from educators in the school to give feedback and they believe the culture around this is improving.

Support for learners in difficulties (R3.14)

- 58** During our visit we heard how students whose progress, performance, health or conduct gives rise to concerns are supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
- 59** If students or educators have concerns over the health or wellbeing of a student, they are encouraged to inform a member of the pastoral support team. The pastoral support team then offer help and support but it is the student's responsibility to engage with this support.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

- 60** We were told during our visit that educators at KSM receive an appropriate induction, training and appraisal to their role.
- 61** Clinical teachers are invited to attend courses and conferences in Southampton. There are also regular staff development courses held in Kassel. They have a meeting once a year, in November, to discuss the curriculum and prepare for the following academic year. This provides a forum for the educators to discuss improvements to teaching and raise any proposed changes.
- 62** Teachers are presented with a folder that contains guidelines to the curriculum. They are also provided with information from the module coordinator in their department. The module coordinators do half the ACCs themselves and demonstrate to the clinical teachers how to do them.
- 63** We were informed during our visit that KSM are hosting an educational supervisor course for those educators who will be involved in the foundation programme. Two educators from the foundation programme are also attending an educational supervisor course in Wessex.

Time in job plans (R4.2)

- 64** Overall, educators feel that they have enough time in their job plans to meet their educational responsibilities. This enables them to promote safe and effective care whilst providing a positive learning experience.
- 65** The clinical teachers feel that always there could be more time available for educating. Students are present when they consult with patients and students are able to follow the patient journey from start to finish. There is also time between patients for the teachers to give explanations and answer any queries the students may have.

Working with other educators (R4.5)

- 66** KSM supports educators to liaise with each other and work across specialties and professions. Midwives give lectures and nurses sometimes provide teaching for the

students as well. This gives educators a chance to communicate and ensure a consistent approach to education.

- 67** The clinical teachers told us there are strong communication links between the various teams in Kassel. They also have direct contact with their specialty equivalents in the UK and regularly discuss ideas with them. For example, we were told that the clinical teachers have regular meetings to plan rotations. The one problem they occasionally encounter is a language barrier and their ability to speak fluent English.

Area working well six: we found that the year 3 teachers are working collaboratively as a team to improve the quality of teaching. All the module leads in Kassel have regular meetings together. We were told that the year 4 student representative is also invited to attend these meetings.

Recognition of approval of educators (R4.6)

- 68** The management team indicated that their aim is to send every FY1 educator at the medical school on the 'Training the Trainers' course. The clinical teachers at Kassel told us that it would be beneficial if the GMC's 'Recognition of Trainers' document could be translated into German.

Theme 5: Developing and implementing curricula and assessments

Standard

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

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Outcomes for graduates (R5.1), Informing curricular development (R5.2)

- 69** Prior to our visit, KSM informed us that all BM (EU) students are on the new Southampton curriculum. They are embarking on a revalidation of the new curriculum and any proposed changes will be carefully thought through from a BM (EU) perspective.
- 70** KSM have regular meetings with both their module leads and clinical teachers, both of whom they have close relationships with. Clinical teachers have a meeting once a year, in November, to discuss the curriculum. They use this as a forum to prepare the delivery of the curriculum for the following academic year. The teachers discuss how they can improve the programme for the following year and suggest any changes to the curriculum. The BM (EU) programme is an item on every steering group agenda back at Southampton so any curriculum developments can be raised in these forums.
- 71** During our visit we heard about the positive changes the BM(EU) management team has implemented to the GMP module. However, it became apparent that there are still areas that could be improved. Students believe it would be beneficial if the module had more information tailored to the system in Germany as this is where they will be doing their foundation year. The students told us they have provided feedback on the module and are hoping changes will be made as a result.
- 72** The educators do not currently have significant input into the design of the GMP module, a factor the BM(EU) management team acknowledged they could change in the future. We heard how the module covers discharge planning, which the students understand, but is not as relevant in Germany. The BM(EU) management team informed us that they plan to implement further changes to the module in the 2018/19 academic year when a new module leader is in place..

Recommendation three: the visiting team noted positive changes to the GMP module but found further areas that could still be improved, including educator input.

Undergraduate curricular design (R5.3)

- 73** After expressing concerns during our last visit, students in year 4 told us they have experienced a significant increase in the amount of teaching this year. They feel they

are being exposed to the depth and breadth of the programme's curriculum. The students recognise that their feedback has been listened to and the curriculum altered as a result. The clinical teachers feel confident in approaching the KSM team with any proposed changes they have for the curriculum. We heard that changes to the curriculum have been made as a result of the clinical teacher's input.

- 74** Students in year 5 found the Prescribing Safety Assessment (PSA) exam extremely difficult. They claimed that they did not have sufficient time to complete the exam and that they would appreciate further preparation. Students told us it would be beneficial if they could get an introduction to the assessment in year 3 or 4, or as early as possible in year 5. The students in Kassel were only presented with the opportunity of a day's course to prepare whilst their fellow students in Southampton have longer. The visiting team encourage the school to consider reviewing the teaching of the PSA.

Recommendation four: we encourage the school to consider reviewing teaching of the PSA. Some students suggested starting teaching for PSA in the earlier years.

Undergraduate clinical placements (R5.4)

- 75** We were told during our visit that the final year students had already been officially informed by the Wessex deanery which department and placements they will be joining. They viewed this as a positive element of the programme as it allowed them more time for preparation. During our visit, we heard about the re-orientation week for year 5 students. It was praised by students and seen as an important part of the programme. The students also commended the organisation of the year 5 surgical module. They believe is very well-led and a valuable experience.
- 76** We heard that the placement leads are very motivated. Students indicated that the resources and support they receive on placement varies from placement to placement. For some, they are recommended books to read in advance of commencing the placement and for others there is little preparation. We heard how there is no Wi-Fi in the district clinics and in other hospitals this again varies depending on where they are based.
- 77** Students feel that it can sometimes be difficult to leave the wards on time, compromising study time. They believe they are spending excess time in theatre. The students expressed concerns that the long shifts they complete whilst on placement leaves them exhausted and limits time for study. The visit team encourage KSM to review their timetables and to make it clear to students when they are able to leave placements for study.
- 78** Students in year 4 told us that the research project is still relatively new and unfamiliar to the clinicians. This creates ongoing problems for supervision of the research project and they think the consultants would benefit from a further briefing

and guidance on the research project. We heard about some issues with the ethics approval of the research project when discussing it with students. However, the students did tell us that supervision for the research project varies from person to person.

- 79** At the beginning of every academic year, students in years 3, 4 and 5 are invited to an induction day. Educators then outline what is expected of students whilst they are on placements. However, we heard during our visit that inductions can involve unnecessary and excessive amounts of information. A lot of the placement inductions vary depending on where they are and who is giving them. The visit team suggest that KSM provide detailed guidance over what needs to be covered in an induction to help improve the consistency of inductions.
- 80** The year 5 placement providers are provided with names, pictures and email addresses of the students who will be on their placements. They make themselves available to contact if the students have any queries prior to commencing their placements. The educators told us that the information they receive on the students from the BM (EU) programme is far superior to the information they would receive for most German students. Two to three weeks after finishing a placement, the placement providers are sent an email with feedback on their placement. This helps them develop and learn for the future.

Area working well seven: the re-orientation week for year 5 students is well received and praised by the students. They see it as an important part of the programme.

Area working well eight: we heard positive feedback from students about the organisation of the year 5 surgical module.

Recommendation five: the school should address the problems with the ethics approval and supervision of the research project.

Recommendation six: we encourage KSM and the surgical module leads to reconsider the amount of time students spend in theatre, especially around exam time. Students feel unable to leave the wards at the scheduled time for leaving due to pressure from Consultants to stay and so have less time for self-study and preparation.

Recommendation seven: we encourage the school to provide detailed guidance over what needs to be covered in the hospital inductions as it would help with consistency. Several students suggested including a description of a typical patient journey on the wards.

Fair, reliable and valid assessments (R5.6)

- 81** During our visit, we heard about the Assessments of Clinical Competence (ACCs). We were told that supervisors at hospitals are knowledgeable when it comes to the ACC

process. The module coordinators carry out half the ACCs themselves and teach the other educators how to successfully determine whether a medical student has achieved the learning outcomes required for graduates.

- 82** Students also receive verbal feedback on their ACCs after they have been completed. The management team has emphasised to their educators that feedback is a compulsory part of the assessment. They are aware that it can be difficult for clinicians and teachers to give effective feedback due to the language barrier. The clinicians and educators have been assured they can provide feedback in German, encouraging them to provide as much as possible.
- 83** The ACCs are a new concept to the clinicians in Germany and it is a learning experience for them. They are confident that the consistency and reliability of the assessments will improve year on year. The clinicians compare the students to a doctor who has started their training in Germany and the Kassel students are seen as excellent.
- 84** The BM(EU) management team want to create peer observation of the ACCs so educators can observe and get better in carrying out the ACCs, including giving feedback. The visiting team noted significant improvement in the organisation of assessments of clinical competence (ACCs) on placements.

Area working well nine: the visiting team noted significant improvement in the organisation of assessments of clinical competence (ACCs) on placements.

Mapping assessments against curricula (R5.7)

- 85** During our visit, we heard how assessments are mapped to the curriculum and appropriately sequenced to match progression through education. The visiting team noted the positive examination results across all three years, which are on par with the Southampton students on the home programmes. We encourage the management team to share these statistics with Kassel students.

Area working well ten: the visiting team noted the positive examination results across all three years

Examiners and assessors (R5.8)

- 86** Assessments appear to be carried out by those with appropriate expertise in the areas being assessed. We heard how the assessors and examiners are appropriately supported and trained. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.
- 87** KSM implemented OSCE training at the hospital for educators. This allowed the examiners to observe the OSCE process, including examples of feedback, before they

examine OSCEs themselves. We heard how two members of staff went to observe OSCEs in Southampton. There is also an online module for the examiners.

Preparation for foundation year (R5.9)

- 88** KSM are well prepared for their foundation year. The visiting team were impressed with the hard work that has been put into preparing for F1. There appear to be very good links between Kassel and Health Education Wessex in the UK. The Foundation Training Program Director in Kassel will report to the Foundation Director in Wessex, who will visit Kassel after the trainees have been in post for three months. There will be quarterly reports to provide updates on the foundation programme and regular email and telephone communication.
- 89** We heard how the Foundation Training Program Director in Kassel introduced himself to the final cohort of students two years ago in preparation for the foundation year. Several meetings have occurred since, starting early in year 4, where they discussed topics such as salary and provisional registration for the foundation trainees. HEE Wessex recently ran a clinical and educational supervisors course in Kassel that covered a wide range of topics, including feedback, fitness to practise and ensuring trainers in Germany understand the syllabus.
- 90** We were told that Kassel plan to establish their own evaluation for foundation placements. They want to look at how UK placements are evaluated and potentially tailor it for the Kassel foundation programme. Southampton and HEE are responsible for quality assuring the foundation programme in Kassel and the GMC quality assures the processes at HEE Wessex.

Area working well eleven: the visiting team were impressed with the hard work put into preparing for F1. There appears to be good links established between Kassel and Health Education Wessex.

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Evidence base	The medical school prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.

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