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Introducing Problem Based Learning in Moldova: Toward Enhancing Students' Competitiveness and Employability

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Institutional and Study Programme Fit-For-Purpose Benchmark Analysis

Benchmarking report: BSc in Medicine, Plymouth University Peninsula School of Medicine and Dentistry, Great Britain

Work Package 2 Consolidated Report

Working Group: Mihail Gavriliuc
Victor Vovc
Angela Babuci
Igor Cemartan

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Chisinau 2017

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1 SYSTEM LEVEL

ACCREDITATION/VALIDATION OF DEGREES IN UK

The United Kingdom is a recognised world leader in healthcare with unrivalled experience and expertise in meeting the complex health demands of diverse populations. With an international reputation for excellence, the National Health Service (NHS) is at the forefront of healthcare delivery, research and training.

According to the framework for higher education qualifications in England, Wales and Northern Ireland, there are two parallel UK national frameworks for higher education qualifications: The Framework for Higher Education Qualifications in England Wales and Northern Ireland (FHEQ), and The Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS), which apply to the respective UK jurisdictions.

The frameworks define, and apply to, all higher education qualifications awarded by degree-awarding bodies. These are the foremost national reference points for threshold academic standards in UK higher education, and all degree-awarding bodies are expected to comply with their specifications.

In UK the General Medical Council (GMC) sets the standards and requirements for the delivery of all stages of medical education and training.

Promoting excellence: standards for medical education and training sets out ten standards that they expect organisations responsible for educating and training medical students and doctors in the UK to meet.

From the introduction of the licence to practise, graduates who hold a UK primary medical qualification (PMQ) are entitled to provisional registration with a licence to practise, subject to demonstrating to the GMC that their fitness to practise is not impaired.

Standards for the delivery of the Foundation Programme, and outcomes for the training of provisionally registered doctors seeking full registration, are published under the title The New Doctor.

UK PMQs include degrees of Bachelor of Medicine and Bachelor of Surgery awarded by bodies or combinations of bodies recognised by the GMC.

GMC decides which organisations can award UK primary medical qualifications (PMQs). In most cases, a medical school is part of a single university which gives degrees to medical graduates. In some cases, universities come together to run a single medical school. These combinations of universities form a single body for the purposes of holding examinations for and awarding PMQs.

European Union law 5 European Directive 2005/36/EC allows European Union (EU) nationals who hold an EU PMQ or specialist qualification to practise as doctors anywhere in the EU.

Article 24 of the Directive says the period of basic medical training must be at least six years of study or 5,500 hours of theoretical and practical training provided by, or under the supervision of, a university. From the introduction of the licence to practise, "basic medical training" is the period leading up to full registration with a licence to practise.

The EU Directive says basic medical training must provide assurance that individuals acquire the following knowledge and skills: "Adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data".

"Sufficient understanding of the structure, functions and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being" and "Suitable clinical experience in hospitals under appropriate supervision" - EU Directive 2005/36, Article 24.

In the United Kingdom all stages of doctors' training and professional development are regulated by the General Medical Council (GMC) that promotes high standards and ensure that medical education and training reflects the needs of patients, medical students and trainees, and the health service as a whole.

Engagement of GMC is to work with key partners and those with an interest in this area to further develop of thinking and shape the assessment, that is performed according to the following comprehensive engagement programme, which includes:

- visiting every medical school in the UK to seek views on their early thinking;
- holding detailed discussions with partners and Government officials from the four nations of the UK;
- establishing an expert reference group to help develop the format of the assessment;
- convening workshops with UK medical school assessment experts, international experts and panellists for the Professional and Linguistic Assessments Board (PLAB) test;
- consulting GMC Education and Training Advisory Board and Assessment Advisory Board;
- commissioning and analysing external research; and drawing on evidence from jurisdictions running medical licensing assessments (eg in the USA, Canada, Switzerland, Poland and other countries);
- developing a reference community of individuals who are interested in this project;
- holding a public consultation on GMC plans to introduce the Medical Licensing Assessment, seeking views from all those with an interest in this area including patients and members of the public.

The most important document of UK primary legislation is the Medical Act 1983, view the Medical Act 1983 (consolidated version).

This provides the legal basis for everything that GMC does. It gives GMC specific powers and duties to carry out its functions.

The GMC was first established under the Medical Act 1858. The Act has been updated by Parliament on many occasions since then. This ensures that medical regulation changes to reflect the changing needs of the society within which GMC works.

According to the Medical Act 1983 the over-arching objective of the General Medical Council in exercising its functions is the protection of the public.

The current Act is the Medical Act 1983 (consolidated version - http://www.gmc-uk.org/about/legislation/medical_act.asp) that, as was mentioned above, has been amended on a number

of occasions since it first came into force, most recently in 2015 by The General Medical Council (Fitness to Practice and Over-arching Objective) and the Professional Standards Authority for Health and Social Care (References to Court) Order 2015 (attachment 1), which makes a number of key changes to the 1983 Act, including:

- Establishing the Medical Practitioners Tribunal Service (MPTS) on statutory footing;
- Introducing a right of appeal for the GMC against MPTS decisions;
- Improving how the GMC investigates concerns.

The powers and duties that are currently in force are shown in the consolidated version of the Medical Act 1983, which covers:

- GMC statutory purpose
- governance of the GMC (including how its members are appointed)
- GMC responsibilities in relation to the medical education, registration and revalidation of doctors, and for giving guidance to doctors on matters of professional conduct, performance and ethics.

The Act also sets out GMC powers and responsibilities for dealing with doctors whose fitness to practise may be impaired.

THE LEGAL STATUS OF THE ACCREDITING BODY, ITS STRUCTURE AND CRITERIA FOR ACCREDITATION.

General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

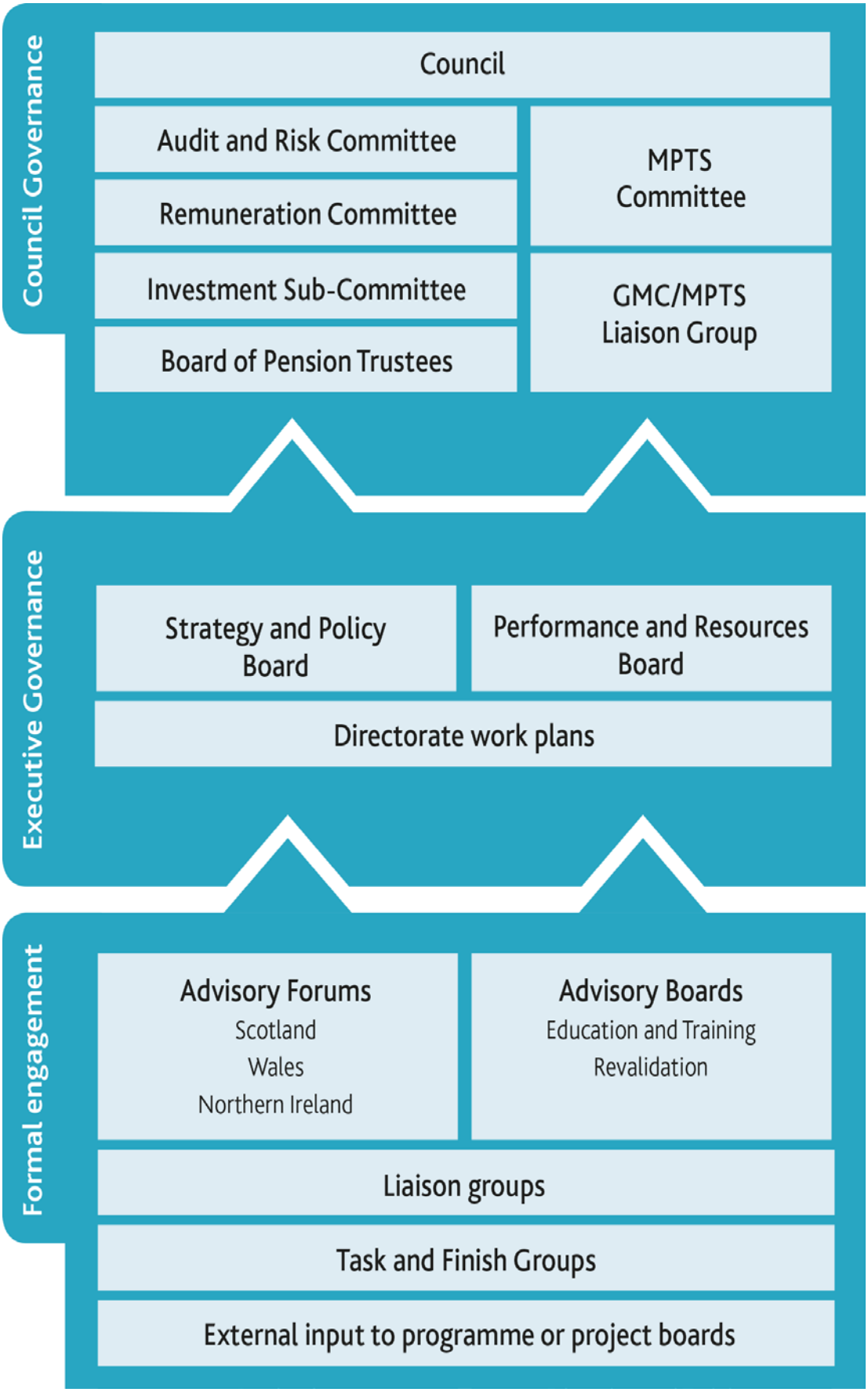
The GMC by setting standards and requirements for the delivery of all stages of medical education and training, regulates all stages of doctors' training and professional development in the UK.

- GMC decides which doctors are qualified to work in UK and they oversee UK medical education and training.
- GMC sets the educational standards for all UK doctors through undergraduate and postgraduate education and training that doctors need to follow, and make sure that they continue to meet those standards throughout their careers.
- GMC takes action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.
- They promote high standards and make sure that medical education and training reflect the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

The Council ensures that the GMC is properly managed by the Chief Executive and his team and that the organisation fulfils its statutory and charitable purposes to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. Council members are also the trustees of the GMC, which is a registered charity.

The Council currently comprises 12 members, 6 lay and 6 medical members, all appointed following an independent appointments process.

Governance Framework, including Council



Council as the governing body should adopt and comply with appropriate standards of conduct. Upon appointment, all Council members are required to confirm their commitment to the Members' Code of Conduct according to following principles:

In performing their duties, members uphold the seven principles first identified by the **Nolan Committee** in its first report on standards in public life in May 1995 (the Nolan principles), and updated by the Committee on Standards in Public Life in its report of January 2013, *Standards Matter*:

a. **selflessness**: holders of public office should act solely in terms of the public interest
b. **integrity**: holders of public office must not place themselves under any obligation to people or organisations that might try inappropriately influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family or their friends. They must declare and resolve any interests and relationships
c. **objectivity**: holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias
d. **accountability**: holders of public office are accountable for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this
e. **openness**: holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing
f. **honesty**: holders of public office should be truthful
g. **leadership**: holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Corporate responsibilities

1. GMC is the regulator for doctors in the UK, with responsibility for protecting, promoting and maintaining the health and safety of the public by ensuring proper standards in the practice of medicine, as set out in the Medical Act 1983 as amended. Council members have a duty to ensure that our functions are effectively discharged in the interests of public protection.
2. Members, as trustees of a corporate body employing staff, also have a duty to ensure that the GMC complies with relevant employment, equalities, human rights, health and safety, data protection and freedom of information legislation.
3. Members have corporate responsibility for ensuring that Council complies with any statutory or administrative requirements for the use of its funds.
4. As trustees of a charity registered in England and Wales and in Scotland, members have corporate responsibility for ensuring that Council complies with charity law and the requirements of the Charity Commission and the Office of the Scottish Charity Regulator.
5. The Council is accountable to the public through Parliament and the Privy Council.

Duties of individuals

1. Members have a duty to make themselves available for service on the Council and those of its Boards and Committees to which they may be appointed.
2. Members have a duty to ensure that they have a clear understanding of their responsibilities as trustees of a registered charity and that they meet the legal requirements for eligibility to serve as a charity trustee as specified in section 72 of the Charities Act 1993.
3. Members have a duty to notify the Privy Council and the Chief Executive if, following appointment, they become or may be about to become liable to be removed from office in any of the circumstances provided in paragraph 6 of the GMC Constitution Order 2008 (as amended).
4. Members have a duty to ensure that all their decisions and actions as trustees are taken in the best interests of the charity and the public interest, putting its interests before any personal or professional interests, and that they:
   a. contribute to GMC objective to protect the public;
   b. are within our obligations under the Medical Act 1983 as amended and other legislation;
   c. take into account the views and needs of key interest groups.
5. Members have a duty to ensure that they have a clear understanding of the scope of the Schedule of authority and, having given that authority, ensure that it is not undermined.
6. Members accept collective responsibility for enabling Council to achieve its objectives and for decisions taken by Council. Members are expected to contribute to discussion and debate freely to enable a robust decision to be made. Once Council has taken a decision, members must support the communication and implementation of that decision.
7. Members have a duty to be as open as possible with key interests about the decisions and actions of the GMC, restricting information only when the principles of confidentiality or the law require it.
8. Members have a duty to distinguish clearly, when speaking or writing, between views held by themselves personally or based on any other organisational affiliations they may have and those of the GMC. Any communication with the media about our work, including publication of views via the internet or by other means, should be discussed with the Strategy and Communication Directorate before a statement is published. In communicating with the media or making any statement, members do so on the basis of collective responsibility and in support of our purpose and policies.
9. Members may be approached by individuals or organisations that wish to lobby them on our work, including policy matters and operational decisions on particular cases. Members may take account of the views of others and undertake to make them known to the GMC if appropriate, but should avoid taking any action or making any commitment which might indicate their acceptance of the lobbyist's position. Any queries or correspondence about operational decisions involving cases of individual doctors are to be referred to the executive for any response.
10. Members have a duty to lead by example, always demonstrating respect and dignity for others - Dignity at work policy; valuing diversity and conducting themselves in a non-

discriminatory manner at all times. Working together effectively means, for Council members and staff, observing the following working principles:

a. trust between colleagues - being honest and open; acting with integrity and respect for each other
b. good communication - sharing information and listening to others
c. ideas and creativity - offering ideas and being open to ideas proposed by others
d. individual responsibility - accepting responsibility for achieving goals and for the quality of our work
e. problem solving, finding solutions - working to find creative solutions to problems
f. openness to learning and feedback - seeking to improve ourselves and how we work
g. collaboration with others - working constructively with colleagues to a common purpose

11. Members have a duty to lead by example in upholding the values of the GMC.
12. Members have a duty to be committed to the continuing demonstration of the competences required for the effective performance of their role on Council and on any of its Boards and Committees.
13. Members have a duty to participate in the appraisal process and actively commit to achieving any personal development objectives identified during the appraisal process.
14. Members have a duty to complete and maintain their entry in the Council Members' Register of Interests, declaring any professional, business, or personal interests which may, or might be perceived to, conflict with their responsibilities as Council members in accordance with Council's guidance.
15. Members have a duty to avoid placing themselves under obligation to any individual or organisation which might affect their ability to act impartially and objectively as Council members. This includes observing our guidance on conflicts of interest and on gifts, hospitality and fees for speaking engagements and making any declarations as required by this guidance.
16. Members have a duty to raise any concerns about possible wrongdoing within the GMC, as set out in our Public Interest Disclosure Policy, with the Chief Executive if it concerns a member of staff, with the Chair of Council if it concerns the Chief Executive or another member, or with the Chairs of the Audit and Risk, and Remuneration Committees if it concerns the Chair of Council.
17. Members are expected to adopt the highest standards of propriety and accountability and to promote on anti-fraud culture, as set out in our Anti-Fraud Policy. This includes ensuring compliance with the law on bribery and taking steps to avoid any situation where there is an expectation of a gift or payment in return for an advantage of any kind.
18. Members have a duty to raise any concerns about compliance with this code with the Chair of Council and the Chief Executive at the earliest opportunity.
19. Members have a duty to raise any concerns about compliance with charity or other legislation with the Chair of Council and the Chief Executive at the earliest opportunity. In the event that concerns still remain, members should report the matter to the Chair of the Audit and Risk Committee, who will report to the Audit and Risk Committee which may refer the matter to Council if required and, if appropriate, to the Charity Commission and the Office of the Scottish Charity Regulator.

In 2012 GMC began to develop a framework for regulating a system of credentialing. The recommendations from that work were reported to the Strategy and Policy Board, and then to Council, at the end of 2014. Agreement was given to a public consultation on the proposed credentialing framework during 2015.

Credentialing is a new concept for medical regulation in the UK. Credentialing is: "a process which provides formal accreditation of attainment of competences (which include knowledge, skills and performance) in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area…".

The aims of credentialing include, but are not limited to:

- Providing a framework of standards and accreditation in areas outside recognised specialties where regulation may be absent or weak.
- Recognising the particular capabilities of groups such as Staff and Associate Specialist (SAS) grade doctors who may not have a Certificate of Completion of Training (CCT).
- Recognising the particular capabilities of doctors (both GPs and specialists) over and above their CCT.

STEPS OF THE ACCREDITATION PROCESS AND ITS TYPE: INSTITUTIONAL OR SUBJECT BASED

UK medical schools on the list held by the GMC are subject to QABME at least twice every ten years.

The framework (previously known as Quality Improvement Framework) sets out how GMC secure thier new undergraduate and postgraduate standards for medical education and training - Promoting Excellence. It clarifies GMC responsibilities around quality assurance, and defines the processes by which organisations responsible for medical education and training will have to demonstrate that they meet GMC standards.

The QAF helps educators and organisations establish quality management and quality control processes that can demonstrate training monitoring, data collection and identify improvements required.

It also helps GMC identify where organisations are not meeting their standards for medical education and training, and outline options for promoting improvement.

How MSF is implemented at a local level is not directly under the control of the GMC. Much will depend upon the local systems overseen by the Responsible Officer (RO) and by the robustness of the appraisal process.

In their response to the recent Department of Health consultation on the role of ROs, GMC highlighted the need for the RO function to be carried out in a way which is fair to all groups of doctors.

GMC also pointed to the importance of the quality assurance framework surrounding the work of ROs being capable of detecting and interrogating inappropriate, or unusual, decision making patterns so that the potential for discrimination by an RO, whether conscious or unconscious, is

mitigated. GMC offered to support this by engaging with the RO population regarding their own expectations of their role, and by identifying and spreading good practice.

According to Accreditation of Multi-Source Feedback Tools for Use in Revalidation, there is a system of accreditation for MSF tools which satisfy the principles, criteria and key indicators for MSF set by the GMC (attachment 2).

The accreditation evaluates the development of MSF tools, but not the local administration of tools. The accreditation is undertaken by an independent expert group on behalf of, and appointed by, the GMC.

The UK Quality Code for Higher Education Subject Benchmark Statements are part of the Quality Code - Part A: Setting and maintaining academic standards.

Subject Benchmark Statements set out expectations about standards of degrees in a range of subject areas. They describe what gives a discipline its coherence and identity, and define what can be expected of a graduate in terms of the abilities and skills needed to develop understanding or competence in the subject.

Subject Benchmark Statements do not represent a national curriculum in a subject area. Rather, they allow for flexibility and innovation in programme design within an overall conceptual framework established by an academic subject community. They are intended to assist those involved in programme design, delivery and review and may also be of interest to prospective students and employers, seeking information about the nature and standards of awards in a subject area.

Working closely with the higher education sector, QAA have published Subject Benchmark Statements for a range of disciplines. Some Statements combine or make reference to professional standards required by external professional or regulatory bodies in the discipline.

Subject Benchmark Statements are available for:

- bachelor's degrees with honours
- master's degrees
- health professions
- professional qualifications in Scotland.

Subject benchmark statements provide support to higher education providers in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements allow for flexibility and innovation in programme design and can stimulate academic discussion and debate on the content of new and existing programmes within an agreed overall conceptual framework. Subject benchmark statements also provide support to higher education institutions engaged in the Enhancement-led Institutional Review (ELIR)3 process as they can be used to review learning outcomes specified for a particular programme against agreed expectations about standards (attachment 3).

QAA publishes and distributes subject benchmark statements developed by similar subject-specific groups. The subject benchmark statement will also be of interest to students working towards a qualification in career guidance and development, career guidance practitioners

themselves who may be reflecting on their own professional development, managers and mentors in employing organisations, those who supervise placements and provide opportunities for practice-based learning, those who are responsible for the quality assurance of career guidance services and members of other associated professions.

According to New schools and programmes update of the General Medical Council Undergraduate Board issued in 2012, April 26, Plymouth Peninsula school of Medicine and Dentistry will be subject to GMC quality assurance, it is likely this follow the first cohort of students to graduation by Plymouth University, currently scheduled for 2017/18 (attachment 4).

The General Medical Council (GMC) sets the standards and requirements for the delivery of all stages of medical education and training.

Promoting excellence: standards for medical education and training sets out ten standards. The standards and requirements are organised around five themes. Some requirements – what an organisation must do to show us they are meeting the standards – may apply to a specific stage of education and training.

Theme 1: Learning environment and culture

Theme 2: Educational governance and leadership

Theme 3: Supporting learners

Theme 4: Supporting educators

Theme 5: Developing and implementing curricula and assessments

Promoting excellence: standards for medical education and training replaces the 'standards for delivery of teaching, learning and assessment for undergraduate medical education' in Tomorrow's Doctors (2009), and the 'standards for postgraduate training' in The Trainee Doctor (2011).

The Plymouth Peninsula School of Medicine and Dentistry has a strong track record in widening access and participation for underrepresented groups, clearly evidenced by their consistently high performance against national benchmarks.

QUALITY ASSURANCE AND THE LEGAL STATUS OF THE QA BODY

Quality Assurance Agency for Higher Education (QAA) in United Kingdom is an independent body entrusted with monitoring and advising on standards and quality in UK higher education.

QAA manages external quality assurance across the four nations of the UK, in a growing international context and across an increasingly diverse range of higher education providers.

The Quality Assurance Agency for Higher Education (QAA) is a UK-wide agency covering England, Northern Ireland, Scotland and Wales, within a higher education system. The higher education policy is determined by each nation:

- In England, through Parliament in London
- In Northern Ireland, through the Northern Ireland Assembly
- In Scotland, through the Scottish Government

- In Wales, through the Welsh Government.

They are dedicated to checking that the three million students working towards a UK qualification get the higher education experience they are entitled to expect.

According to QAA strategy 2014-2017 they *"put students and the public interest at the centre of everything"* they do.

QAA itself operates as a single entity across the whole of the UK. All providers of higher education in the UK are quality assured via methods aligned to the UK Quality Code for Higher Education, which is published and is available on QAA website (attachment 5).

The mission of the QAA is to safeguard standards and improve the quality of UK higher education wherever it is delivered around the world.

QAA acts in the public interest for the benefit of students and supports higher education providers in providing the best possible student learning experience, to enhance the quality and secure the academic standards of UK higher education wherever delivered in order to maintain public confidence.

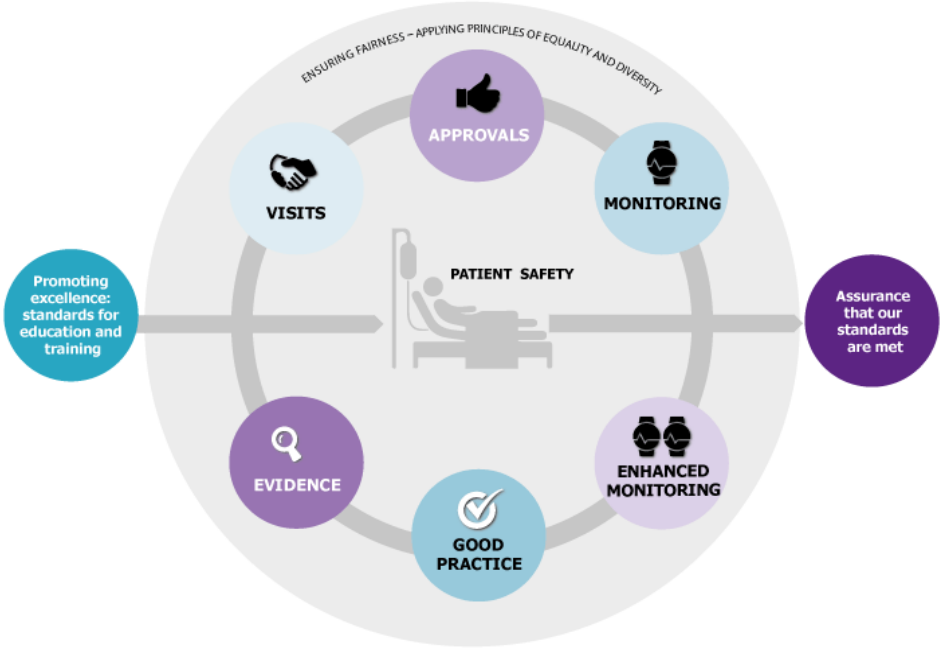
According to QAA "Recognition scheme for subject benchmark statements" third edition, the *"Higher education providers may offer programmes in some subject areas which are recognised or accredited by a professional, statutory or regulatory body (PSRB) external to the provider"* and for medicine such a body is the General Medical Council.

In cases where a programme is externally recognised or accredited, the benchmark statement may not be the sole point of reference that higher education providers will draw upon in designing, delivering or reviewing their programmes. Arrangements for external recognition or accreditation may mean that the higher education provider has to take account of the requirements of the relevant body, which frequently take the form of competences required for proficiency or practice. In such cases, the subject benchmark statement may provide additional guidance for programme providers around academic standards not covered by PSRB requirements. In some instances, the subject benchmark statement will have been designed to reflect the requirements of a particular PSRB; the relationship between academic and professional or regulatory requirements will be made clear within individual statements.

As it was mentioned above in UK the Quality Assurance of Basic Medical Education (QABME) is an area of the General Medical Council, which is an independent organisation that helps to protect patients and improve medical education and practice across the UK, setted the outcomes for undergraduate medical education through its guidance Promoting excellence: standards for medical education and training (attachment 6).

Those standards set out requirements for the management and delivery of undergraduate and postgraduate medical education and training and came into effect on 1 January 2016 and replace the previous standards in *Tomorrow's Doctors* (pdf) and *The Trainee Doctor* (pdf) and it ensures that those outcomes are met through the process for Quality Assurance of Basic Medical Education (QABME).

THE QUALITY ASSURANCE FRAMEWORK IS USED FOR MONITORING THE PROCESS OF QABME



GMC monitors the quality of education and traning by:

- Analysing information from education and training such as medical schools, deaneries and local education and training boards, and royal colleges and faculties
- Visiting organisation which provide education and trening and speaking to staff, students and doctors in training
- Carrying surveys of doctors to find out about their experiences
- Testing, and deciding to approve or otherwise
- applications from new undergraduate training institutions
- the curricula for doctors in training
- training posts and programmes
- sub specialties
- the doctors who train general practitioners (GPs)

The Quality Assurance Framework sets out how GMC secure their new undergraduate and postgraduate standards for medical education and training - Promoting Excellence.

It clarifies GMC responsibilities around quality assurance, and defines the processes by which organisations responsible for medical education and training will have to demonstrate that they meet GMC standards (attachment 7).

The QAF helps educators and organisations establish quality management and quality control processes that can demonstrate training monitoring, data collection and identify improvements required. It also helps GMC to identify where organisations are not meeting their standards for medical education and training, and outline options for promoting improvement.

Through the QABME process the GMC:

a. Monitors changes to curricula, assessments and staffing through information received in the annual return from each medical school.
b. Allows issues of common concern in undergraduate medical education to be identified, discussed and resolved, thereby contributing to the ongoing review of standards.
c. Produces evidence-based visit reports on whether schools meet the requirements.
d. Identifies examples of good practice for widening participation in medical education.
e. Provides evidence that will allow it to make a decision about who is added to, or removed from, the list kept by the GMC of approved bodies allowed to award primary UK medical qualifications.

The guidance *Promoting excellence: standards for medical education and training* and QABME have been developed in the context of UK medical practice and education, taking account of:

a. The cultural expectations of UK patients in the early 21st century.
b. Problem-based and integrated medical education.
c. The training arrangements and career prospects of UK graduates.
d. The needs of the National Health Service (NHS) and other UK employers.
e. UK arrangements in relation to the roles of the various healthcare professions and allied healthcare staff.
f. UK legislation and government healthcare policy.

THE ROLE OF THE NATIONAL QA BODY IN CURRICULUM DEVELOPMENT AND INTERNAL QUALITY ASSURANCE

A national, independent body called Health Education England (HEE) is responsible for promoting high quality training and education, undertaking national planning and leadership, allocating financial resources, monitoring outcomes and securing the required supply of qualified staff.

The key national functions for HEE are summarised as follows:

- providing national leadership on planning and developing the healthcare and public health workforce;
- authorising and supporting the development of LETBs;
- promoting high quality education and training responsive to the changing needs of patients and local communities. This includes responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment;
- allocating and accounting for NHS education and training resources and the outcomes achieved;
- ensuring the security of supply of the professionally qualified clinical workforce.

Long term, national planning is needed, for example, because a medical student graduating today will still be providing care in 2050.

The Department of Health sets the direction and its expectations for the whole education and training system through a document called the Education Outcomes Framework14 (attachment 8).

Standards for the design and development of the curricula and programmes of assessment are set up by the General Medical Council which is working with stakeholders on this issue. They use those standards to simplify, clarify and improve processes around the approval and quality assurance of curricula, and to begin to approve regulated credentials. GMC is developing new standards for postgraduate medical curricula and regulated credentials, which will be published in 2017.

The framework (previously known as Quality Improvement Framework) sets out how GMC secure their new undergraduate and postgraduate standards for medical education and training - Promoting Excellence. It clarifies GMC responsibilities around quality assurance, and defines the processes by which organisations responsible for medical education and training will have to demonstrate that they meet GMC standards.

The QAF helps educators and organisations establish quality management and quality control processes that can demonstrate training monitoring, data collection and identify improvements required. It also helps GMC to identify where organisations are not meeting GMC standards for medical education and training, and outline options for promoting improvement.

The role of the General Medical Council is to regulate undergraduate and postgraduate training of doctors and professional development in the UK.

GMC does not regulate medical schools directly, they do regulate the standards that medical students must reach so that they can become doctors and the way in which schools should teach and assess them.

GMC also ensures that medical education and training reflects the needs of patients, medical students and trainees, and the health service as a whole, by writing guidance and setting standards. GMC sets its standards in consultation with other health sector organisations, medical schools, students, doctors, patients and anyone else with an interest in medical training.

The GMC is working together with medical schools to develop a medical licensing assessment. They are developing proposals to introduce a medical licensing assessment (MLA), which would create a consistent standard of entry to the UK medical register. They have defined the aim of the MLA as: to create a single, objective demonstration that those applying for a licence to practise medicine in the UK can meet a common standard for safe practice.

The current plan of GMC, which is now being tested and developed, is that the MLA would focus on clinical competencies and competencies linked to patient safety and healthcare quality in the context of UK clinical practice.

GMC is keen to work with other organisations and those with an interest in this area across the four countries of the UK, to develop thier plan and shape the assessment. As part of GMC comprehensive engagement programme, they visited every medical school in the UK to present thier early plan and seek views.

Agendas for the visits varied slightly depending on the needs and interests of each school. But all include meetings with the senior school team for an in-depth and open conversation about the MLA, large meetings with presentations for teachers, trainers (including NHS supervisors) and students. The visits are finalised with reports with identification of the main challenges and opportunities raised by medical schools relating to the MLA.

NATIONAL SUBJECT BENCHMARKS OR EQUIVALENT WHICH PROGRAMMES HAVE TO ADDRESS?[1] RELEVANT GUIDELINES OR BENCHMARK STATEMENTS PROVIDED BY GOVERNMENT AGENCIES

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum in the subject. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall framework.

Subject benchmark statements also provide support to institutions in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of external review. Reviewers do not use *Subject benchmark statements* as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of academic standards for medicine has been undertaken by a group of subject specialists drawn from and acting on behalf of the subject community. The group's work was facilitated by the Quality Assurance Agency for Higher Education, which publishes and distributes *statements* developed by similar subject-specific groups.

The *statements setted by the* Quality Assurance Agency for Higher Education *are* revised to reflect developments in the subject and the experiences of institutions and others who are working with it.

The *Subject benchmark statement (statement)* about requirements for the award of degrees in medicine is part of a more widespread process under the aegis of the Quality Assurance Agency for Higher Education (QAA) to provide *statements* that can be utilised for a number of purposes.

The uses to which *statements* will be put are threefold:

- **by institutions** - to inform the design of programmes and to evaluate the success of programmes in achieving those outcomes;
- **by external examiners and QAA** - to assist them in assessing broad consistency of standards between institutions;
- **by potential students and employers** - to help them understand the abilities and qualities of mind that programmes of higher education set out to develop.

This *statements* has been drawn up by a group of 11 medical academics from a wide variety of universities in the United Kingdom (UK). The group was formed at the request of the QAA in

[1] In the UK there are certain guidelines and constraints exercised from outside the HEI. These might be professional bodies (e.g. in the case of Law in England, where any qualifying Law degree has to be validated by the Law Society); government agencies (e.g. the subject benchmark statements provided by HEFCE); or other validating agencies (e.g. EDAMBA etc.). This can be significant because these agencies sometimes dictate the curriculum and the assessment style (e.g. insisting on exams).

consultation with the General Medical Council (GMC) and the Council of Heads of Medical Schools and Faculties in the UK.

These organisations were involved in the composition of the group because holders of a medical degree from a recognised university in the UK are automatically entitled to provisional registration with the GMC and thus to embark on a professional career. Graduation and licensing for practice cannot be separated as the law stands at present.

The Medical Act 1983 gives the GMC responsibility for setting and maintaining standards of basic medical education in the UK. The GMC's Education Committee undertakes this role by a variety of means, including publishing, about once every decade, recommendations on undergraduate medical education.

Committee also undertakes statutory visitations to assess the quality of teaching, and inspections of the final qualifying examinations. Since 1995, the Committee has been undertaking informal visits to medical schools to monitor the implementation of the recommendations of *Tomorrow's Doctors*.

Medical education is also governed by an EEA Directive. Article 23 of Council Directive 93/16 stipulates that the period of basic medical training for the medical profession shall comprise a six-year course or 5,500 hours of theoretical and practical instruction given in a university or under the supervision of a university.

From the introduction of the licence to practise, graduates who hold a UK primary medical qualification (PMQ) are entitled to provisional registration with a licence to practise, subject to demonstrating to the GMC that their fitness to practise is not impaired.

Standards for the delivery of the Foundation Programme, and outcomes for the training of provisionally registered doctors seeking full registration, are published under the title The New Doctor.

UK PMQs include degrees of Bachelor of Medicine and Bachelor of Surgery awarded by bodies or combinations of bodies recognised by the GMC. These are the organisations or combinations that may hold qualifying examinations. (Also, valid UK PMQs may be held by individuals who were awarded these qualifications by bodies that were at the time, but are no longer, empowered to award PMQs.)

European Union law 5 European Directive 2005/36/EC allows European Union (EU) nationals who hold an EU PMQ or specialist qualification to practise as doctors anywhere in the EU.

Article 24 of the Directive says the period of basic medical training must be at least six years of study or 5,500 hours of theoretical and practical training provided by, or under the supervision of, a university. From the introduction of the licence to practise, ‘basic medical training’ is the period leading up to full registration with a licence to practise.

The EU Directive says basic medical training must provide assurance that individuals acquire the following knowledge and skills: ‘Adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data.’

‘Sufficient understanding of the structure, functions and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being.’

Adequate knowledge of clinical disciplines and practices, providing him with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction.’ ‘Suitable clinical experience in hospitals under appropriate supervision.’ These quotes have been taken from EU Directive 2005/36, Article 24.

The term 'basic medical training' defines the period of training leading up to full registration. In the UK this includes the pre-registration house officer year, which is under the supervision of a university, and therefore the requirements of the EEA legislation are met. In the case of graduates admitted to accelerated medical courses, part of their previous undergraduate education may also be regarded as constituting a portion of their basic medical training. This document is concerned with degree courses leading to primary UK medical qualifications.

The terminology of the degrees differs among universities. In some cases a single degree of Bachelor of Medicine (MB or BM) is awarded but most often it is accompanied by a second degree of Bachelor of Surgery (BS, BCh, BChir or ChB) and in the case of The Queen's University of Belfast, a third degree, Bachelor of the Art of Obstetrics (BAO). Only the degrees in medicine and surgery are registrable with the GMC, and in law, all are of equal standing.

PROFESSIONAL BODIES WITH INPUT INTO THE VALIDATION OR OVERSIGHT OF THE PROGRAMMES AND EXTERNAL VALIDATING AGENCIES INVOLVED IN THE DESIGN OF THE PROGRAMMES

Many universities have an ordinary degree of Bachelor of Medical Science or Bachelor of Medical. Studies which is awarded to candidates who have completed satisfactorily the first three years of the course but who do not wish to continue their studies.

Most universities, including Plymouth Peninsula School of Medicine and Dentistry, provide an optional intercalated degree, usually of one year's duration, leading to a BSc, BMedSci or other Honours degree. There are a few programmes which include the equivalent to an intercalated year as an integrated part of the programme.

Another variation is the combined MB BS/PhD programme offered by some universities to those who are exceptionally able.

Students of medicine will, in virtually all cases, be aspiring to a career as a doctor. Thus the medical course has a strong vocational element and students do not usually take core modules from programmes other than medicine. While the core programme is compulsory, opportunities for student choice are provided through special study modules and elective study.

The undergraduate medical course takes at least five years in most instances. Medicine is not usually classified as an Honours course although the entry qualifications and academic standards are very high.

Universities differ in the award of Honours or equivalent. These may be given for different parts of the course and/or may be given for the complete course. The terminology also differs, with some universities awarding Honours while others give distinctions or credits. Some universities do not award Honours or distinctions of any sort with the medical degree.

To achieve their final professional status in their chosen field, graduates will have to undertake much further study. It should be recognised, therefore, that graduation marks but a landmark on the way to independent medical practice.

Throughout, the benchmarks have been defined in terms of the intellectual attributes, the knowledge and understanding, the clinical, interpersonal and practical skills, and the professional competencies, attributes, behaviours and responsibilities, which will allow the graduate to function effectively and develop as a pre-registration house officer and commence further training. Therefore the undergraduate syllabus should be designed so as to be relevant particularly to the early years of practice and to encourage the development of independent learning skills.

Medicine is characterised by the need for students to acquire not only knowledge and understanding but also clinical skills and appropriate attitudes. Professional standards are of great importance as is ability to work with other healthcare professionals.

The acquisition of clinical skills involves access to patients under the supervision of clinical teachers, usually medical practitioners, in hospital and in the community.

While universities are responsible for organising and assessing programmes in medical education, most of those teaching clinical medicine are health service practitioners who are not employed by universities. There is a considerable health service funding stream to support clinical teaching and this reimburses NHS Trusts for the service costs of teaching.

Traditionally the medical course was divided into a pre-clinical course covering the sciences basic to medicine and the clinical course covering clinical instruction with some of the more applied medical sciences. Over the last two decades the division has been increasingly blurred and most courses now have "vertical integration" and "horizontal integration". The degree of integration varies between medical schools.

In recent years there has been an increasing professionalisation of medical education with most medical schools now having medical education departments or units. There are also different approaches to education across the medical schools. The curricula in some medical schools are predominantly problem-based whereas others have mixtures of problem-based and other educational methods. The balance of teaching in the hospital and community also varies, as does the amount of interdisciplinary and interprofessional learning. While universities have entered a period of innovation and development in healthcare education, all courses leading to a medical degree must meet the requirements of the GMC and these benchmark statements, nevertheless educational diversity is to be encouraged.

Subject benchmark statements describe the nature of the general intellectual characteristics which the subject aims to develop in a student, and which a graduate might be expected to be able to demonstrate.

They are reference points rather than outcomes and expository rather than prescriptive. Institutions in their programme specifications will provide information on the structure and functions of their programmes of study and specify learning outcomes.

The yardstick for the graduate in medicine is the ability to undertake the duties of a pre-registration house officer. The benchmarks for medicine have been specified but one of the external reference points for the undergraduate medical curriculum and must be considered together with the others, and in particular the recommendations of the Education Committee of the General Medical Council.

PROFESSIONAL DUAL AWARDS AND THEIR RECOGNITION

A CCT confirms that a doctor has completed an approved specialist training programme and is eligible for entry onto the GP Register or the Specialist Register.

It is possible for a doctor to complete their training in more than one specialty and gain a Dual CCT. One of the requirements is that all competencies are covered in both specialties.

The General Medical Council (GMC) has produced this position paper to set out the requirements for Local Education Training Boards (LETBs) and Postgraduate Deaneries in delivering Dual Certificate of Completion of Training (CCT) training programmes.

The aim is to improve the overall national consistency and fairness of the approval system of Dual CCT training programmes.

Under the Medical Act 1983, GMC has the power to approve postgraduate training programmes that are delivered against the approved specialty curriculum by the LETBs and Deaneries, and decommission those no longer required.

There is no reason why doctors should not train in more than one specialty; however it is essential that the competencies defined within each curriculum are achieved, regardless of if they are completed on a single programme or as part of a dual programme.

The Medical Act 1983 does not permit dual training where one of the specialties is General Practice; a CCT may only be awarded where all the training undertaken is in posts approved for General practice (and no other specialty) specialties.

The GMC approves postgraduate specialty curricula that are owned by the relevant Colleges against its published standards. When doctors in training follow more than one curriculum they are not required to repeat competencies where they are covered in both curricula. It would be impractical to create a new X&Y specialty for every possible combination of specialties and given the complexities of European Legislation around free movement relating to individual specialties. It is therefore more appropriate to continue with the current system, which is:

- Doctors in training on completion of their dual programme will be awarded a CCT in each of the individual specialties and will train concurrently following the separate specialty curricula.

Due to limited central guidance (for most specialties) LETBs and Deaneries have developed their own dual programmes and in many cases “unwritten understanding” on individual recognition

of competencies shared from one specialty to another. This generates the risk of inconsistencies in decision making and does not provide a transparent career pathway for doctors in training.

It is important that pairings are developed and recruited to when there is a specific workforce need, where there is a clear complement between the specialties or where patient care may be enhanced by having a doctor trained in the paired specialties.

Feedback from stakeholders has indicated that only in exceptional circumstances and where there is a clear workforce need should training in more than two specialties (ie triple) be supported. The decision lies with the relevant Dean. This will also require individual mapping of the combination of CCT curricula.

It is expected that this pairing will reduce overall training by a minimum of at least one calendar year, but workforce needs may indicate otherwise.

- Should a LETB and Deanery or College wish to develop a new pairing then a joint submission from the Lead Dean and relevant College(s) is to be submitted to GMC for approval. This submission is to include the mapping of the shared competencies together with the expected duration and must be approved by the GMC before recruitment to the programme.
- For all specialty pairings the indicative length of training of the dual programmes and mapping must be published as outlined in the implementation plan.

For a doctor in training to be awarded a CCT, the entire training programme and training locations must have gained prospective approval from the GMC. Otherwise the doctor in training may be awarded a CESR or CESR (CP) routes.

Each post or LEP that a doctor in training holds must have prospective approval for all of the specialties they are following. For example, for a doctor in training following dual training in General Psychiatry and Old Age Psychiatry each LEP they spend time in must be approved for both specialty training programmes i.e. recognition given for each individual specialty and not for a dual programme.

The current requirement for the majority of specialties is that a dual programme is started and completed at the same time. The benefits of a flexible approach to start dates would include where:

- A doctor in training has to "wait" for a second specialty to be available which will be a particular issue in small specialties.
- A doctor in training deciding at a later point that they would like to train in more than one specialty.
- There is a need to train doctors in a particular field and this would enable existing doctors in training to dual train and complete in a shorter period of time.

It should not be viewed that doctors in training already on a single programme be recruited in preference to doctors in training applying directly to dual programmes. Irrespective of the start date of the second CCT Programme, for CCTs to be awarded in both specialties:

- The competencies gained in the first specialty can be counted towards a second specialty provided it is outlined in the CCT curriculum of the second specialty – this will be covered by the mapping and duration of training document, or

- If the first specialty training post(s) is approved for the second specialty.

The second specialty in a dual specialty programme may be started at any point, except where there is explicit agreement between the Colleges and the four countries regarding a cut-off point. This must be clearly displayed in the Person Specifications and mapping documents.

It will be for the appointing Dean to determine if they accept the doctor in training onto the second specialty programme. If a doctor is towards the end of their training in their first specialty; where a doctor might deskill in one specialty to catch up on the second specialty; when there have been performance issues in the first specialty are all examples of when it might not be appropriate to accept a doctor onto a second specialty.

The GMC's standard is that the process for recruitment, selection and appointment must be open, fair and effective.

- Recruitment must be competitive with a fair, transparent (published) and open selection process against a nationally agreed person specification.
- It is recommended that all dual CCT programmes must be advertised nationally in the same way as individual specialties and where possible this should be via a separate advert, for example a single advertisement.
- Key interests indicated there should be a national approach over the coordination of recruitment and promotion of the specialty where there is a recognised workforce need.
- General consensus from key interest groups is that a doctor in training should not be able to apply or be appointed to two single specialties during the same recruitment round; they will only be able to undertake two specialties when a dual CCT has been advertised.
- On successful recruitment, a Form R: Registration to Postgraduate Specialty Training must be completed.

Due to differing start times, a doctor in training might complete training in dual programmes at different times. If a doctor in training were to complete training at different times then either they might have to pay for two separate CCT applications or they would not be able to take up a Consultant post whilst still in training for the second specialty. It is not possible to hold a training and Consultant post at the same time (European legislation around eligibility for a CCT).

Doctors in specialty training undertake an Annual Review of Competency Progression (ARCP).

- In order for the GMC to be satisfied that the competencies for each curriculum are being achieved there must be separate ARCP outcomes for each specialty.
- The outcomes can be achieved via single or multiple panels in a process managed by the LETB/Deanery.
- Once all ARCP outcomes have been agreed, then the future training plans of the doctor in training can be agreed.
- Where a dual programme crosses two Colleges, the mapping must outline which College is the lead one for recommendations to the GMC for award of CCT.
- It is proposed that the Overarching Data Group taking into consideration College requirements will determine the method of recording the different specialties of doctors and their National Training Number (NTN).

Research undertaken during this project identified an inconsistency in how Doctors who have successfully completed Dual Training programmes are recorded on the specialist register.

Quality management of the dual CCT training is monitored by the GMC considers that sharing examples of good practice is beneficial.

There should be a forum for each specialty, for example, drawing from the Conference of Postgraduate Medical Deans (COPMeD) to share good practice in local quality management processes of dual CCT training.

There is also the need to ensure that the Annual Review of Competency Progression (ARCP) process for doctors in training undertaking more than one specialty is appropriately recorded for each specialty. Having national consistency will allow specialties to be comparable, and therefore affect the quality assurance of programmes.

GMC standards state that trainers with additional educational roles, such as TPDs and ESs must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities. Given the relatively small numbers of dual CCT doctors in training these roles may be held jointly with that of a TPD and ES for a main specialty providing appropriate arrangements are made for doctors in training to escalate concerns.

LETBs and Deaneries to ensure that each post or LEP a doctor in training holds has prospective approval for all the specialties they are following.

- GMC to ensure that a consistent process for recording Dual Training programmes on the specialist register.
- ODG to consider what the best method is of recording the different specialties a doctor in training is on and oversee the implementation.
- Colleges to ensure that for all specialty pairings the indicative length of training of the dual programme is published and sent to the GMC for publication also.

2 UNIVERSITY MANAGEMENT LEVEL

GOVERNANCE, MANAGEMENT AND ORGANIZATIONAL STRUCTURE OF THE PLYMOUTH UNIVERSITY PENINSULA SCHOOL OF MEDICINE AND DENTISTRY

University Governance

Principal objectives of the University

- Provide effective leadership of the work of the University;
- Develop in consultation with stakeholders the vision and strategy for the University, including related strategies, for the Vice-Chancellor to propose for approval by the Board of Governors;
- Develop and propose to the Board of Governors the University's implementation plan/Roadmap and Key Performance Indicators that will enable implementation of the strategy and monitoring its progress;
- Determine and oversee the processes by which strategic planning is undertaken at Faculty and Professional Services levels, including those by which student numbers and recruitment targets are set;
- Be accountable to the Board of Governors for the University's performance against its strategy, taking into account relevant Key Performance Indicators, benchmarks and targets;
- Monitor operational and financial performance and develop appropriate and timely strategies in response;
- Prepare the University's financial forecasts and annual statements for recommendation to the Board of Governors;

Governance is generally understood as having a focus on accountability and oversight, ensuring compliance with legal and regulatory responsibilities, and in the case of the University's Board of Governors, holding the Vice-Chancellor and the Executive to account. This encompasses the systems, structures, policies, procedures and regulations by which the University is run.

Governance is also about good decision-making, in the ways decisions are taken, recorded and communicated, the criteria against which decisions are where necessary prioritised, and ensuring that decisions are effectively implemented.

Good governance maximises institutional performance and success, through the approval of institutional strategy, and the development and monitoring of associated Key Performance Indicators.

In Plymouth Peninsula School of Medicine and Dentistry the management is the area of responsibility of the Vice-Chancellor, who works through the Executive team to deliver the objectives of the University.

Governing Instrument and Articles

Plymouth Peninsula School of Medicine and Dentistry governance operates under the Instrument and Articles of Government (I&A) which are approved by the Privy Council and set out

the framework of governance. This focuses on three key components and sets out the responsibilities of each:

- The Board of Governors,
- The Vice-Chancellor,
- The Senate.

The University has had one previous I&A during its existence as a University which covered the period July 1995 to July 2016.

University's Bye-laws

The Instrument and Articles of Government are supplemented by the University's Bye-laws which:

- summarise the roles of the University's principal officers and the officers of the Board
- set out the terms of reference, membership and other requirements relating to the Board, the Senate and their respective committees
- contain general provisions for the conduct of meetings and members of those bodies; and
- provide for payments to the Chancellor and independent governors, and for the use of the University's seal.

Schedule of Delegation

In order to provide further guidance around where authority exists in the University and how key decisions are made, a Schedule of Delegation has been provided to provide clarity and transparency. This Schedule should also give confidence to staff around where they have the delegated authority to take decisions and where they do not. The document is owned by the University Secretary and reviewed and updated regularly.

Chancellor

The Chancellor of the University is Baron Jonathan Kestenbaum of Foxcote, who was installed as Chancellor in December 2013. The Chancellor is appointed by the Board of Governors. He holds a ceremonial role and acts as an important ambassador for the University. This is an honorary position with no executive duties.

Vice-Chancellor

The Vice-Chancellor is the University's Chief Executive and Accountable Officer. S/he is Chair of Senate and of the University Executive Group and is responsible for the effective operation of the University.

The University Executive Group (UEG) is the primary executive decision-making body, working with the Academic Board and the Board of Governors. It has a formal responsibility for providing effective leadership and direction, and developing the University Strategy for discussion by Academic Board and approval by the Board of Governors. It is also responsible for leading implementation of the Strategy once approved, including the resolution of potentially conflicting priorities, and monitoring and reporting to the Board of Governors on delivery against Key Performance Indicators and on institutional sustainability.

University Executive Group

1. Background

The authority of the University Executive Group (UEG) is derived from the Vice-Chancellor's authority as the Principal Academic Officer of the University and HEFCE Accountable Officer, which she/he chooses to discharge in consultation with his/her executive team. The UEG therefore advises and makes recommendations to the Vice-Chancellor and, on the Vice-Chancellor's authority, is managerially responsible to the Board of Governors for maintaining an overview of and leading the day-to-day running of the University. It is not constituted within the institution's Instrument and Articles of Government.

2. Purpose.

The UEG is the primary executive body of the University, with responsibility for developing and implementing University strategy. This is undertaken through regular monitoring of the HE policy environment, approval and review of key University projects, and monitoring the University's financial performance and key performance indicators, which are then reviewed by the Board of Governors. For clarity, the UEG acts as an advisory group to the assist the Vice-Chancellor in the performance of his/her duties as the University's Chief Executive Officer.

3. Principal objectives

- Provide effective leadership of the work of the University;
- Develop in consultation with stakeholders the vision and strategy for the University, including related strategies, for the Vice-Chancellor to propose for approval by the Board of Governors;
- Develop and propose to the Board of Governors the University's implementation plan/Roadmap and Key Performance Indicators that will enable implementation of the strategy and monitoring its progress;
- Determine and oversee the processes by which strategic planning is undertaken at Faculty and Professional Services levels, including those by which student numbers and recruitment targets are set;
- Be accountable to the Board of Governors for the University's performance against its strategy, taking into account relevant Key Performance Indicators, benchmarks and targets;
- Monitor operational and financial performance and develop appropriate and timely strategies in response;
- Prepare the University's financial forecasts and annual statements for recommendation to the Board of Governors;
- Consider regularly an assessment of key institutional risk and appropriate mitigations and internal controls, and receive and respond to audit reports as required by the Audit Committee;

- Consider recommendations for significant new strategic issues/opportunities/initiatives
- Monitor the external environment across the University's academic and professional areas and recommend and implement appropriate responses;
- Approve of submission and acceptance of Research Bids over £1m
- Be assured on the quality of institutional data used to inform statutory returns and decision making;
- Communicate key decisions through relevant channels, Committees, Groups and individuals.

4. Authority

The UEG operates by delegated authority from the Board of Governors via the executive authority afforded to the Vice-Chancellor.

5. Matters reserved for the Board of Governors

In accordance with the Schedule of Delegation, the following matters must be referred by UEG for approval to the Board of Governors:

- University Strategy
- University Key Performance Indicators
- Financial forecasts
- Annual Health and Safety Report
- Annual Equality and Diversity Report
- Donations or sponsorships above £1m
- Any investment with monetary value of over £500k (as set out in the University's Financial Regulations)
- Any new initiative or proposal that may pose significant institutional risk it will be made clear, when escalating to the Board of Governors, whether the matter is being referred for information or for a decision.

6. Interaction with other Boards/Committees

Key Boards and Committees that the UEG regularly interacts with include:

- Board of Governors
- Board Committees 5 of 8 University Executive Group
- Academic Board (e.g. on development of the University Strategy, related strategies, implementation plan and KPI's)
- UEG subcommittees – to receive regular reports and assurance on business undertaken on its behalf.

The UEG Committee includes 12 members. The Interim Head of Governance and Secretariat acts as Clerk to UEG. Administrative support is provided by the Team Executive Assistant within the Strategy and Policy team.

7. Urgent business

Where timing issues dictate that a decision on an urgent matter is required between UEG meetings, all members are given the opportunity to contribute to the decision either via email or via a specially convene meeting. This would only occur by exception. The decision must then be ratified and recorded at the next committee meeting.

8. Meetings and minutes

University Executive Group Meetings and minutes Matter Response

1. Frequency Every two weeks for formal business Every two month for strategy awadays (to include Directors of Service where appropriate);
2. Timing Every month except August Quorum 7 members, which must include the Chair Delegates;
3. No delegates are accepted to UEG although nominated staff may attend for timed business for appropriate items with the approval of the Chair Circulation list UEG members, plus UEG EA's Communications UEG Summary of Discussions and Decisions is made available on the UEG intranet page, with a link included in the Staff Bulletin.
4. UEG summaries are signed off by colleagues in T&OD as well as the Vice-Chancellor prior to publication.
5. Regular Newsletter from the Executive to all staff providing more detail on key strategic developments
6. All Staff Briefings – face-to-face briefing events Clarity on what papers/content from UEG can be shared more widely is provided for by the UEG paper template where authors are asked to specify the confidentiality level of submitted papers: open; confidential; strictly confidential. These levels follow advice of the Information Commissioners Office.
7. Minutes Draft minutes will be provided at each meeting for approval. All minutes are considered confidential unless otherwise stated by the Chair.
8. At each meeting UEG reviews the actions from their previous meeting and provide updates which are noted. The Secretariat team also provides each UEG member with a record of their outstanding actions for reference and reminder.
9. Regular reports to the Board of Governors
10. VC's Report to the Board (to every Board of Governors meeting) – this updates the 8 of 8 University Executive Group board on key aspects of University business.
11. Annual report on strategy implementation and Key Performance Indicators

UEG meets every two weeks formally and every two weeks informally. Notes of UEG meetings are published for staff and made available via the Staff Bulletin. UEG operates a number of Executive Advisory Groups and communications fora.

Plymouth University Peninsula School of Medicine and Dentistry (PUPSMD) Commitments

PUPSMD deliver high quality research-led and professionally-relevant teaching. A stimulating student experience ensures challenge, personal development, and employment success.

University's staff are creative, empowered, and take responsibility. They work with students as partners and strive for exceptional performance in everything they do.

PUPSMD strategic priorities are summarised against three core principles of Quality, Institutional Sustainability and One Team:

Quality

Striving for the highest quality in everything that University do.

• Raising the quality of our student intake

• Improving teaching quality and student experience across all our disciplines

• Increasing opportunities for international study and experience

• Ensuring graduate and professional level employment

• Increasing research volume and quality by growing and sustaining established and emerging peaks of excellence

Student-centered teaching and learning

There is no a special university structure responsible for student-centered teaching and learning.

The PUPSMD commitment in matter of teaching and learning are as follows:

Student-centred

This is embodied in the educational approaches used and PUPSMD responsiveness to student learning needs. These student-centred educational approaches develop leadership and team-working skills, confidence and self-motivation, adaptability and tolerance of change, and a holistic understanding of the patient experience.

Patient-centred

Teaching and learning activities in the PUPSMD are patient-centred. This means that patients are at the core of all learning opportunities, through extensive use of real-life situations involving patients, authentic or context-sensitive simulation and simulated patients. Medical and healthcare science students begin to learn from patient experiences from the first weeks of the course, dental students begin patient treatment in the third term of the first year and all courses continue this throughout.

Integrated, experiential and spiral learning

In this University students will acquire science and clinical knowledge, practical and professional skills, in an integrated way across the whole five years, medicine and dentistry, or three years human health programmes from relevant, patient-centred perspectives. The curricula

are designed to spiral, revisit, and build upon earlier knowledge and skills as student progress through the programme.

Partnerships

Partnerships underpin PUPSMD curricula in many ways. Students will benefit from partnerships of scientists and clinicians delivering some aspects of the curriculum, from partnerships in supervision and mentoring with students' academic tutor, from teaching and learning partnerships with fellow students, and in partnerships between the University, NHS, social enterprises and third sector organisations.

Authentic, relevant and contextual learning

Throughout chosen course students will undertake authentic tasks, and be offered real-life opportunities for clinical care, and participation in meaningful work-based learning. This provides opportunities for practicing students' clinical and communication skills, to build their confidence, and to learn from the diversity of role models in healthcare and related disciplines. The many authentic clinical experiences students will have really help with them understanding the context for learning medicine, dentistry or healthcare science, incorporating the multi-professional nature of healthcare, and the importance of teams in healthcare provision.

Research-informed teaching

The research within the Schools is applied and translational, and supports teaching, learning and innovative curricula. The internationally renowned clinical education research and pedagogy ensure that teaching methods practiced in the PUPSMD are contemporary, innovative and effective. The PUPSMD staff and healthcare researchers undertake basic and translational research to improve patient and population care and this ensures that their teaching on the medical, dental and human health programmes is current and at the forefront of healthcare.

Innovation and quality improvements

Students will experience innovation and quality improvements throughout the programmes. University's staff actively encourage student feedback at all levels of the learning experience, and student engagement with staff to ensure of programme best suits your learning needs. Embedded in the programmes are opportunities for learning the approaches and ways to think about quality improvement and patient safety within current medical, dental and human health settings, which are necessary skills for all healthcare practitioners working in modern healthcare services.

Student Support

Academic Tutors support the educational progress of students by guiding learning approaches and providing first level remediation. Learning Contracts are drawn up which also document the problems and solutions discussed in each meeting. Academic Tutors not only discuss academic progress, but also the results of the various Professionalism Judgements that students regularly receive from various sources at key points throughout the programme.

Academic Tutors are supported by Senior Academic Tutors to help deal with more complex or persistent problems with a student. The Senior Academic Tutors will also produce reports for consideration by the PU PSMD Academic Review Group on students with particular academic concerns. The Academic Review Group is a working group of the Award Assessment Board, which

will meet termly to consider the academic progress of PU PSMD Document Register MED117.4 Page 9 of 16 each individual student and to make recommendations for any necessary intervention and support.

In addition to the Academic Tutor system, the PU PSMD Remediation Team will also offer specialist levels of enhanced remediation to students. The Remediation Team comprises of a clinician team who have experience and understanding of how students can learn effectively, and have a particular interest in change management, motivational interviewing, CBT and coaching. Each student is interviewed by two members of the team, focussing on students study skills and wider personal and health issues.

Pastoral Tutors are available at both the main Campus and at the John Bull Building. They are willing and able listeners who can facilitate in non-academic matters and who can also help signpost other support services operated by the University, such as the Student Counselling service. Plymouth University provides a full range of services to support learning and student life.

All clinical areas have a nominated Clinical Teacher Lead, who is the main point of contact for the provision of support in the Clinical Area. Students can contact the Clinical Teacher in the event of any concern or problems arising during the placement, for example a change in the timetable or patient safety issues. All students will receive an introductory session that highlights the learning objectives within the learning environment and any assessments that will take place. The session will also identify any physical resources such as the departmental library, seminar rooms and learning materials. Clinical Teachers in Plymouth Hospitals NHS Trust have published a clinical manual as a learning resource for PU PSMD students in the clinical environment.

Office for internal quality assurance and enhancement

There is a Central Quality Office.

Its responsibilities are:

Quality assurance and enhancement

- Institutional-level input to HEFCE Annual Provider Review and HEFCE assurance review (HAR) visits
- Key contact for the Quality Assurance Agency (QAA) co-ordinating responses to relevant consultations
- Support the development of new collaborative initiatives.

Approval and review

- Develop guidance for approval and review processes.
- Manage periodic review events across the University and our partners.
- Manage approval events for our partners.
- Quality Assurance Handbook: Taught Programmes
- Maintain the Quality Assurance Handbook. This contains key processes, forms and guidance for taught programmes.

External Examining

- Manage the appointment of External Examiners and advise on their reporting requirements.
- Produce an annual overview of the issues raised in External Examiners' reports.
- Offer an annual conference for all newly appointed External Examiners.

Other responsibilities

- Maintain the Plymouth University Registers of Collaborative Academic Partnerships and Professional Statutory and Regulatory Bodies (PRSBs).
- Work closely with a range of key University committees and sub-committees including:
    - Academic Development and Partnerships Committee
    - Plymouth University International College Strategic Partnership Management Board and Academic Advisory Committee
    - External Examiners' Sub-Committee
    - Teaching, Learning and Quality Committee
    - Academic Regulations' Sub-Committee.

Learning development

There is a learning development group at the PUPSMD which includes 4 persons:

- One learning development group Lieder and Three learning development Advisers.

Teaching, learning and assessment strategies.

PU PSMD is committed to placing the student experience at the heart of all educational activities. All teaching and learning activities are patient and student-centred and provide opportunities for authentic and contextual learning.

The PUPSMD curriculum is best described as a spiral, vertically and horizontally integrated curriculum utilising a blend of teaching and learning methods. These teaching and learning methods are research and evidence based and linked to contemporary educational theory. In Years 1 and 2 of the programme, teaching and learning is initiated by clinical cases and patient narratives, and uses a blend of structured, **activity-based small group learning**, large group plenary sessions and supported independent study. The learning occurs within an intensely supported environment, including expert tutor-facilitated sessions in the Life Sciences Resource Centre, Clinical Skills Resource Centre, community placements, case-based small group tutorials, reflective/feedback small group sessions and workshops, all allowing for group interaction, discussion and feedback. State-of-the-art digital technologies and Technology-Enhanced Learning resources are also a key aspect to help support learning through the 5 years.

In Years 3 and 4 of the programme the learning occurs within the rapidly changing clinical environment. There are extensive opportunities for learning from patients that are structured around the pathways of patient care programme. These are supported by an academic programme, including plenaries, seminars, workshops and small group sessions, which build on previous learning and help to integrate scientific and clinical knowledge whilst helping to develop an understanding of the key concepts and knowledge that relate to each pathway. In Year 5 the emphasis is on the practical implementation of what has been learned during Years 1 to 4 and the preparation for medical practice. The learning is guided by a series of indicative clinical cases and follows the foundation

apprenticeship model with attachments working as part of the healthcare team in primary and secondary care environments.

Teaching and Learning Support (TLS) aims to positively impact on the student experience through offering staff support and resources to develop their practice.

TLS provides this through:

- Support, advice and guidance to assist the development of best practice in teaching, learning and assessment
- The Teaching and Learning handbook (A-Z of teaching and learning information)
- A comprehensive set of resources
- Accredited programmes (PGCAP, ITL and TDF)
- Pedagogic Research (PedRIO)
- Conferences, events, workshops and bespoke sessions
- Knowledge exchange, networking and forums
- Sustainability Education

Plymouth University assessment policy

This policy was reviewed and agreed by TLQC in June 2016 and will be reviewed in 2020 together with the Teaching, Learning and Student Experience Strategy.

This Assessment Policy applies to all students (Level 3-7 and CPD) at Plymouth University.

The purpose of assessment at Plymouth University is to:

- help students perform to the best of their abilities through assessment that's inclusive and supports their learning and future employment
- encourage, motivate and involve students in extensive learning
- provide a fair and reliable measure of students' performance, knowledge and skills against the learning outcomes and discipline pedagogy
- help students to develop, through timely and constructive feeddback
- give our stakeholders confidence that a student has achieved the necessary level of achievement, giving a reliable and consistent basis for their award.

What students can expect:

- Pre-assessment activities, designed to help you understand what assessment is and how it works.
- Clear and transparent assessment guidelines and briefs, and marking criteria for each assessment, with clear information on how and when feedback will be provided, through programme and module handbooks.
- Appropriate discussions on assessments with staff and other students.
- A range of assessment methods (these may include self-assessment, assessment by (and of) other students, and technology-aided assessments).
- Assessments that are valid and aligned to clear and realistic learning outcomes. There's normally two summative inclusive assessments for each 20-credit module, unless there are specific and overriding disciplinary or professional body requirements.
- Formative assessments where you can give, and receive (where appropriate), personal, group or general feedback which identifies where you can make improvements.

- A schedule that spreads formative and summative assignment deadlines throughout the year.
- The opportunity to use originality checking software and, where possible, to submit your assessment online.
- To have assessments marked anonymously, unless the school has approved a specific exemption or it's not practical because the assessment method involves direct contact between you and the examiner.
- To get provisional marks on all assessed work, including examinations, with personal, group or general feedback as soon as possible, and within a maximum of 20 working days.

Plymouth University's expectations from students:

- engage with "feed-forward" and feedback informative and summative assessments, and put in place any suggested improvements
- demonstrate that you've achieved academic and where appropriate professional standards through the completion of assessments
- meet the professional and ethical standards appropriate to the subject
- tell the programme leader about any medical or other reasonable adjustments requiring modification to assessments at the start of the academic year or, as soon as possible
- comply with Plymouth University academic regulations, including those on assessment offences.

Staff in Plymouth University schools, colleges and partner institutions should make sure:

- assessment is a fundamental part of the programme, giving students a clear opportunity to demonstrate general and specific subject skills, knowledge and understanding, linked to learning outcomes and future employment
- assessments are reliable, inclusive, and authentic and designed to minimise the use of modified assessment and over-assessment of learning outcomes
- assessments are valid, and aligned to clear and realistic learning outcomes. There should normally be two summative inclusive assessments for each 20-credit module, unless there are specific and overriding disciplinary or professional body requirements
- schedules of assessment spread formative and summative assessment deadlines across the programme
- students have the opportunity to take part in pre-assessment activities, guidance and support to help them understand whatt assessment is and how it works
- students are given clear and transparent assessment guidelines, and marking criteria for each assessment, with clear information on how feedback will be provided, through programme and module handbooks
- students are given the opportunity to use originality checking software and where possible to submit their work online
- assessments are marked fairly, using the published marking and grading criteria and appropriate second marking and moderation
- assessments are marked anonymously, unless the school has allowed an exemption or it is not practical because the assessment method involves direct contact between the student and the examiner

- students receive constructive personal, group or general feedback and provisional marks as soon as possible, and within a maximum of 20 working days for all assessment, including examinations. In exceptional circumstances, students and the Associate Head Teaching and Learning or equivalent will be told of any reason for a delay and a revised date will be issued
- they conduct regular reviews of assessment practice, quality of staff feedback and external examiners, and invite students to comment on how assessment is provided.

How the University supports this:

- Providing staff development workshops in all aspects of assessment.
- Providing adequate resources and an ICT system that supports the assessment process.
- Providing digital tools to encourage innovative assessment.
- Appointing and training appropriately qualified external examiners.
- Recording and storing assessment data on the Student Record System.
- Making sure academic regulations and the assessment policy are accessible and regularly updated.
- Monitoring how the assessment policy is put in place across the University.

The Technology Enhanced Learning for Medicine and Dentistry

The Technology Enhanced Learning for Medicine and Dentistry (TELMeD) team develop, manage and support virtual and physical technology enhanced learning environments within the Peninsula Schools of Medicine and Dentistry (PU PSMD).

This specialist area incorporates:

- physical learning spaces
- institutional virtual learning environments
- personalised learning environments
- mobile and immersive learning environments.

Supporting teaching and enhancing your learning through innovative, cost-effective technologies is TELMeD's overarching mission.

TELMeD's key aims are to:

- promote learner-centred, active, collaborative, experiential, reflective and self-directed learning
- encourage student-faculty interaction and cooperation among students
- prompt feedback, and respect for diverse talents and ways of learning
- provide flexible and equitable access to learning content and services
- enhance the learning experience by integrating academic study and clinical practise
- embed a culture of evidence-based, innovative and effective TEL provision
- optimise learning opportunities by fostering innovation within and outside curriculum
- establish and maintain an effective functional governance and management structure
- develop and evolve a comprehensive quality monitoring and evaluation framework
- remain aligned with local, national and international frameworks
- facilitate appropriate communication channels across all stakeholders

- provide a support framework for staff and student development
- accelerate efficiency gains and better value by maximising economies of scale in both delivery and recording of learning.

Services on offer include:

- instructional design, learning modules and rich media support
- faculty and staff development
- user and course support
- learning service, space design and use
- mobile learning development and support
- research, development, assessment and scholarship
- incorporating simulation in virtual and physical learning environments.

Published information available on all aspects of the University curriculum policy and content.

There is the web site of Plymouth University and the site of the Plymouth University Peninsula School of Medicine and Dentistry.

Do descriptions of programmes and modules contain clear statements of intended learning outcomes? Learning methods, assessment and assessment criteria?

Yes, descriptions of programmes and modules contain clear statements of intended learning outcomes. It also contain the description of learning methods, assessment and assessment criteria.

Programme description contains Careers and employability issues

There are two opportunities to help students in these issues:

Career planning help to:

- Explore your options
- Plan your career journey
- Expand your employability skills
- Challenge yourself to succeed
- Develop into a confident professional

Career Navigator helps with:

- Part-time jobs
- Placements
- Internships
- Graduate opportunities
- Employer sessions
- CV support
- Interview skills
- Skills competitions
- Employer networking
- Advertise your vacancy

Addressing to the Students University declares "We do this by…."

- Working with your lecturers to embed employability in the curriculum

- Delivering careers and placement sessions as part of your timetable
- Giving careers information, advice and guidance on a one to one basis
- Delivering employability and placement drop-in sessions
- Giving you access to comprehensive online careers information with 'Career Navigator'
- Delivering workshops and skills sessions called ‘Accelerate’
- Working with employers to bring them on campus so that you can meet with them
- Helping you to make decisions and plans about what steps to take on your journey and what to do at the end of your studies
- Helping to make connections between the extracurricular activities that you participate in and the world of work – why not explore the Plymouth Extra catalogue of extra-curricular activities as a starting point?
- Working with the Student Union on how the opportunities that they offer can support you to improve your employability
- Sharing part time, placement, internship and graduate jobs with you and supporting you to successfully apply for them
- Keeping in touch with you so that we know what you are doing and can offer support as you move into your next step

Academic staff of the PUPSMD required to have a formal ‘teaching’ qualification.

The Postgraduate Certificate in Academic Practice (PGCAP) is a 60 credit Masters level programme which is primarily designed for academic staff engaged in professional and academic practices including: teaching, learning, assessment, research and professional development within the Higher Education context. The PGCAP is also open to other staff that are able to demonstrate that they engage in these activities (see eligibility criteria). The programme provides an exploration of the underpinning pedagogy of teaching and learning, and support for the practical aspects of developing academic practice.

The programme is aligned with the UK Professional Standards Framework (UKPSF) accredited by the Higher Education Academy (HEA). As a result you will be eligible to become a Fellow of the HEA once you have successfully completed the full programme. The university has a PGCAP/TDF policy.

Essentials

Eligibility: Those who undertake the full PGCAP programme should be engaged in a minimum of 50 hours engagement in teaching, learning and assessment activity in Higher Education.

Pre-requisites: Applicants need to be ready to study a masters level programme.

Timetable: The PGCAP consists of roughly: 105 hours directly participating in the taught components of the programme; a minimum of 65 hours spent ‘in practice’; 60 hours on preparatory work prior to the taught sessions; and 270 hours spent on private study, programme-related activities and pedagogic research. Please download the schedule below and ensure that the taught sessions are prioritized in your diary.

Accreditation: The PGCAP is validated by Plymouth University and accredited by the Higher Education Academy (HEA). On successful completion of the full programme, participants will be eligible to become a Fellow of the HEA.

How are students represented at the university level?

Students are represented at the university level by the University of Plymouth Students' Union.

The University of Plymouth Students' Union (UPSU) is an independent, democratically led charity whose core purpose is to represent the needs of all Plymouth University students.

Academic Representation at UPSU

Academic representation is a key area for UPSU. The Student Voice team and the Advice Centre work closely with students to support and improve your academic experiences. They work with representatives and individuals to ensure that your student voice is heard.

The Student Voice team coordinate the Academic Representation system which is made up of Course Reps, School Reps and the VP Education. These representatives are elected by students to represent students' views on academic issues.

The UPSU Advice centre represents individual students with a number of aspects of their academic experience. This includes course changes, making a complaint or appeal about students' course, submitting extenuating circumstances or attending a fitness to practice or disciplinary hearing.

FACULTY/DEPARTMENT LEVEL

The role of faculty and/or department in the new study programme development

In Plymouth Peninsula School of Medicine and Dentistry approval of a new programme/award includes the following steps:

1. **Programme design**
2. **Programme planning**

1. Programme design

Proposals for new programmes leading to University awards are developed and designed through the processes outlined below.

All proposals must follow the defined Academic Regulations and central University planning processes, and all approval processes for new proposals incorporate appropriate internal and external scrutiny.

The following procedures will apply in respect of programmes submitted for approval in new academic year.

A number of key issues, including academic rationale and perceived requirements for University resources, will be addressed within the academic planning process which must be completed before the Approval process can begin.

The design of each programme should:

- match the aims and learning outcomes to the University strategic plans
- make appropriate use of the national academic infrastructure, including the Framework for Higher Education Qualifications (FHEQ), the UK Quality Code for Higher Education, QAA Subject Benchmark(s), and if appropriate the Foundation Degree Qualification Benchmark (FDQB)
- reflect the outcomes of market research among potential applicants, students and employers, and where appropriate, other organisations, for example, the relevant Sector Skills Council
- reflect appropriate University strategies and policies (for example, Assessment Policy, Teaching, Learning and Student Experience Strategy, Equal Opportunities etc)
- operate within the University Academic Regulations or provide a clear rationale for exceptions
- provide an appropriate level of academic challenge and rigour
- develop students' capabilities (including their ability to learn, and to manage their own learning)
- offer opportunities for students to improve their digital literacy skills
- provide opportunities to develop employability skills Approval of new programme/award
- where appropriate, offer students some measure of choice
- clearly state entry requirements and any progression or transfer opportunities to other cognate programmes.
- reflect staff expertise, including professional, scholarly and research interests.

Programme planning

All proposals for new programmes/awards must be submitted on the standard planning form assisted by Central Quality Office for advice and assistance with applying the taxonomy.

The programme type must be included on the planning form and confirmed during the planning process for inclusion in the University's Register of Collaborative Provision.

The planning proforma will be forwarded to the appropriate Cognate Subject Faculty (CSF) Head of School and CSF Associate Dean (Teaching and Learning) for their signatures. On its return from the Cognate Subject Faculty will submit the completed planning proforma to the Secretary of the Academic Development for the Committee's consideration.

Programme approval process

The programme approval process will involve three stages:

- Preliminary meeting
- Stage One Approval event
- Stage Two Approval event

Programme approval will involve appropriate partner staff, external advisers, cognate subject representatives, relevant Faculty Managers and a representative from the student body Preliminary

Meetings Preliminary meetings will be co-ordinated by Central Quality Office and will normally take place at the start of each academic year.

Membership of the Preliminary Meeting will normally include:

- Faculty Manager
- Central Quality Office representative
- Academic Senior Administrator (Quality)
- QA Director or designated equivalent
- Head of HE/VP/or designated equivalent Approval of new programme/award.
- Preliminary meetings will be carried by video conferencing, if possible, and will be used to:
- Confirm completion of planning process
- To prioritise programme proposals to be considered for approval in the current academic year
- To identify and clarify any procedural and/or logistical issues, including discussion on possible subject clusters, if applicable
- To agree a timetable for Stage One and Two approval events
- To confirm requirements in terms of supporting documentation, including the allocation of module codes
- To highlight the Pearson requirements to undertake core unit mapping for programmes which have similar content or titles to standard Edexcel / QCF programmes, if applicable
- To consider panel membership, including external representation and confirmation of Faculty Manager and academic liaison person
- To receive details of any proposed exceptions to University Assessment Regulations which would require prior approval
- To establish external examiner requirements
- The Chair of the approval panel will be independent of the Cognate Subject Faculty for the proposal.

Panel members will include: a member of College management;

- the Faculty Manager or Associate Dean;
- appropriate subject representation from the Cognate Subject Faculty;
- two External Advisers, one academic and normally one industrial/professional and a representative from the student body.

The approval panel meeting will follow the standard University Aide Memoire including appropriate consideration of Work Based Learning elements.

A report will be produced following the Stage 2 event by the Central Quality Office representative; where approval has been given the report will confirm that academic standards have been met and provide the deadline for receipt of the external examiner nomination and the revised documentation to be forwarded to Central Quality Office.

Integrating disadvantaged groups of students and physical environment

In Plymouth Peninsula School of Medicine and Dentistry students with disabilities are assisted by the University's Disability Assist Team – offering advice and support to students with disabilities, specific learning differences and difficulties.

Disability Assist is a part of Learning Support and Wellbeing that helps students with their study support requirements, specific accommodation requirements linked to a disability/or disabilities, as well the team assists students on various questions and problems.

The term disability covers a range of conditions including hearing and visual impairments, mental health difficulties, mobility impairments, Autistic Spectrum Disorders and 'unseen' disabilities such as epilepsy or diabetes.

Disability Assist (DA):

- Works with staff across the institution, and networked nationally, to inform about Disabled Students Allowances.
- Develops and delivers training and information sessions for academic staff in conjunction with Teaching and Learning Support on inclusive approaches to teaching and supporting learning.
- Fitness for Study and Reasonable Adjustments – DA staff participates in policy implementation and review. The DA manager is drafting the University's Reasonable Adjustments Policy.

In Plymouth University working in groups is considered the key of success and students are encouraged to be open about any disabilities or specific learning difficulties they have and the implications that these may have for their group work.

- Group arrangements sometimes require formal allocation to ensure that students don't get left out.
- Some groups may also need assistance with the allocation of roles.
- Some groups may require a higher degree of informal supervision than others.
- Suggest having a clear point of contact throughout the tasks, and a process for students to discuss concerns relating to disability and the group work.
- Placement tutors, staff and students are also liaise with Disability Assist for further advice, information and guidance if needed.
- Occasionally an enabler may be required to support a student on a placement and the placement tutor liaises with Disability Assist at an early stage to ensure appropriate support can be arranged.
- The tutor considers the environment that the student is presenting in, particularly for students with hearing impairments, visual impairments, speech and language difficulties or social phobias.

Students with disabilities are assisted in fieldwork and off campus activities

- The module leader discuss fieldwork content and off campus activities with students to establish any support requirements, if an enabler is needed, appropriate transport and health and safety.
- Module leaders can then liaise with Disability Assist if appropriate.

Enabling and study skills support

- Some students may be receiving support which can include enabling (note taking, mentoring etc), learning support and communication support workers.

Modified assessment provision – for exams and in-class tests

- Some students are recommended assessment provisions such as additional time or use of a smaller or separate room. These provisions are detailed on their Student Support Document as well as being recorded on Unit-e.
- For in-class assessments, students can expect modified assessment provision (such as extra time) in line with those recommended in formal examination. However there may be some in-class assessments and environments where these modifications may not be appropriate or necessary. The module leader should discuss the format or style of the in-class assessment with the student in order to determine appropriate provision in good time. Please note that responsibility for modified in-class assessments rests with the department (module leader) concerned.

Workshops, labs and studios

- Specific adjustments are supplied for students who may need some due to a disability.
- Some students may require consideration regarding seating e.g. requiring a specific seat in a lab which is close to an exit or in a quieter area.
- Some students may require additional space to work or an extra seat for an enabler.

Accessibility of resources

All students, including those with a modified assessment provision, benefit from being able to access teaching materials in advance of a session. The Teaching and Learning Committee (May 2008 and reviewed in January 2014) agreed that materials should be made available electronically at a minimum of 48 hours in advance of a session.

Alternative assessment

- Due to their disability, some students may be unable to complete standard assessments. In these cases an alternative assessment is usually explored through the case conference process.

University facilities

- The University has a number of purpose built rooms for students with disabilities.
- Library Special Support Services, SU Advice and Welfare, Chaplaincy, Disability Assist and Learning Development.
- Students who have a Student Support Document are contacted by Library Special Support Services to discuss the support that they can offer.
- More specific information about teaching requirements are linked to the Student Support Document.
- Other information, advice and guidance as well as counselling is available to support students.

3 STUDY PROGRAMME FIT-FOR-PURPOSE

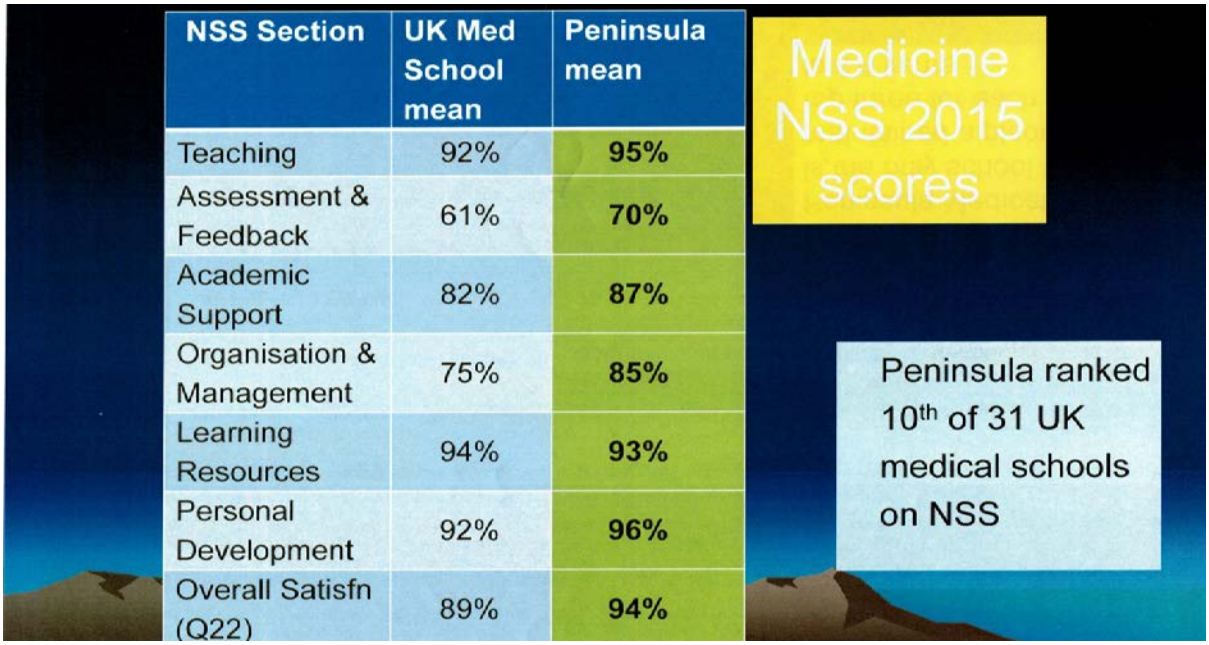
This part is concerned with exploring a current study program structure at each EU-partner University with the focus on operational, functional details, normative and technical details. The level of analysis is a particular study programme.

Each Task Force Team will employ this part of the methodology to develop a benchmark understanding of structures, procedures and process related to the development and management of study programs in EU partner universities as well as explore the same at their own university in respective pilot study program.

STUDY PROGRAM LEVEL

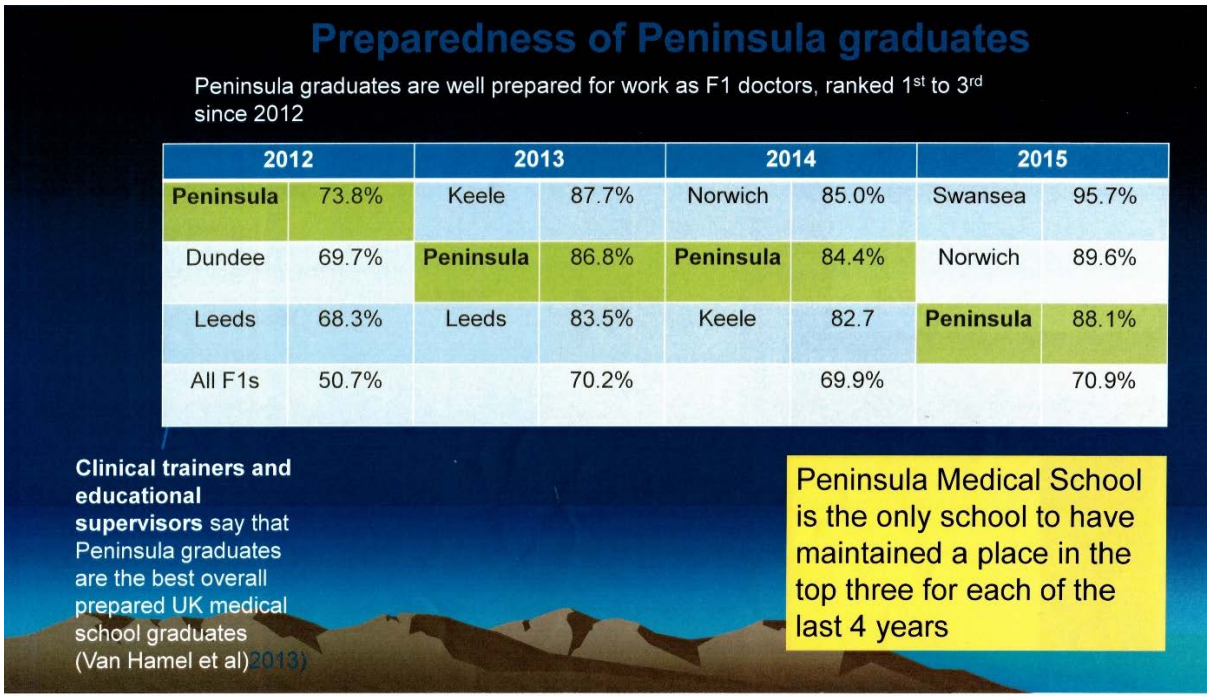
- To what extent does it reflect the institutional strategy? [See also above]
- To what extent does it reflect subject benchmark statements of the equivalent?
- **Is it competence based?**

According to the results of last 5 years the school is ranked 10th of 31 medical schools in UK.



- **Does it focus on 'employability'?**

Peninsula medical School is the only school in UK to have maintained a place in the top three for each of the last 4 years.



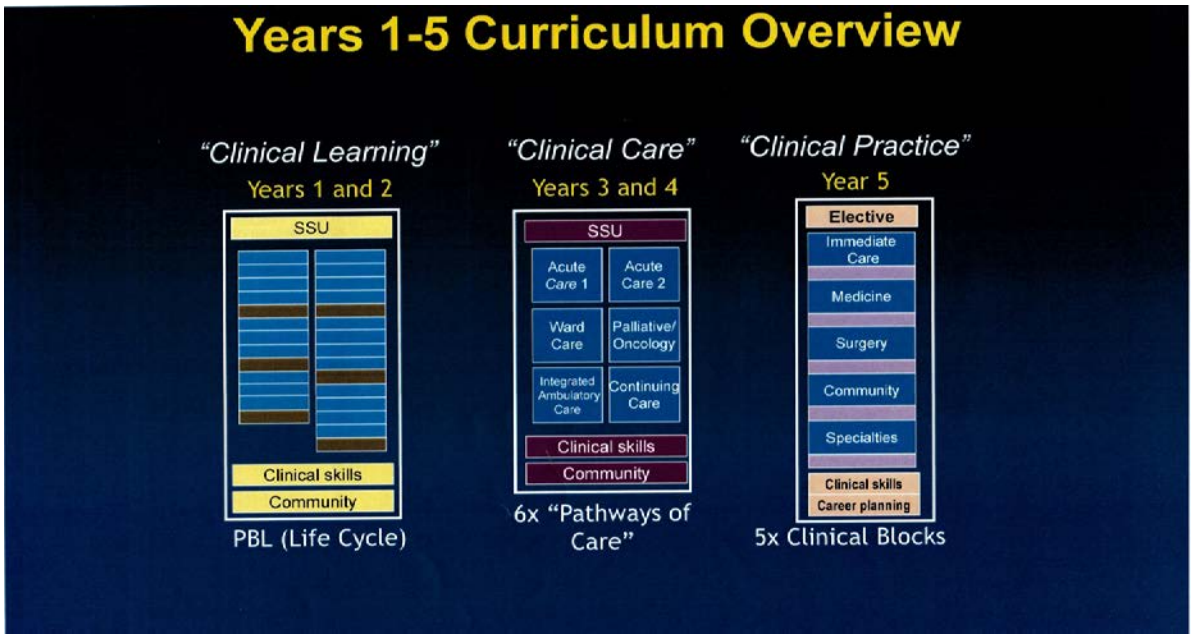
- Is it subject to professional or regulatory accreditation (particularly important for Medicine but probably the case for other subjects)
- **Does it emphasise innovation, research led learning, entrepreneurship, internationalisation?**

Groups are international and based on research.

- **To what extent does it use IT and/or blended learning?**

Academic Support, Technology & Innovation (ASTI) supports staff in the use of digital technologies and resources for teaching, learning, assessment and research. ASTI comprises of Digital Skills Developers and Learning Technologists who are available to assist you with the creation of pedagogically driven learning materials. ASTI also provides guidance and advice on a range of Technology Enhanced Learning and Assessment initiatives to help individuals, module / programme teams, faculty groups and professional services staff to progress their own development ideas and projects.

- **What is the structure of the chosen programme? (workload, semesters, modules, student evaluations, staff evaluations, learning progression). It would be useful to determine whether this process applies to second cycle as well?**



Year 1	Year 2	Year 3	Year 4	Year 5
Ethical issues Confidentiality/consent	**Disability** Language, stigma, discrimination, legal issues	**Groupworking** Benefits, problems, roles Effective meetings	**Teamworking** Influencing factors Research/evidence Models and theory Addressing problems Evaluating effective teams	**Professionalism** Meaning, diff views and conflicts, whistle blowing
Independent & group learning Making the most of placements and Jigsaws	**Health beliefs** Own and patients' In consultation	**Patient in hospital** Being a patient/student on ward. Sources of stress		**Leadership/health improvement** NHS Leadership framework
A good doctor Experiences/qualities Importance of EI	**Communicating risk** Information sources Explaining and responding	**Own and patients' values** Revisit, importance of understanding pt values	**F1 application** Process questions evidence Writing a good answer	**Self management** Revisit stress and time Mx Home-work balance as F1
Influences on health Factors affecting child health.	**Motivating for change** Prochaska & Diclementes Strategies and tools	**The hidden curriculum** What it is/implications Medical student attitude	**Careers** Personal strengths, likes & needs. Link to careers	**NHS & Horizon scanning** NHS and future changes NICE, GMC, PCT, MDU/MPS
Values Personal values & how they influence response	**Mental capacity** Assessing Mental capacity The MCA, best interests, autonomy Gillick competence	**Medicalisation** Pros and cons Culture of medicine	**Politics, How NHS works** Guidelines, new treatments, EWTD, MMC	**Delegation & handover** What works well, evidence Problems and overcoming
Dr-patient relationship How it is to be a patient Public perceptions		**Ethical frameworks** Key concepts. Application to experiences	**Electives, ethical, cultural & safety issues** Potential difficult issues Applying ethical & professional principles Cultural competence	**Electives: ethical & cultural issues** Own experiences/analysis Diversity, cultural awareness Relevance to NHS/own role
Health & illness Concepts/models of health and illness	**Coping strategies** Own and others' Role of doctor	**Gender and health** Differences in health and healthcare		
Inequalities in health Examples Inverse care law	**Mental health** Depression v sadness Medicalisation & stigma	**Managing stress** Definitions and causes Stressor-beliefs-consequences model Strategies for self & patients	**Death, terminal illness, bereavement** A good death & own responses. Role of doctor Palliative care team Euthanasia	**Patient safety** Factors, mistakes, errors, CG
The family and health Role of family & r'ships in health/healthcare	**Carers** Carers' needs Involving carers			**Patient involvement** Benefits, barriers, policies Incorporating pt views
Teamworking Wider healthcare team Good teamworking	**Child protection** Danger signs Role of health professional		**Giving feedback** Experiences, principles, analysis and rehearsal	**Keeping up to date** Requirements/portfolio Barriers and support
Art and health Use and benefits	**Transition to ward** Fears/anxieties Preparation		**Time management** Own strengths/needs Models and methods	**Support and revalidation** Appraisal, mentoring
Resource allocation				**Nightworking** issues coping

Jigsaw/small group learning outcomes year 1-5, PUPSM, 2015

1. Introduction

These Regulations apply to the following Plymouth University (PU) undergraduate awards delivered at GSM London (GSM).

Certificate of Higher Education CertHE

Diploma of Higher Education DipHE

Bachelor of Arts BA

Bachelor of Science BSc *

*excluding BSc (Hons) Law with Management which is covered under separate regulations with LLB awards

2. Programme/scheme structure

2.1 Module:
A module, as defined by GSM/PU is a separately assessed unit of learning normally studied and assessed within a semester, consisting of a teaching period, a revision period and an assessment period. Candidates taking a module at the same time will normally be assessed by the same method(s). Candidates shall undertake modules for each level in accordance with the programme structure

2.2 Credit:
A credit value is assigned to each module indicating the total learning time, including assessment, which a candidate might expect to spend in achieving the learning outcomes associated with the module. The credit value for individual modules is detailed in the Module Record.

2.3 Academic study will be organised into modules, specified in terms of credits. Module sizes may vary from 15 to 30 credits. Modules of 10 credits (normally delivered within one semester) must be justified within the approval documentation and discussed and agreed at the approval event.

2.4 Individual modules will each have a ‘shelf life’ beyond which the module ceases to be valid for credit transfer or towards an award.

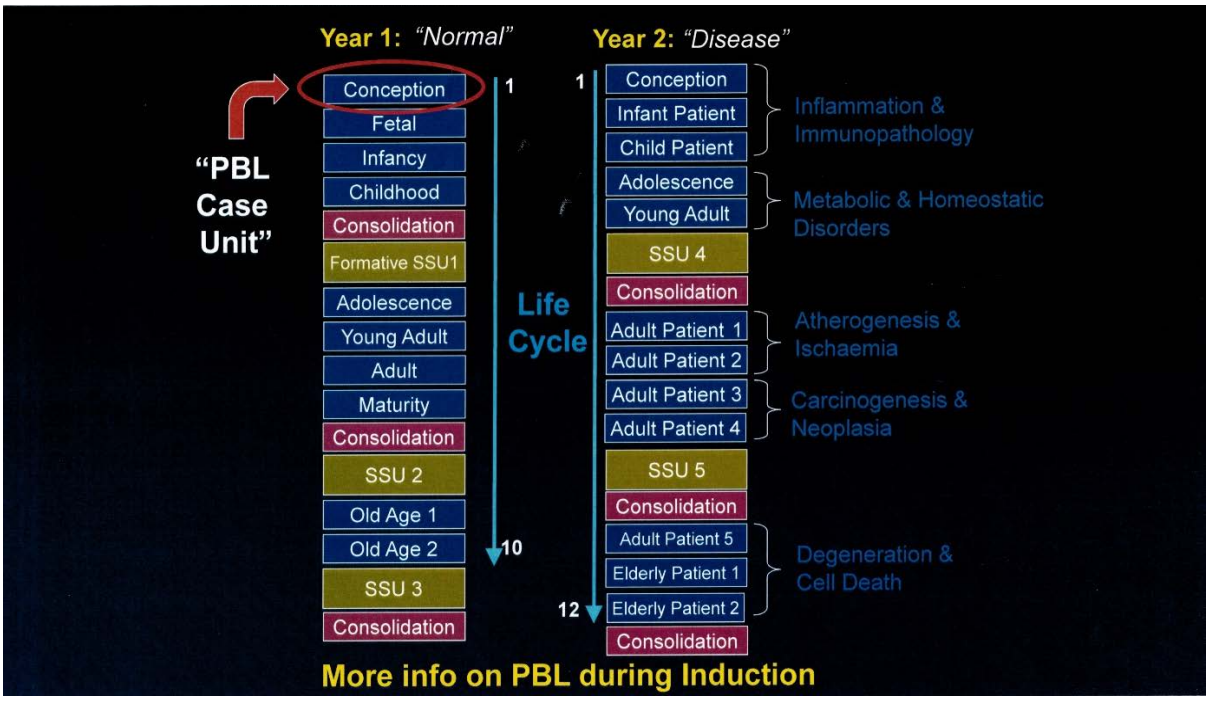
2.5 The standard study programme for an award consists of a number of Levels, each of which is worth 120 credits. A Level is equivalent to one academic year of study for a full time student.

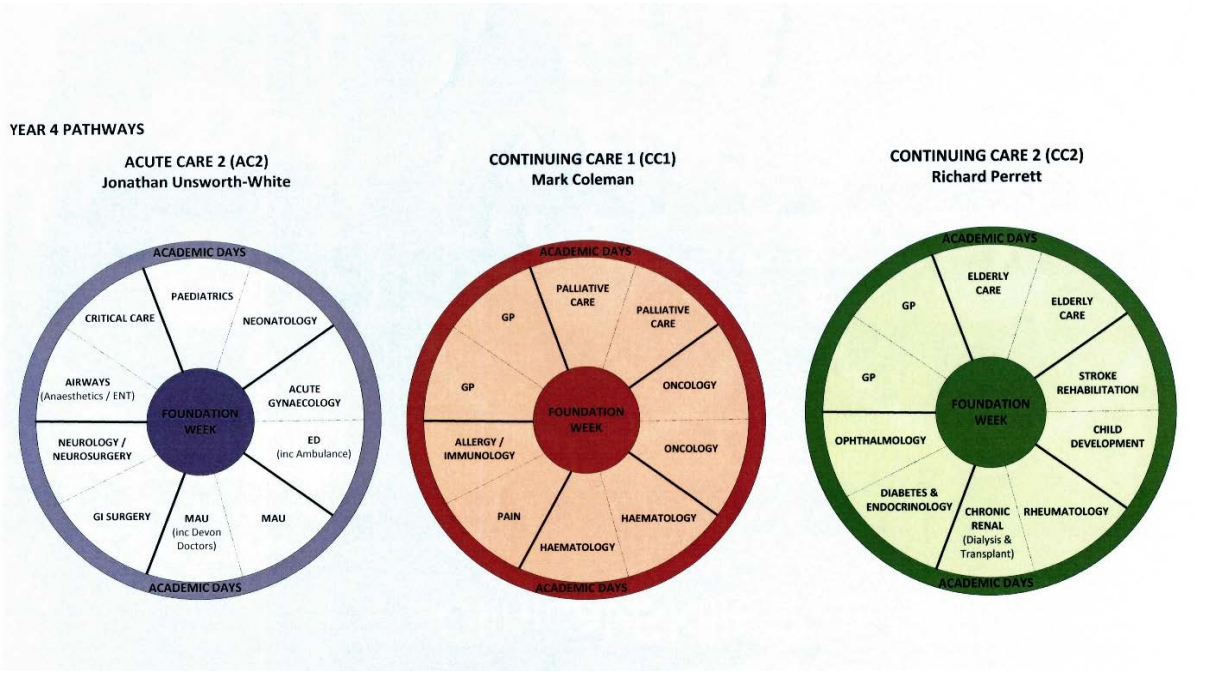
2.6 The Level of a module is determined by the standard of work required to achieve the objectives of the module.

2.7 The credit weighting of undergraduate awards will be
Certificate of Higher Education 120 credits at Level 4 or above
Diploma of Higher Education 240 credits, of which at least 120 are at Level 5 or above
Ordinary Degree 320 credits of which 80 are at Level 6 and a further 120 at Level 5 or above1
The above awards may be granted to exiting students providing they have obtained the appropriate number of credits
Honours Degree 360 credits of which at least 120 are at Level 6, and a further at Level 5 or above

2.8 The title(s) of the award(s) available within an undergraduate programme are specified in the appropriate programme definitive document.

2.9 The honours degree programme is taught over six semesters and three academic years, which span two calendar years in duration. The academic years run from October to May, June to January and February to September. Students may join the programme at any of the following different entry points: October, February and June





- **How is the program developed, enhanced and managed? What role do students play in the process? What role do employers play? Are other stakeholders consulted/engaged?**

Exceptionally, modules of 10 credits, normally delivered within one term/semester are allowed, but they must be justified in the approval documentation, discussed and agreed at the approval event and be approved as a non-standard format by the Academic Regulations Sub-Committee and the University Teaching, Learning and Quality Committee.

Any variation in module credits, other than modules included within the Professional Development Framework and co-curricular modules (e.g. Learning Through Volunteering/Student Ambassador Modules, each currently 5 credits at Level 4) will require exceptional approval by the Academic Regulations Sub-Committee.

Varying a programme of study is subject to:

- Approval by the student's programme leader, who would be expected to confirm that in their academic judgement the student will still fulfil the programme learning outcomes;
- Approval by the relevant module leader who would be requested to confirm that in their academic judgement, the student had sufficient subject pre-requisite knowledge to complete the new module successfully.

- **Are former graduates/alumni consulted/engaged?**

There is a very well developed Alumni and Friends community

- What are the functions of the project coordinator, semester coordinator, teaching staff at the programme?
- What supporting documents exist in relation to the study programme? (course description, study regulations, guidelines, learning outcomes, evaluation guides). Are these publicly available?
- What are the existing program regulations and who is responsible for ensuring that they are followed?

- **How are the programme structure and content monitored, reviewed, enhanced and implemented?**

- **Academic Regulations**
- **Summary of Major Changes for 2016-17** *Non-standard regulations are set out in Programme Specifications, where applicable.*

REGULATION / POLICY	CHANGE FOR 2016-17
ADMISSIONS	
Accreditation of Prior Learning	The number of prior credits which can accredited for entry onto an Ordinary degree programme has been increased from 220 credits to 240 credits.
REGISTRATION AND ENROLMENT	
Registration and enrolment	Regulations now clarify that exactly what counts towards the maximum limit. For taught programmes, this includes all repeat years, and periods of interruption, disciplinary suspension, and extension. (NB: this is a clarification, not a change).
Maximum period of registration	When a student is reaching the end of the period of registration for the programme, one exceptional twelve-month extension may be agreed at the Faculty's discretion.
Student Transfers	No change
Registering for the Ordinary Degree / Top-Up to Honours	No change
STUDYING	
Programme structure	No change

- How is staff workload calculated and monitored? How is the norm for allocation of hours (academic staff related) for various types of activities (teaching, supervision, evaluation) calculated (ECTS, formula, or historical)?
- How is student workload calculated and monitored and how does this help to shape curriculum planning and development?
- **What are the expected learning outcomes? How are the learning outcomes reflected in the assessments? How are the learning outcomes communicated to the students and how are they assessed?**

The purposes of assessment are

- objectively to measure a student's achievements against the learning outcomes of the module
- to assist student learning by providing appropriate feedback on performance
- to provide a reliable and consistent basis for the recommendation of an appropriate award

The assessment for each module is detailed in the Module Record (MR) (the student programme handbook for the award(s) identify where students may access the Module Record). This specifies the elements contributing to summative assessment and states the weightings of each element within the overall module mark.

Tests, practical assessments and coursework assessment are set during the module. Formal examinations, where part of a module assessment, is scheduled at the end of each semester.

Students are assessed according to the assessment specified for each module on which they are registered, irrespective of their programme of study

- **How is the student evaluation/assessment conducted? What forms of evaluation are practiced? (Written exams/open questions, multiple choice tests, oral exams, project presentations. Are there innovative forms of assessment e.g. peer assessment, IT based?)**

Assessment methods and their modified assessment provision (MAP) implications.

Assessing -Knowledge and understanding

Recalling, describing, reporting, recounting, recognising, identifying, relating & interrelating

Simple or MAP free	Complex MAP implications
Short answer questions Multiple Choice Questions (Paper or computer aided) Weekly short tests Essay Report (individual or group) Report of data analysis encyclopaedia entry A- Z of… Wiki or website	Examinations: unseen , open book, seen, case study, problem centred (formative or summative) In class tests Viva voce (for some students)

Viva voce Group discussion or debate Mooting (law assignment)	

Assessing -Thinking critically & making judgements

Developing arguments, reflecting, evaluating, assessing, judging

Simple or MAP free	Complex MAP implications
Essay Report/portfolio Journal or reflective diary Present a case to an interest group Briefing / conference paper Literature review Written newspaper article Letter of advice to….. Oral presentation to a small or large group or on camera	Examinations: unseen , open book, seen, case study, problem centred (formative or summative) In class tests Individual oral presentation for some students - group presentations for others

Assessing - Problem solving & developing plans

Identifying, posing or defining problems, analysing data, reviewing, designing experiments, planning, applying information

Simple or MAP free	Complex MAP implications
Report on cause and effect Research bid Field work report Case study analysis Analysis of a problem Action plan Oral presentation to a small or large group or on camera Group plan, report and presentation Laboratory practical & report Group or individual poster Simulation exercise	Examinations: unseen , open book, seen, case study, problem centred (formative or summative) When a student is unable to participate in field trips Individual oral presentation for some students- group presentations for others

Assessing- Designing, creating performing

Imagining, visualising, designing, producing, creating, innovating, performing

Simple or MAP free	Complex MAP implications
Exhibition Portfolio Oral presentation – group Project work Performance	Individual oral presentation for some students –group presentations for others

Assessing -Procedures and techniques

Working co-operatively, independently, being self-directed, managing time or tasks, organising

Simple or MAP free	Complex MAP implications
Laboratory practical & report (group or individual) Field work report (group or individual) Illustrated manual (group or individual) Produce a leaflet or poster (group or individual) Portfolio Observation of real or simulated practice Viva voce Video/podcast Demonstration Website or Wiki	When a student is unable to participate in field trips Role play Viva voce (for some students)

Assessing -Accessing and managing information

Researching, investigating, interpreting, organising information, reviewing and paraphrasing information, collecting data, searching and managing information sources, observing and interpreting

Simple or MAP free	Complex MAP implications
Report on data interpretation Report on applied problem/task Essay Task report Annotated bibliography	Examinations: unseen , open book, seen, case study, problem centred (formative or summative) In class tests

Assessing -Managing and developing oneself

Recalling, describing, reporting, recounting, recognising, identifying, relating & interrelating

Simple or MAP free	Complex MAP implications
Reflective journal/portfolio/diary Group oral presentation Report on group activity Website/wiki E-journal Podcast Blogs	Individual oral presentation for some students - group presentations for others

Assessing -Communicating

One, two-way, group, verbal, written and non-verbal communication. Arguing, describing, advocating, interviewing, negotiating and presenting.

Simple or MAP free	Complex MAP implications
Discussion/debate Oral presentation to a small group or on camera Real or simulated practice Court of enquiry Story boards Viva voce	Role play Individual oral presentation for some students -group presentations for others Viva voce (for some students)

- **What are the progression requirements?**

The pass mark for an undergraduate module (HE Levels 0 and 4-6) is 40%

Where module assessment involves more than one element of assessment, a

student is also required to achieve a minimum of 30% in each element. A module may be validated with the requirement that a student achieve a mark of over 30% in any or all of the elements.

A student who fails a module and is required to re-sit will normally be required to re-sit only the element(s) of the module which s/he failed. A student who fails and is required to repeat a module will normally be required to repeat all elements.

- **What measures are taken to avoid and sanction 'cheating' and plagiarism? How are these recorded and evaluated?**

An Award Assessment Board will meet at the end of each semester.

A student must pass 120 credits at the appropriate Level in order to complete that Level. Students will normally take 60 credits in each semester, but can take up to a maximum of 80 credits per semester.

A student who has failed up to 40 credits of a Level will normally be permitted to progress to the next Leve. Thereafter, the student will not be considered for progression to the subsequent Level until the failed modules are successfully completed.

The Award Assessment Board reserves the right to prevent progression to a more advanced Level prior to completion of the former Level.

Modules which have been successfully completed cannot be reassessed.

- **What are provisions for student appeals?**

A student will be deemed to have completed the Level if they have failed in up to 20 credits with marks of between 30-39% provided that the failed credits are not designated as non-compensatable and they have achieved an aggregate mark of at least 40% in the Level overall. In such cases a student will be awarded a compensated pass in the module(s).

If a student fails up to 40 credits and is permitted to progress to the next Level, s/he will be allowed to take appropriate referred assessment(s) (as specified by the Award Assessment Board) at the next available opportunity. The original rule for passing the module will apply for any student, unless the Award Assessment Board has specified a single module assessment in substitution for more than one element, in which case the student must achieve 40% in that assessment.

If a student fails more than 40 credits, the Award Assessment Board may, at its discretion:

- allow the student to resit/resubmit the appropriate assessments at the
- next available opportunity; or
- require the student to withdraw from the programme14 and award any
- intermediate qualification for which the student has achieved the credit
- requirements; or
- require a student whose extenuating circumstances will prevent the completion of the award during the normal period of registration, or have prevented her/him from making academic progress in the previous session, to interrupt studies or withdraw from the programme; or
- require a student who has developed a health or other problem which prevents her/him from meeting the learning outcomes of her/his programme to transfer to an alternative programme or withdraw from the programme and be granted the appropriate exit or aegrotat award.

A student will normally be permitted a maximum of three attempts at a module. A failed module may therefore not normally be referred or repeated on more than two occasions. If a student chooses to study a different module instead of the failed module the number of attempts at the original module will count towards the maximum number of attempts at the new module.

Where a failed module is successfully passed after referral or repeat, the mark for the retaken element(s) will be capped at 40% and the capped mark(s) will be used when calculating the overall

module mark. If a student chooses to study a different module instead of the failed module, a mark of 40% will be carried forward for aggregation purposes if the new module is passed.

- **What is the existing system of grading? What are the arrangements for credit transfer and accreditation of prior learning?**

Aggregate percentage mark.

Each module is awarded a mark out of 100.

The final aggregate mark is calculated by applying a scale factor of 0.3 to the marks for Level 5, and a scale factor of 0.7 to the marks for Level 6. The marks for each module are multiplied by the appropriate scaling factor and added together. The resulting aggregate mark is converted to a percentage of the maximum mark obtainable – the aggregate percentage mark.

A Certificate of Higher Education may be awarded to a student who has successfully completed 120 credits at Level 4 or above in an undergraduate programme on which s/he is not continuing, provided the credits successfully completed fall within the programme specification for the award.

If the aggregate of the student's best 120 credits falling within the programme specification is 70% or above, the CertHE will be awarded with Distinction.

- **What is the role of the external examiner?**

External Examiners are essential to the academic well-being of the University. Their involvement ensures that

- Standards are appropriate by reference to published national subject benchmarks, the National Qualifications Framework and the University's programme and module specifications
- The assessment process measures student achievement against the intended learning outcomes
- The assessment process is in line with the University's Assessment Policy
- The University's awards are comparable in standard to awards conferred by other UK HE institutions
- The assessment process is operated fairly and equitably and in accordance with University Regulations.

External Examiners must be appointed for all programmes leading to a University award whether delivered within the University or at one of its partner institutions.

The majority of the University's programmes operate within a standard modular framework. For such programmes the University operates a two-tier assessment process which is reflected in the University's definition of the separate roles of Subject and Award External Examiners.

The Subject External Examiner is primarily concerned with the standards of assessment in a specific group of modules (the subject) irrespective of the study programme(s) or award(s) to which the modules are attached. The Subject External Examiner will be asked to comment on assessment processes, and on the standard, content and development of the modules within the subject. S/he will be a member of the Subject Assessment Panel which confirms or modifies module marks and

ensures that the students are being assessed in accordance with the assessment programme and the intended learning outcomes for the subject modules.

Subject External Examiners do not attend Award Assessment Boards (unless they are required to do so by a professional accrediting body). Nor do they see or comment on student profiles. Their focus is on the standards in the subject.

The Award External Examiner acts as the "critical friend" of the Award Assessment Board, to ensure that decisions on progression or awards for students are made in accordance with the assessment regulations, and that justice is done to the individual student, taking account of any recommendations resulting from prior consideration of extenuating circumstances or assessment offences.

S/he will be a member of the appropriate Award Assessment Board(s), which makes decisions on progression and awards on the basis of the module marks confirmed by the Subject Assessment Panel. For each named award with which s/he is associated, the Award External Examiner will be asked to provide informative comment and recommendations upon whether or not the University is maintaining the threshold academic standards set for its awards and about the comparability of standards of student performance at award level with similar awards in other UK institutions with which s/he is familiar. Responsibility for maintaining the academic standard of the award/s is, however, the corporate responsibility of the Award Assessment Board, not the Award External Examiner's alone. The Board is in a position to fulfil this responsibility because it receives a report from each of the constituent subject panel chairs on the standard of assessment in subjects/modules.

The Award External Examiner may also be a member of the appropriate group of Subject External Examiners.

- **How is student-mobility embedded in the program structure and how it is facilitated?**

Students can go on exchange during any year of their Plymouth University programme if the programme structure permits. However, students wishing to go on exchange in the final year of their programme should be counselled about the significant weighting of the final year for their degree classification, before making the decision to go on exchange.

- **What are the academic requirements for students to enter the programme?**

Direct school leavers

The entry requirements below apply to you if you completed your GCE A levels, or equivalent qualifications, within two years of the start of the 2016 application cycle, e.g. qualifications completed since 2014.

All of the typical offers listed below are not necessarily the threshold for selection for interview. Other factors including the number of applications received and performance in the UK Clinical Aptitude Test (UKCAT) influence the threshold for selection for interview.

AS/A level reform statement

From 2017, in response to the AS/A level reform, we expect to require three A level passes at a minimum A grade to include chemistry and biology. An additional pass in a fourth AS level will

not form part of any offer made. Typical Offers for 2017 entry will be A*AA/AAA. The school will review this policy annually as the position for schools and colleges becomes clearer in this area.

GCE A level

The typical offer is A*AA – AAA at GCE A level which must include chemistry and biology. General Studies at A/AS level is not included within any offer.

GCSEs

Applicants need to achieve 7 GCSE passes at grades A-C which must include English language, mathematics and either GCSE single and additional science or GCSE biology and chemistry.

- International Baccalaureate
- 38 - 36 points overall including 6 in higher level biology and chemistry.

Scottish Advanced Highers

- Grades AAA including chemistry and biology.
- Welsh Baccalaureate Advanced Diploma
- A pass in the Diploma, plus grades A*A – AA in chemistry and biology. General studies at A/AS level is not included within any offer.
- Cambridge Pre-U Diploma
- D3, D3, M1 including chemistry and biology at D3.
- GCE A levels and Cambridge Pre-U Diploma

Applications will be assessed on an individual basis according to the subjects studied. Chemistry must be achieved at D3 in lieu of grade A at GCE A level. For a non-science subject a minimum grade M1 is required.

Applicants offering the following qualifications will need to take the Graduate Medical School Admissions Test (GAMSAT). Please see entry requirements for non-Direct School Leavers:

- BTEC National Diploma in Applied Science
- Advanced Diploma in Society, Health and Development
- Access to HE Diploma (Science)

PU PSMD welcome applications from re-sit applicants providing a minimum attainment has been achieved at the first attempt. For example: A level candidates need to have achieved AAB for medicine / ABB for dentistry.

Other UK qualifications

UK Clinical Aptitude Test (UKCAT)

As part of our commitment to a fair and transparent admissions process, Plymouth University Peninsula Schools of Medicine and Dentistry uses the UK Clinical Aptitude Test (UKCAT) in order to make more informed choices from amongst the many highly qualified applicants who apply for a place on the BMBS programme. UKCAT test results will be used, alongside the academic information contained on your UCAS form to select direct school leavers for interview. You will be required to meet a minimum standard in each of the subtests, plus meet an overall target score which is set and reviewed annually by the Admissions Advisory Panel. Please note that in the 2016 test,

UKCAT will be piloting a new Decision Making section in place of the Decision Analysis subtest. Neither you nor your University choices will receive a score for this subtest.

The UK Clinical Aptitude Test (UKCAT) threshold score applied to determine candidate selection for interview can alter each year and is influenced by overall candidate performance in the UKCAT and the number and quality of applications received. Adjacent are examples of the score thresholds applied during the 2012, 2013, 2014 and 2015 admissions cycles. Please note that all thresholds needed to be met.

Widening access to Medicine

As part of our commitment to widening access to medicine, Plymouth University Peninsula Schools of Medicine and Dentistry undertakes a programme of outreach activities with local schools in Cornwall, Devon and Somerset.

The School is also represented at the UCAS Higher Education Conventions in the UK.

Non-direct school leavers

The entry requirements set out in this section apply to you if it's more than two years since you completed GCE A levels or equivalent qualifications, or if you are a graduate or if you intend to enrol onto the second year of another degree course.

Graduate Medical School Admissions Test (GAMSAT)

Plymouth University Peninsula Schools of Medicine and Dentistry uses the Graduate Medical School Admissions Test (GAMSAT) as the entrance requirement for non-direct school leavers. GAMSAT assesses your academic aptitude for the study of medicine. Results from the test will be used alongside the other information contained on your UCAS form to select non-direct school leavers for interview. The results are valid for 2 years.

GAMSAT is a 5 ½ hour written test that assesses your reasoning in humanities, social science, biological science, physical science and written communication. As this test only assesses academic aptitude, if you're successful you'll still need to show us at interview that you have the appropriate personal qualities to train and practise as a doctor.

If you'd like to know more or to register for the test, please visit the GAMSAT website. If you'd like to know more or to register for the test, please visit the GAMSAT website. Although the school does not accept responsibility for the content, you may also find the following GAMSAT information leaflet of interest.

International student admissions

Plymouth University Peninsula Schools of Medicine and Dentistry welcomes and encourages applications from suitably qualified international students who are either self-funded, supported by scholarships from their respective governments, or sponsored by scholarship programmes operated by the British Council and similar funding bodies.

If you're an international applicant you need to meet the equivalent admissions criteria described for home students, with the exception that you do not need to sit the UKCAT test. In addition international applicants need to be fully proficient in English language. All teaching at our

School is in English, so if English is not your first language and you do not have a GCSE or IGCSE pass at grade A in English language, you must have one of the following qualifications:

- International English Language Testing System (IELTS) band 7.5 or above with at least 7.0 in each of the speaking and listening sections, taken within 12 months prior to entry
- IB score of 6 in English B at the standard level

We know that university life is a challenge for any student but especially when you're a long way from home. You'll find Plymouth University Peninsula Schools of Medicine and Dentistry friendly and supportive. We have a nominated academic tutor to coordinate the induction and academic support provided to international students. The International Student Advisory Service (ISAS) also provides support and can assist you with any non-academic issues affecting international students. There are also student welfare support and counselling services, wardens and student health centres on hand if you need them.

Students who have an offer of a place should apply under the Tier 4 (General Student) category.

REFERENCES

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