

ST GEORGE'S, UNIVERSITY OF LONDON

PERIODIC REVIEW REPORT

Bachelor of Medicine and Bachelor of Surgery (MBBS)

11th – 12th June 2019

Panel Membership

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| Professor Andy Kent (Chair) | Executive Dean & Pro Vice-Chancellor, Faculty of Health, Social Care and Education, St George's, University of London |
| Professor Sandra Nicholson | Head of the Centre for Medical Education, Queen Mary University of London |
| Professor Roberto Di Napoli | Head of Centre Innovation & Development, St George's, University of London |
| Doctor Faye Gishen | Associate Head of the MBBS, UCL Medical School |
| Professor Gordon Ferns | Professor of Medical Education and Metabolic Medicine Head, Department of Medical Education Brighton and Sussex Medical School |
| Lorna Moulton | BSc Physiotherapy Student, St George's, University of London |

In attendance

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| Derek Baldwinson | Director of Quality and Partnerships, Quality and Partnerships Directorate, St George's, University of London |
| Glen Delahaye | Quality Assurance and Enhancement Manager, Quality and Partnerships Directorate, St George's, University of London |

Introduction and context

- 1) The current MBBS programme has been delivered in its present format since a new curriculum was validated in 2007 and was subsequently reviewed in May 2013. The programme accepts two streams of students: graduate entry students complete a four-year programme, while school leaver entry students complete a five-year programme.

- 2) The MBBS4 programme is delivered in Cyprus through a franchise agreement with the University of Nicosia (UNic). St George's also offered an international MBBS programme, through a partnership with INTO University Partnerships Ltd, but the partnership with INTO was dissolved in 2017 and the programme is in teach-out. Neither the UNic programme nor the INTO programme were included within the scope of this periodic review, as these programmes were reviewed separately in May 2017 and July 2018 respectively.
- 3) The scope of the Periodic Review would cover the academic years 2012/13 to 2017/18.

Conduct of the meeting

- 4) Prior to the meeting, the Panel received the documents listed in Annex A. Documents were received three weeks ahead of the review and additional documents were received two weeks ahead of review, as a response to requests from the Panel.
- 5) The Panel members held a private meeting on the 11th June 2019 at which they confirmed the range of issues that they wished to discuss with the programme team. A series of meetings was then conducted by the Panel on the 12th June 2019. These included a meeting with five students in their first and second years of both the four-year and five-year programme; a meeting with 15 students in T, P and F Years; four meetings with the programme team and a second meeting with the programme team that also included clinicians. At the conclusion of these meetings, the Panel members held a private meeting in which they agreed the outcome, including areas of good practice and action points. These are recorded in paragraphs 6 to 24.

Outcome of the meeting

- 6) The Panel recommended to Senate that the period of approval of MBBS should be extended for five years. The programme would therefore be next reviewed (or revalidated) in academic year 2023-24. A number of action points were agreed by the Panel, as well as areas of Good Practice. The deadline for responding to the action points was agreed as 30th August 2019.

Good practice

- 7) The following points were highlighted by the Panel as Good Practice
 - a. The Clinical Teaching Fellow (CTF) network had been a positive development (paragraph 57).
 - b. The reflection and care that had gone into the documentation provided for the Periodic Review. The documents demonstrated the team's considered and systematic approach to evaluation and to responding to issues arising from NSS feedback.
 - c. The SGUL Student Experience Action Group (SEAG) (paragraph 35).
 - d. The approach towards assessment, including the external examiner system.

- e. The preparation of students for F1 training (paragraph 61).
- f. The careers advice that is available to students (paragraphs 33 and 59).

Essential action points

- 8) The following essential action points were agreed by the Panel:

Essential action 1

- 9) Ensure that a Cause for Concern Policy is published and widely distributed. The Policy should identify a single point of contact for students on placement wishing to raise a concern and students should be provided with a clear understanding of what a concern is, as well as how concerns differ from complaints and providing feedback. The implementation of the Policy should also be monitored (paragraphs 30 and 36).

Essential action 2

- 10) Students need to be provided with sufficient opportunities to practise invasive clinical procedures, including the use of sharps, so that they feel confident that they can perform these procedures safely. Facilities should be accessible to students where they can practise these procedures in a safely monitored environment and this might involve changes to the way in which the Self Directed Learning (SDL) room is currently used (paragraphs 24 and 43).

Desirable action points

- 11) The following desirable action points were agreed by the Panel:

Action 3

- 12) Investigate opportunities for the procurement of a curriculum management system in the event that the current capital bid was not successful (paragraph 64).

Action 4

- 13) Develop a common understanding of the role of CTFs. The effectiveness and impact of CTFs would be greater if there was more uniformity, transparency and accountability in the way in which the role was defined. A mechanism should be in place that captures feedback from students on performance of the CTFs (paragraphs 27 and 58).

Advisable action points

- 14) The following advisable action points were agreed by the Panel:

Action 5

- 15) Staff with a substantive role in medical education should be encouraged and supported in completing academic qualifications or achieving appropriate professional accreditation. An appropriate target should be set for members of the MBBS team who hold a substantive academic role to achieve this (paragraph 56).

Action 6

- 16) Work towards ensuring that opportunities for students to carry out research are embedded within the programme (paragraph 23).

Action 7

- 17) Review the impact of recent changes to the personal tutor scheme to ensure a consistent experience for students (paragraph 20).

Meeting with early year students (M4/1 & M5/1&2)

Structure and organisation

- 18) The students, who were in the early years of the programme, had so far found it to be well structured. The format of the programme was communicated to them early on, providing them a clear understanding of what they would be studying throughout the year. However, from an administrative point of view, it had not been well organized. One of the first-year five-year stream students stated that there had been occasions where lectures were cancelled and not rescheduled for a number of weeks, making it difficult to catch up as learning objectives no longer coincided with lectures.
- 19) The first two years of the programme were somewhat uninspiring for the five-year stream students, who stated that the focus was primarily on “what they could not do and how they could be sued”. The students valued the GP visits throughout the first year and would have appreciated more of them. The GP visits were a helpful reminder of the purpose of their studies and were a welcome change from lectures. The movement disorders week was also particularly helpful for them. At this stage, the students had not yet engaged with service users.

Personal tutors

- 20) Experiences with the personal tutor system varied between students. The first-year graduate entry students stated they had been allocated personal tutors very quickly and found them to be helpful and responsive, with a clear understanding of the programme. However, one of the second-year student on the five-year programme told that their personal tutor had been changed part way through their first year and that the replacement tutor could only be reached on one day of the week. The second-year students stated that they knew other students who had faced similar difficulties with their tutors during the first year of the five-year programme.

Interprofessional learning

- 21) There had been few opportunities for interprofessional learning. There were lectures that were shared with students on other programmes, but it was not clear to the students which students belonged to which programme. When they did have opportunities to engage with other health care students and professionals, the students enjoyed it. This included an occasion where they were introduced to pharmacy students and were given a group exercise, in which they had to work together to solve a case. The students would welcome more opportunities of this kind.

Student Selected Components (SSCs)

- 22) Five-year students undertake two SSCs during their early years (one is summative and the other is formative), while the four-year students undertake only one SSC. One of the students on the five-year stream explained that they had the option to select from niche humanities projects. Examples of projects included a posthumous diagnosis of Vincent van Gogh or analysing a film. However, the number of projects was limited.

Research opportunities

- 23) One of the five-year students had completed research whilst on the programme and had found the tutors to be very supportive. It had been a positive experience, but the onus was on the students to find research projects.

Learning resources

- 24) The Panel asked the students if there was a particular aspect of their programme that they would like to see improved. The students highlighted SDL room. The room had been intended to support and facilitate their learning, but failed in that respect. It was untidy and equipment was difficult to find. Additionally, there was no dedicated technician or staff who could support them while they were practising.

Student feedback

- 25) A student representative system existed and functioned well. The students who met with the Panel were generally unaware of SEAG or any other staff-student liaison opportunities. They had found the survey forms used at the end of their modules and placements to be useful for commenting on their experiences. They stated that providing feedback was strongly encouraged, although they noted that there was no consistency in the feedback forms, which could be either word documents that they had to download or online forms.

Meeting with clinical year students (T, P and F)

Administration

- 26) The students stated that administration for the programme had been effective, but the same did not always apply to the teaching. There had been a number of cancelations, including a large proportion of the scheduled teaching sessions on placements. This was something that varied, depending on where their placements were. The students recognized that an effort was being made to reduce cancelations.

Clinical teaching fellows

- 27) The students had varying experiences working with CTFs. At St George's there was a significant number of CTFs, but the students had limited interaction with them. Experiences at Croydon and St Helier were much more positive. The teaching was effective and CTFs took an interest in the learning objectives.

Interprofessional learning

- 28) There had been few opportunities for the students to work with other professionals, aside from on placements. There had been an interprofessional module in the first year of the MBBS programme, but it was removed as a result of the expansion of cohorts on other programmes.

Learning resources

- 29) Canvas was considered by the students to be a big improvement over Moodle, but was difficult to navigate as content did not always appear to be uploaded to a logical section. A particularly helpful function on Moodle had been the search tool, which did not exist on Canvas. There had been occasions where documents that they needed before going on placement were not made available on time and they had to chase to get them.

Raising concerns

- 30) Several of the students felt that they would not be listened to if they raised any concerns about their placements. The majority of the students did not have a clear understanding of how to raise a concern. They understood only that they could approach the Students Union. One student stated that they had initiated the concern process and had done so by going to their personal tutor. They had not found it clear where to take their concern and had not been informed of the outcome. However, another student who had also initiated the process had a positive experience, could clearly see that an effort was made to take the matter seriously and was able to learn the outcome in the end.

Attendance

- 31) To the students, attendance did not appear to be closely monitored. Some students expressed frustration over having noticed the poor attendance of their peers, but no action being taken by the programme team to address it. They found this to be demotivating. However, another student noted that the low attendance was understandable, as on some placements the students would not feel motivated to attend due to the environment being unpleasant and the fact that students sometimes felt ignored.

Student experience

- 32) During T Year, the students noticed differences between students who had come through the four-year stream and those who had come through the five-year stream. The graduate entry students came across as more comfortable and prepared in PBLs. This had not been an issue though and by the end of T Year, the students were all fully integrated.

Careers advice

- 33) One of the students had visited the SGUL Careers Adviser and had found it very helpful. It had helped her to understand her strengths and provided her with a wide range of career choices that

she could explore. They were welcoming and encouraged her to attend again for further advice. Several students had also attended a careers fair, which had been helpful even for students who were not in their final year. It gave them an opportunity to learn about the advantages and disadvantages of the different career options that would be available to them after the programme.

Meeting with programme team to cover: Student voice, Feedback to students e.g. response to NSS, Student support/welfare, Academic support & learning resources

Student engagement

- 34) The programme team aimed to consult with students as part of any significant development to the programme. An example of this was during the adjustment of the holiday period in P year, for which they consulted with final year students as well as students who would be affected by the change. As a team, they considered themselves to be responsive to feedback and collected it routinely, but also recognised that they could do more.
- 35) SEAG provides a new opportunity to consider NSS and Student Experience Survey (SES) feedback and to develop improvement plans at institutional and programme level in response to student feedback. The quantitative and qualitative data from the annual NSS and SES surveys were also analysed in programme and year specific Student Staff Liaison Groups (SSLGs). This has led to the development of an agreed action plan, which is monitored through SEAG using a RAG rating system. It has been difficult to find suitable times for meetings when students would be available to attend. However, students are kept in the loop through updates on Canvas.

Raising concerns

- 36) A policy document exists and has been distributed throughout the University that indicates the multiple support systems in place for students and how they might raise complaints and concerns. Students typically feel most comfortable approaching the Student Union about any concerns they have. One difficulty had been that once students are on placement, the staff supporting them are not able to access Canvas in order to signpost students to particular information. This had been recognised as a problem and the programme team was seeking to provide read only access to staff to support the students.

Quality assurance of clinical placements

- 37) Feedback is collected from students at the end of each placement. Routinely, all feedback is analysed and distributed via the sub dean network. The results are formally discussed with the sub deans at the termly sub dean meetings, chaired by the course director. The meeting helps to facilitate the sharing of good practice between sites. Overall, the quality assurance processes allows for underperforming firms to be identified and supported and for high quality clinical teaching to be recognised.

Attendance

- 38) The programme team sets minimum teaching standards for clinical teachers. However, it was difficult to set standards for attendance, as data across different trusts could not easily be compared. Some firms were typically more aware of the students' levels of participation and engagement, while others were not monitoring them as closely. Ultimately it was the responsibility of consultants to set standards and monitor against them.
- 39) Attendance requirements are explained to students through handbooks. The criteria vary depending on what year the students are in. Lecture attendance is monitored in the later years of the programme, but not in the early years. Any session in which a skill is being taught is monitored. The introduction of Panopto has resulted in a drop in attendance rates. The students have welcomed Panopto, whereas staff would prefer to engage with students in person.
- 40) The team acknowledged that students would not always be able to notice the action being taken to address the attendance issues of their classmates, but considered this to be necessary in the interest of confidentiality.

Personal tutors

- 41) The Personal Tutors are intended to provide a combination of pastoral and academic support for students. Personal tutors on the graduate stream are allocated in year 1 and there is generally a continuity of personal tutor for the programme. Personal tutors on MBBS5 are CBL tutors. This allows them to have frequent face to face contact with students through CBL, but also means that the tutor can change more frequently. Attendance at tutorials is monitored and if a student is consistently absent, they are referred to the year lead. Students can also be referred to sources of specialist advice and support provided by the Institution. Due to the long duration of the programme, a new enhanced tutor role has been created. These tutors would be paired with students who require additional or bespoke forms of support.
- 42) In terms of implementing a comprehensive scheme, the team faced a number of challenges. These included the availability of sufficient staff to act as tutors, provision of training and the difficulty in ensuring that tutors can easily access assessment information related to their tutees. The team is working to address these challenges.

Learning resources

- 43) The programme team was aware that students were not satisfied with the SDL room. There is an intention to move the room and to reinvest in it. There would be a space for highly protected simulations that would be closely monitored, as well as a separate space for activities that did not require close monitoring by staff. Additionally, in order to facilitate additional anatomy demonstrations, a new member of staff had been appointed who will train demonstrators.

Meeting with programme team to cover: Student recruitment & admissions. Programme delivery: Early years - M4/1 & M5/1&2, Clinical communication & clinical skills

Recruitment and admissions

- 44) MBBS entered clearing for the first time in 2016/17 and will be entering clearing again in 2019. The standards were maintained for clearing as for the normal cycle applicants: applicants were required to attend MMIs and adjusted entry criteria in use in the regular UCAS cycle were retained. These criteria allow offers to be made to applicants whose grades exceed the average grades for their school even if the applicant's grades fall slightly below SGUL's usual grades. Applicants admitted through clearing had proved to be of a high calibre.
- 45) Admission decisions are based on MMIs and predicted A Level grades. Applicants to the five-year programme sit the UKCAT entrance exam and applicants to the four-year programme sit the GAMSAT exam. These determine whether an applicant will be invited for an interview. Personal statements are not routinely considered as part of the selection process in terms of deciding whether an applicant should receive an offer.

Student support

- 46) Additional support is available for international students, as well students who, based on their profile at entry, might find transition to university to be challenging. Students with additional needs can be identified through UCAS forms and sometimes their personal statements, in which they may have noted disabilities or complex histories. Once students are selected, they are contacted to see if additional support is needed and they are then matched with an experienced tutor to provide support. In the past, they had tended to treat students equally, but are aiming to provide more bespoke support.

Interprofessional learning

- 47) The team acknowledged a need for more interprofessional learning on the programme, as this would help to prepare students for clinical practice. Students are rotated through a variety of attachments to prepare them for clinical training in T Year, so that they gain an understanding of the different roles within a multidisciplinary team. Additionally, there are integrated sessions with radiography and pharmacy students.

Teaching uncertainty

- 48) The students are taught to manage uncertainty through a patient and professional perspective, particularly during T Year. One theme of a pilot longitudinal integrated clerkship scheme was to focus on uncertainty in the patient journey, including diagnosis. Students were taught the concept that diagnosis cannot be 100% certain and were asked to relay that to the patient.

Meeting with programme team to cover: Assessment & student performance, SSCs, PPD & professionalism

Assessment and feedback enhancement project

- 49) An institutional review of assessment and feedback was taking place, which would include input from students. The University had been performing below sector average in the NSS, including on

the MBBS programme. Within the MBBS programme, there had been improvements in the last couple of years, such as moving towards an online system for providing feedback in OSCEs.

Burden of assessment

- 50) The assessment burden had been reduced on the programme and students appeared satisfied with it. The team acknowledged that the NSS score for assessment feedback was low, but highlighted that a significant amount of feedback was being given to students in the workplace that was not necessarily recognised by the students as being feedback and was therefore not being taken into account by students during the completion of the NSS survey.

Security of examinations

- 51) The programme team was confident that their question banks for examinations were secure. They had no reason to believe that any of their questions could be accessible in advance of the examination. The team developed original questions and these were kept password protected. The proportion of questions that was reused was very small.
- 52) The team was aware that some students felt that students would have an advantage in OSCEs if they completed the OSCE after other student groups because students might leak the content of the stations. The team had worked to address students' perceptions in this area and would continue to do so although it would not be practical to quarantine students. However, it was the case students who completed OSCEs at the end of a cycle did not outperform students who had been the first students to attempt the OSCE.

SSCs and research opportunities

- 53) Students are allocated time throughout the programme to complete SSCs, in which they study in depth an area of interest to them. Students are encouraged to complete further work beyond the SSCs and some have completed and published research projects while on placement. They were also directed towards the Cochrane Review Group, to consider if there were ongoing projects that they might wish to get involved in. There has been an ongoing effort to bring research to the forefront, particularly in the second year when it is believed that students are more prepared to begin considering research activities.
- 54) The T Year SSC had been shortened from six weeks to three timetabled weeks and one virtual week in an effort to increase holiday time and therefore avoid students becoming burned out. This would be monitored closely. There is a bank of tutors and professionals with SSC research topics for students to select from. There have been cases where students have used the output of their SSCT for presentations at conferences and in one case a student received a prize for their work. For the Final Year SSC, there is a critical literature review and a large part of the marking framework is dedicated to that.

Meeting with programme team and clinicians to cover: Programme delivery: Clinical years – T, P and F, Careers advice and post-graduation monitoring

Training for teaching staff

- 55) The team had received a significant amount of feedback from students indicating that the standard of teaching had been variable and not always satisfactory. Induction training is provided to all new members of staff. The Centre for Innovation and Development in Education (CIDE) offers a variety of training opportunities to staff. CIDE has also attended a sub dean meeting to consider ways of providing a package of training resources, both online and face to face.
- 56) New teaching staff are required to have completed a PgCert or must begin completing one following their recruitment. St George's offers a PgCert programme to staff at a discounted rate. Many staff have also achieved Fellowship through the university's SHINE programme. In the past, there was no requirement for staff to hold a teaching qualification and therefore there continues to be a number of staff on the MBBS programme who do not hold one.

Clinical teaching fellows

- 57) A Clinical Teaching Fellow network had recently been introduced by the MBBS team, which joined up and connected the CTFs from all of the partner trust sites. A CTF introduction was held in September 2018 to highlight the main aspects of the CTF role, the process for obtaining honorary lecturer status, orientation of Canvas, and a showcasing of innovative teaching methods.
- 58) The programme team acknowledged that there were discrepancies between the quality of CTFs. They had very different contracts, roles and hours. There were particular issues with CTFs at St George's Hospital, where there was a lack of CTF networking. The team was seeking to improve this through online content and creating a formal induction process.

Employability

- 59) During the clinical year, a session has been introduced that discusses career planning. Additionally, there is a careers fair that is available to all students. The teaching staff also provide students with an insight into potential careers, including a number of GP academics with portfolio careers.
- 60) The spiral curriculum introduces students to public health in the early years, revisits it in the clinical year and then there are two weeks of attachment in the final year. This takes place inhouse through three clinically qualified staff who have a background in public health.
- 61) The GMC Foundation Programme (F1) preparedness for practice survey has demonstrated that St George's has performed above the average for all medical schools in the UK in recent years. Once students are in a foundation school, St George's continues to monitor them. They track data for five to ten years, as much as they can. The programme team noted that St George's students are typically less likely to get their first choice of foundation school, but do perform better than average at getting into a foundation school.

Meeting with programme team to cover: Planning, Governance & QA, Roles and responsibilities & programme management structure, Programme resourcing, Future-proofing programme

Enhancement

62) The MBBS operational team meets on a fortnightly basis. There is also a development group, composed of academic members of the programme. Periodically they hold joint meetings between the development group and operational team to agree a coordinated approach to agreeing priorities for enhancing the MBBS programme. Student feedback and assessment data are also used to guide enhancement. One example of the way in which the development group drives change has been the ongoing “distributed faculty” project, an effort to provide read-only Canvas access to Clinical teachers, who have been unable to access the programme materials and therefore have not had a clear understanding of what needs to be taught. Another area of enhancement has been to address the pass rates of an examination that involved male catheterization that were found to be particularly low. This was addressed by adjusting teaching sessions to ensure students received sufficient practical experience ahead of the examination. The development group is also planning a refresh of years 1 and 2 of the 5-year stream.

TEF

63) St George’s took part in the 2017-18 TEF Subject Level Pilot. The work completed though remained confidential, but it had been a helpful exercise. Currently a number of TEF steering groups were developing St George's supporting narrative for its upcoming provider submission. There would be a narrative for the University as a whole, as well as individual ones at subject level if the OfS decided to introduce subject level TEF. The programme team noted that they had previously undersold themselves, in particular the humanities element of the curriculum and the diverse student population.

Curriculum management system

64) The team stated that they lacked a curriculum management system and that this made it difficult to organise and deliver the programme in a coherent and transparent way. The current workarounds were difficult to navigate and there was no easy way to interrogate and extract curriculum information from it. A system was needed with the capacity to map the entire curriculum.

GD/July 2019

Annex A: Documents

Self-evaluation Document

Appendix A: Summaries of the 16 Themed –group meetings

Appendix B: Summary of Periodic Review Internal Review Day

Appendix C: MBBS Programme Specification

Appendix D: MBBS Curriculum – Information brochure

Appendix E: Programme Regulations

Appendix F: Schemes of Assessment

Appendix G: MBBS Student newsletter - example

Appendix H: Application, enrolment, progression & achievement data tables

Appendix I: Annual Programme Monitoring Reports (APMRs)
 Appendix J: SEAG Student Experience Action Group action plan
 Appendix K: NSS & SES data
 Appendix L: Effective Teaching Series
 Appendix M: Interruption of Study policy
 Appendix N: Example publications from last six years
 Appendix O: Reference list for research contributions of staff (in Section 5.1)
 Appendix P: Clinical Teachers' Day
 Appendix Q: EduFocus website
 Appendix R: MBBS roles organogram
 Appendix S: Senior Committee Structure
 Appendix T: Minimum teaching standards for clinical teachers
 Appendix U: QA clinical placements – procedure (Section K of Quality Manual)
 Appendix V: Clinical placements – student feedback RAG ratings
 Appendix W: QA clinical placements
 Appendix X: QA clinical placements - visit reports to NHS Trusts
 Appendix Y: Curriculum Development plan
 Appendix Z: Interprofessional Education IPE Strategy

Academic Foundation and F2 Career Destinations

Annex B: List of Attendees

Meeting with programme team to cover: Student voice, Feedback to students eg response to NSS, Student support/welfare, Academic support & learning resources

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| Aileen O'Brien | Pippa Tostevin |
| Annabel Strachan (SU) | Soosan Atkins |
| Hannah Cock (incoming Course director) | Suman Rice (Personal Tutor supp o/all reorgn) |
| Janette Myers | Trupti Jivram |
| Judith Ibison | Zena Ali |
| Katherine Pigott | Shehla Baig |
| Kerren Churcher (SSLG work) | Joanna Carroll |
| Linda Perkins-Porras | |

Meeting with programme team to cover: Student recruitment & admissions. Programme delivery: Early years - M4/1 & M5/1&2, Clinical communication & clinical skills

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| Adrian Brown | Robert Nagaj |
| Alicja Rudnicka | Sarah De Gatacre |
| Christina Baboonian (CBL Lead) | Shehla Baig |
| David Gillott (PBL Lead) | Soosan Atkins |
| Katherine Pigott | Emma Ingle |
| Nicola Buxton (EYCE) | Hannah Cock |
| Pippa Tostevin | Judith Ibison |

Meeting with programme team to cover: Assessment & student performance, SSCs, PPD & professionalism

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| Adrian Brown | Pippa Tostevin |
| Andrew Hitchings | Saba Khan (SSCT) |
| Axel Nohturfft | Soosan Atkins |
| David Oliveira (early years Ass role) | Robert Nagaj (YSKT/Assessment) |
| Emma Embleton (SJT) | Aileen O'Brien |
| Katherine Pigott | Hannah Cock |
| Kevin Hayes (Head of Assessment) | Shehla Baig |
| Linda Perkins-Porras (early yrs Ass roles & SSCF) | Carywn Hooper |
| Nicoletta Fossatti | Judith Ibison |
| Penny Neild | |

Meeting with programme team and clinicians to cover: Programme delivery: Clinical years – T, P and F, Careers advice and post-graduation monitoring

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| David Oliveira (Clinical teacher Lead) | Pippa Tostevin |
| Hannah Cock (outgoing Neuro+ Lead) | Soosan Atkins |
| Joanna Carroll (UG Tariff/SIFT) | Ban Haider |
| Kevin Hayes (O&G Lead) | Judith Ibison |
| Mike Wilde (new Simulation Lead & Sub-Dean East Surrey Hosp, SASH) | Shehla Baig |
| Nick Annear (incoming P yr Lead) | David Strachan |

Meeting with programme team to cover: Planning, Governance & QA, Roles and responsibilities & programme management structure, Programme resourcing, Future-proofing programme – eg GMC policy changes, TEF preparedness & inclusivity

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| Hannah Cock (incoming Course director) | Kevin Hayes (MLA Lead) |
| Joanna Carroll | Megan Butler (TEF plans) |
| Judith Ibison (incl QA of General Practice) | Pippa Tostevin |
| Katherine Pigott (incl QA of General Practice) | Shehla Baig |
| Kerren Churcher (Trust QA visits) | Soosan Atkins |