

ST GEORGE'S, UNIVERSITY OF LONDON
REVALIDATION REPORT
Masters in Physician Associate Studies (MPAS)

Thursday 8th June 2023

Harry Axton Room, Ground Floor, Hunter Wing, St George's, University of London Cranmer Terrace
London SW17 0RE

PANEL MEMBERSHIP

Dr Axel Nohturfft (Chair)	Course Director, Translational Medicine MRes/MSc, Institute of Medical and Biomedical Education, St George's, University of London
Jane Rutt-Howard	Academic Director of Physician Associate Programmes, School of Medicine, University of Central Lancashire
Ratna Romy	Student Panel Member, St George's, University of London

In attendance

Glen Delahaye	Senior Quality Assurance and Enhancement Manager, St George's, University of London
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Introduction and Context

- 1) The St George's physician associate (PA) course began in 2008 as a 120-credit Postgraduate Diploma (PgDip) in PA Studies, with a cohort size of around 20 per year. In 2016, the course changed from a PgDip to a 180-credit Masters of Sciences (MSc) through a validation event, with the introduction of a 30-credit dissertation module (the service improvement project (SIP)). The validation Panel approved the MSc for a period of five years, meaning that it was originally due for review in 2020-21.
- 2) In 2017, the cohort size increased from 20 to approximately 70 students and this continues now, with approximately 70 students in each year.
- 3) In 2018, the SIP module and written dissertation was replaced by a taught 15-credit module on investigations in clinical medicine (ICM). The remaining 15 credits were assigned to the clinical placement module to more accurately reflect the time commitment of this module for student learning. The course therefore transitioned to a 180-credit taught Master's in Physician Associate Studies (MPAS).
- 4) In December 2020, the Quality Assurance and Enhancement Committee (QAEC) approved a request from the course team to postpone the review of MPAS, following the news that the PA profession would soon be regulated by the GMC. In May 2021, QAEC decided to extend the approval period of all courses by one year, due to the impact of the pandemic. MPAS was therefore due for review in 2022/23. As a significant number of changes had been made to the course since the 2016 validation event, the course team, in consultation with the Quality and Partnerships Directorate, took the decision to revalidate (rather than review) the course. No additional changes were introduced through the revalidation.

Conduct of the meeting

- 5) Prior to the meeting, the Panel received the documents listed in Annex A. The Panel held a private meeting at which it confirmed the range of issues that it wished to explore through the event. The Panel then held a meeting with students currently on the MPAS, followed by a meeting with the course team (see Annex B for the list of staff attendees).
- 6) Two external Panel members were confirmed to take part in the revalidation event. Unfortunately, one of the Panel members had to withdraw from the event at short notice and so there was only one external Panel member.

Decision

- 7) The Panel recommended reapproval of the Master's in Physician Associate Studies to Senate for a further period of five years with no conditions. Areas of good practice and recommendations were agreed by the Panel and are listed in paragraphs 9 and 10. The course team would not be required to submit a formal response to the recommendations, but would be expected to provide updates on them through SGUL's routine Annual Monitoring processes. The MPAS would next be reviewed or revalidated in 2027/28.
- 8) The Panel also concluded that the MPAS course was compliant with the expectations of the UK Quality Code for Higher Education published by the QAA.

Good Practice

- 9) The following areas of good practice were noted by the Panel:
 - a. The students found the course team to be very positive and enthusiastic, noting that they were clearly very passionate about their teaching and were making an effort to get to know each of the students individually.
 - b. Student feedback was being responded to quickly.
 - c. The course team was very approachable.
 - d. The course team was close-knit.
 - e. Both years of the course were very effective in equipping students, with the teaching in year 1 being effective in preparing the students for year 2 and the course as a whole was preparing students for work and impressing employers.

Recommendations

- 10) The following recommendations were agreed by the Panel:

Recommendation 1

Complete a mapping exercise, comparing module learning outcomes against the Faculty of Physician Associates curriculum standards (paragraphs 30-31).

Recommendation 2

Reflect on the students' working week. The Panel suggested that the course team should consider having four days on placement instead of five, with the fifth day possibly acting as a study day. They also noted that the students had enjoyed the occasions when they were on-site together in the second year of the course and recommended that the course team

consider whether additional on-site activities could be arranged in the second year (paragraph 12).

Recommendation 3

Consider reducing the number of patient logs that student are required to complete. The Panel suggested that the logs could be replaced with more case-based discussions or with more detailed logs. For example, students could be encouraged to write fewer logs, but instead to write them in more detail (paragraph 19).

Recommendation 4

Review the effectiveness and uptake of the training being provided to supervisors and consider whether there is a need to introduce additional quality assurance methods to avoid students having a negative experience on placement (paragraphs 13-18).

Recommendation 5

Discuss the management of formative and summative examinations with Registry with an aim to reducing the burden on the course team (paragraphs 40-41).

Meeting with students

11) The Panel met with 6 first year students of the course and 4 second year students.

Intensity of the course

12) The students remarked that the balance between placement and assessment was quite overwhelming. They found it challenging having exams scheduled in the middle of their placement without study leave. However, they acknowledged that despite the challenges, it was still manageable, depending on the nature of the placement and the flexibility of their supervisors.

Consistency of placements

13) The students proceeded to discuss the consistency of placements and shared their observations regarding various aspects of the placement process. They noted that there was variability in the amount of training they received on their placements, for example on how to use the EMS (Electronic Management System). Some students received tutorials on how to use it, while others had to learn on the fly.

14) Each student has a trajectory, a document that outlines how the student is expected to progress at different stages of their placement. The supervisors also receive a copy of the trajectory, but according to the students, there were instances where supervisors did not thoroughly review the trajectory.

15) The students needed to have at least four Central DOPS (Directly Observed Procedural Skills) signed off in the first year. These could be signed off by doctors, nurses or other qualified individuals. The students noted that some GPs did not have all the facilities necessary for the students to demonstrate the DOPS.

16) Some students expressed concern about not getting sufficient hands-on experience and missing out on valuable learning opportunities. They mentioned a particular student who only had phone consultations and no face-to-face interactions with patients. They believed this was

not solely the fault of the GPs, as some GPs primarily conducted consultations over the phone. Additionally, some GPs, due to their limited capacity, were not well equipped to accommodate the number of students sent to them.

- 17) To enhance the placement experience, the students proposed the idea of rotating among different GPs. They suggested having shorter durations of three weeks at each GP instead of a nine-week placement at a single GP at the end of the first year, which they believed would be beneficial.
- 18) The students mentioned that random spot checks on supervisors occurred periodically. However, they expressed a desire for more standardisation in the placement experience. They acknowledged the difficulty faced by the course team in managing the supervisors.

Patient logs

- 19) In the first year, the students were expected to complete patient 100 logs, while in the second year, the number increased to 400. They found the task to be a tick-box exercise, lacking meaningful engagement. Some students mentioned that they occasionally resorted to copying and pasting their logs from previous entries. They questioned the necessity of completing so many patient logs, especially as they were aware that the course team was not able to review all of them. The students expressed a preference for focusing on quality rather than quantity.

Student feedback

- 20) The students discussed their experiences with providing feedback to the course team. They noted that the course team listened attentively to their feedback and subsequently took action. The students had been informed by the course team that they might not witness immediate results from their requested changes, but future cohorts would benefit from them.
- 21) Regarding the feedback process, the students mentioned the existence of monthly check-in sessions. The meetings provide an informal way for students to discuss any issues of concern with the course team.
- 22) The students remarked that it was relatively easier to provide feedback during the first year of the course. However, they found it more challenging to allocate time for feedback in the second year, especially since the check-in sessions occurred while second-year students were on placement. They suggested that it might be worthwhile to consider organising periodic meetings with supervisors and the course team every few months.
- 23) The students also expressed a sense of isolation in the second year, as they missed the regular interaction with their peers. To stay connected, they had a WhatsApp group to maintain communication and support one another.

Additional points

- 24) The students were satisfied with the current balance between online and on-site teaching, but would have welcomed more sessions on-site dedicated to clinical anatomy. They suggested that an entire module dedicated to anatomy would have been great.
- 25) There was a difference between the financial support available for undergraduate and postgraduate students, which presented a challenge for the MPAS students. One student pointed out that although the University had increased their fees in line with inflation, the money the students had saved up to support themselves during the course had not increased in value.

Meeting with course team

Modules credits and assessments

- 26) The Panel noted that the weighting of assessment did not correspond to the credit weighting of the modules. They suggested that this might make it more difficult for a student to judge the time commitment for each module or for the course as a whole.
- 27) While the course team agreed that it would be helpful for there to be a consistent approach to module sizes and assessment allocation, they did not believe that it would make the course more effective or increase the likelihood in students passing exams. When the course was designed, the primary goal had been to make students employable and safe. Additionally, the course, as it was currently designed, allowed students to leave with exit qualifications at three different stages of the course.
- 28) The Panel and the course team were aware that SGUL was developing a Common Modular Framework, which would seek to ensure greater consistency between modules and courses, including modules sizes and assessments. Courses undergoing revalidation were not yet required to engage with the Framework. The MPAS course team expected that they would likely request a variation or a derogation from the Framework.
- 29) The Panel recognised that the course was very effective, as pass rates in the national exam were almost at 100% and the majority of students completing the course found employment.

The General Medical Council (GMC)

- 30) In July 2019, the government formally asked the General Medical Council (GMC) to regulate PAs. Until this point, PAs had not been subject to statutory regulation, despite campaigning for regulation. In February 2023, the legislation for GMC regulation was launched for public consultation and the ambition was for the legislation to be completed in late 2024. In addition to individual regulation, each PA programme in the UK would need to be accredited by the GMC in the same manner as medical school programmes, such as MBBS. The GMC had already begun the process of asking PA programmes to complete self-assessment questionnaires to identify areas that were not being met.
- 31) The course team had completed the GMC self assessment questionnaire against the proposed GMC standards. While they still had a few areas to improve upon, they stated that they believed the MPAS was on track to be formally GMC accredited.

Intensity of the course

- 32) The course team acknowledged that the course was intense, particularly due to the amount of days spent on placements. However, the placements were essential in ensuring that the students would be prepared to pass their exams. The course, as currently configured, would produce clinicians who were safe and competent from their first day and employers fed back positively to SGUL about the quality of the PAs.

- 33) It was made clear to prospective students that the course would be challenging. The course team was aware that students would likely be managing multiple priorities while studying the course and that the majority of them would be working part-time jobs.
- 34) The course team had taken steps to reduce the number of placement hours on the course. In November 2022, the course team proposed a reduction to the number of weeks in the general medicine placement during year two, from twelve to nine weeks. This followed a consultation with students, placement supervisors and the MPAS team. The proposed change was approved by the Taught Postgraduate Course Committee (TPCC) and would apply to the current year one students when they entered year two, as well as all future cohorts. The rationale underpinning the decision was to allow students greater scope for revision ahead of their summative and potential re-sit examinations.
- 35) There had previously been an option to study the course part-time, but this was no longer offered, with the last part-time students completing in 2022. The course team had been considering relaunching the part-time course, as it could be a better option for students with caring responsibilities and also those who needed to work alongside training.
- 36) The course team expected that the next cohort of students may find the course to be particularly challenging, as those students' previous studies would have been impacted by the pandemic.

Consistency of placements

- 37) The course team made an effort to ensure consistency between placements. Supervisors were sent the same documentation as the students. Several of the MPAS team members included links to guidance for supervisors in their email signatures.
- 38) While there were differences between the placement providers, there were also differences in how students approached their placements. Some students were more proactive than others. The course team encouraged students to integrate while they were on placement and to seek opportunities to gain experience.

Patient logs

- 39) There was a pre-recorded session at the beginning of the course to explain the purpose of practice logs to students. The course team was aware that students wouldn't likely realise the value of the logs until they had completed the course. The logs could be downloaded and students could use them in job interviews to provide evidence of the different types of patients they had seen. Additionally, in rare cases where a supervisor may claim that a student had not gained sufficient experience during their placement, the logs could be used to demonstrate what the student had completed.

Staffing

- 40) The postgraduate administration team was generally overworked. Many staff within the postgraduate team and that MPAS team were completing tasks that should fall outside of their

remit. For the academic staff, this made it difficult for them to meet the eligibility criteria to apply for Academic Promotion.

41) SGUL's Exams Team was currently only facilitating the summative MPAS exams, but not the formative exams. The course team wished to hand over responsibility for formative exams to the Exams Team, both to reduce the burden on the course team and to reduce the risk of bias.

GD/June2023

Annex A – course documents

Self-evaluation Document
Resource and Delivery Document
Programme Specification Commentary
Programme Regulations
Programme Specification
Module Directory
Scheme of Assessment
Staff CVs

Annex B – Programme Team

Amy Perrott	Course Director
Tripti Chakraborty	Deputy Course Director
Dr Maxine Esser	Head of Postgraduate Administration
Chandran Louis	Senior Lecturer
Beck Hickman	Lecturer
Dr Lisa Wolff	Lecturer
Dr Vasa Gnanapragasam	Medical advisor, Senior Lecturer, GP
Chanceeth Chandrakanthan	Lecturer
Michaela Binstead-Light	Postgraduate Officer