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Kent & Medway Medical School

Policy & Procedure for Patient Engagement in Education

Contents

Background	4
Aim of this document	5
Basic Assumptions of Patient Engagement moving forward at KMMS	5
1. Definitions	6
2. Scope of patient involvement.....	7
2.1 Outreach, recruitment, and admissions.....	7
2.2 Curriculum development.....	7
2.3 Teaching and assessment.....	7
2.3.1 Campus-based teaching.....	7
2.3.2 Placement.....	7
2.3.3 Assessment.....	7
3. Patient Educator recruitment & screening	8
3.1 Proactive recruitment	8
3.2 Reactive recruitment	8
3.3 Selection	8
4. Expenses	8
5. Training, induction, and support for Patient Educators.....	9
6. Risk assessment.....	9
6.1.1 Consent.....	9
• Involvement in undergraduate student teaching	9
• Providing information about personal health conditions.....	9
• Allowing physical examination to be conducted by medical students.....	9
• Indicating they understand separate permissions will be sought if images or recordings are requested	9
• Indicating they understand that KMMS is unable to provide healthcare advice and the arrangements should a medical emergency occur during teaching.	9
• That information from forms will be recorded and stored securely online according to information governance policies on a PE database.....	9
• That PEs understand their involvement with KMMS can be stopped at any time without affecting their future healthcare.....	9

6.1.2 Confidentiality	9
6.1.3 Health and wellbeing	9
6.1.4 Personal safety.....	10
6.1.5 ‘On campus’ involvement.....	10
6.1.6 Physical examination. KMMS.....	10
6.1.7 Dignity/Physical Privacy.....	10
6.1.8 Making Recordings of Patient Educators. This is covered separately and specifically on the following consent & policy (Insert link).....	10
6.1.9 ‘Remote’/Online involvement.....	10
6.1.10 Medical emergencies.....	10
7. Safeguarding	10
8. Data management and data protection	10
8.1 Clinical and Community Placement.....	10
8.2 Existing patient/service user groups.....	10
8.3 Individual Patient Educators.....	10
8.3.1. Information to be collected.....	11
8.3.2. Data storage, access, and management.....	11
8.3.3. Patient Educator Rights.....	11
9. KMMS Roles and Responsibilities	11
9.1 Academic Leadership	11
9.2 Operational Support	11
9.3 Administrative and IT support.....	12
10. Patient Advisory Group (PAG).....	12
Appendix.....	14
Materials (to be developed)	Error! Bookmark not defined.
Patient facing	Error! Bookmark not defined.
Internal KMMS	Error! Bookmark not defined.
Appendix 1 Process Map & Operational plan for recruiting Patient Educator at KMMS.....	13
Appendix 2 PAG Proposal & Terms of Reference.....	18

Background

The General Medical Council (GMC) emphasises in Outcomes for Graduates (2018) the need for students and graduates to provide patient-centred care. To facilitate medical students in the development of patient-centred skills, attitudes and values, the GMC requires medical schools to involve patients and the public in the undergraduate medical curriculum. It sets out in the guidance 'Promoting Excellence: Standards for Medical Education and Training' (2015), that: (R5.2)

The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.

Patients have always played an integral part in medical education in clinical placements. However, their role has traditionally been passive with intended learning outcomes set by educators. Contributions made by patients to medical students' education has often been opportunistic. Research has indicated that patients and members of the public are motivated to actively contribute to various aspects of medical education (Berlin et al, 2011), and that active patient involvement in medical education provides unique and significant learning opportunities for students (Jha et al, 2009). More broadly, healthcare education during the past decades has endeavoured to involve patients/service users in a meaningful way (Towle et al., 2009), setting out guidance for levels of involvement and good practice (Tew, et al., 2004).

KMMS graduates should have the patient, with their family and carers, as the primary focus of all care. Gaining an understanding of the diverse range of backgrounds, experiences and barriers people may face will help our graduates in meeting the needs of all patients they may come into contact within our society today. KMMS will ensure that the voices of patients, relatives, carers, people who are neurodiverse, people with disabilities and advocates are reflected in the curriculum, teaching, and assessment. For the KMMS undergraduate programme to achieve authentic and meaningful 'patient engagement', stakeholders (i.e. patients, relatives, carers, people who are neurodiverse, people with disabilities and advocates) will be invited to take an active and meaningful part in the education of our future doctors.

Mission Statement for Patient Engagement

We aim to develop future doctors who practice holistic health care and demonstrate person-centred values and behaviours, working in partnership with Patient Educators, charities, marginalised groups, and diverse communities. We will embed a culture that enables the patient and carer's voice to actively contribute to the governance, learning and assessment processes at Kent and Medway Medical School.

Scope

Patients naturally form an integral part of medical education when interacting with students on clinical placements where care is provided to patients. Such interactions are **not** included within this Patient Engagement strategy. This includes clinical placements that occur within Student Selected Components (SSCs).

This strategy and associated processes are applicable to any KMMS curricular activity that involves a patient or service user being engaged as part of classroom-based education. This includes on campus Student Selected Components (SSC) and any other campus-based curricular learning involved in KMMS undergraduate programme.

This strategy does not include involvement of patients involved as research participants. Other appropriate research and ethical governance policies for using patients as research participants is to be referred to. However, this policy does relate to the potential use of Patient Educators for the process of having Public and Patient Involvement in reviewing any potential research or governance processes relating to possible research studies.

Aim of this document

- To identify the scope of patient involvement and define the term 'patient educator' (PE).
- Outline procedures and associated academic and administrative responsibilities in relation to a 'Patient Engagement programme'.
- To identify the recruitment, induction, and management of patient educators at KMMS.

Basic Assumptions of Patient Engagement at KMMS

- A Patient Advisory Group (PAG) has been established which will be instrumental for progressing the patient engagement strategy at KMMS. Terms of reference for PAG are found in appendix 2.
- The PAG will itself influence the patient engagement strategy, in light of patients/service users' consultation. This will ensure that the patient's narrative and perspective is truly embedded within KMMS.
- The PAG will focus upon delivering five key GMC objectives for patient and public involvement in medical education. These include the selection of medical students; teaching and learning; assessment and feedback, development of curriculum and assessments and quality processes and governance.
- KMMS is represented nationally in a patient engagement group established by the Medical School Council.
- KMMS provides administrative support for the recruitment, selection, allocation and management of patient educators.

1. Definitions

A Patient Educator (PE) can be anyone who:

- acts as a patient for learning or assessing clinical and professional skills
- expresses the 'voice of the patient or carer' to the delivery of teaching and/or assessment
- who wishes to share their identity and lived experiences as someone who is neurodiverse or a person with a disability
- contributes to the development and review of the curriculum.

The above listed activities would be done in conjunction with KMMS faculty. There may be some instances where terminology is used differently to respect the wishes and identities of those we are engaging with, as well as based on the context of the situation. For example, it would not be appropriate to automatically refer to someone as a 'patient' who is neurodiverse or who has a learning disability, sharing about their experiences of living in a mainly neurotypical world. In this situation the term "Expert by Experience" may be preferred to be used.

Similarly, there are many terms used to describe the people who use health and social care services and who contribute to health and social care education. Examples include; services users, patients, experts by experience, carers or consumers. Each term contributes towards developing a rounded definition of the role they play in health and social care education. The GMC in their documents tend to refer to the term "patient engagement" and "patient educator" as do other medical schools including BSMS and we will use the terminology used from the professional body but acknowledge that the term "Expert by Experience" may be used as an alternative.

PEs can include individuals (e.g. patients, carers, parents of children, people who are neurodiverse, people with disabilities, members of the public) who are asked for their views or to share their experiences from the perspective of a patient, as well as established patient or service-user groups. PEs must be 16 years old or older, with 16-17 year olds only where an additional representative (such as an agency, or guardian) is involved.

As per the scope of this document, PE does not intend patients who interact with students whilst on clinical placement who are receiving care.

- 'Agency' refers to an agent, including individuals and organisations, who facilitate, support and represent PEs in interacting with KMMS including recruitment.

Acronym	Term
BSMS	Brighton & Sussex Medical School
CCCU	Canterbury Christ Church University
GMC	General Medical Council
Kent	University of Kent
KMMS	Kent & Medway Medical School
NICE	National Institute for Health & Care Excellence
MMI	Multi station Mini Interview
OSCE	Objective Structured Clinical Examination

PAG	Patient Advisory Group Committee
PE	Patient Educator
EbE	Expert by Experience
SSC	Student Selected Component
UKC	University of Kent at Canterbury

2. Scope of patient involvement

KMMS will identify specific and appropriate activities, where PE involvement will make a significant contribution to students' learning and/or professional development. For the purpose of this document, these broad activities are collectively described as educational activities.

KMMS will clearly communicate to PEs that involvement in any educational activities:

- a) will be primarily for the purpose of educating KMMS students, and that this is entirely separate from any aspect of care provision.
- b) is entirely voluntary, that PEs can withdraw at any point in time, and that this will have no impact on their healthcare provision.

2.1 Outreach, recruitment, and admissions.

PEs may be invited to take part in KMMS admissions processes and events. This will include taking part in Multi station Mini Interviews (MMI) as part of a selection process for future students. This could include talking with prospective applicants about their healthcare or experiences of being involved with the medical school.

2.2 Curriculum development.

PEs will be invited to take part in the development and review of the curriculum. Examples of participation include focus groups, correspondence or via the PAG.

2.3 Teaching and assessment

2.3.1 Campus-based teaching. Patient narrative can be included in campus-based teaching either 'live' (in person or remotely) or using pre-recorded resources. PEs can be included, for example, in teaching of clinical examination and communication skills; PEs may take part in tutorials on ethics and professional development; carers/relatives can take part in tutorials to share insights in caring responsibilities. This will include SSC and all other curricular education that is delivered on campus. This list is not exhaustive.

Existing patient/service user groups or representatives may be invited to contribute to campus-based teaching.

2.3.2 Placement (where PE involvement is not related to health care or therapy). In the context of clinical and community placements, a patient may be specifically invited to attend or participate for educational purpose. This can include, for example, where students have an opportunity to learn about living with a specific health condition, either as a patient or carer; where students receive feedback from patients and carers on their communication skills; where students may accompany healthcare practitioners on home visits. This list is not exhaustive.

2.3.3 Assessment. Patients will be invited to participate in assessment during Objective Structures Clinical Examinations (OSCEs), while interacting with 'real' rather than simulated patients. PEs involved in OSCE will have specific preparation for the role and they will not be able to be involved in other activities to the respective cohort

if pathology is required to be identified from the OSCE as this may bias the examination if the student is aware of diagnosis.

3. Patient Educator recruitment & screening

Patient Educators will be recruited primarily from the Kent and Medway area, making every effort to ensure an inclusive approach to identifying and inviting participation. In addition, KMMS will target specific patient groups (for example, patients with clearly defined medical conditions) depending on the specific educational need. Both may involve recruitment via agency, including service user groups, individuals or charitable organisations.

Patients may be recruited via different avenues, which can be either pro-active (initiated by KMMS) or 'reactive'.

3.1 Proactive recruitment

- In collaboration with the KMMS partner universities', existing links with patient groups/service users can be explored.
- Local LEPs may identify prospective PEs.
- Local patient support groups/service user groups can be approached.
- Local advertisements can be placed aimed at individuals or groups.
- Via Clinicians who have marketing cards and posters which can direct potential patients to express an interest to join via [KMMS Patient Engagement webpage](#).

3.2 Reactive recruitment

- Local residents may approach KMMS via the [KMMS Patient Engagement webpage](#) and other routes (e.g. direct contact with members of KMMS staff).

3.3 Selection

A 'selection' process will consist of a documented conversation between the prospective PE, or agency, to ensure they have a clear understanding of what is involved, agrees to the terms of engagement, and whose participation will be positive for both them and students.

Responsibility for the management of PE recruitment and associated processes are set out below (section 9).

4. Expenses

PEs liaising directly with KMMS will not be reimbursed for their time or contribution by KMMS (except for OSCEs). KMMS will reimburse reasonable travel expenses for PEs and provide refreshments. This is also applicable to a companion/advocate should PE not be able to travel alone.

PEs involved in OSCE assessments will be offered the option to enrol with Unitemps as a mechanism for reimbursement in line with the other Simulated Patients which are recruited via Unitemps. This offers parity of payment with our "Real Patients" and Simulated Patients with offering a reimbursement for their time in OSCE assessment. At OSCE induction training, PEs will be made aware of the option for them to apply to Unitemps for an hourly payment and will be given the application link. The decision to apply is down to the PE and any assistance with IT or application process can be given via the Patient Engagement Co-ordinator. No PE data or information from KMMS will be shared with Unitemps.

PEs who are involved via agency may be reimbursed by the same as per the specifics of their contractual or other agreement with the same.

5. Training, induction, and support for Patient Educators

In line with BSMS, KMMS will provide written information to PEs, or agency, to ensure they are fully informed of the educational activities they may be involved with.

Inductions will be provided to ensure PEs feel well-prepared and supported for any educational activity. The format of the induction will vary depending on the activity and PEs' needs.

Training will be provided for any activities where PEs are:

- involved in assessment
- teaching which requires them to undergo a physical examination
- asked to provide feedback to students.

A nominated KMMS member of staff will be responsible for training, induction, and queries as a point of contact.

6. Risk assessment

PE involvement in educational activities could expose the PE, students, or staff to potential hazards.

6.1.1 Consent. PEs will have received written information on all relevant educational activities prior to engaging in any activity. Any PE will only be included in educational activities if they have capacity to provide valid consent. KMMS Patient Engagement lead or nominee will determine PEs preferred method of communication (e.g. phone, email or letter, and whether via agency). Specific consent will be required for:

- Involvement in undergraduate student teaching
- Providing information about personal health conditions
- Allowing physical examination to be conducted by medical students
- Indicating they understand separate permissions will be sought if images or recordings are requested
- Indicating they understand that KMMS is unable to provide healthcare advice.
- Indicating they are aware of the arrangements should a medical emergency occur
- That information from forms will be recorded and stored securely online according to information governance policies on a PE database
- That PEs understand their involvement with KMMS can be stopped at any time without affecting their future healthcare.

6.1.2 Confidentiality. Students will be required to adhere to the guidelines on maintaining confidentiality as set out by the General Medical Council's Good Medical Practice (2014). PEs will have no known relationship with staff or students at KMMS.

6.1.3 Health and wellbeing. PE will only be invited to participate in educational activities if their health permits. If the PE becomes unwell or distressed during any educational activity, they

can withdraw without jeopardy to KMMS reimbursements or future activities. (In case of a medical emergency – see section 6.1.10)

6.1.4 Personal safety. All KMMS students are subject to the Disclosure and Barring Service (DBS) check when joining KMMS. The PE will be provided with written information on how and with whom to escalate any concerns they have about student or staff behaviour.

6.1.5 'On campus' involvement. PEs will be regarded as 'visitors' while on campus. The relevant KMMS Risk Assessments will apply. Students will receive briefing/debriefing where necessary. Students and staff should raise any concerns to the KMMS member of staff overseeing the teaching activity. Concerns can be escalated to the Academic Lead for Patient Engagement if necessary.

6.1.6 Physical examination. KMMS students will be supervised at all times by a qualified member of KMMS staff. However, students may unintentionally cause discomfort or concern. Furthermore, students may accurately identify incidental findings. Existing processes will be used for incidental findings during clinical skills activities at KMMS. PEs will understand that involvement with KMMS teaching is not a substitute for a medical consultation with a qualified healthcare professional.

6.1.7 Dignity/Physical Privacy. All students are required to adopt the same professional behaviours as they would during any patient encounters including maintaining dignity/privacy.

6.1.8 Making Recordings of Patient Educators. This is covered separately and specifically on the following consent & policy.

6.1.9 Online involvement. PEs may be invited to participate in educational activities or meetings online. KMMS will ensure that patients and relatives are aware of online protocol.

6.1.10 Medical emergencies. In the event of a medical emergency KMMS staff will follow the Universities' procedures.

7. Safeguarding

All students take part in mandatory 'Safeguarding' training. Clinical staff are expected to maintain their safeguarding training up to date.

Any non-clinical member of staff involved with PE will receive appropriate training on safeguarding (eLfh Level 1) and have read '[Adult Safeguarding: Roles and Competencies for Health Care Staff](#)' (August 2018).

8. Data management and data protection

8.1 Clinical and Community Placement. Where PEs are invited to contribute to educational activities in the context of clinical or community placement, all relevant patient data will remain the responsibility of the LEP.

8.2 Existing patient/service user groups. Where involvement of PEs is via agency all personal data will remain the responsibility of the agency. All communication will run via the agency, and not the individual patients/service users.

8.3 Individual Patient Educators.

Personal details will be gathered from PEs who engage with KMMS as individuals. KMMS will collect, store, manage, and update this data, and ensure that it is held securely and abiding to Information Governance processes. PEs have a responsibility to keep KMMS informed of

any significant changes in their data especially In Case of Emergency contact details and medical information.

8.3.1. Information to be collected

- Demographics (i.e. name; sex; date of birth; ethnicity)
- Contact details (i.e. address; telephone numbers; e-mail, and preferences for contact).
- Medical Details for Patients; Medical details for Carers; disabilities.
- 'In Case of Emergency' information.
- The date of joining as KMMS PE
- Educational Activities involved in and dates
- Expenses/payment details (where relevant – see point 4 above), securely stored for the statutory length of time required for auditing purposes.
- Consent for KMMS to retain this information (see also 8.3.3 below)

8.3.2. Data storage, access, and management

- Data capture:
 - PEs will be required to enter their information on a form which will be provided by KMMS. This information will be transferred to the secure database.
- Security:
 - Data will be entered within a suitable database repository, stored on a secure SharePoint site, providing limited and secure access to appropriate and named members of KMMS staff.
- Confidentiality:
 - PEs will be informed who has access to the data (specifying staff role and name – see section 9 below) and will be notified of any changes. PEs will be informed of how the information is used within KMMS.
 - PEs will be given assurance that a) their data will only be shared within KMMS with faculty of administrative staff who are directly involved in delivery or arrangements of teaching or assessment, and b) their data will not be shared outside of KMMS.
 - 'Privacy Impact Assessment' will be carried out by KMMS to ensure UK GDPR compliance. This will be reviewed annually in line with KMMS requirements.
- Management: PE data will be reviewed and updated in line with the KMMS 'Record retention schedule'.

8.3.3. Patient Educator Rights

- PEs have the right to request removal from the database at any time.
- PEs have the right to know what information is held about them.

9. KMMS Roles and Responsibilities

9.1 Academic Leadership

Senior Lecturer in Clinical Skills and Patient Engagement, under the direction of senior academic staff. Responsible for implementing the PE Policy and Procedures.

9.2 Operational Support

The Marketing, Outreach and External Engagement Manager will provide support with marketing the programme on social media channels, the website and the production of hard copy and digital marketing resources.

9.3 Administrative and IT support

Provide support with the data capture and data management, logistics.

10. Patient Advisory Group (PAG)

10.1 The PAG will inform the strategic development of patient and public engagement within KMMS. Fostering meaningful engagement is central to the purpose of the group and is a key objective of the KMMS educational strategy. The PAG would be chaired by the Academic Lead for Patient Engagement. The PAG will advise the Undergraduate Programme Board.

The PAG will consist of

- Kent and Medway residents, with experience of local healthcare, who represent the 'patient voice'. This could involve a stable group of participants who remain involved for a pre-determined period, and potentially include additional patients to address specific issues that are to be brought to PAG.
- KMMS Academic Lead for Patient Engagement; KMMS Programme Director; other academics (e.g. Year Leads, Module Leads, Vertical Theme Leads, SSC Lead) depending on topics tabled for discussion; the KMMS Stakeholder, Communications and Engagement Manager.

PAG will review all documents and processes relating to patient engagement to ensure they reflect patient narrative and are patient centric. Full terms of reference are in appendix.

11. References and supporting documents

Berlin, A. Seymour, C., Johnson, I. Cupit, S. (2011). Patient and Public Involvement in the Education of Tomorrow's Doctors - "Today's patients working with Tomorrow's Doctors". A UCL Public Engagement Beacon Innovation Seed Fund Project. October 2010- September 2011

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Tew, J., Gell, C. & Foster, S. (2004). Learning from Experience: Involving service users and carers in mental health education. Higher Education Academy/NIMHE/Trent Workforce Development Confederation. <http://www.swapbox.ac.uk/692/1/learning-from-experience-whole-guide.pdf>

Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., Madularu, I., Solomon, P. and Thistlethwaite, J. (2010). Active patient involvement in the education of health professionals. *Medical education*, 44(1), pp.64-74.

Appendix

Appendix 1 – Process Map for recruiting a Patient Educator at KMMS

Appendix 2 – Terms of reference for PAG

Appendix 1 – Process Map & Operational plan for recruiting a Patient Educator at KMMS**PATIENT EDUCATOR RECRUITMENT- either Proactive or reactive****SELECTION of PE, when direct relationship with KMMS**

- KMMS Patient Engagement Website (open access).
- Prospective Patient Educator completes secured expression of interest form.
- KMMS Patient Engagement team has conversation with applicant.
- Standardised applicant questions are given to applicant with link to Patient Engagement webpage which includes terms of engagement.
- KMMS assess that applicant appears to be motivated to participate in educational activities at KMMS that are for the learning opportunities for students.
- Provide information to ensure patient can make informed consent to participate as PE at KMMS, this includes sending written information.
- Explain expenses for travel but no fee as activity will be on voluntary basis.
- Ensure proposed PE has been provided with all written information & questions and answers.
- Application and consent form is sent to applicant to complete which automatically stores data in PE secured data base.
- [KMMS Privacy Notice for Patient Engagement Programme](#) to outline how personal data is handled.



CONSENT from PE, when direct relationship with KMMS

- PEs will require to sign & submit written consent before any activity.
- Ensure PE is informed and not coerced into completing written consent.
- Consent for participation can be revoked at any time from the PE.
- Consent for securing sensitive data in line with Universities Information governance processes
- Further consent is required for video/imagery.
- Confidentiality in line with GMC and University standards.
- Completed consent form data populates directly into PE secured data base.
- A Personal Emergency Evacuation Plan is offered to those who have access needs which may require one. These are carried out by the Fire Safety Advisors at University of Kent and Canterbury Christ Church university, and are saved on their secure databases for their security staff to access.

**COMPLETION OF RELEVANT RISK ASSESSMENTS**

- The Patient Engagement Risk assessment will be completed by the PE Co-ordinator & Academic lead and reviewed by trained Health and Safety colleagues.
- Members of staff facilitating Patient Engagement sessions and activities will be required to read the risk assessment. Risk assessments include health & well-being of PEs.
- PEs & their role within physical examination.
- Dignity & privacy whilst involved in physical examination.
- How data will be stored, accessed and managed.



TRAINING & INDUCTION FOR PATIENT EDUCATORS, when direct relationship with KMMS

- Induction & training will be provided with an induction pack.
- Training and orientation will be provided depending on the activity at KMMS.
- Training will include role, expectations, how to give and receive feedback, awareness of EDI and unconscious bias.
- A named KMMS Patient Engagement Coordinator will be responsible for training & induction and will be a point of contact.
- A set of approved PowerPoint slides will be presented by Academic Lead and PE Coordinator.
- This will also include a clinical conversation which may include physical examination depending on the role of the PE. E.g. OSCE.



MAINTAINING PE DATA BASE & PE REQUEST FROM KMMS, when direct relationship with KMMS

- The Patient Engagement Coordinator will ensure contemporaneous PE data base is maintained in line with information governance.
- PE Coordinator & Academic lead for Patient Engagement will report audits and patient engagement activities back to Patient Advisory Group.
- PE Coordinator will be point of access to patients/service users and will ensure logistical arrangements and communications are followed.
- PE Coordinator will be point of contact for KMMS staff who have a PE request.

Appendix 2 - PAG Terms of Reference

PAG Terms of Reference

Purpose of a PAG:

To address the GMC's requirement that "The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers" in a meaningful and effective manner.

To engage local residents who reflect the diversity of the local communities in Kent and Medway in the development of KMMS students.

To engage with relevant and applicable consultant groups, both serving CCCU and KMMS as well as other organisations. This may consist of Experts by Experience such as Learning, Observing, Understanding, Disability (LOUD) board and the Autism Reference Group. Fostering meaningful engagement is central to the purpose of the group and is a key objective of the KMMS educational strategy.

The PAG will inform the strategic development of patient and public engagement within KMMS. This will involve focusing upon five key GMC (2018) areas for promoting patient and public involvement in medical education. These include the selection of medical students; teaching and learning; assessment and feedback, development of curriculum and assessments and quality processes and governance.

Patient and public engagement is a broad concept, and a key function centres on developing partnerships to improve undergraduate student learning and preparedness for future practice. Involvement should be collaborative and include involvement in curricular design, delivery and evaluation of teaching.

Other key activities include enhancing governance within KMMS, involvement in undergraduate student selection, student assessment and supporting Widening Participation initiatives. The committee is cognisant of the General Medical Council Standards/Outcomes for Graduates and NHS constitution and workflow will reflect the guidance and values.

Having due regard within its decisions to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people in accordance with the public sector duty of the Equality Act 2010 which replaced previous anti-discrimination laws with a single Act, The Equality Act 2010 is now therefore in place to legally protect people from discrimination in the workplace and in wider society. ([Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/equality-act-2010-guidance))

Main aims of the KMMS Patient Advisory Group:

- Develop & form part of the KMMS Patient Engagement Strategy. This Strategy document stipulates details of how patients will be approached and

recruited, reimbursed, how data will be managed, database maintenance, risk management, communication pathways etc.

- Comment and advise on specific aspects of curriculum development and curriculum review. Topics could be proposed by the Curriculum Development Group or Programme Board, where it was felt that input from PAG would substantially contribute to curriculum development or review. Topics could include module development and delivery, points of emphasis or risk, student selected components, issues of local care provision etc.
- Provide KMMS with an external perspective on the curriculum, either as patient representatives on behalf of healthcare users, or by contributing to the formulation and distribution of surveys across Kent and Medway.
- Provide KMMS with updates on notable local developments, initiatives and activities that have affected the users' experience of healthcare, which could be incorporated where appropriate in the curriculum.
- Meet 3 times a year in person including autumn and summer; to feed into the development of the following academic year, and to contribute to the review of the past year.
- All Patient Engagement documents & processes will be reviewed with Patient Educators on the PAG to ensure this is truly patient-centred.

Membership:

- Recruited Patient Educator representatives- ideally 5-7 members Kent and Medway residents, who represent the 'patient voice' will involve a stable group of Patient Educators who will remain involved for 2 academic years, with flexibility to step down and rejoin during that time as needed. Additionally, there may be times that other Patient Educators on the Patient Engagement programme will be invited to specific meetings to address topics which they have relevant experience in.
- Academic Lead for Patient Engagement (Chair)
- Undergraduate Programme Director
- Patient Engagement Coordinator (Secretary)
- Course Assistant (Minutes Secretary)
- Academic Lead for Student Life and Wellbeing
- Senior Lecturer- Module Lead for Professional Development and Person-Centred Practice 2
- IPE, LOUD and ARG Lead
- Marketing, Outreach and External Engagement Manager
- Curriculum and Assessment Manager
- Quality Manager
- Placements Manager
- KMMS Student representative/s (optional for them to attend)
- CCCU Academic Lead Experts by Experience

- Patient Educator Programme Lead at Brighton & Sussex Medical School
- Other KMMS academics (e.g. Year Leads, Module Leads, Vertical Theme Leads, SSC Lead) depending on topics tabled for discussion

Quoracy:

5 members which will involve either Academic Lead for Patient Engagement or Undergraduate Programme Director and 2 other KMMS staff members & 2 Patient Educator representatives