

Annual Quality Assurance Summary

This summary provides an overview of how an organisation is meeting our standards for medical education and training as detailed in [Promoting excellence: standards for medical education and training](#). It provides an overview of the QA activities undertaken over the course of a year and an overview of findings including any areas of notable practice or requirements and recommendations we have set. The summary is published.

Organisation	University of Cambridge School of Medicine
Review period	July 2022 – July 2023 (Year 2)

Overview of findings

Overall findings statement
<p>From the SAQ submission, and the clarification of some points during the SAQ meeting, we consider that Cambridge School of Medicine is meeting the standards set out in the GMC's <i>Promoting excellence: standards for medical education and training</i>.</p> <p>The QA activities that we have carried out in this annual cycle have provided good opportunities to observe how Cambridge School of Medicine meets our standards in themes 1 (Learning environment and culture), 2 (Educational governance and leadership), 3 (Supporting learners) and 5 (Curriculum and Assessment).</p>

Quality Activity undertaken

	Activity	Date	Summary
1	SAQ submission	31 July 2022	The SAQ was submitted on time and covered all five themes of <i>Promoting excellence</i> . The submission

			<p>included a list of planned Cambridge School of Medicine activities that we could observe for quality assurance purposes.</p> <p>We are satisfied that where further information and/or clarification is still required that this can be provided in the next SAQ submission.</p>
2	SAQ feedback meeting	29 September 2022	<p>This meeting was held to provide feedback to Cambridge School of Medicine on its 2022/2023 SAQ submission, and to seek clarification and additional information on the submission where required.</p> <p>We also discussed potential QA activities we could undertake in this annual cycle. These activities were not selected because of risks identified from the SAQ submission.</p> <p>We did not identify areas of risk during the SAQ meeting.</p> <p>Following this meeting, Cambridge School of Medicine was provided with written feedback on the SAQ submission.</p>
3	GMC question and answer session with ClinSoc students from Cambridge School of Medicine	27 February 2023	<p>We learnt from the 2022 SAQ meeting that the school has a student led ClinSoc. Officers are elected by the student body and the ClinSoc co-presidents meet monthly with the Dean and the Student Experience and Communications Manager. ClinSoc organise an approximately termly Student-Staff Liaison Group, open to all students and attended by senior members of the teaching team. This is a forum for all students to speak with the faculty. This activity was listed on the SAQ by Cambridge School of Medicine against theme 2.</p> <p>We had a pre-meet with staff from the clinical school to determine any changes to processes and policies since the school's last SAQ. We heard that the school has a good relationship with ClinSoc and whilst there are challenges in some of the feedback raised by students, the school strives to manage student expectations in response to their feedback. The school identified current challenges raised by students as out of hours access to the library, accommodation and transport at clinical placement providers, challenges around completion of evaluation forms by students and concerns around an assessment.</p>

			<p>During the question-and-answer session, we covered the themes of quality management, raising concerns, induction, student and careers support, and equality, diversity and inclusion. We commend the school on the clinical communication skills sessions which was unanimously reported by all students as the best aspect of the course. We heard from students about their views on current challenges. Students told us there are significant differences between the pre-clinical and clinical aspects of the programme with the clinical years' experience being better than the pre-clinical years. The differences included understanding learning outcomes, assessment, feedback on the course and the preference for students to have more access to patients in pre-clinical years. Furthermore, students recognise a disjoint in the collegiate structure and perceived that this impacted their learning experience, in that there is not an equitable curriculum, learning and teaching environment. The differences included disparities in supervision, educational resources and funding.</p> <p>We found that the clinical school has a good and transparent relationship with the ClinSoc students. Whilst there were positive findings, we encourage the school to continue to work on the differences students expressed around the pre-clinical and clinical course as well as equity of access to resources to support learning in the collegiate structure. These were discussed during the post meet with the school and we will continue to monitor this area through our QA.</p>
4	<p>Document review of the school's risk documents:</p> <ol style="list-style-type: none"> 1) Extract of the clinical school risk report relating to education 2) MLA pilot project risk register 	29 March 2023	<p>This activity was listed on the SAQ by Cambridge School of Medicine against Theme 2.</p> <p>We carried out a review of the clinical school risk report, the MLA pilot risk register and a digital assessment risk register. All documents were well structured and used likelihood and impact scoring. We identified some differences in the probability of likelihood scoring across registers and how this could impact reporting thresholds to the GMC QRS reporting system. It was unclear how the risk registers interlink and how the school has oversight of all of these in the school's governance structure. Furthermore, the school has one open item on the GMC Quality Reporting</p>

	3) Digital assessments project risk register		<p>System but this is not documented in any of the registers we saw.</p> <p>From this review, it is clear the school has structures in place to manage risk. However, we would welcome further clarity on some areas to understand how GMC reporting thresholds are considered through this system. For example, the different probability scores for likelihood could mean that the overall score for a risk item may differ depending on where the risk is managed. This may lead to an inconsistent threshold being applied for reporting to GMC. Additionally, the school has 1 open item on the GMC quality reporting system, but this was not documented in the risk registers we reviewed. It is therefore unclear how items from the GMC quality reporting system are documented in risk registers. We would welcome further clarity on this in the next SAQ.</p>
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Quality Reporting System (QRS)

We use the QRS to monitor concerns raised by organisation when they identify that our standards are not being met in a training environment. Concerns are managed locally by the responsible organisation until resolution.

Activity	Date	Summary
Quality Reporting System (QRS)	Ongoing	<p>Cambridge School of Medicine has 1 open item on the QRS.</p> <p>We will continue to work with Cambridge School of Medicine to ensure our thresholds for reporting via the QRS are embedded and adhered to.</p>

Next steps

The GMC's responses to the information submitted in the SAQ gives feedback on each theme to help Cambridge School of Medicine complete the updates to the questionnaire in the next annual cycle. These include:

Theme one – additional information requested via SAQ feedback linked to this Theme, include SAQ question number LEC1-05

Theme two – additional information requested via SAQ feedback linked to this Theme, include SAQ question number EGL2-04 and EGL3-01

Further to this, and based on our findings from the quality activities we have undertaken, in the next cycle we would like to learn more about:

- 1) The proposed changes of the pre-clinical years and how the school has assurance of the teaching and learning environment for medical students in pre-clinical years and the processes involved to ensure there is an equitable teaching and learning environment to that of the clinical aspects of the course. EGL3-01, EGL3-02
- 2) How the school will be mitigating for disparities between medical students between colleges around funding, resource and sharing of curriculum and assessment materials to promote an equitable learning environment. EGL3-01, EGL3-02
- 3) We would also like to know whether there are any attainment gaps between medical students at different colleges. EGL3-02
- 4) We would like clarity in the next SAQ on how the school ensures GMC reporting thresholds are reviewed within the risk management process, particularly for sub-registers within education given there are differences in scoring. Furthermore, we would like clarity on how the school's governance system ensures oversight of all the sub-registers and the school register which is reviewed annually. EGL1-02

In addition, we would like to meet with students from the pre-clinical years for a question-and-answer session in the next QA cycle.

Organisation's response

The organisation has the right to reply to the AQAS; if they have responded it will be included below.

Organisation's response