

Quality Assurance Report for Edge Hill University Medical School

This report forms part of the GMC's new schools quality assurance process.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Education provider	Edge Hill University Medical School
Programme(s)	MB ChB
Date of visit	19 & 20 January 2021 05 & 06 July 2021
Key Findings	<ol style="list-style-type: none"> 1 This cycle of visits was the first in a multi-year programme of quality assurance for Edge Hill University Medical School (EHUMS; the school). The purpose of this cycle was to assess how the school is performing now that it has admitted its first cohort of students in September 2020, to speak to staff and students, and to identify any areas of good practice, requirements or recommendations. 2 We carried out two virtual visits to the school during this cycle; we were unable to visit the school in person due to the pandemic. These visits focussed on the school's progress now it is operational, as well as areas of risk and previous areas of concern. 3 During this cycle we were pleased to see that the school has responded well to the challenges of the pandemic, moving to an adaptive online modality. It is also clear that the school has developed strong working relationships with its stakeholders. We found evidence of effective working relationships between

the school and its local education providers, as well as with its contingency partner, University of Liverpool School of Medicine (Liverpool).

- 4** We also found areas which we feel the school should consider further. We found evidence that the feedback loop could be strengthened. We were also concerned that the school's annual schedule of placement details may not be sufficiently robust to unforeseen challenges.
- 5** Overall, we are satisfied that the school is continuing to develop and work towards meeting GMC standards. We look forward to working with the school over future quality assurance cycles.

Findings

The findings below reflect evidence gathered in advance of and during our visits, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Update on open requirements and recommendations

Number	Theme	Open requirement
1	Theme 2: Educational governance and leadership (R2.6; R2.8)	The school must review its policy schedule of signing agreements with providers on a rolling basis. This will ensure all unnecessary residual risks are mitigated.

Open requirement 1: The school must review its policy schedule of signing agreements with providers on a rolling basis. This will ensure all unnecessary residual risks are mitigated.

- 1 At our previous visit, we were concerned that the school planned to sign service level agreements (SLAs) with placement providers on a rolling basis, three months before students start said placement. In the school's response to our previous report, it provided additional clarity to its placement agreement documents. The school has both a placement contract and a placement agreement. The placement contract is a signed contract that is in place prior to the start of the academic year for the placement delivery. The school outlined it has reviewed this and finalised a specific timeline to ensure implementation of this year on year.
- 2 The placement agreement is an operational document supporting the student experience. This contains local and current information such as contact details and is intended to be up to date for all parties. This document is updated annually and finalised in partnership with placement providers at least three months before students start the placement.
- 3 As such, we are satisfied the school has sufficient contractual agreements with local educational providers (LEPs) to provide education and training to meet standards. However, concerns remain over the placement agreement. Therefore, this requirement will be closed and is superseded by [Recommendation 2](#).

Number		Open recommendations
1	Theme 2: Educational governance and leadership (R2.16)	The school should review the current membership of the Health, Wellbeing and Conduct Meeting (HWCM) to ensure this committee offers all the necessary perspectives needed to address its decision-making responsibilities.
2	Theme 4: Educational governance and leadership (R4.1)	The school should consider how it will directly feed into the appraisals process for individual educators at LEPs.

Open recommendation 1: The school should review the current membership of the Health, Wellbeing and Conduct Meeting (HWCM) to ensure this committee offers all the necessary perspectives needed to address its decision-making responsibilities.

- 4 At our previous visit, we were concerned the lack of lay representation at the school’s HWCM may mean this committee may not have all the necessary perspectives to address its decision-making responsibilities. In its response to our previous report, the school outlined that it had reviewed its processes to ensure lay externality and ensure any escalations are fair and appropriate. The school now ensures that the Head of Undergraduate Medicine and a designated senior academic from another university faculty (who understands professional issues) review the case together. The school feels this brings a level of independence to the process. The school also highlighted other areas of its processes that have lay representation, such as the Professional Assessment Panel (which is involved in summative assessment) and the Programme Board (which reviews an annual report from the HCWM).
- 5 Over the course of this cycle, we explored with the school how the HWCM is working in practice. The Interim Head of Undergraduate Medicine told us that the school has not yet had to refer any cases on, as the HWCM has mainly dealt with health and wellbeing cases thus far. However, we heard that the school is confident that its original structures, coupled with the new lay review, ensure there is sufficient sign off to show processes have been correctly followed. For example, we heard that although there is a fixed core membership to the HWCM, additional members are brought in depending on the concern, bringing new perspectives to discussions. The school also told us it is working closely with the North West Fitness to Practise Alliance to ensure it complies with all guidance and regulations.
- 6 Given that the school has not yet had any cases move to referral, we have not currently seen evidence of these processes working in practice. However, it is clear the school has taken on board the recommendation and has looked to enhance externality throughout its low-level concerns and fitness to practise processes. As such, this recommendation will remain open while we monitor how the school’s

processes work in practice. This will allow us to remain assured that the school is appropriately identifying, supporting and managing learners when there are concerns about their professionalism, performance health or conduct, and that the perspectives of patients and the wider public are being appropriately considered as part of that process.

Open recommendation 2: The school should consider how it will directly feed into the appraisals process for individual educators at local education providers (LEPs).

- 7** At our previous visit, we were concerned that the school's plans for feeding into the appraisals process for educators at LEPs were not fully formalised. In response to our report, the school outlined that it had engaged with its clinical partners on this issue. From this, it had identified new mechanisms to input into clinical appraisals. For educational supervisors, the school will draw on trust and specialty specific evaluations or practice evaluations, annual quality review visits, student feedback, practice education team feedback and raising concerns reports to provide reports for appraisals. Supervisors who receive compliments from students will receive a letter of commendation from the school to include in their appraisal portfolios.
- 8** In January the school told us it had formalised these further and had created a document outlining its approach to appraisal and with different approaches identified for its own academics, clinical supervisors, clinical academics and its clinical sub deans. This flexible approach allows the school to feed into appraisals in the most appropriate way for each post. This approach was agreed with the school's clinical partners and its clinical placement agreement, and a formal document was shared with us ahead of our July visit.
- 9** During this cycle we met with several educators who provided their perspective on the appraisals process. Trust representatives told us they had received the template from the school and are currently assessing how best to link this with their clinical appraisal. However, we were only able to meet a limited number of educators involved in directly supervising students due to the pandemic. As such we have been unable to triangulate the information provided by the school. While it is clear the school has taken steps to address this recommendation, this will remain open until we have been able to speak to a wider selection of educators and have seen evidence of the appraisals process working effectively in practice.

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Area working well
1	Theme 2: Educational governance and leadership (R2.1; R2.8)	There are strong and collaborative working relationships between the school and its stakeholders.
2	Theme 5: Developing and implementing curricula and assessments (R5.1; R5.3)	The transfer of teaching to an online modality in response to the Covid-19 pandemic has gone well. Both staff and students were positive about the online provision.

Area working well 1: There are strong and collaborative working relationships between the school and its stakeholders.

- 10** Organisations must have effective and clearly understood educational governance systems and must report information about quality management with other bodies that have educational governance responsibilities. We were therefore pleased to see that the school is continuing to work with its stakeholders to embed its educational governance structures.
- 11** For example, across this cycle we found evidence of a continued strong working relationship with the school’s contingency partner, Liverpool. During our meetings with the senior management team, it became clear that governance structures between the two organisations continue to develop. The school told us that there are regular formal meetings of the Inter-school Contingency Forum, as well as ad hoc conversations. This allows the schools to share information to control quality. The school told us it has worked collaboratively with Liverpool regarding primary care placements, ensuring that placements do not overlap. Liverpool told us it feels the school has managed this judiciously. We heard this will help both schools when EHUMS students begin hospital placements; there will be some overlap but both schools are confident this will be managed effectively.
- 12** Additionally, the Liverpool representative told us that they are pleased with the progress EHUMS has made, and that Liverpool will take some learning from EHUMS’ response to the pandemic. EHUMS told us that it is grateful to Liverpool for the advice and support in developing and implementing its assessments during its first year of operation.
- 13** We were also pleased to find that the school is developing clear educational governance mechanisms with its placement providers. The school told us that it holds bimonthly governance meetings with key trust members, and that informal catch ups take place outside these meetings. Senior management told us that this has allowed the school to link in with existing trust governance structures and become aware of

any concerns raised. This was corroborated by trust representatives, who told us there is excellent communication from EHUMS back to its stakeholders; this has allowed trust representatives to feel well informed of where the project is up to and how they fit into its continuing development. We also heard from trust representatives that collaboration between the school and its placement providers is strong, and that this is in part due to the flexibility from the school in integrating with existing governance structures.

- 14** It is good to see the school has further developed its educational governance mechanisms now that it is operational, and that these are currently working well. These clear structures will aid the school as it welcomes future cohorts and there is additional information to share on quality management and quality control.

Area working well 2: The transfer of teaching to an online modality in response to the Covid-19 pandemic has gone well. Staff and students were positive about the online provision.

- 15** Medical school curricula must be planned and show how students can meet the necessary outcomes across the programme. We were therefore pleased to read in pre-visit documentation that the school adapted to the constraints of the pandemic by altering its curriculum delivery model.
- 16** Until January 2021, students received one day of face-to-face teaching per week with the rest of the curriculum, including clinical experiences, being delivered online. Between January to Easter 2021, the entire programme was delivered online in line with national guidance. However, the school ensured outcomes could be met by being agile in its delivery. For example, face to face clinical experiences were replaced with online equivalents, such as recorded discussions with health and social care professionals, and online live discussions with service users and carers, the prison health service and voluntary organisations. Face-to-face teaching resumed from Easter until the end of term, but students were given the choice as to if they would attend face to face or online. Roughly half of students decided to return, although the school ensured all received face-to-face clinical skills and simulation teaching.
- 17** It is clear this flexible approach was effective; the school told us it has managed to deliver the vast majority of content for Year 1. The Associate Head of Undergraduate Medicine told us the school has convened a curriculum review panel through which it has identified a small amount of learning that has not been covered and established where this will be integrated into Year 2. From this, the school told us it is confident students will have met all learning outcomes for the year.
- 18** Students also praised this approach. Students told us they enjoyed the online clinical experiences as this allowed them to learn about areas they would not normally have been exposed to. Students who attended in person placements told us that the online experiences prepared them well for these. It was also clear that students are grateful for the effort the school has shown in keeping the course running throughout the

pandemic. Students appreciated that each session, either virtual or in person, was well organised, ran to time and had a clear plan to allow students to meet their learning outcomes.

- 19** We are therefore pleased to see the school has been able to deliver its planned first year curriculum during the pandemic. By remaining adaptive, the school has ensured all necessary outcomes have been met.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendation
1	Theme 1: Learning environment and culture (R1.5)	The school should review its mechanisms for closing the feedback loop.
2	Theme 2: Educational governance and leadership (R2.6)	The school should review its annual schedule of placement details to ensure these are sufficiently robust to any unforeseen future issues.

Recommendation 1: The school should review its mechanisms for closing the feedback loop.

- 20** Organisations must seek and respond to feedback from learners. In January we found evidence to suggest the school’s feedback mechanisms were working now that it was operational. Students told us the school seeks feedback from them at the end of each block, where they can highlight what has worked and what could be improved. We also heard the school sends out a pulse survey at the end of each semester. Students also told us they could provide feedback through their student representatives. We were satisfied students were receiving feedback on the feedback they raised; students told us this comes through their student reps or is posted on their virtual learning environment.
- 21** However, in July it appeared that the feedback mechanisms had weakened. For example, students told us they had provided feedback on their critical appraisal, timing of assessment feedback and the professionalism assessment which they felt the school had not appropriately responded too. When we put these concerns to the school, it became clear that problems stem from issues in closing the feedback loop rather than understanding feedback from students. The school cited the same areas the students had provided feedback on and told us the steps they were taking to implement changes and make improvements. However, this may take too long for

students to feel their feedback is being responded to. The school also told us that feedback is reviewed through its committee structures, escalated as necessary, and once a decision is reached this is cascaded back down through committee structures to implement change and feedback to students. We also heard that some changes would be implemented in the coming academic year.

- 22** This could also be impacted by a lack of robust communication from student representatives. Students told us both representatives sit in one of two team-based learning groups across the cohort, and those in the other group find it hard to give and receive feedback because of this. Issues may also be compounded by the lack of a formal route for student representatives to feed back to their peers. The school told us that students use a WhatsApp group to do this. However, when we spoke to students, we heard that not all students have access to this group, and therefore can miss important information that is shared.
- 23** As such, we feel the current processes for closing the feedback loop may not show sufficient agility to allow those who raise a concern to receive feedback on this. The lack of a formal route for student representatives to feed back to their peers is also causing issues in closing the feedback loop. Consequently, students perceive the feedback they raise is not being acted upon. This could lead to them becoming disengaged with the feedback process and may therefore not provide meaningful feedback on standards of patient safety, education and training. This could in turn lead to issues being missed. We encourage the school to review this process.

Recommendation 2: The school should review its annual schedule of placement details to ensure these are sufficiently robust to any unforeseen future issues.

- 24** Medical schools must have agreements with LEPs to provide education to meet GMC standards. As outlined above, we are satisfied that the school has contractual agreements in place to help do this. However, over the course of this cycle, concerns were raised regarding the school's placement agreements (the operational document which helps enhance student experience). This document contains information on such things as final student numbers, named supervisors and a list of contacts at the LEP. The school told us this is why the agreement is regularly updated; these areas are not fixed for the full course of the SLA.
- 25** Nevertheless, we are concerned that this document may not be sufficiently robust. The school told us that this document is not signed by an LEP representative, but that either party could raise and discuss issues relating to its contents during any of its regular meetings with LEPs. We are concerned that this could leave the school with insufficient mechanisms to hold LEPs accountable for quality, and that issues could arise with as yet unknown student number increases as the school grows. Without a formal signed agreement, the school may find it needs to find additional placement providers without sufficient time to manage and mitigate any associated risks. We encourage the school to review this.

Areas for further consideration

We highlight areas that we feel the organisation may benefit from considering further to ensure standards continue to be met.

Number	Theme	Area for further consideration
1	Theme 1: Learning environment and culture (R1.13); Theme 5: Developing and implementing curricula and assessments (R5.4)	We encourage the school to review how it ensures students are aware of what to do if their first day of placement does not run as expected. The school may benefit from completing this review in collaboration with placement providers and students to ensure expectations are met.
2	Theme 3: Supporting learners (R3.5)	We encourage the school to continue to strengthen the academic induction for direct entry students, so that they feel equally equipped for the academic components of the programme as their foundation year counterparts.
3	Theme 5: Developing and implementing curricula and assessments (R5.7)	We encourage the school to review how it assures students of the balance of content in both teaching and assessment. This is in relation to basic sciences, clinical aspects and professionalism.

Area for further consideration 1: We encourage the school to review how it ensures students are aware of what to do if their first day of placement does not run as expected. The school may benefit from completing this review in collaboration with placement providers and students to ensure expectations are met.

- 26** Students must have an induction to clinical placements which clearly outlines their duties and supervision arrangements. In July, a small number of students told us they had arrived for their first day of placement, but the placement provider did not seem to be expecting them. Students also told us that this had led to their named supervisor being unavailable, and as such the other staff on placement were unsure as to what the students should be doing. We heard that students felt they were in the way in these instances and that it was not the best use of their time.
- 27** The school told us it is aware of these instances and will put mitigations in place to ensure issues do not recur in future years. For example, we heard the school will use these examples in its resilience training, as well as role playing scenarios with students to ensure they are equipped to deal with these situations. From this, the school told us students will be expected to know what to do if they find themselves in this situation, and to be self-directed in their learning.

28 We are pleased to see the school is taking steps to ensure students are equipped to gain a meaningful placement experience if they are not expected when they arrive. However, it appears that much of the emphasis for this rests with the student. The school may benefit from reviewing these plans in collaboration with both students and placement providers to ensure all parties are aware of expectations. We will explore the experiences of students during the next cycle.

Area for further consideration 2: We encourage the school to continue to strengthen the academic induction for direct entry students, so that they feel equally equipped for the academic components of the programme as their foundation year counterparts.

29 Learners must receive information and support to help them move between different stages of education, such as starting medical school. Across this cycle we found evidence to suggest that direct entry students did not feel as equipped for the academic components of the programme as their foundation year counterparts.

30 The school told us it is aware of this issue and has put measures in place to counter this. Pre-visit documentation outlined a number of initiatives the school has developed to help integrate direct and foundation year students further. For example, being clear with staff that communication should not give an impression of different levels of knowledge between the two groups, or to assume that there are different levels of knowledge. The school also aims to strengthen its communication around the spiral curriculum to students.

31 Whilst we are pleased to see that the school has taken steps to address the issues raised, students provided information that suggested this could be expanded further. Direct entry students told us issues arose from specific academic elements of the programme, such as writing reflections. We heard that this is covered in the foundation year, and as such direct entry students told us this was not covered in sufficient depth during their first year. Direct entry students told us they felt this meant they were expected to complete reflections to the same level as their foundation year colleagues without having the same experience.

32 We therefore encourage the school to refine its planned support processes for direct entry students. Whilst it is important to ensure there is no implied difference in clinical knowledge levels between the two groups, it is also important to ensure all students are equipped to complete the academic components of the programme regardless of entry route. We will explore this area further over the next cycle.

Area for further consideration 3: We encourage the school to review how it assures students of the balance of content in both teaching and assessment.

33 Medical schools must set assessments which are mapped to the curriculum and sequenced to match progression. During this cycle we found evidence to suggest that students are unclear on the school's mapping processes.

- 34** Students told us they were concerned that the examinations may not be reflective of their taught content. For example, we heard from students that over half of the formative examination is related to basic sciences, but that they only received one hour teaching slots on this topic. Students told us they feel this is therefore not reflective of the amount of basic science in the assessment. Students also expressed confusion over the difference in format between the formative and summative assessments. The formative assessments were half basic science and half other aspects of the course, whereas the summative assessments were single papers dedicated entirely to either basic science or other aspects of the course. We heard that this has led to confusion over where students should focus their revision as they are unsure how the assessments reflect the taught curriculum.
- 35** However, when we spoke to the school about these issues, we were pleased to see it had taken steps to provide clarity over its mapping processes. The school told us that it had shared the assessment blueprint with students after the second formative assessment. The Assessment Lead also told us that the weighting of marks for different areas is based on the number of hours teaching in that area. However, we heard that changes due to the pandemic may have made these weightings less reflective. The Assessment Lead told us the school is reviewing this against the new timetable for Years 1 and 2.
- 36** Prior to the school taking on its first cohort, we received and scrutinised detailed curriculum mapping documentation as part of our quality assurance processes. This, coupled with the comments from the Assessment Lead, means we are currently satisfied that the school's curriculum and assessments are sufficiently mapped. However, it is clear that students remain concerned over this. As such, we encourage the school to review how it communicates its mapping processes with students. We will review this area during the next cycle.

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Acknowledgement

We would like to thank EHUMS and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

27th September 2021

Jamie Field
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Dear Jamie,

Report on Edge Hill Medical School Academic Year 20/21

Thank you for the end of cycle report 2020/1. We have found the feedback very helpful. The recommendations have informed our processes. We would like to thank the team again for their guidance, constructive feedback and reassurance of what is working well.

Yours sincerely



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