

## Visit Report on 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](#).

<b>Education provider</b>	Edge Hill University Medical School
<b>Programme</b>	MB ChB
<b>Date of visit</b>	22 July 2020
<b>Key Findings</b>	<ol style="list-style-type: none"><li>1 Edge Hill University (EHU) submitted an initial screening application to the GMC in 2017, signalling its intention to establish a new medical school (Edge Hill University Medical School [EHUMS; the school]). EHU received funding from the Office for Students in 2018 for 30 students per cohort; the first cohort is due to start in September 2020.</li><li>2 We conducted an initial site visit in July 2019 to determine if we were satisfied with the school's progress and whether the GMC should commit resources to a rolling programme of quality assurance. We commended the enthusiastic and collaborative ethos between the school and its partners, the interprofessional learning opportunities, and the school's commitment to widening participation. We encouraged the school to give further consideration to the mapping of the full student journey, educator appraisal and job planning processes, and the staff recruitment strategy. Overall, we were assured that the school was making progress and the decision was</li></ol>

made to commit resources to a rolling programme of quality assurance.

- 3** The purpose of our July 2020 visit was to confirm that the school has sufficiently developed its plans and is on track to welcome its first cohort of students in September 2020. Due to the COVID-19 pandemic, this visit was conducted virtually via videoconference, and our questions therefore focused on exploring areas of risk, previous areas of concern and the school's readiness to accept students in September 2020.
- 4** We were pleased to see that the school has made good progress since our visit in July 2019 and is on track to welcome its first students in September. The school has given considerable thought to how it can combat the risks of the current pandemic, and continues to work productively with its contingency partner, University of Liverpool School of Medicine (Liverpool). We were also pleased to see that the school has a strong relationship with the central university.
- 5** However, there are some areas that we feel require further consideration. Although the school has developed its appraisals processes, risks still remain. We are also concerned about the potential risks if the school does not sign service level agreements (SLAs) with placement providers prior to the start of the academic year (in which those placements take place).
- 6** Overall, we are satisfied that the school has made sufficient progress and is ready to welcome its first cohort. We will visit the school again in early 2021 to check on progress and speak to students.

## NHS Placement Providers

The school has partnered with the following trusts:

- Wrightington, Wigan and Leigh NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- North West Boroughs Healthcare NHS Foundation Trust

- St Helens and Knowsley Teaching Hospitals NHS Trust
- Mersey Care NHS Foundation Trust
- West Lancashire Clinical Commissioning Group
- St Helens Clinical Commissioning Group

The school has also partnered with one private provider of NHS services:

- Virgin Care

The school has also partnered with a number of GP practices across the region to provide primary care placements.

## Findings

The findings below reflect evidence gathered in advance of and during our visit, 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.

### 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	Areas the team consider to be working well
1	Theme 2: Educational governance and leadership (R2.6); Theme 5: Developing and implementing curricula and assessments (R5.1)	The school is working well with its contingency partner (University of Liverpool School of Medicine) to map placement capacity and mitigate potential challenges.
2	Theme 2: Educational governance and leadership (R2.2)	It is clear that the medical school has a strong relationship with the central university. This will help the medical school develop and operationalise its plans.

### **Area working well 1: The school is working well with its contingency partner (University of Liverpool School of Medicine) to map placement capacity and mitigate potential challenges.**

- 1 The school told us that it continues to have a constructive dialogue with its contingency partner, Liverpool, about all relevant elements of the programme. This includes curriculum and assessment alignment, as well as any clinical placement overlaps. Representatives from Liverpool reiterated the school's comments, and also noted that the transparent dialogue will allow the schools to work together to provide a high-quality experience for both EHUMS and Liverpool medical students.
- 2 The school's senior management told us that it is taking steps to reduce placement overlap between EHUMS and Liverpool as much as possible. For example, we heard that the school does not use the same secondary care provider as Liverpool until Year 3 of the programme and will only send half of its Year 3 cohort to this provider. The school has also re-mapped some of the later years of the programme with providers to ensure it can mirror the specialties covered in the Liverpool curriculum for those years. Finally, Liverpool told us that there has been a good exchange of information

between the schools regarding primary care capacity, and EHUMS has purposefully targeted clinical commissioning groups that do not take Liverpool students.

- 3 We also heard how the school will address any potential issues which may arise when students do overlap. The school's senior management team told us that there will be separate educational supervisors for both EHUMS and Liverpool students, meaning dedicated supervisors will be fully aware of the school's learning outcomes and expected level of student competence. We heard discussions have taken place over the design of scrubs and lanyards to help distinguish the groups of students from one another on placement. The school has also amended some of the names of its trust-based roles to better align with Liverpool and reduce potential confusion in trusts.
- 4 We are pleased to see the school continues to work well with its contingency partner. The school has considered where issues may occur and have processes in place to mitigate against these. EHUMS has progressed in mapping its educational and placement experiences to Liverpool, strengthening its position should contingency measures be enacted. It is clear the school has a robust relationship with Liverpool, allowing it to manage quality of education and placements effectively.

**Area working well 2: It is clear that the medical school has a strong relationship with the central university. This will help the medical school develop and operationalise its plans.**

- 5 We heard from the Vice-Chancellor that the university sees the medical school as a prestigious project, and as such continues to invest in its development. For example, pre-visit documentation indicated that the central university has continued to support medical school staff recruitment, despite the freeze on recruitment across the university as a result of the pandemic. Furthermore, our visit showed that the school has developed a robust relationship with the central university, supported by ongoing dialogue. This allows the university's governance systems to respond to and appropriately monitor any risks and help the school operationalise its plans for the first cohort.
- 6 The Pro Vice-Chancellor told us that the medical school is working cohesively with colleagues across the faculty. We heard that the school is represented at a number of cross faculty committees, and has recruited some experienced staff from other EHU health programmes. We feel this will enable the school to form productive working relationships across the faculty, share learning, and implement education best practice.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement:

- is targeted

- outlines which part of the standard is not being met
- is mapped to evidence gathered during the visit.

We will monitor each organisation’s response and will expect evidence that progress is being made.

Number	Theme	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.

**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.**

- 7** Medical schools must have agreements with local education providers to ensure placements meet the necessary standards. We heard that the school has made progress towards signing SLAs with placement providers, including signed SLAs with its two main acute trusts. However, at the time of our visit, there were still seven SLAs (which cover Year 1 placement providers) outstanding. The school told us that instead of signing all SLAs before the start of the academic year, it has a policy of signing agreements on a rolling basis: all providers must have signed a contract and a placement agreement at least three months before students start that placement. For example, the school told us that if the Year 1 placement starts in February 2021, this placement agreement needs to be signed by November 2020.
- 8** Although the school is confident that it will be able to sign all SLAs on time, we are concerned that this policy presents unnecessary risks. For example, the ongoing pandemic may mean that placement providers’ priorities and attentions shift away from EHUMS, making it harder to sign SLAs and confirm placements. Furthermore, signing SLAs late could reduce the time available for training staff and developing placement activities. Ensuring that all agreements are in place in advance of the relevant academic year will help mitigate these risks and ensure placements meet the necessary standards.

**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 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 local education providers (LEPs).

**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.**

- 9** Medical schools must have systems and processes to identify and manage learners when there are concerns about their professionalism, health or performance. Pre-visit documentation outlined that the school uses the HWCM to consider all significant low-level concerns related to these matters. We noted that this meeting contains clinical and academic representation, but that there are no lay representatives. During our visit, the school told us that this is a deliberate decision due to the sensitivity of information discussed at the HWCM. We heard that the school wants students to feel supported in this process and are concerned that unfamiliar lay representatives may make students less likely to engage with the process. We heard this was particularly important given that students are encouraged to self-refer to the HWCM.
- 10** Despite this, we feel that the HWCM’s current membership would benefit from additional externality to add credibility to its decision making. We are concerned that, by not having lay externality, the school could be challenged on the objectivity of any decisions made. The current membership may also not allow for a sufficient range of perspectives to help the school manage learner’s progression effectively and fairly. We encourage the school to review this.

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

- 11** We were pleased to hear from the senior management team that all staff based at the school receive an annual appraisal and undertake annual peer observations. However, the school’s plans for appraising individual educators at LEPs could be strengthened. At present, the school plans to use existing trust processes where the trust itself conducts the appraisal and sends the school an update. During our visit we also heard that the school can feed into these appraisals via the clinical sub dean, but we are not satisfied that these plans are fully formalised.

- 12** As such, we feel that there is a lack of a clearly defined method to allow the school to feed directly into LEP educator appraisal. By directly feeding into appraisals, the school will have sufficient oversight and can ensure that all educators receive an appropriate appraisal against their educational responsibilities.

<b>Team leader</b>	Professor Simon Gay
<b>Visitors</b>	Dr Carol Gray
<b>GMC staff</b>	Lyndsey Dodd ( <i>Education QA Programme Manager</i> ) Jamie Field ( <i>Education Quality Analyst</i> ) Lucy Llewellyn ( <i>Education QA Programme Manager</i> ) Gareth Lloyd ( <i>Education Quality Analyst</i> )

## Acknowledgement

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

14<sup>th</sup> October 2020

Jamie Field,  
Education QA Advisor  
General Medical Council  
Regents Place, 350 Euston Road  
London NW1 3JN

Dear Jamie,

**Report on Edge Hill University Medical School, Stage 7.1 Visit July 2020**

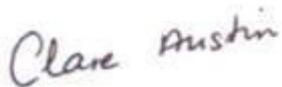
Thank you for the Visit Report relating to your Stage 7.1 Visit to Edge Hill University Medical School on 22<sup>nd</sup> July 2020. We found the visit and the feedback helpful and informative.

We were pleased that the GMC recognised the areas which are working well including the positive working relationship with our contingency school (University of Liverpool, School of Medicine) and the strong support evident within the central university.

Our response to the requirement and recommendations within the report are outlined overleaf.

As a new medical school, we would particularly like to thank the visit team for their guidance throughout the approval process, their collaborative approach and constructive feedback.

Best wishes



Professor Clare Austin  
Director of the Medical School

Edge Hill University Medical School  
Faculty of Health, Social Care & Medicine  
St Helens Road, Ormskirk, Lancashire L39 4QP  
United Kingdom  
+44(0)1695 575171

Number	Theme	Requirement	Response
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.	<p>EHUMS has reviewed the process and documentation for contractual arrangements with placement providers and acknowledge that further clarity was required regarding the purpose of the individual documents: the contract and the placement agreement.</p> <p><b>Contract:</b> EHUMS policy is that a signed placement provider contract is in place prior to the start of the academic year for the placement delivery. We can confirm that all contracts for clinical experiences are in place for Year 1 delivery, 2020-2021. We have reviewed this process in light of the GMC’s feedback and finalised a specific timeline to ensure the implementation of this, year-on-year, in line with the GMC requirement.</p> <p><b>Placement agreement:</b> The placement agreement is essentially an operational document, which supports the student experience. This operational document contains local and current information, such as contact details and is intended to be up to date for all parties. Hence, it is updated annually, finalised closer to the date the placement starts and issued on a rolling cycle. It is completed in partnership with placement providers and finalised at least three months before students start that placement. We have reviewed this document and timeline, in line with the GMC’s feedback.</p> <p>The School will continue to monitor the implementation of these procedures and documentation in 2020-21.</p>

Number	Theme	Recommendation	Response
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.	<p>In response to this recommendation, we reviewed our internal processes and revised it to ensure lay externality. Now, if low-level concerns are not remediated, or are repeated, following Health, Wellbeing and Conduct Meetings, the case will be presented to the Head of Undergraduate Medicine <b>and a designated senior academic from another Edge Hill faculty</b>, who understands professional issues, but is independent from the Medical School. This will ensure that the case for referral is fair, that the student has been supported and it is appropriate for a fitness to practise investigation referral to be made.</p> <p>We would also like to highlight to the GMC other aspects of our processes that ensure lay representation.</p> <p><i>Health, Wellbeing and Conduct Meetings (HWCM):</i> dependent on the concern, a member of staff from central university services may be present, such as the Inclusion Team Lead or a member of the Student Welfare Team, to ensure representation external to the medical school.</p> <p><i>Professionalism assessment:</i> the panel involved in this summative assessment includes a lay representative.</p> <p><i>Programme Board:</i> an annual report from the HWCM is reviewed by the medical school Programme Board which includes lay representation. The report gives an overview of concerns and referrals and will include a statement from the lay senior academic referred to above. Individual students are not be referred to in these reports.</p> <p><i>EHU Student Disciplinary Regulations:</i> students are subject to EHU Student Disciplinary Regulations, for example, relating to behaviour on campus. These disciplinary proceedings are undertaken by central Student Services, with senior members of the medical school including the Health Wellbeing and Conduct Lead involved in the proceedings and student support.</p>

Number	Theme	Recommendation	Response
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 local education providers (LEPs).	<p>We have begun reviewing our processes with our placement providers. We have identified mechanisms for input into appraisals, which we will work to institute with our placement providers for Undergraduate Educational Supervisors and Clinical Sub-Deans (see below).</p> <p><b>Undergraduate Educational Supervisors</b>  Reports to undergraduate educational supervisors: EHUMS 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 undergraduate educational supervisor’s appraisals. Undergraduate educational supervisors receiving compliments from students will receive a letter of commendation from the Medical School to include in their appraisal portfolios.</p> <p>Input via Trust: Issues with individual undergraduate educational supervisors identified from student feedback, Practice Education Team feedback or raising concerns will be referred to Clinical Sub-Dean, for onward referral to Director of Medical Education for input into the educator aspect of consultant appraisals. Compliments received will also be forwarded.</p> <p><b>Clinical Sub-Dean</b>  The Clinical Sub-Dean will have an annual one-to-one review meeting with Head of Undergraduate Medicine structured around components of the job description. This meeting will draw on feedback from students, placement education team and annual quality review visits. A structured report will be sent to the Clinical Sub-Dean and to the Director of Medical Education for input into the Trust appraisal.</p> <p>Clinical Academic Posts: At present we do not have any joint clinical academic posts; if in the future we do have these posts, we would endeavour to undertake joint consultant/GP appraisal. It is the responsibility of the Head of Undergraduate Medicine to oversee the processes for EHUMS.</p>

