General Medical Council

Regulating doctors
Ensuring good medical practice

Report on Lancaster / Liverpool decoupling meeting

This visit is part of the GMC's remit to ensure medical schools are complying with the standards and outcomes as set out in *Tomorrow's Doctors 2009*. For more information on these standards please see: *Tomorrow's Doctor's (2009)*

Visit overview

Medical school	Lancaster and Liverpool Universities Medical Schools
Locations visited	Liverpool School of Medicine
Programme	MBChB
Date of visit	23 November 2012
Areas explored	Decoupling plans and risk assessment in the following areas: assessment, curriculum, clinical placements, finance, fitness to practise, student support, quality management
Concerns	None

Requirements

Number	Domain	Area	School	Report paragraph(s)
1	2	Decoupling meetings between the senior staff at the two schools must be formalised and minuted.	Lancaster	10-11
2	2	Both schools must develop a joint risk register for the decoupling including risk probability, impact, counter-measures and risk owner. This must be shared with the GMC visit team before each visit.	Lancaster Liverpool	12
3	5	Any revisions to the Lancaster curriculum or assessment system must be approved by both schools in good time to allow for amendments to be made before students begin the next academic year.	Lancaster Liverpool	27-30
4	5	The project plan must be developed in detail and include quantified interim outcomes to be monitored by the schools.	Lancaster Liverpool	12, 34
5	6	A formal communication strategy must be developed to keep students and staff up to date on the progress of the decoupling and the potential implications for them.	Lancaster	46
6	8	Lancaster must ensure that there is clarity around succession planning to ensure the future expert leadership and management of education strategy, development and delivery required to establish an independent medical school.	Lancaster	58

The Report

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors *or are otherwise not fit to practise must not be allowed to graduate with a medical degree.*

Acting within competence (TD28a)

1. In September 2011 and March 2012, the Care Quality Commission (CQC) issued a number of formal warnings to University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBNFT). The areas of concern were; staffing levels on Accident and Emergency and maternity wards, monitoring of patients and failing to follow Department of Health guidance in relation to mixed sex ward based accommodation.

2. A substantive Chief Executive and Medical Director have now been employed by UHMBNFT. The CQC has acknowledged that these managerial changes have resulted in positive actions to address many of the issues highlighted in their inspections and the trust has been removed from its critical list for maternity and emergency services.

3. In September 2012, Professor Sam Leinster was commissioned by UHMBNFT to undertake a review of research and development, education and training at the trust and his findings will be made public in March 2013.

Fitness to practise (TD28d, 36)

4. Lancaster University understands the importance of GMC requirements around professionalism and has approved the fitness to practise policies of the School. The School advised us that members of the fitness to practise committee have not yet been identified as there have not been any cases to date.

5. It is expected that the School will make use of the expertise available through other professional courses at Lancaster University that have fitness to practise policies and procedures to populate their own fitness to practise committee. Representatives from Liverpool are also willing to offer direct assistance while Lancaster establishes its own committee.

6. Liverpool Medical School will continue to be involved in any fitness to practise procedures which involve its students.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

Quality management framework (TD39)

7. From September 2013, the students who were in year 1 in 2012-13 and students from the 2013 intake onwards will be governed by Lancaster University regulations and procedures. As 2012-13 year 1 students were admitted to the Liverpool programme, they will be offered the choice of whether they wish to transfer to the Lancaster programme or remain Liverpool registered students working towards a Liverpool primary medical qualification.

8. Lancaster intends to establish a full suite of functioning committees for its programme to include: board of studies, exam board, learning and teaching, admissions sub-committee, assessment sub-committee, staff-student liaison, student support, progress, quality and a joint committee with Liverpool.

9. The School will contribute to Lancaster University's annual teaching review process as well as Liverpool University's annual subject review system which evaluates teaching standards.

10. Liverpool is facilitating the decoupling process by sharing knowledge and experience with the Lancaster team and both schools intend to maintain links after decoupling. Liverpool would benefit from having more oversight of the decoupling.

11. Current agreements, relating to transfer of students who intercalate or repeat a year and do not wish to return to study on a Lancaster programme, and contingency planning should the programme fail, have been made orally but are not documented and enforceable. Lancaster must formalise Joint Committee meetings between the two schools and minutes need to be kept for future reference.

Identifying and managing risks and concerns (TD44)

12. Neither school holds a risk register for the decoupling process. We believe that this is essential and we require both schools to provide us with a risk register including likelihoods, impacts and mitigating actions and a formal project plan with quantifiable milestones that is to be updated and submitted in advance of each future visit.

Clinical and vocational placements (TD51)

13. Previously joint teams from Lancaster and Liverpool Medical Schools undertook quality checks of placement providers, however over the last two years Lancaster has quality managed its own placements apart from community placements. In future, when Lancaster only has Lancaster registered students, it will have sole responsibility for quality management functions.

14. At the moment community placement contracts are held by Liverpool and placement providers are paid from the Lancaster allocation within Liverpool's service increment for teaching (SIFT). From 2013 SIFT for community placements will go to Lancaster and they will pay providers directly. No further administrative support will be required as there is already a staff member performing this function at the School.

15. Lancaster's quality management of community placements will be rolled out early in 2013 following the analysis of evaluations from students currently on placements.

16. Each practice will be reviewed every year by Lancaster's quality management team. This involves analysing data about student evaluation, practice issues, specific incidents and visiting practices. The quality management team aims to visit each practice a minimum of once every three years, unless a problem is identified earlier. This will provide a mechanism for picking up ongoing concerns about practices and a framework to feed back to practices.

17. The Director of Medical Studies at Lancaster advised us that capacity on community placements needs to be managed carefully. The School has to work around the requirements of the practices involved by giving them a choice of year groups to take on placements.

18. Liverpool is still reliant on Blackpool for some of its placements and 24 students from each of its Year 4 and Year 5 cohorts are based there. Lancaster is in discussion with Blackpool for a small number of placements for Year 3 in obstetrics and gynaecology and paediatrics.

19. Lancaster is keen to expand its placements into other Trusts, not only for capacity reasons but also to broaden the clinical experience available to its students. The reconfiguration of UHMBNFT could also impact on the School's need to place students in a variety of trusts and we will need to monitor developments in this regard.

Student, Patient and Employer Involvement in Quality (TD43, 48)

Students

20. In an effort to streamline evaluation, Lancaster is moving towards electronic data collection and is now using an online survey tool for this purpose. This means that all student evaluation is available online and free text responses are collated in an easily accessible report.

21. Although community quality management has not started officially, Lancaster was able to give us an example of the School responding to poor evaluations about a placement. One of the practices used for Year 4 and 5 students was not providing adequate supervision and, as a result the students were removed from the practice.

Domain 4: Student Selection

71. Processes for student selection will be open, objective and fair.

Published information on selection processes (TD72)

22. Lancaster is currently working on its recruitment strategy for overseas students. The Director of Medical Studies believes that in the long term, the School could admit four students per year, subject to approval by the Higher Education Funding Council for England. This would be in addition to the cohort of 50 students. The cost of advertising for such a small number of overseas students would need to be considered alongside the potential benefits, financial and otherwise.

23. Both Schools may recruit students from the Isle of Man who do not count as either domestic/EU students or overseas students. The fee structure for these students is greater and the Isle of Man is likely to provide some SIFT funding and contribute towards fee payment.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors*.*

Curriculum plan (TD82)

24. Liverpool's Head of School advised that an extensive curriculum review has begun which is expected to be completed in 2014. Both Heads of Schools hope that an accelerated decoupling can take place with implementation of the revised

Lancaster curriculum in Years 1 and 3, then in the following year for the Years 2 and 4 cohorts. The release of a new curriculum at Liverpool will be simpler if it only has relevance to students based at Liverpool. The revised Lancaster curriculum will include Liverpool registered students and so it needs to be approved by both Schools and their universities.

25. Lancaster's Head of School advised us that she thinks the structure of the current curriculum is robust and is delivered effectively by staff at the School. She acknowledged that Liverpool will carry out a curriculum review and that certain aspects of the curriculum need to be modernised, however Problem Based Learning (PBL) is working well for the small Lancaster cohort. Lancaster is currently in the process of updating Years 1 and 3 and will focus on Years 2 and 4 immediately afterwards. PBL will remain a key feature of Years 1 and 2 but after that the focus is likely to shift to Case Based Learning (CBL). No major changes are required in Year 5 as it will still be devoted to obtaining clinical experience and assessment by portfolio.

26. Unlike Liverpool, Lancaster does not intend to change learning objectives throughout the new curriculum. However, it does intend to include more of a focus on community care and leadership and management.

27. Lancaster envisages that the revised Year 3 curriculum will be ready by September 2013, which means that both Schools will have a different curriculum with slightly different learning objectives for that year group.

28. Neither School was concerned about this as the revised curricula will be validated simultaneously by both Universities. Lancaster informed us that through joint committee meetings, Liverpool is aware of the proposed changes and there should be no problems with validation.

29. Nevertheless, we are aware that there would be little time to make revisions to the curriculum and resubmit for approval if either school did not approve the changes. Educators may find it difficult to alter the way they deliver the curriculum if they are not given sufficient notice.

30. Liverpool's Head of School advised us that it is right for the two Schools to have slightly differing curricula as they are in very different settings and stakeholder engagement works differently for them.

31. In the past, Lancaster has brought its Year 5 portfolios to the Liverpool final year exam board. However from 2012/13 it will run a fully functioning exam board at Lancaster with a representative of Liverpool present as the primary medical qualification will still be awarded by Liverpool.

32. Intercalating students or students repeating years will come back to a different curriculum. Lancaster advised us that it will be important to communicate changes early to students and obtain their agreement in advance. Students intercalate at the end of Year 4 and then return in Year 5, which has a focus on clinical practice. This is unlikely to change considerably so should not be problematic.

33. Lancaster has a bespoke database which allows it to track changes to the curriculum and map it to *Tomorrow's Doctors (2009*). It is anticipated that the School will be able to set in place a personalised programme for students to ensure they meet all the outcomes.

34. No formal risk analysis has been done by either school around changes to curricula. Both schools consider that they are well aware of the risks as there is good communication between schools through the Joint Committee. Lancaster believes that it has good oversight of the project through its Learning and Teaching Committee. Liverpool is aware that it will have to reassume control of the programme if it starts to go off target.

Design and delivery of assessments (TD113)

35. Currently assessments are organised by Liverpool with full participation from Lancaster in question writing, standard setting and exam boards.

36. From 2013/14, Years 1 and 2 will be registered as Lancaster students and will take Lancaster assessments. Year 3 students will still be registered as Liverpool students but will experience the Lancaster curriculum and will also take Lancaster exams. These will need to be approved by Liverpool as the students are working towards a Liverpool Primary Medical Qualification (PMQ).

37. The Schools were not concerned that Lancaster Year 3 exams would be assessing different learning objectives. They suggested that there could be common items in the papers and that Liverpool and Lancaster Year 3 papers could be standard set by the same panel. We felt that this could be leave the schools open to appeal by failing students unless robust systems are set up before Year 3 students sit their exams.

38. Lancaster has experience of the standard setting used at Liverpool, where the borderline regression method is employed for standard setting at Objective Structured Clinical Examination (OSCE). The view of the School was that this can also be done by basing the method on data accrued on OSCE stations over a number of years, provided that some amendments are made to reflect the size of the cohort.

39. Student selected modules will be moderated and reported via Lancaster which means that students will be able to get their results much quicker than previously as they will not have to wait for Liverpool moderation.

40. The Year 5 exam board will be run by Lancaster with two external examiners and representation from Liverpool. One of the external examiners has worked for Liverpool previously which means that she will be familiar with assessment processes in both schools. If an appeal is lodged by a student it would go through the Liverpool process as this is well established.

41. Lancaster is confident it has sufficient capacity to implement assessment for three different cohorts from the next academic year and that it could design and deliver its own exams.

42. The Director of Medical Studies from Lancaster informed us that according to a Liverpool time allocation model, in 2011/12 Lancaster contributed 316 hours to Liverpool exam preparation which would now be used in the development of its own scheme of assessment.

43. Lancaster's Director of Assessment advised that the number of assessment items they will need can be determined once the mapping of learning objectives to *Tomorrows Doctor's (2009)* and the various specialties is complete.

44. Liverpool stated that Lancaster is welcome to use its assessment items until it has a complete scheme of assessment. Such agreements need to be formalised to ensure they are honoured should personnel at either School change.

45. Lancaster has applied for membership to the Medical Schools' Council Assessment Alliance (MSC-AA) which would allow access to its question bank for Year 3 exam papers and in turn the School will contribute questions to the bank.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Guidance about curriculum (TD123)

46. Student support is strong at both schools and they are working to ensure that the student experience remains a priority during the decoupling period. Despite this,

we feel that more could be done to communicate the progress of decoupling arrangements and what it means to students. As some important changes will be made to the curriculum at both schools and assessment at Lancaster, a communication strategy beyond staff / student liaison committees would be beneficial.

Reasonable adjustments (TD132)

47. Lancaster has a list of every student with a declared disability and the reasonable adjustments made. Before an adjustment is made the student support office must obtain documentary evidence which is then kept on file. More than 90% of adjustments made are for dyslexia and adjustments are made based on the needs assessment of the student.

48. The Head of School from Lancaster informed us that disabled access has improved now that the Medical School has changed building. We will need to assess this on our visit to the School in 2013.

Careers advice (TD125)

49. The Director of Student Support from Lancaster informed us that Lancaster will continue to use the careers advice service from Liverpool for three more years. The careers advisor is likely soon to be contracted to work on site at Lancaster in addition to her work at Liverpool and this would bring continuity to the service that has been available to students at Lancaster. The part-time appointment will be made as part of the team of advisors in the Centre for Employability, Enterprise and Careers, and will enable the team to become familiar with the details of medical careers.

50. Of the current Year 4 cohort, 13 students intend to intercalate. As there are no plans to make major changes to Year 5, the School believes that this should not present significant problems.

Domain 8: Educational resources and capacity

159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.

Learning resources and facilities (TD160)

51. Currently the transfer of monies from the Higher Education Funding Council for England (HEFCE) from Liverpool to Lancaster takes place with a top-slice retained by Liverpool. Lancaster will register the current Year 1 and students from the 2013 intake in its own name. The School is now in the position to approach HEFCE for the

transfer of 50 medical student places each year from Liverpool to Lancaster. This means that students registered at Lancaster will pay their fees directly to Lancaster instead of Liverpool.

52. Liverpool's top-slice of HEFCE funding will be phased out one year at a time until there are no more Liverpool registered students at Lancaster.

53. Liverpool does not consider that the reduction in income will affect its programme delivery as income from Lancaster based students was always kept separately from Liverpool's fees income. Liverpool also has enough resources for staff to keep the programme running successfully without input from Lancaster. There is a staff expansion plan underway at Liverpool at the moment and there are plans to recruit a curriculum development lecturer and a clinical senior lecturer post.

54. Lancaster is also confident that it will eventually be able to deliver its programme without input from Liverpool staff as it has a shadow team in place. The Head of School informed us that having a joint programme with Liverpool means that there is always a member of staff travelling between both schools and if they decoupled this would no longer be necessary. Lancaster is currently advertising a lecturer post to fill the staffing void caused by the movement between medical schools.

55. The newly appointed Chief Executive of UHMBNFT is keen to build links with Lancaster University and there are plans for the School and trust to finance the recruitment of two more clinical lecturers.

56. The Head of School believes that there is now sufficient content expertise at Lancaster to provide teaching in the basic sciences, particularly as the School has support available from biomedical science programme within the faculty.

57. The Head of School advised us that Lancaster University is very supportive of its medical school and is keen to build capacity and expertise in medicine. If a member of staff were to leave, the University would be supportive in advertising for a replacement; however it could be difficult to find someone with the right skills. As there is a philosophy of staff development at the medical school there are a number of people who would be capable of stepping up.

58. As outlined in our 2011/12 report on Lancaster School of Medicine, we still believe that there needs to be more clarity around succession planning. The future plans of the Head of School need to be taken into consideration and investment in future expert leadership and strategic direction will be key to the School's success.

59. Lancaster does not expect to grow unless student numbers increase, in which case any additional funding would be used to employ more teaching staff.

60. Both Schools agreed that if the GMC did not approve the decoupling, they would return to delivering the programme as a joint venture.

61. Lancaster carried out its own SIFT monitoring last year and is visiting Local Education Providers (LEPs) to check on progress. Liverpool will train Lancaster staff how to do their own accountability reports from 2013/14.

62. The Head of School informed us that UHMBNFT and local mental health trusts are likely to benefit from more multi-professional education and training funding (MPET) and the trust has plans to employ more clinical lecturers.

Team leader	Paul O'Neill
Visitors	Will Owen, Steve Ball, Matt Kirkman, Judy McKimm
GMC staff	Jennifer Barron, Jean-Marc Lam-Hing
Evidence base	Documentation submitted by the School in advance of the visit: August 2012 submission - o Decoupling plan and related diagrams October 2012 submission - o Supervisory Allocation (year 2) o Governance arrangements and supporting processes o QM Framework o Agreement with community placement providers o Operational plan for resources and capacity to deliver curriculum. o Confirmation of compliance with equality legislation for selection and scoring o Overarching outcomes linked to mandatory competencies. o Job description of Careers Advisor o School careers guidance strategy o Transition management plan o Facilities Management plan o HR strategy

Abbreviations:

CBL	Case Based Learning
CQC	Care Quality Commission
GMC	General Medical Council
HEFCE	Higher Education Funding Council for England
LEP	Local Education Provider
MPET	Multi Professional Education and Training Funding
MSC-AA	Medical Schools' Council Assessment Alliance
OSCE	Objective Structured Clinical Examination
PBL	Problem Based Learning
PMQ	Primary Medical Qualification
SIFT	Service Increment for Teaching
TD	Tomorrow's Doctors
UHMBNFT	University Hospitals of Morecambe Bay NHS Foundation Trust