

## Lancaster Medical School

This visit is part of the new schools quality assurance annual cycle.

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

### Summary

<b>Education provider</b>	Lancaster Medical School
<b>Programmes</b>	MBChB
<b>Date of visit</b>	10 & 11 January 2017 22 June 2017 (Lancaster Clinical Assessment observation) 23 June 2017 (Year 5 Exam Board observation)
<b>Key Findings</b>	<p>Lancaster medical school (the School) has delivered a MBChB programme in partnership with Liverpool medical school since 2006. From 2011, an annual quality assurance programme has been in place to monitor the decoupling of the two Schools, and ensure that Lancaster Medical School meets the standards set out in <i>Promoting Excellence</i>. As of the 2016/17 academic year, all students are now registered with Lancaster University.</p> <p>During this quality assurance cycle, we visited the School to talk to staff and students, as well as observing the Lancaster Clinical Assessment and Year 5 exam board. The visit team noted how the School has made progress against many of the outstanding requirements and recommendations, such as placement allocation and the concern form; work continues to monitor and develop these areas.</p> <p>We felt that the School had demonstrated that it complies</p>

with the GMC's standards for medical education and training. As such, we presented a paper to the GMC council to request that the School is added to the list of bodies able to award a primary medical qualification. Our request was approved, and the first cohort of Lancaster Medical School students will graduate in July 2017. Any requirements or recommendations not closed in this report will now be monitored through the Medical School Annual Report.

## Update on open requirements and recommendations

	Open requirements	Update	Report paragraph
1	The concern form system must be addressed, and a new system developed. This system should clarify how wellbeing and professional behaviour concerns are managed and perceived.	This requirement has been superseded by recommendation one and has been closed.	<a href="#">55-61</a>

	Open recommendations	Update	Report paragraph
1	The role of patients in the quality management of the programme should be clearly defined.	This recommendation has been partially met. The School has undertaken work to grow its public and patient participation activities, but further developments have been identified to maximise this group's potential.	<a href="#">37</a>
2	Consideration should be given at FGH as to the use of alternative means of inclusion such as using video conference facilities to maintain relationships with the School.	This recommendation has been met. Good levels of communication between staff at the School and Furness General Hospital are evident.	<a href="#">99</a>

3	The School should review its governance arrangements to ensure appropriate boards and committees are in place to manage the programme. This should reduce the reliance on the Learning and Teaching Committee. A quality management committee would be beneficial.	This recommendation has been met. The School has reviewed and made appropriate amendments to its governance arrangements, and will continue to monitor the effectiveness of these.	<a href="#">32</a>
4	The School should review the OSCE marking sheet to ensure the number of items to be assessed is realistic given the time of the station.	This recommendation has been met. The marking sheet has been reviewed, and examiners commented that it is easy to use and follow.	<a href="#">116</a>
5	The School's communication with students does not always appear effective and should be reviewed.	This recommendation has been partially met. The School has made efforts to ensure students are aware of changes at an earlier stage and introduced additional guidance lectures, but recognises that further work is required.	<a href="#">81</a>
6	The School should review the allocation of placements, both in terms of specialities and sites. In addition, the guidance provided to students about the allocation process should be revised.	This recommendation has been met. The School has introduced a new process for allocating placements, which students reported seems fairer.	<a href="#">104-106</a>
7	The School should review the rationale and process of integrating the Health, Culture and Society assessment into the Year 4 curriculum to ensure it can be well embedded.	This recommendation has been met. The School has reviewed the guidance and support available for the assessment to better embed it within the curriculum.	<a href="#">113-115</a>

## 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.

	Theme	Areas that are working well	Report paragraph
1	Multiprofessional teamwork and learning (R1.17); Undergraduate clinical placements (R5.4)	The School is engaged with a variety of multiprofessional education activities with a growing range of partners.	<a href="#">16</a> ; <a href="#">111</a>
2	Adequate time and resources for assessment (R1.18); Fair, reliable and valid assessments (R5.6); Examiners and assessors (R5.8)	The Lancaster Clinical Assessment is well organised and resourced. Examiners and students appeared to be well acquainted with their responsibilities, and students praised the real life experience it offers.	<a href="#">20</a> ; <a href="#">117</a> ; <a href="#">123</a>
3	Accountability for quality (R2.2)	The team found that the University Hospitals of Morecambe BayTrust board is providing cohesive leadership across the bay with a clear commitment to improving quality and education; this includes undergraduate medical education.	<a href="#">33-35</a>
4	Systems and processes to monitor quality on placements (R2.6)	There is strong evidence of growing partnerships with other Trusts and providers in the region.	<a href="#">46-50</a>

## 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.

	Theme	Recommendation	Report paragraph
1	Managing concerns about a learner (R2.16)	The School should continue to implement and monitor the new concern form process, and evaluate it to measure	<a href="#">55</a>

		effectiveness.	
2	Feedback on performance, development and progress (R3.13)	The School should consider making qualitative feedback mandatory for the Lancaster Clinical Assessment. Many examiners appear to be doing so already, so formalising this step should have little negative impact.	<a href="#">85</a>
3	Accessible resources for educators (R4.3)	The School should ensure equality of access to online resources and course information for all clinical supervisors.	<a href="#">97</a>
4	Examiners and assessors (R5.8)	The School should take steps to ensure that all examiners do not deviate from their script for the Lancaster Clinical Assessment with prompts or leading questions. This will promote consistency and parity of experience.	<a href="#">124</a>

## 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.

### Theme 1: Learning environment and culture

#### Standards

**S1.1** *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

**S1.2** *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

*Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3); Supporting duty of candour (R1.4); Educational and clinical governance (R1.6)*

- 1 We were pleased to hear from students that they feel confident about raising patient safety concerns whilst on placement; we heard that any issues would be reported to either the Year 2 Clinical Lead or their Clinical Skills Tutors. In addition, students told us that they receive whistleblowing lectures each year and are able to find details of how to raise concerns in their handbooks.
- 2 We heard from the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBFT) board that students are sent annual reminders about how to raise concerns. In addition, there are weekly patient safety summits which are attended by students and junior doctors; the paediatric supervisors we spoke to also told us that they actively encourage Year 5 students to take part in instant reporting and patient safety huddles. We did not speak to any students who had taken part in these activities.
- 3 In addition, the Trust board told us that Schwartz rounds are held every month at the three UHMBFT sites; despite service pressures these are usually well attended by staff and students. The executive team have previously joined the panel for interviews, and the rounds have discussed topics such as the junior doctor strikes. We were told that students are represented on the panels and that feedback about the rounds is positive.

- 4 There appeared to be a good awareness amongst the Trust board of how instances of a student being involved with patient safety concerns are reported: any cases reported on the weekly patient safety summits or through instant reporting are followed up and resolved. We heard that these cases are immediately escalated to the Director of Undergraduate Medical Education, who takes appropriate action to investigate and resolve.

*Seeking and responding to feedback (R1.5)*

- 5 During the 2015/16 visit cycle we reported that the School planned to integrate all separate cohort Staff-Student Liaison Committees (SSLC) into one School wide committee. In our meeting with the senior management team in January, we heard that the first meeting had taken place, and that students had fed back that they would like to continue to meet in this manner instead of returning to separate year-group committees. It was felt by School staff that this structure allows the flow of information between years and helps reduce incorrect preconceptions. The SSLC reports to both the Learning and Teaching and the Divisional Learning and Teaching/Quality and Standards committees.
- 6 We heard in our student support meeting that the School now publishes a 'You said, we did' summary to students in order to highlight how their feedback has been used to make changes to the programme; this is sent out at the end of each rotation and Year 1 and 2 students told us that they had received these emails. Staff also told us that that they believe students are relatively accepting when the School explains why it cannot make changes as requested.
- 7 Students seemed generally satisfied that the School was open and responsive to the majority of their feedback; for example, the Year 4 and 5 students told us that they had seen a number of changes to Year 4 structure as a result of evaluation. However, we were concerned to hear that at times the School appeared inflexible about certain areas, such as the Health, Culture and Society (HCS) assessment. We also heard from Year 1 and 2 students that they feel the School asks for too much feedback, which leads to less meaningful evaluation; however this was not reflected by higher cohorts.
- 8 The Community Clinical Tutors (CCTs) we spoke to told us that feedback regarding GP placements is collected at the end of each block through a mandatory form and informally at teaching sessions. Any concerns are fed back immediately and actions taken where possible. In addition, all feedback is reviewed over the summer period to allow for more wide reaching changes to be made. Due to the small numbers, it is likely that the qualitative feedback could lead to students being identified; however the School feels that it is important that students learn how to provide negative feedback in a constructive manner.
- 9 The supervisors we spoke to at the UHMBFT feel able to provide feedback about aspects of the programme, and told us that this feedback is acted upon. Supervisors

had provided feedback about the Objective Structured Clinical Examinations (OSCE) in which they had participated as assessors, and highlighted the Year leads as key individuals through which they could make suggestions that would be taken forward by the School.

#### *Appropriate capacity for clinical supervision (R1.7)*

- 10** We were pleased to hear from the senior management team that the School have recruited additional staff members. This includes a quality manager who will monitor the MBChB programme, two new lead clinicians for Years 3 and 5, and an additional lecturer for the Professional Practice, Values and Ethics (PPVE) theme.
- 11** The UHMBFT Trust board told us that there has been a large expansion in consultant and Specialty and Associate Specialist (SAS) doctors, and that the consultant body will increase further over the upcoming months with many being registered trainers. The Trust currently has a large body of long term locum staff, and there is a strategy in place to reduce this number or convert these to substantive posts.

#### *Appropriate level of clinical supervision (R1.8)*

- 12** All students we spoke to were satisfied that the level of supervision they receive whilst on placement is sufficient and appropriate for each level of competence. We heard that at times it could be difficult to locate supervisors to sign off assessments, but students felt that there is always someone to ask for help if they need. In addition, we heard that supervisors are approachable.
- 13** During our visit we were made aware that there are two types of supervision guidelines for clinical procedures for all students: when students are directly supervised (level one) and when a supervisor is in the vicinity to provide support if needed (level two). Students told us that they could be signed off to work under level two supervision after they had performed certain procedures and supervisors are happy with their competence.

#### *Appropriate responsibilities for patient care (R1.9)*

- 14** The students we spoke to told us that at times they may be asked to undertake tasks that are outside their competence; this was felt to be due to supervisors or staff misunderstanding their level of learning. Year 4 students told us that this could also be a result of staff proactively offering cases in order to prepare students for their final assessments. However, all students had been told by the School how to respond appropriately, and all felt confident in their ability to decline requests to act beyond their competence.

### *Identifying learners at different stages (R1.10)*

- 15** Students continue to wear lanyards whilst on placement to identify their year of study. We heard from students at Furness General Hospital (FGH) that the Year 2 lanyards are of a similar colour to that of foundation year one doctors, so supervisors could potentially confuse the two cohorts. However, students felt that they were well known to their supervisors, and felt able to decline activities and explain why they were unable to undertake procedures. As such, this does not appear to present any issues.

### *Multiprofessional teamwork and learning (R1.17)*

- 16** We heard from students in Years 2 to 5 that they work in multiprofessional teams whilst on placement, including multidisciplinary ward rounds; some students said that they find these experiences invaluable. We heard of additional specific curricula examples that promote multiprofessional working, such as the Year 4 logbook key clinical experience (KCE) that requires students to spend time with multidisciplinary teams, and the pharmacy day held in Year 3. [See area working well 1.](#)

### *Adequate time and resources for assessment (R1.18)*

- 17** We had previously heard from students during the 2015/16 visit cycle that the amount of preparation and reading they believed they were required to do in advance of each problem based learning (PBL) session was felt to be disproportionate and did not link clinically to their work. During our January visit, we were pleased to hear that Year 3 to 5 students had no concerns about PBL resources, and told us that over the duration of the programme they had learnt what is essential to read. However, Year 2 students told us that they had found it difficult to adjust to the PBL curriculum and are often unsure what they need to learn. These students also told us that there had been initial problems with the number of books available in the library, but that this had since been resolved.
- 18** We heard from the Curriculum Lead for PPVE that the School reviews each resource before adding it to the student reading list. In addition, the School is working with a Year 3 student to identify alternative resources, such as podcasts, for three modules; additional resources supplied by students are also highlighted in the resources list. This insight will help the School choose relevant resources to allow students meet the learning outcomes.
- 19** We also heard that the resources for HCS are reviewed on an annual basis for each year of the programme. During this exercise, the School looks for pieces of work that will help solidify students' knowledge.
- 20** We felt that the Lancaster Clinical Assessment (LCA) was well organised logistically with good use of the space available at Royal Lancaster Infirmary (RLI). A number of staff were on hand to direct students and patients, as well as taking note of any

problems that may occur. Reserve examiners and patients were also available, and we heard that these individuals were used. As well as additional personnel resources back up tablets were at hand; these could be set up easily for each student to ensure a smooth transition should the technology fail. [See area working well 2.](#)

#### *Capacity, resources and facilities (R1.19)*

- 21** During our visit in January we explored the various facilities used by students whilst on placement at UHMBFT. Students have their own separate social space at both sites; these were well liked by students. The School received lower than average scores in the National Student Survey for IT facilities due to a lack of Wi-Fi at FGH, but the senior management team told us that this has now been resolved and hopes that scores will improve in the next survey. The School has also reviewed the facilities at East Lancashire Hospitals NHS Trust (ELHT) and is satisfied that these are adequate.
- 22** We heard from supervisors at RLI that there is limited physical space in terms of available clinic rooms. These supervisors feel that this has led to students having less time to spend on outpatient work.

#### *Accessible technology enhanced and simulation-based learning (R1.20)*

- 23** We heard in various meetings about the new simulation suite that is being built at FGH, based in the obstetrics and gynaecology department but available for Trust-wide usage. We felt that this development will positively impact on students' learning by significantly enhance the Trust's simulation facilities, which are currently low technology. Students will have access to the suite, and the School will have input on how it is developed. In addition, we heard that the School is looking to enhance its simulation curriculum by also utilising facilities at Blackpool, but wants to ensure that teaching retains a balance with 'real life' clinical cases.
- 24** Students told us that they receive communication sessions with simulated patients in Year 1 and 2, and Year 2 students at FGH told us that these sessions were helpful in preparing them for clinical contact. In addition, there is simulated teaching for Year 5 students at ELHT which is organised by foundation doctors, where students pretend to carry a bleep.

#### *Access to educational supervision (R1.21)*

- 25** We had previously been made aware of concerns about students' ability to have workplace based assessments signed off by their educational supervisors. We were told in our January student support meeting that the School had rearranged the time when student and supervisor meetings took place. It is hoped that these meetings will better fit with timetables and reduce the likelihood of students being unable to have their assessments signed off. The School had also removed some supervisors

from their duties due to not signing assessments last year, and had reminded the students to notify the UHMBFT undergraduate office if there were repeat occurrences. Whilst the logbooks had not yet been reviewed at the time of the visit, the School planned to do so in order to monitor this concern.

- 26** The supervisors we spoke to acknowledged that they are busy with ward work, but that they did have time to sign logbooks and that it is very rare that a student is turned away. Supervisors at FGH told us that they try and timetable students in to ensure they have adequate time to review assessments.
- 27** Students told us that they are generally able to get their KCEs and logbooks signed off by their supervisors. It was noted that some supervisors are hard to find due to service pressures and that students feel guilty for repeatedly asking their supervisors to sign cases. In addition, we heard from Year 2 students that at times they must ask staff at the undergraduate office to sign their logbooks as they are unable to find their supervisors, and that the undergraduate office are considered by the students to be harsher markers.
- 28** However, students were satisfied with the level of formal contact they have for educational development, with appointments with their clinical skills tutors each fortnight. Here students can discuss interesting cases or patients of their choice. We heard that from Year 1 to 4, students are allocated an academic tutor that they see three times a year. In Years 4 and 5 students meet with a clinical tutor, which students said reflected the different nature of their learning at these stages.

#### *Supporting improvement (R1.22)*

- 29** We heard from the students that the Special Study Module (SSM) in Year 4 takes the form of a clinical audit. Year 4 students told us that audit was a new skill for them, so it took some time to feel confident in writing it.

## Theme 2: Education governance and leadership

### Standards

**S2.1** *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

**S2.2** *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

**S2.3** *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

### *Quality manage/control systems and processes (R2.1)*

- 30** We were pleased to hear from both students and the senior management team that the School's recent recruitment campaign for a new Head of School had been successful; the appointed candidate joined the School in February 2017. Training and development tools for the appointee were put in place by the Faculty Dean: these included formal leadership training and external coaching, as well as a buddy system with another Head of Department within the University. The School had put appropriate arrangements in place for the interim period, with the current Director of Medical Studies acting as Head of School. This was under the direction of the Faculty Dean, who we were told met with them frequently.
- 31** We had previously set a recommendation for the School to review its governance structure in order to better manage the programme. In January, the Director of Medical Studies told us that the governance structure continues to be refined, in particular to review how best the School can allocate sufficient time to scrutinise the quality data it collects from various sources. To further this, the Project Management Board has been streamlined so that the terms of reference no longer includes quality management; this will allow it to focus on strategic concerns such as service reconfigurations. We were told that it is at times difficult for the School's governance structure to be consistent with that of the University whilst ensuring that the committees adequately monitor the School's activity. [See open recommendation 3.](#)

### *Accountability for quality (R2.2)*

- 32** The UHMBFT Trust board appears committed to upholding high standards of education for both undergraduate and postgraduate training. We heard that the Director of Medical Education is a full member of the management board where pertinent education concerns are discussed, such as the introduction of *Promoting Excellence*. In addition, executive approval was given for an extended shadowing period for all new foundation year one trainees.

- 33** It was also encouraging to see that the School and the Trust have a good relationship, with a two way involvement in education. The School is involved with the Trust's ten year estate strategy to develop RLI, and also considers the needs of Trust's users and the community when designing the curriculum in order to reflect the integrated nature of care. In turn, we heard that the Trust has been very accommodating for OSCEs, giving the School priority access to space over other groups.
- 34** An educational governance committee has recently been established at the Trust, which will bring together all strands of multiprofessional undergraduate and postgraduate education. The committee will report to the workforce committee, which has a standing agenda item for education; it will also feed into the School's Learning and Teaching committee. We heard that as the educational governance committee at the Trust is new, the School has not yet finalised how it will be represented. [See area working well 3.](#)
- 35** We heard that the number of Lancaster students returning to the Trust for core and higher training is gradually increasing. The Trust board told us that often students move away to experience working in a bigger hospital or for personal reasons, but want to return to the North West for training at a later point.

*Considering impact on learners of policies, systems, processes (R2.3)*

- 36** We previously set a recommendation for the role of patients in the quality management of the School to be clearly defined. We were pleased to hear from the senior management team that the School continues to develop its Patient and Public Involvement (PPI) strategy. The School held a patient recruitment evening in November 2016, and has approached an individual to sit as a lay member on the Learning and Teaching committee. In addition, four more patients will now be working with the admissions team for the Multiple Mini Interview (MMI) patient station. The School's work is ongoing to increase the spread of PPI across committees and lay groups. [See open recommendation 1.](#)
- 37** We were pleased to hear from the senior management team that students are now part of the quality visit panel: Year 5 student representatives from the SSLC are asked to participate due to their more flexible timetables and greater experience. The School discusses the visit process and the areas for exploration with students before the visit, and students have an equal role within the team. We heard that the students enjoyed the experience and that the current Year 5 representatives will attend the visits this year.

*Collecting, analysing and using data on quality and on equality and diversity (R2.5)*

- 38** The School has conducted a thorough review of its 2015/16 admissions process as a result of recent equality and diversity (E&D) analysis, which identified that applicants

with more widening participation flags were less likely to be made an offer. Further analysis found that fewer male applicants were successful after the School introduced the BioMedical Admissions Test, with 73% of the 2016 entry cohort identifying as female, but this was mainly due to poorer performance in the MMIs. Applicants are not obliged to declare their ethnicity at the point of applying, and the School therefore does not have access to self-declared ethnicity data from UCAS. We heard in our senior management meeting that, according to the School's own analysis, black and minority ethnic (BME) males are the least likely to be made an offer after interview and non-BME females are the most likely. This admissions round was the first when the School had had access to contextual data from UCAS, and this is currently being reviewed by the lead for the School's widening participation strategy.

- 39** As a result of this analysis, the School has listed possible reasons for this discrepancy and taken a range of actions to resolve any bias. We heard in our meeting with the senior management team that research colleagues from the Educational Research and Psychology department have been asked to observe the next MMI to identify any areas for improvement, and that the School will provide more explicit unconscious bias training to assessors. The School has also amended its MMI stations in order to promote equality of access: one station in which BME applicants performed less well has been removed and a data station in which BME applicants performed well in previously has been reinstated. In addition, the second question of the patient-led MMI station has been amended to focus more on cultural and diversity awareness. The School will continue to review this area and take further action as necessary.
- 40** The School also reviews assessment data for E&D markers and monitors for any anomalies; we did not hear of any examples of changes being made through this route during our visit activity. The School told us in our meeting with staff involved with student support that it is difficult to analyse demographic data on student support due to the small numbers, but that they do monitor for trends and review retention data.

*Systems and processes to monitor quality on placements (R2.6); Concerns about quality of education and training (R2.7)*

- 41** The School appears to have appropriate systems and processes in place to monitor the quality of clinical placements. We heard in our meeting with placements staff that quality visits to sites take place each year and that all trusts are visited every two years; the School is developing a policy agreement to formalise this arrangement. During the visits, standing agenda items such as bullying and undermining are addressed, as well as any outstanding requirements and concerns arising from the evidence. Reports are produced after the visit and sent to the trusts, and the School asks that this is fed up to the Board. At present there is no timescale for the reports, although the School is developing formal timelines and processes, and verbal feedback is given on the day of the visit.

- 42** In advance of quality visits, the School sends the trusts questionnaires to complete. These cover a range of areas based on *Promoting Excellence* as well as job planning and the relationship with the School. This allows the School to identify areas of exploration and triangulate evidence from the visit itself. We heard that during the most recent set of visits, the School did not receive all questionnaires back in time, but the information they did receive helped them to structure the visits. The School will review this area in order to maximise the impact of the questionnaires.
- 43** We heard in our meeting with GP supervisors that an annual quality report is sent to each practice which outlines any areas of improvement. In addition, all practices are visited every three years where the School speaks to the practice manager and GPs.
- 44** During our January visit, we were told by several groups about the planned service level agreements (SLAs) at UHMBFT. It is felt that the implementation of SLAs at a divisional level will more clearly define expectations of what supervisors must deliver. These SLAs will be scrutinised through their measurable outcomes, and monitored at the divisional level as well as the workforce committee. ELHT are also exploring implementing SLAs in this manner.
- 45** The School continues to maintain and proactively develop placements with a variety of local providers. We heard in our meeting with placement staff that ELHT was approached by the School to discuss the possibility of student placements. The Director of Undergraduate Medical Education at ELHT told us that the number of Manchester students has been gradually reducing, which has created space for other medical schools. UCLan medical school will also use the ELHT for placements, but we heard that the Director of Undergraduate Medical Education is confident that there is sufficient capacity for both Schools. At present, students are unlikely to mix as both ELHT sites offer a wide range of learning opportunities. In addition, we heard that high quality facilities are available with supervisors who are keen to take on educational roles.
- 46** As such, Year 5 students undertook Selective in Advanced Medical Practice placements (SAMPs), acute care and A&E placements at ELHT during the 2016/17 academic year, with six to eleven students on each block. Students for Year 5 were asked to rank their SAMP choices and site options, and any student who requested to undertake a placement at ELHT was able to do so. Students are able to stay onsite at the Blackburn site, with the School funding their accommodation. The School told us that students had provided positive feedback about their experience.
- 47** To prepare staff at ELHT, the School provided information about the Lancaster curriculum and ran training sessions on OSCEs and the expected teaching standards. The Year 5 director has visited each month to provide support and monitor progress. We heard that the School had identified through student feedback that there were some minor accommodation issues, and confusion about who students need to contact to have their cases signed. These concerns had now been resolved; ELHT is

also looking at how to best support supervisors with adequate time for completing the portfolio.

- 48** The Director of Medical Studies told us that Blackpool Victoria Hospital (BVH) continues to offer a cardiology SAMP, but has not offered any additional placements for 2016/17. We heard that the School had recently met with staff to discuss scoping for 2017/18; there are both Liverpool and Lancaster students onsite and BVH is obliged to meet Liverpool's needs first. By the time any free spaces are offered to Lancaster, it is too late for the School's planning purposes. The School recognises that this is a work in progress.
- 49** A SAMP in plastic surgery is now offered at the Royal Preston Hospital, which was favourably received by students. We heard that there is now further capacity at the site, so students will be offered these options for rotation four. In addition, there will be an trauma and orthopaedics SAMP offered at Noble's Hospital on the Isle of Man after Easter as the School continues to develop its partnerships in the local area. [See area working well 4.](#)

#### *Monitoring resources including teaching time in job plans (R2.10)*

- 50** The School appears to have satisfactory measures in place to monitor resources. It uses student feedback as its main tool; this includes feedback on supervisor availability. We heard from supervisors at RLI that they receive feedback on their performance every six months, and that the School follows up any negative comments in order to investigate and resolve concerns. The GPs we spoke to told us that they receive an annual report from the School which highlights areas that need to be improved; feedback from students forms a key part of this.

#### *Managing progression with external input (R2.12)*

- 51** It was noted by students that they are at times unable to have skills or procedures signed off at the first instance, either because it was reportedly too early in the year or it was the first time a student had performed the procedure. Students found this frustrating, particularly when the supervisor could not offer any areas that students needed to improve on. We heard that this was not a defined rule, and students suggested that this could be a result of the School needing them to show progression.

#### *Educators for medical students (R2.13)*

- 52** We were encouraged to hear about the new educational lead role at FGH, who told us that their responsibilities had recently changed to better focus on the clinical experience of students. This role is based onsite to ensure an understanding of the issues and to promote face to face contact and discussions; we heard that this had been positively evaluated by the students. Education leads are closely involved with

curriculum and school policy, using student feedback to inform their contributions. For example, students had fed back that PBL sessions were too long, and these have been shortened as a result.

- 53** The education lead role is a Trust appointment with a job description that includes set time allocations for the role. We heard that education leads' individual job plans do reflect this and that all leads have a one to one appraisal which includes their educational role. The honorary appointment with the School associated with this role requires a formal university application.

*Managing concerns about a learner (R2.16); Support for learners in difficulties (R3.14)*

- 54** We previously set a requirement for the School to develop a new process for the 'concern form' after students told us during our visit in 2016 that they felt the current system was punitive and unfair. We received documentation in advance of our January 2017 visit that set out the School's plans for a new process, and we explored these with the School. The senior management team plus a lay representative considered possible changes to the form, and then ran a consultation with clinical and academic staff as well as student representatives from the SSLC. A new process has been developed which will be piloted from Easter 2017 and implemented from the beginning of the 2017/18 academic year, with ongoing monitoring to ensure the system is effective. The School is still awaiting further feedback from students and is discussing potential names for the process. [See recommendation 1.](#)
- 55** The senior management team told us that the new process is centred around *Good Medical Practice*, and uses the new GMC guidance on minor and serious concerns to inform its development. After a concern is raised, this staff member meets with the student to discuss the circumstances. The outcome of this is a recommendation by the individual who raised the concern about the level (minor or serious) of concern and the number of points to be issued. The School defines the number of points as zero for no concern, one point for minor concerns and three for serious concerns; this number is referenced to the four domains of *Good Medical Practice*. These decisions are moderated via email by a small panel, and all decisions are logged on a central database.
- 56** If the students accumulate a second point at any moment throughout the programme (points are not removed from a student's record after a certain period of time), they are asked to meet with their foundation year 'buddy' as well as discussing the issue with the individual who raised the concern. If students accumulate three points, students are additionally asked to meet with their Academic Tutor; this meeting gathers information for a report to be presented to the Good Medical Practice Committee. This committee comprises various senior management staff such as the Head of School and Director of Student Support, and feeds into the Learning and Teaching Committee.

- 57** The School hopes that the new process will be recognised as a supportive and reflective measure for students which provides access to the appropriate support. Students are asked to write a reflective piece after each meeting, which the School hopes will allow students to demonstrate insight.
- 58** We heard from the senior management team that it is now a requirement for those raising a concern to inform students that they have done so. If they are unable to inform the student, another staff member must in their place. In addition, the School has revised the wording of the letter to make it clear that students can bring a colleague to the meeting, and also includes details of the concern. Students are able to present their version of events at each stage of the process and this is considered by the monitoring group; as such, the School has not thought a formal appeal route to be necessary.
- 59** The clinical supervisors at the Trust told us that the policies surrounding the concern form were now much clearer. They had met with the Director for Medical Studies and Director of Clinical Skills to review the policies and agree on trigger points such as dress code; supervisors had been sent a copy of these policies to comment on and sign off. Both supervisors based at UHMBFT and GP practices told us that they preferred to first speak to colleagues to discuss potential concerns then approach students before raising a form.
- 60** As the new process is still in development, we were not surprised to find differing levels of awareness amongst the student body: some had been approached for feedback whilst others were not aware a new process was being developed. However, we were encouraged to hear that many students felt that the number of concerns form being raised had reduced since the beginning of the academic year, especially the number of forms given for seemingly trivial concerns such as bag size. [See open requirement 1.](#)
- 61** During our exam board observation, we were provided with information about students' progress between the mid and end points of each rotation in Year 5. A very small number had received lower scores at the completion than at the midpoint, and it was suggested by the School that they could investigate each occurrence, or ask supervisors to provide a reason as to why the scores had decreased. We were encouraged to hear that the Director of Year 5 will take this forward and identify ways in which the School can investigate any causes for concern at an early stage.

*Sharing information of learners between organisations (R2.17)*

- 62** The School does not have formal policies for providing placement providers with information about individual students' Fitness to Practise or support needs prior to students starting placements: we heard from various groups that the School is cautious about doing so in order to maintain supervisor objectivity. Instead, students are dealt with on a case by case basis in order to determine the most appropriate

form of action. We heard from the Director of Community Studies that they have previously informed supervisors of support needs, but also that it is preferable for the students to highlight any needs themselves.

- 63** This was reiterated by supervisors at FGH, who told us that they had only recently started to be told about concerns in advance of students arriving on placement. They feel that they are well equipped to identify and resolve concerns if they arise on placement, but that it is ultimately the students' responsibility to seek support.

*Recruitment, selection and appointment of learners and educators (R2.20)*

- 64** The School continues to effectively review and implement changes to its admissions processes. We heard from the senior management team that the School is now additionally responsible for managing the admissions process for the Foundation Year for Medicine and Surgery course; this will allow students to automatically progress onto the MBChB programme should they meet the progression requirements instead of having to reapply. These applicants will be selected using the same MMI as those applying for the MBChB programme. We heard that 42 had applied for the 2017 entry, 20 of whom had been invited to interview. The School offers approximately seven places each year for the Foundation Year.
- 65** The School is now in its second cycle of using BMAT as part of the admissions process. At the time of the visit, 603 applications had been received for 2017 entry (an increase of 50 from 2016) with 224 UK/EU and 20 overseas applicants invited to February's MMIs. We heard in our meeting with the senior management team that three of the MMI stations are now cross referenced with NHS values, but that no other significant changes from previous years had been deemed necessary.

### Theme 3: Supporting learners

Standard
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<b>S3.1</b> <i>Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.</i>
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#### *Learner's health and wellbeing; educational and pastoral support (R3.2)*

- 66** Students praised the support they received from staff on placement: we heard that students are well taken care of, made to feel welcome, and are proactively offered opportunities to review cases pertinent to their curriculum or practise their skills. This was reiterated by supervisors themselves, who told us that they thought that UHMBFT is a supportive place for students, and that they were able to signpost appropriately if support is needed.
- 67** Despite comments from some students that they feel the School can be inflexible in terms of providing support, students told us they knew how and where to access support and praised the Director of Student Support for the help they offer. We also heard from the School that the new PPVE lecturer will work alongside the Director for Student Support to reduce their workload and allow them to focus more on preventative measures and monitoring.
- 68** During our previous visit, we had heard that students were concerned that the School is too quick to advise students to take time out of study. Staff involved with student support told us that this is sometimes a necessary course of action, but considered only after initial support is found to be unsuccessful at resolving the issues.

#### *Undermining and bullying (R3.3)*

- 69** We were pleased to hear that the students we spoke to had not seen or been the recipient of bullying or undermining behaviour. Students told us that, if such an instance occurred, they would report this behaviour towards themselves on placement to their clinical skills tutors or the undergraduate office. However, we heard of isolated incidents of potential undermining behaviour between staff, which students are less sure how to report on. Year 1 and 2 students were also less sure where they would report instances of School bullying, but suggested that they would speak to their academic tutor. There was a fear, however, that as the School is small they would be easily identifiable.
- 70** We heard from the UHMBFT board that there has been a significant amount of work undertaken to combat bullying and undermining behaviour, and to create an open and respectful environment where staff feel that they can speak up. It was encouraging to hear that the number of comments in the National Training Survey pertaining to bullying and undermining had reduced to two in 2016, and these were

cases that had already been reported and were being resolved; we heard that no students had reported any incidents. Supervisors at the Trust also told us that there was a zero tolerance attitude towards bullying and undermining, with visible 'respect champions'.

- 71** We heard from School staff that both student inductions and quality visits include sections on bullying and undermining behaviour to ensure that students are aware of the processes and that any instances are identified. In addition, the previous recommendation for BVH to improve their processes for managing such behaviour will be followed up at the School's next quality visit.

*Information on reasonable adjustments (R3.4); Reasonable adjustments in the assessment and delivery of curricula (R5.12)*

- 72** We heard positive comments about the School's policies and provision of reasonable adjustments. For example, students told us that some colleagues received specific placement allocations due to reasonable adjustments, such as childcare; students seemed supportive of these measures and the School's actions. In addition, the Year 1 and 2 students we spoke to were aware of how to apply for mitigating circumstances for assessments.

*Supporting transition (R3.5)*

- 73** We heard in our student support meeting that the School is currently developing the role of foundation year one buddies; these will support students from all year groups on placement for issues such as concern forms. Year 2 students already have buddies to support their transition to placements, and the School is exploring whether this role can be expanded or if the role must be recruited separately.

*Student assistantships and shadowing (R3.6)*

- 74** We heard in our meeting with the UHMBFT board that they offer an extended two week shadowing period for all foundation year one trainees. This initiative was supported by the executive, and the Trust stated that it is the only one in the North West to offer this induction period. We heard that it had been identified as good practice by Health Education England North West on their recent visit.

*Information about curriculum, assessment and clinical placements (R3.7)*

- 75** As during the previous visit cycle, we were concerned to hear from the students we spoke to across cohorts that the information, including timetables, they receive prior to placements can be variable in quality and timeliness; some students feel that communication between UHMBFT and the School could be lacking. The School is aware that at times timetables are sent late due to staff changes, but is always looking at ways to improve this.

- 76** Year 2 students also told us that there is a considerable amount of confusion over what the cases they need to log whilst on placement entail. However, these students said that Trust staff had been very helpful in supporting them and that the School had clarified their requirements.
- 77** We heard from the Curriculum Lead for PPVE that all Year 1 students this year had been given a talk about the HCS curriculum to introduce them to the theme. In addition, there are workshops for Year 2 students to discuss the materials they need to use to connect HCS with the wider medical curriculum.
- 78** We were pleased to see that students received a briefing before both morning and afternoon circuits of the LCA. This briefing reminded students of the structure of the assessment and the School's expectations.
- 79** We had previously set a recommendation for the School to review how it can effectively communicate with students. During our visits and observations, we found that the School has made significant efforts to ensure that students are aware of various policies through earlier notification and additional lectures. However, the School recognises that further work is required to improve this area, and as such is looking at different ways to communicate with students. [See open recommendation 5.](#)

*Out of programme support for medical students (R3.9)*

- 80** The School's arrangements for the electives component of the programme seem comprehensive and well managed. We heard in our curriculum meeting that electives take place at the end of Year 4 with many Lancaster students organising electives outside of the UK. The elective is assessed through a report, submitted at the beginning of Year 5; this is marked as pass/fail. A member of the senior management team chooses the top three reports from the best reports chosen by each marker; these students present their reports at the electives evening for the next Year 4 cohort as well as being uploaded to the electives area on the virtual learning environment, Moodle.
- 81** To prepare students for electives, the School runs an elective meeting in the October of Year 4. We heard that students had asked for this to be held earlier to allow for booking travel arrangements, so during the 2016/17 academic year the School held an evening in April in addition to the Year 5 report presentation in October. Going forward, this meeting will be held in April. Various organisations such as the British Medical Association also attend to provide additional guidance. Students have access to an area on Moodle that provides them with information about electives, and are given a handbook that contains emergency contact numbers and information about what to do in an emergency. In addition, when starting their electives students must contact the School within 24 hours to confirm their safe arrival.

- 82** Before an elective is agreed, students must submit an application and confirm that they have an elective supervisor. They complete a personal and medical risk assessment, as well as designing three or four learning objectives. Their report is based on how they have met these objectives.
- 83** We heard in our meeting with staff involved with student support that return to study is dealt with on a case by case basis. The School sets up a specific learning plan that is based on a learning needs assessment undertaken by either the Year leads, the Director of Student Support or Director of Clinical Skills. We heard that the return to study programme is very much tailored to each individual.

*Feedback on performance, development and progress (R3.13)*

- 84** Years 4 and 5 students told us that the immediate verbal feedback they received from the formative LCA in addition to formal written feedback was useful. Year 1 and 2 students told us that they received a large amount of wide-ranging feedback after their formative assessments which covered all areas, with verbal OSCE feedback given immediately.
- 85** During our LCA observation, we noted that for each student, patient volunteers must score students out of three based on how safe they felt in their care. In addition, they can record free text comments regarding how they were treated by students, and many examiners asked them for their thoughts. Examiners are also able to add qualitative comments to the marking sheet and we observed many doing so. We felt that the School should make this feedback mandatory, as the impact on examiners would be minimal but would improve the depth of feedback given to students and help direct their learning. [See recommendation 2.](#)

*Meeting the required learning outcomes (R3.15)*

- 86** We observed the Year 5 exam board in advance of students receiving their final results. We were pleased to see that all student information was anonymised, with the exception of students receiving prizes. This is common practice, and the School noted that names do not appear in conjunction with the relevant student number. The University Senate must ratify all degrees and prizes, as well as the awarding of honours and recommendations, so the School releases results to students with this condition. We heard that it was very unlikely that the Senate would change any results.
- 87** All Year 5 students, with the exception of those that had suspended studies due to ill health, will graduate in July. The only form of assessment in Year 5 is the portfolio, which we had the opportunity to review, and the exam board provided evidence that all students had met the requirements to complete this satisfactorily.

## Theme 4: Supporting Educators

### Standards

**S4.1** *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

**S4.2** *Educators receive the support, resources and time to meet their education and training responsibilities.*

#### *Induction, training, appraisal for educators (R4.1)*

- 88** We felt that the School recruits, trains and appraises both clinical and academic staff in an appropriate manner. The supervisors and GPs we spoke to had been recruited in a number of ways, from formal application processes to volunteering for roles. Supervisors at FGH told us that the job description for all clinical skills tutors is standard, and that there are some essential teaching qualifications that they are all required to have. In addition, staff received different inductions and training, tailored to their individual needs. For example, we heard from GPs that the School had provided update courses and a formal university induction for CCTs.
- 89** In our meeting with GP supervisors, we heard that the School offers Teaching Improvement Project courses for supervisors; these help staff improve skills and also provide opportunities for networking with other supervisors, with whom they can share initiatives. The Director of Community Studies monitors who attends these courses, but has never made these a requirement due to high staff motivation to attend.
- 90** We heard from supervisors at FGH that there is an annual education day for obstetrics and gynaecology supervisors, and other training opportunities within the Trust. It was reported that recently the personal development opportunities had substantially improved; these include Trust funding for postgraduate certificates in medical education. Supervisors also told us that they receive annual E&D training. We heard from the Trust board that three days of continuing professional development is provided for all staff, and that the Trust is the only one in the North West to use its full allocated budget for SAS development.
- 91** All supervisors we spoke to were satisfied that their appraisal arrangements took into account their undergraduate education role. The processes varied from an electronic system at UHMBFT to a more informal appraisal within GP practices, but all appeared appropriate. We were also pleased to hear from supervisors at RLI that the Trust tries to adapt their appraisal to the Academy of Medical Educator domains, and links their undergraduate and postgraduate work.

#### *Time in job plans (R4.2)*

- 92** The majority of supervisors we spoke to were satisfied that their job plans provided for their undergraduate role. These were organised in a number of ways: some staff have very clearly defined job plans due to their dual roles, whilst GPs told us that they had devised their own methods for ensuring that they were able to provide adequate supervision and teaching to students. Staff at FGH reported that their job plans had improved in the previous few years, and that they all have time blocked out for undergraduate responsibilities and are able to meet with students and sign off assessments as required.
- 93** However, at RLI we heard that supervisors at times felt they have to remind their managers that the supervision of students is a key part of their role as well as service provision. Some of the supervisors based at RLI had requested that they see smaller lists when supervising students, but no changes had yet been made. Whilst all felt that they are able to sign off workplace based assessments, supervisors thought that more teaching time would be beneficial. The incoming SLAs were welcomed, as they would give supervisors some leverage to provide high quality educational support and supervision.

#### *Accessible resources for educators (R4.3)*

- 94** The supervisors and GPs we spoke to were satisfied with the information they received from the School about the programme. We heard that GPs receive a pack at the beginning of each academic year which contains details of the curriculum and other programme specifics, as well as information about the students who will be on placement at the practice and any specific learning needs. Supervisors at UHMBFT told us that they receive updates about changes to the programme and any pertinent news, including information about the GMC visit and changes to the Year 3 curriculum. These supervisors are able to access the student logbooks and handbooks, although they would like these to be available earlier before the start of the year.
- 95** We did, however, hear in our meetings with GPs that they are unable to access the School's Moodle or online resources as they are considered external, not directly employed University staff or do not hold an honorary contract. As such, they are reliant on the annual handbook and email contact for any updates or guidance. In contrast, supervisors within the hospitals are able to access these documents and other student guidance documents. The Director of Community Studies is aware of this inequality of access, and is looking at how online resources can be created whilst complying with University regulations. [See recommendation 3.](#)

#### *Educators' concerns or difficulties (R4.4)*

- 96** All supervisors praised the communication they had with the School, which was described as fluid and responsive. Communication is primarily done through email,

which was felt to be at an appropriate level and content. The GP supervisors we spoke to told us about the personal contact they have through the Director of Community Studies, whilst supervisors at FGH noted that the support from the School was excellent and, alongside communication, had increased over the previous few years.

#### *Working with other educators (R4.5)*

- 97** We had previously set a recommendation for consideration to be given at FGH as to the use of alternative means of inclusion to maintain relationships with the School. We were therefore encouraged to hear from School and placement staff that cross-bay communication and working within the UHMBFT had increased and is working effectively. There are now more cross-bay posts, and there was confidence from supervisors and School staff that communication is working well. Supervisors at FGH told us that they have cross-bay teleconferences three times a year which are run by the Trust; staff can discuss problems and any changes or news of relevance. Cross-bay working also appears to be supported by the Trust board, who commented that there is now only one bay commissioner. [See open recommendation 2.](#)

#### *Recognition of approval of educators (R4.6)*

- 98** All supervisors and educators at FGH are registered GMC trainers. We heard that many GP supervisors are also registered trainers, but that the School had not yet formally looked to this level to check training registration.

## Theme 5: Developing and implementing curricula and assessments

### Standard

**S5.1** *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

**S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

### *Informing curricular development (R5.2)*

**99** We were pleased to hear from various groups of staff within UHMBFT that they are actively involved with shaping the curriculum and logbooks: supervisors had provided feedback about the logbooks and where cases best fit in the programme. We also heard that supervisors were able to provide input to the PBL curriculum to make it clinically relevant.

### *Undergraduate curricular design (R5.3)*

**100** It was encouraging to hear from curriculum staff that the School has already started to incorporate the generic professional capabilities into its curriculum by reviewing the nine domains. The School told us that they are using the outcomes as an end point so that students will be prepared to be able to demonstrate these skills as doctors, as some current outcomes are beyond the competence of students. The School has mapped how they are preparing students for these outcomes, and believe that they already include approximately 75%.

**101** We heard from the Curriculum Lead for PPVE that PBL for all cohorts was reviewed in 2016. Feedback from students and facilitators was collected to refine and rearrange the scenarios to ensure that they are clinically relevant; for example, we heard that diabetes was amended in Year 2 to align with the KCE. In addition, the students we spoke to reiterated that PBL is generally relevant to their clinical work.

### *Undergraduate clinical placements (R5.4)*

**102** We previously set a recommendation for the School to review its allocation process for placements and the associated student guidance. We were therefore pleased to hear from the senior management team that they had reviewed the placement allocation system for Year 3, who have rotations at a range of sites, and for Year 4 students. To do so, the School calculated the exact number of days the students spent at each site for each placement and rotation during Year 3 in order to ensure that there was a fair allocation. Students in Year 4 have their time split equitably (16 weeks in each) between the sites, but we heard that the School now asks students which placement they would prefer first as well as their accommodation preferences.

Allocations are made on this basis with those students with more FGH placements in Year 3 having priority.

- 103** For Year 4 GP placements, students are placed as far as possible on the basis of where they were allocated in Year 3; those that had more distant placements are placed closer in Year 4. However, this is not always possible due to those students with cars being allocated to GP placements which are not accessible by public transport.
- 104** We heard that the School spoke to the Year 3 students at the beginning of the year to introduce the new process, and that the number of complaints received has reduced. It was encouraging to hear that the students we spoke to were satisfied that the allocation of placements was relatively fair: there are times when they are dissatisfied with their rotations, and that they disliked travelling, however there did not appear to be any major allocation discrepancies. Students had also not heard of many complaints from their colleagues this year, and that the introduction of placements at additional sites has had a positive effect on their learning. [See open recommendation 6.](#)
- 105** Students also praised the placement experience they received at FGH, which was believed to have improved over the previous few years. It was felt that staff had more time to provide teaching and supervision, and were well acquainted with the medical students. In addition, students were confident that they see a sufficient number and range of patients at the hospital to meet the needs of their curriculum.
- 106** Despite these improvements in hospital placements, we heard from students at RLI that their experience of GP placements could be variable: some students had been able to run clinics independently whilst others could only observe appointments. This group told us that they had fed their concerns back, but were unaware of any changes being made.
- 107** Students appear to receive a comprehensive range of placement based teaching; this includes fortnightly orthopaedic and weekly teaching with consultants, as well as small group teaching sessions and timetabled ad hoc lectures. Year 2 students also receive clinical skills tuition run by nurses on a weekly basis. Students told us that foundation year one medicine teaching at FGH is also available to all students, but that availability may be limited due to physical room space. In addition to the site specific arrangements, much of the direct cohort wide teaching takes place in Lancaster in order to ensure a standard quality and content.
- 108** It was encouraging to hear from Year 4 and 5 students that the logbooks have improved for Year 4, and that there is guidance on how to complete these. However, these students told us that they feel logbooks can become a tick box exercise, and that some cases are very difficult to get signed off. Year 1 and 2 students were more

positive about the logbooks, but said that at times completing their cases comes at the expense of seeing additional cases of interest.

**109** The School offers a comprehensive range of opportunities for multiprofessional working and learning throughout the programme. We heard from the Curriculum Lead for PPVE that, as well as encouraging team based working on placement, the School runs clinical ethics forums (in Year 5) and end of life care debates with social work students for Year 4. The School also runs multiprofessional projects with UCLan, such as a pre-hospital care forum with paramedic students; this allows students to explore areas such as professionalism. The Trust also provides an ALERT course taught in a multiprofessional environment. [See area working well 1.](#)

#### *Assessing GMC outcomes for graduates (R5.5)*

**110** We heard in our meetings with the senior management and assessment teams that the School has applied to the university to change the pass rate for the LCA and Year 3 and 4 OSCE assessments, and is waiting for the final committee confirmations. If approved, these changes will take effect during the 2017/18 academic year, with students being told in spring 2017 in order to give them adequate notice. The pass rate will increase to 10 out of 14 stations for the OSCE, and 6 out of 8 for the LCA. This change would not have affected the LCA results for 2015/16, but would have meant that a small number of students failed the OSCE. The change aims to reduce any potential for compensation in relation to stations; in addition, this will bring the School in line with other medical schools.

#### *Fair, reliable and valid assessments (R5.6)*

**111** We had previously set a recommendation for the School to review the rationale and process of integrating the HCS assessment. It was therefore encouraging to hear in our assessment and curriculum meeting that the School has not yet received any feedback this academic year that challenges the HCS coursework. The School believes that it now has a far better dialogue with the students, and has lightened the Year 4 workload elsewhere through removing written cases from the logbooks. The School has evaluated the changes it has made through student feedback and informal contact; this is currently being collated and will be presented at the moderating board.

**112** The School has provided additional support for students writing the HCS, such as introducing the assessment at the end of Year 3 and adding a writing week in January to allow students time to complete both HCS and SSM coursework. The School now also runs a workshop in September which covers both generic essay writing skills and more specific group work on each title; this workshop tries to emphasise how the assessment relates to the clinical work. It was also felt that the drop-in sessions were more valuable this academic year as students had had additional time to prepare. The School had asked students in the current Year 5 for

exemplar essays, but had only received a small number. As such, it was felt that this would not provide a fair or equitable indication as there was not an even spread of essay titles, and therefore samples of these essays were used in the September workshop to highlight structural points only.

- 113** Despite these positive changes, some of the Year 4 and 5 students we spoke to told us that they still were unclear how the HCS assessment benefits their learning, and that they believe it lacks clinical focus. These students also feel that the guidance they received was not sufficient to be clear on how they need to write the essay; no student we spoke to had used the drop in sessions but noted that they would prefer the option to submit a draft. [See open recommendation 7.](#)
- 114** We had previously set a recommendation for the School to review the OSCE marking sheet. We were pleased to hear in our assessment and curriculum meeting in January that the marking sheet has been updated and streamlined. The School is confident that the new OSCE marking sheet is working well, and this was reiterated by the supervisors we met with that also act as examiners. The School also believes that the new marking sheet encourages examiners to provide more qualitative feedback for students. [See open recommendation 4.](#)
- 115** The School was confident that the first summative LCA in June 2016 had been successful and allowed the School to differentiate between students. We observed the second summative LCA in June 2017, and felt that the assessment was well structured and allowed students to demonstrate a range of skills. In addition, we were pleased to hear that the Year 4 and 5 students we spoke to in January praised the LCA. They felt it was reflective of real clinical practice, with real patients and presentations. The formative LCA with one patient had helped prepare students, and the summative was as expected. [See area working well 2.](#)
- 116** The LCA takes place within the RLI over three wards: this allows the School to run six circuits concurrently. We felt that there is sufficient space within each station and for all staff and students to move around outside. Due to the length of stations and the assessment, patients and staff are allowed to take breaks during the student preparation period. As such, there could be considerable movement and noise in this time. However, it is recognised that this time is needed by many of the patients. In addition, headphones are provided to all students, but none appeared to be affected by the noise.
- 117** We were told in our meeting with assessment staff in January that it is difficult to find the same clinical cases multiple times for the LCA, and as such the patient may differ for students. In addition, it is challenging to find patients that can withstand multiple examinations. However, we heard that the School looks at the purpose of the LCA – namely students’ diagnostic, reasoning and interpretation skills – rather than the patient themselves. The tested skills for each station are also the same. Nevertheless, the School will make some adjustments for future assessments and make cases more

similar to help improve standardisation; this will also help avoid the possibility that students may perceive the assessment as unfair. During our observation we were satisfied that while students may not see the same patient for the same station, the condition did not change, and the focus of the assessment was very much on examination, diagnosis and the knowledge of the student.

**118** We heard from assessment staff that all students sitting the LCA in June 2016 had passed. The School used the borderline regression method to standard set, and reviewed the data and narrative evidence for all stations. We heard that the metrics were good despite the small numbers, and that the external examiners were satisfied that the assessment was of a good quality. In addition, the School had reviewed the marks awarded against the narrative feedback to ensure that any students who should fail did, and found that these both matched. The School is confident that the assessment is well aligned and tests students adequately.

#### *Mapping assessments against curricula (R5.7)*

**119** We were concerned to hear repeated comments from the Year 4 and 5 students we spoke to that the current Year 4 workload was too high, with some assessments better placed elsewhere. This was particularly with regards to the HCS coursework. However, we did not find evidence that this had affected progression.

**120** We heard in our assessment and curriculum meeting that the School reviews all years of the programme when developing the OSCE stations; this is to ensure adequate coverage of domains. In addition, there are more history taking stations partially due to the LCA, which is focused on examination skills.

#### *Examiners and assessors (R5.8)*

**121** The School appears to provide adequate training for its assessment examiners. For example, supervisors at FGH told us that the School had provided guidance on how OSCE marks are collated and how scores are given; we heard that this was very useful when working as examiners. In addition, the LCA examiner briefing we observed in June included relevant information such as the structure of the assessment, as well as where they can seek support if needed and health and safety aspects. In advance of the briefing, we reviewed the guidance provided to examiners, which was very comprehensive and included potential questions to ask, appropriate answers, and some information about how higher and lower performing students may respond. Finally, we observed a number of patient volunteers throughout the LCA, and all appeared to be well briefed with a good understanding of their role and the station. [See area working well 2.](#)

**122** We felt that examiners communicated effectively with the students when asking questions. However, whilst the majority kept to the script they had been provided, we heard some examiners asking leading questions, or prompting students during the

examination or presentation. This could lead to inconsistency between students and may give some students an advantage over others. We noted that there was nothing in the examiner briefing reminding examiners not to deviate from the script, and recommend that the School reviews this. [See recommendation 4.](#)

<b>Team leader</b>	Professor Paul O'Neill
<b>Visitors</b>	Dr Steve Ball Mrs Susan Hobbs Dr Hannah Petra Dr Will Owen
<b>GMC staff</b>	Ms Angela Hernandez Mr Chris Lawlor Ms Lucy Llewellyn

## Response to GMC visit (10<sup>th</sup> and 11<sup>th</sup> January 2017) report 2016 - 17

We were delighted to receive accreditation from the GMC to allow Lancaster University to award a primary medical qualification with the first cohort of student graduating in July 2017. We would like to thank the visiting team for all their advice and support during this process.

### Response to recommendations

#### Open recommendations

*The role of patients in the quality management of the programmes should be clearly defined.*

We continue to grow our public and patient involvement with recruitment events including having a stand at the County Show in Cumbria in September. Patients are also involved in assessment via the development of a new OSCE station and a lay person is always part of the team for our quality visits.

*The School's communication with students does not always appear effective and should be reviewed.*

We are seeking to appoint an academic member of staff as Communication Lead who will develop additional guidelines and a School strategy. We continue to improve communication, for example, we have delivered the elective information sessions earlier in the year (brought forward to May of Year 3 from Year 4) following feedback from students. Specific guidance on the new support form was delivered as part of the introductory sessions for each year group.

#### New recommendations

*The School should continue to implement and monitor the new concern form process, and evaluate it to measure effectiveness.*

The concern form has been renamed and is now called a 'Support Form'. The new process will be reviewed on an ongoing basis throughout the year with a full evaluation towards the end of the academic year to examine its effectiveness. The review will be led by the Fitness to Practise Lead and will involve lay and student input. The new process will also be an agenda item on the Staff Student Liaison Meetings.

*The School should consider making qualitative feedback mandatory for the Lancaster Clinical Assessment. Many examiners appear to be doing so already, so formalising this step should have little negative impact.*

The School has added mandatory feedback to examiner training and will update the examiner information pack and briefing for the 2018 LCA.

*The School should ensure equality of access to online resources and course information for all Clinical Supervisors.*

We plan to develop further online, web based resources and course information.

*The School should take steps to ensure that all examiners do not deviate from their script for the Lancaster Clinical Assessment with prompts or leading questions. This will promote consistency and parity of experience.*

The School will update the examiner brief to be more explicit on this issue.

#### **Our response to specific points made in the report**

*24. Students told us that they receive communication sessions with simulated patients in Year 1 and 2, and Year 2 students at FGH told us that these sessions were helpful in preparing them for clinical contact. In addition, there is simulated teaching for Year 5 students at ELHT which is organised by the foundation doctors, where students pretend to carry a bleep.*

Year 5 students on the emergency medicine rotation at ELHT carry a bleep to gain experience of the CRASH response team. Student feedback showed that they found this a valuable experience and thus this has now been expanded so that students on the same rotation at UHMBFT also carry a bleep and are called as part of the response team.

*27. Students told us that they are generally able to get their KCEs and logbooks signed off by their supervisors. It was noted that some supervisors are hard to find due to service pressures and that students feel guilty for repeatedly asking their supervisors to sign off cases. In addition, we heard from Year 2 students that at times they must ask staff at the undergraduate office to sign their logbooks and they are unable to find their supervisors, and that the undergraduate office are considered by the students to be harsher markers.*

Student logbooks and KCEs are not signed off by the administrative staff in the undergraduate office. Students use the undergraduate office to contact the clinical skills staff to ask them to sign off cases in their logbooks. The clinical staff who then look at these cases (Director of Clinical Skills and Year 2 Clinical Lead) may be perceived to be harsher markers because they are providing lots of feedback to help students progress.

*38. The School has conducted a thorough review of its 2015/16 admissions process as a result of recent equality and diversity (E&D) analysis, which identified that applicants with more widening participation flags were less likely to be made an offer. Further analysis found that fewer male applicants were successful after the School introduced the BioMedical Admissions Test, with 73% of the 2016 entry cohort identifying as female, but this was mainly due to the poorer performance in the MMIs. Applicants are not obliged to declare their ethnicity at the point of applying, and the School therefore does not have access to self-declared ethnicity data from UCAS. We heard in our senior management meeting that, according to the School's own analysis, black and minority ethnic (BME) males are the least likely to be made an offer after interview and non-BME females are the most likely. This admissions round was the first when the School had had access to contextual data from UCAS, and this is currently being reviewed by the lead for the School's widening participation strategy.*

The School review of its 2015/16 admission process identified applicants with a widening participation flag were less likely to be made an offer however, this is in common with other medical

schools. The School's own analysis that black and minority ethnic (BME) males are the least likely to be made an offer after interview is based on their performance in the MMI.

49. *The Director of Medical Studies told us that Blackpool Victoria Hospital (BVH) continues to offer a cardiology SAMP, but has not offered any additional placements for 2016/17. We heard that the School had recently met with staff to discuss scoping for 2017/18; there are both Liverpool and Lancaster students onsite and BVH is obliged to meet Liverpool's needs first. By the time any free spaces are offered to Lancaster, it is too late for the School's planning purposes. The School recognises that this is a work in progress.*

For 2017/2018, more Year 5 placements at Blackpool have been made available to students.

51. *It was noted by students that they are at time unable to have skills or procedures signed off at the first instance, either because it was reportedly too early in the year or it was the first time a student had performed the procedure. Students found this frustrating, particularly when the supervisor could not offer any areas that students needed to improve on. We heard that this was not a defined rule, and students suggested that this could be a result of the School needing them to show progression.*

Following this feedback, the clinical skills team are trying hard to ensure that, where improvement is needed, there is clear feedback to students as to what actions they need to take. Sometimes it is not that they have done anything 'wrong' per-se but may lack confidence and fluidity requiring more practice to get them to the required level. The clinical skills team has also discussed the importance of acknowledging good practice if the student is 'at expected level' early on in the year.

56. *If the students accumulate a second point at any moment throughout the programme (points are not removed from a student's record after a certain period of time), they are asked to meet with their foundation year 'buddy' as well as discussing the issue with the individual who raised the concern. If students accumulate three points, students are additionally asked to meet with their Academic Tutor; this meeting gathers information for a report to be presented to the Good Medical Practice Committee. This committee comprises various senior management staff such as the Head of School and Director of Student Support, and feeds into the Learning and Teaching Committee.*

As part of the ongoing review of the support form process, it became clear that allocating students to a foundation year 'buddy' would not be practical due to both finding and allocating a buddy and being able to arrange timely meetings and this step was removed from the process.

106. *Despite these improvement in hospital placements, we heard from students at RLI that their experience of GP Placements could be variable: some student had been able to run clinics independently whilst others could only observe appointments. This group told us that they had fed their concerns back, but were unaware of any changes.*

We accept that sometimes experience can be variable at a week to week level but it usually evens out over the block/placement. GPs are recruited to provide the same level of experience and we

have ongoing mechanisms and a quality assurance process to try to ensure that students get an equivalent experience.