

Review of Liverpool Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

Review at a glance

About the School

Programme	Medicine and Surgery MBChB
University	University of Liverpool
Years of course	5 year MBChB 4 year MBChB (graduate entry)
Programme structure	The programme is divided into three phases. Phase 1: in year 1, students complete an introduction to science and the practice of medicine through a series of clinical cases. Phase 2: in years 2 to 4 students prepare to diagnose and manage illness. Phase 3: in year 5 students gain intensive clinical experience in hospitals and the community.
Number of students	1531 (2013 MSAR)
Number of LEPs	14 hospitals, 205 general practice (GP) practices
Local Education and Training Board (LETB)	Health Education North West
Last GMC visit	QIF 2011-12

Outstanding actions from last visit	Open Requirements:	Update:
	The School must develop a pro-active system of Quality management for community based placements.	A formal process for the quality management of community placements has been developed and is currently being implemented. See area of improvement 1
	All staff must be equality and diversity trained before being involved in selection or teaching.	All staff members in the school have completed equality and diversity training. Training is also compulsory for all those involved in selection and admissions. Work has been done to gather data and improve the monitoring of training for community clinical teachers. See area of improvement 2
	The School must provide an update on the progress of the curriculum review in the 2012 medical school annual return (MSAR) including considerations about community-based education, the planned reduction in beds at the major local education provider (LEP) (following rebuilding) and the development of continuing care pathways.	An update on the progress of the curriculum review was provided in the 2012 MSAR. The school must continue to monitor the potential impact on curricular delivery of the changes to secondary care provision. See recommendation 3
	The timeliness of Special Study Module feedback must be improved.	The requirement for double marking of Special Study Modules (SSMs) has

		<p>been removed and replaced with moderation by a small team. This has enabled feedback to be returned to students within five weeks in 97% of cases.</p> <p>See area of improvement 3</p>
	<p>The academic advisor process needs to be made clear to the students and advisors through transparent documentation and communication.</p>	<p>Information regarding the academic advisor system is available on the university website and drop in sessions were held for the advisers during the 2012/13 academic year. We heard from students that further improvements to the system were planned which they welcomed.</p> <p>This requirement has been met.</p>
	<p>The School must develop a detailed de-coupling plan with Lancaster.</p>	<p>Detailed decoupling plans have been developed with Lancaster and are reviewed at regular decoupling meetings.</p> <p>This requirement has been met.</p>
	<p>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.</p>	<p>A joint risk register has been developed and is reviewed at the decoupling meetings held between the two schools. The risk register is shared with the GMC ahead of visits.</p> <p>This requirement has been</p>

	met.
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.	The curriculum for Year 1 is now Lancaster's and has been formally approved. Minor changes have been made to Year 2 and only structural changes to year 3. This requirement has been met.
The project plan must be developed in detail and include quantified interim outcomes to be monitored by the schools.	Project plans have been developed and are reviewed by both schools at the decoupling meetings. This requirement has been met.
Open recommendations:	Update:
The Medical Students in Difficulty Panel currently operates outside the formal governance and committee procedures. This should be brought in line.	The Medical Students in difficulty panel is now part of the governance structure and reports formally to the Senior Management Team. This recommendation has been met.
Objective structured clinical exam (OSCE) stations should be laid out appropriately with more space between them to minimise noise pollution.	There has been investment in high screens to improve sound absorption and the OSCE has been split into two separate circuits which has further reduced noise pollution. The school continues to look into accommodation options for the future. See area of improvement

About the visit

Visit dates	5 November 2013
Sites visited	Liverpool Medical School
Areas of exploration	Curriculum development, senior leadership, equality and diversity, quality management, National Student Survey (NSS) and GMC pre-visit student survey results, reconfiguration of LEPs, preparedness for foundation year 1 (F1) training, contingency planning for Lancaster Medical School.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via the responses to concerns element of the QIF?	No

Summary

- 1 The north west of England has been chosen as the region for review in 2013-14 and all three medical schools have been visited as part of the review. The Liverpool and Lancaster visit team visited the Liverpool School of Medicine (the School), a school of the University of Liverpool in November 2013. The School has over 1,600 students on its MBChB course, including a four year graduate entry route which was introduced in 2003. Currently around 50 students per year study at Lancaster and receive a University of Liverpool degree but a process is underway for Lancaster to separate from Liverpool and deliver its own programme and primary medical qualification (PMQ). Liverpool was last visited by the GMC in 2012 and is under review as part of the decoupling process from Lancaster University.

- 2 Since the last visit, Liverpool has undertaken an extensive review of its curriculum, which was introduced in 1996. The School is currently developing a new curriculum which will be introduced in two phases from September 2014. The new curriculum will need to be ready for validation by the Faculty of Health and Life Sciences in March 2014. Given the volume of work involved it is recognised there are some challenges for the School in meeting the milestones for development over the coming months. The plans for the new curriculum have been developed with significant input from various stakeholders including staff, students, LEPs as well as patients and the public. There will be a move away from problem based learning (PBL) and a strengthening of basic science teaching in the early years of the programme.

- 3 The School senior management team has been restructured and there are now two individuals from the local NHS organisations on the board, Professor John Earis, Director of Medical Education at Aintree University Hospital NHS Foundation Trust and Professor Arpan Guhu, Associate Medical Director at Royal Liverpool and Broadgreen University Hospitals NHS Trust. Three additional members of academic staff have also been appointed. We were pleased to find that so many of the requirements and recommendations made by the GMC in previous visits have now been addressed. We noted the enthusiasm and commitment from the staff that we met. This will be crucial for the School in facing the challenges to come, not only in developing the new curriculum but during a time of change and uncertainty in the NHS. The students reported that the School is receptive to their evaluation and has increased the opportunities to provide evaluation over the past year. Overall the students reported a positive experience at the School and the year 5 students felt prepared for their foundation training.

- 4 Below we have highlighted one particular area of good practice. A number of areas of good practice were identified and reported after the last visit to Liverpool and we recognise that the School has maintained and developed these areas since 2012.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Areas of good practice for the School

1	152-153	The School has ensured that teachers, LEPs and other key groups have been closely involved in the curriculum development by undertaking an extensive and inclusive listening exercise with its stakeholders.
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Good practice 1: The extensive and inclusive listening exercise undertaken with stakeholders for the curriculum development.

- 5 The School has completed an extensive curriculum review, lasting six months and involving over 600 stakeholders. This included holding focus groups and ‘World café’ events with different groups of stakeholders including students, community clinical teachers, clinical sub deans, GPs, educational coordinators and the faculty of Health and Life Sciences. The World Café method provides a set of principles to facilitate large group dialogue. The evidence from each of these groups was analysed individually and then compared to draw out themes and published on the website in an interim report. This was then brought together with secondary evidence sources in a final report which has also been published on the School’s website.
- 6 The students we met, and in particular those from year 5 were very positive about their opportunities to provide evaluation to the School. The students we met felt informed and involved in the curriculum review. The clinical teachers and supervisors also thought their views had been listened to by the university and their concerns have been addressed in the plans for the new curriculum.
- 7 The academic teachers we met were also satisfied with their level of involvement and were clear on the stage at which the process is at. There was enthusiasm about the plans and the opportunities the new curriculum will bring, such as greater community involvement and strengthened basic science teaching in years 1 and 2.
- 8 The curriculum development is extensive, one of the main areas being the move away from PBL, so it is essential for the School to have all of the interested parties fully engaged with the development. It was encouraging to see the success and extent of stakeholder involvement in this process.

Areas of improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Areas of improvement for the School
1	40	The progress made in developing a formal quality management process for community based placements.
2	58	The training of staff in Equality and diversity.
3	83	The timeliness of Special Study Module feedback to students.
4	86	The layout of the OSCE stations to reduce noise pollution.

Area of improvement 1: The progress made in developing a formal quality management process for community based placements.

- 9 Following the visit to the School in 2012, we set a requirement to develop a pro-active quality management process for community based placements. We were pleased to hear of the significant progress made by the School in this area and an additional member of staff has been appointed to the quality team to support this. We heard that a formal process has been developed and routine quality management visits will shortly commence.
- 10 We were informed that a research project was completed to look at how to measure quality in community based placements and this involved a doctor in their first year of GP specialty training with input from the community clinical teachers and year leads. Following the research, a pilot was completed. The new process involves gathering evaluation from both the students and the GPs using a specially developed toolkit ahead of the visit. The visit is structured around the information gathered in the toolkit and after the visit a SMART quality report is provided to the teachers.
- 11 We heard that a schedule for visits for the next few months has been agreed, and each practice will be visited once every three years. It was explained that an additional triggered visit may be undertaken in the interim should a particular issue arise. The toolkit enables the collation of evaluation by students year on year so even where there are only small numbers of students it will be possible to identify trends over time.

Area of improvement 2: The training of staff in equality and diversity.

- 12** At the visit in 2012 a requirement was made for all staff to be trained in equality and diversity before being involved in selection or teaching. We were pleased to learn that much progress has been made in this area. The training has been moved to an online course within the university's virtual learning environment which has improved accessibility. This system also enables automatic reminder emails to be sent to staff when they are due to undertake refresher training. The training is mandatory for all university staff and is monitored through the regular performance and development reviews. All of the clinical staff and academic teachers we met with had completed the training.
- 13** We also learned that the training forms part of the compulsory training for all staff involved in selection and admissions. The School has improved the training data collected from LEPs to ensure all staff members are captured. Further work is being done to gather data and improve the monitoring of training for community clinical teachers. The School has also advised us that it is working with Health Education North West to look at ways of supporting each other and streamlining systems to make them mutually accessible.

Area of improvement 3: The timeliness of feedback to students on Special Study Modules.

- 14** Following the visit to the School in 2012 we set a requirement to improve the timeliness of feedback to students on the Special Study Modules (SSMs). We were informed in the 2012 MSAR that in response to this, the School removed the need for all SSMs to be double marked, and instead they are marked by the convenor with a sample moderated by a small group. At this visit, we heard that feedback is now provided within five weeks for 97% of all SSMs.
- 15** The year 1 and 2 students we met with said that feedback is usually provided quickly, but they told us about one case where a student had waited significantly longer than five weeks. The School management team told us that the timing of feedback is monitored and cases not meeting the five week timeframe are followed up.
- 16** The students from years 1 and 2 told us there is variation in the level of detail given in the feedback. They said they would find it helpful to

receive more specific information, in particular in sections which have been marked down.

Area of improvement 4: The improvements made to the layout of the OSCE stations to reduce noise pollution.

- 17** We made a recommendation following the visit in 2012 regarding the OSCE stations which should have been laid out appropriately with more space between them to minimise noise pollution. The School advised there has been investment in high screens to improve sound absorption at the stations.
- 18** In addition, the OSCE has been split into two separate circuits and this has further reduced noise pollution. The School continues to look into accommodation options for the future as the structure of the room restricts the layout of the OSCE.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Requirements for the School
1	112, 151, 155, 156, 157	The School must ensure the contingency plans for the decoupling of Lancaster University medical school continue to be feasible. The Lancaster curriculum must be mapped to the new Liverpool curriculum to ensure no students are placed at a disadvantage for assessments. Were the decoupling process be delayed or reversed, the Lancaster students would be required to take the Liverpool assessments in order to complete their studies.

Requirement 1: The School must ensure the contingency plans for the decoupling of Lancaster University medical school continue to be feasible. The Lancaster curriculum must be mapped to the new Liverpool curriculum.

- 19 We have received confirmation that a formal agreement is in place between the University of Liverpool and Lancaster University in the event of the decoupling process not being successful, for the Lancaster students to continue their studies, following the Liverpool curriculum, to obtain a Liverpool PMQ.
- 20 We recognise that much progress has been made in the decoupling process since the 2012 visit to Liverpool and that both Schools continue to monitor the plans and risks through the joint decoupling meetings.
- 21 As the two medical schools continue to develop their own curricula, Liverpool will need to ensure these contingency plans remain viable. The School management team acknowledged that if decoupling were not to succeed, consideration would need to be given, for example, as to whether students who completed year 1 of the Lancaster curriculum would be able to continue year 2 of the Liverpool curriculum. The School must ensure that the curriculum followed by each cohort of students will enable them to achieve all of the outcomes for graduates in *Tomorrow's Doctors*.

Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Recommendations for the School
1	36	The School should review the sharing and transfer of information for both primary and secondary care placements to ensure that clinical tutors and supervisors are appropriately informed and students are adequately supported during their clinical placements.
2	40	The School should maintain a formalised structured process for quality management of secondary care until such a time as this is integrated with postgraduate quality management

		in this area to ensure quality standards continue to be met.
3	157	The School should continue to monitor changes to secondary care provision in its LEPs and ensure any potential impact on delivery of the curriculum is managed.

Recommendation 1: The School should review the sharing and transfer of information to ensure students are adequately supported during their clinical placements.

- 22** Some of the clinical teachers we met from the LEPs said they would find it helpful if the School could let them know in advance if a student may require some additional support during their placement. While they understood the need to protect confidentiality, some of the teachers advised that the current level of information sharing may not allow them to focus on and assist students as may be needed. It was acknowledged that many students are proactive in telling their teachers about issues but this is variable. The clinical teachers we met did however praise the systems in place for them to raise concerns about individual students with the School and perceived this as a supportive approach.
- 23** This echoed the views we heard during the earlier visits to Aintree University Hospital, from the Education Management Team and the Walton Centre from the undergraduate clinical teachers. Both LEPs told us it would be preferable to receive more detailed information at the outset so they are better able to support the students, rather than waiting for problems to re-emerge.
- 24** Information should be shared between the School and the LEPs in both primary and secondary care to ensure that clinical teachers and supervisors are appropriately informed when additional support is required. It is essential that any concerns about a student's health, conduct or performance can be managed.

Recommendation 2: The School should maintain a formalised structured process for quality management of secondary care until such a time as this is integrated with postgraduate quality management in this area.

- 25** We were advised of plans to integrate the monitoring visits to secondary care LEPs with the postgraduate annual assessment visits. This had been

anticipated to commence during the 2013/14 academic year. However, at the visit, the School informed us this had been delayed; in part as the formal postgraduate visits are more frequent, it was difficult to coordinate diaries and resource the additional work involved.

- 26** At present, the School visit its LEPs informally once a year, with a formal visit undertaken once every three years. The School advised us it is confident it will be able to commence joint visits during the 2014/15 academic year. However, the School should sustain its own programme of visits in the intervening period to ensure that quality standards for undergraduate clinical placements continue to be met. The two former postgraduate deaneries in the region will in the future be managed as a single postgraduate medical education function. It is recognised this could lead to changes in the postgraduate quality management systems so it is important for the School to consider these changes in its planning.

Recommendation 3: The School should continue to monitor changes to secondary care provision in its LEPs and ensure any potential impact on delivery of the curriculum is managed.

- 27** Two of the School's major LEPs, Alder Hey Hospital and the Royal Liverpool Hospital, are developing new buildings next to the existing sites. Around 600 clinical placements are provided by each LEP, greater than any other provider. It is anticipated they will move into the new buildings in 2016. The School is aware of a planned reduction in beds and the potential impact this could have on clinical placement capacity, especially during the transition.
- 28** The School advised us it has already secured additional placements in other LEPs to meet the requirements for the current years 4 and 5, where student numbers are higher than the previous and subsequent cohorts. We were informed that the plans for the new curriculum will further expand the options for placements, as the first two years of the course will be more generic.
- 29** We have noted the inclusion of the Associate Medical Director from the Royal Liverpool Hospital on the School senior management team. The School also advised us of the frequent contact it has with the LEPs where most placements are provided. The School should continue to monitor and work closely with the organisations to ensure their contributions will allow the curriculum outcomes to be met.

Acknowledgement

- 30** We would like to thank the Liverpool School of Medicine and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Sources of evidence

Visit team

Team Leader	Professor Paul O'Neill
Acting team leader	Dr Steve Ball
Visitor	Mrs Sue Hobbs
Visitor	Professor Judy McKimm
Visitor	Dr Will Owen
Regional Coordinator	Mr Graham Saunders
GMC staff	Trish Raftery – Education Quality Analyst Manjula Das - Education Quality Assurance Programme Manager Laura Westwood – Investigation Officer

Visit action plan

The document register (in [appendix 2](#)) gives more detail on the documents we reviewed.

Paragraph in <i>Tomorrow's Doctors</i> (2009)	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient Safety				
-	-	-	-	-
Domain 2: Quality assurance, review and evaluation				
40	Development of QM for community placements	Doc 3: MBChB Quality Management Strategy 0813 Doc 6: Liverpool Medical School contextual information 2013-14	Quality management team	Standards partially met (See area of improvement 1)
40	Development of QM for secondary care	Doc 3: MBChB Quality Management Strategy 0813 Doc 6: Liverpool Medical School contextual information 2013-14	Quality management team	Standards partially met (See recommendation 2)
41, 48, 50,	Explore the School's	Doc 4: Undergraduate quality	Quality	The School should

51	<p>quality management of LEPs.</p> <p>QM process for following up issues arising from visits.</p>	<p>management reports</p> <p>Doc 6: Liverpool Medical School contextual information 2013-14</p>	<p>management team</p> <p>School management team</p>	<p>maintain the formalised quality management processes pending integration with postgraduate QM activity (see recommendation 1)</p>
48	<p>Student involvement and survey results. How is student evaluation used?</p>	<p>Doc 17 GMC education evidence report</p> <p>Doc 18: Results of the GMC survey of north west medical students April-May 2013</p>	<p>Students from years 1-5</p> <p>School management team</p>	<p>Standard met.</p> <p>School has increased opportunities for students to provide evaluation and is receptive.</p>
55	<p>Sharing good practice at LEP level</p>	<p>Doc 6: Liverpool Medical School contextual information 2013-14</p> <p>Aintree contextual information</p> <p>Walton contextual information</p>	<p>Quality management team</p> <p>School management team</p>	<p>Standard met.</p> <p>Good practice is reported to the Board of Studies</p>

Domain 3: Equality, diversity and opportunity				
58	Equality and diversity awareness and training. Changes made as a result of action plan. Progress in meeting E&D training targets.	Doc 17 GMC education evidence report Doc 5: Diversity and equality of opportunity policy and Equality Act Plan 2012-15	School management team Equality and Diversity team Clinical and academic teachers	Standard met. (See area of improvement 2)
Domain 4: Student selection				
-	-	-	-	-
Domain 5: Design and delivery of the curriculum, including assessment				
83	Timeliness of SSM feedback to students	Previous visit requirement	Assessment team Students year 1-3	Standard met (see area of improvement 3)
86	Layout of the OSCE stations to reduce noise pollution	Previous visit recommendation	Assessment team Students year 1-3	Standard met (see area of improvement 4)
92	Curriculum development – progress made and how resources are managed to deliver.	Doc 7: School of Medicine curriculum map	School management team Curriculum team	Standard met

103	Preparedness for practice – do students feel prepared for foundation training	<p>Doc 17 GMC education evidence report</p> <p>Doc 18: Results of the GMC survey of north west medical students April-May 2013</p>	Year 5 students (at the School and Aintree)	Standard met. The students we met with said they are confident they will be prepared for foundation training
113	Progress in developing assessments	<p>Doc 8: Learning Resources Strategy 2010 annotated to show progress to 2012</p> <p>Doc 9: Assessment Feedback</p> <p>Doc 10: Year 4 Assessment reliabilities 2010-2013</p> <p>Doc 14: Virtual Learning Environment at Liverpool (VITAL)</p> <p>Doc 17 GMC education evidence report</p> <p>Doc 18: Results of the GMC survey of north west medical students April-May 2013</p>	<p>School management team</p> <p>Assessment team</p>	Standard met. Assessments are developing alongside the new curriculum.

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

133	Explore support for students and undermining	<p>Doc 6: Liverpool Medical School contextual information 2013-14</p> <p>Doc 11: Medicine UG ASR</p> <p>Doc 14: Virtual Learning Environment at Liverpool (VITAL)</p> <p>Doc 17 GMC education evidence report</p> <p>Doc 18: Results of the GMC survey of north west medical students April-May 2013</p>	Students years 1-5	Standard met
148	Explore training for trainers at undergraduate level in LEPs	<p>Doc 2: Medicine operational risk register July 2013</p> <p>Doc 11: Medicine UG ASR</p> <p>Doc 13: UG Medicine project outcomes 2012-13</p>	<p>School management team</p> <p>Undergraduate clinical teachers</p>	Standard met

Domain 7: Management of teaching, learning and assessment				
150	Any changes to leadership at the School	-	School management team	Standard met. 2 representatives from LEPs now on the management team.
152-153	Curriculum development – involvement of students / teachers / employers.	Doc 20: Preliminary Curriculum Review Report 2013 Doc 21: Curriculum 2014- Final Curriculum Review Report	School management team Curriculum team Clinical and academic teachers Students Walton and Aintree LEP staff	Standard met (See good practice 1)
112, 151, 155-157	Curriculum development and impact on the contingency for Lancaster.	Doc 19: Letter to Lancaster University confirming contingency agreement	School management team	Standard not met (See requirement 1)
Domain 8: Educational resources and capacity				
157	Potential service reconfiguration of LEPs	-	School	Standard partially met

	– any changes to UG placements in view of changes?		management team	(see recommendation 3)
Domain 9: Outcomes				
172	Transfer of information to UG – any changes following formation of HENW	Doc 16: Transfer of information procedure HENW contextual information	School management team	Standard met. Continuing to work with the deanery function in Mersey at present.

Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
Doc 1	School Committee Structure	School committee organisation structure	July 2011	Liverpool Medical School
Doc 2	Medicine Operational Risk Register July 2013	School risk register including risk description, ownership and assessment of risk	July 2013	Liverpool Medical School
Doc 3	MBCbB Quality Management Strategy 0813	Highlights the aims of the programme in line with the University of Liverpool's strategic plan to enhance the student experience.	August 2013	Liverpool Medical School
Doc 4	Undergraduate Quality Monitoring Reports	Quality monitoring reports for the two most recent visits, including action plans for the sites to be visited during the regional review. for: Aintree University Hospital, Arrowe Park Hospital, Countess of Chester and The Walton Centre.	2007 - April 2013	Liverpool Medical School
Doc 5	Diversity and equality of Opportunity Policy 2011 and Equality Act Plan 2012-2015	University of Liverpool Diversity and Equality policies, including an Equality Action Plan	October 2012	Liverpool Medical School
Doc 6	Liverpool Medical	Evidence of good practice provided in	August 2013	Liverpool Medical

	School contextual Information request 2013-14	contextual information		School
Doc 7	School of Medicine Curriculum Map	Interactive curriculum map, including the learning outcomes from all elements of the programme	2012	Liverpool Medical School
Doc 8	Learning Resources Strategy 2010 annotated to show progress to 2012	The learning resources strategy is intended to ensure that we meet our aims, intentions and responsibilities, and demonstrate this to our students, staff, the University and the General Medical Council.	August 2013	Liverpool Medical School
Doc 9	Assessment Feedback (documents in zipped folder)	Assessment feedback includes assessment blueprint, assessment feedback, formative feedback, learning outcome map, MBChB assessment handbook, MBChB assessment policy, summative feedback.	August 2013	Liverpool Medical School
Doc 10	Year 4 Assessment reliabilities 2010-2013	Report on Year 4 statistical data 2010-2013	August 2013	Liverpool Medical School
Doc 11	Medicine UG ASR	The report covers A100, the five year undergraduate MBChB programme for students based in Liverpool, A105, the five year programme with	2011-2012	Liverpool Medical School

		students based in Lancaster (which started in 2006) and A101, the Liverpool based four year graduate-entry MBChB programme		
Doc 12	medqual Calendar	Calendar includes key dates.	July 2013	Liverpool Medical School
Doc 13	Undergraduate Medicine Project Outcomes 2012-2013 NHS North West - Undergraduate Medical Students (Appendix 1)	Appendix 1 Outlines the placement requirements associated with Undergraduate Medical Students	2012-2013	Liverpool Medical School
Doc 14 a) & b)	Access to Virtual Learning Environment at Liverpool (VITAL)	<ul style="list-style-type: none"> i. Individual links to student handbooks for each year ii. Information on student support/fitness to practice iii. Assessment guidance, including arrangements for feedback to students b) Staff access to the school's virtual learning environment		Liverpool Medical School
Doc 15	UG LEP quality visit schedules	Undergraduate local education provider quality visit schedules rolling 3 year period – 2013-2016	2013	Liverpool Medical School
Doc 16	Transfer of Information Procedure	Procedure for transfer of information into the foundation school	October 2013	Liverpool Medical School

Doc 17	GMC education Evidence report	Summary of the GMC evidence base for University of Liverpool Medical School	June 2013	GMC
Doc 18	North West Medical School Student Survey Summary	Results of the GMC survey of north west medical students in April-May 2013	June 2013	GMC
Doc 19	Letter to Lancaster University confirming contingency agreement	-	September 2013	Liverpool Medical School
Doc 20	Preliminary Curriculum Review Report 2013	Interim curriculum review report	June 2013	Liverpool Medical School
Doc 21	Liverpool MBChB Curriculum 2014- Final Curriculum Review Report	Final curriculum review report	October 2013	Liverpool Medical School

Appendix 3: Abbreviations

[This list of abbreviations will need to be changed depending on the abbreviations used in your report. Please avoid use of abbreviations where possible and make sure they are spelled out at first mention in the main text.]

E&D	equality and diversity
F1	foundation year 1
GMC	General Medical Council
GP	general practice/practitioner
HENW	Health Education North West
LEP	local education provider
MB ChB	Bachelor of Medicine and Surgery
MSAR	Medical School Annual Return
NHS	National Health Service
NSS	National Student Survey
OSCE	objective structured clinical examination*
PBL	Problem based learning*
PMQ	primary medical qualification
QIF	<i>Quality Improvement Framework</i>
SMART	Specific, measurable, achievable, realistic, timebound
SSM	Special Study Module

*See glossary (in appendix 4) for definition.

Appendix 4: Glossary

OSCE A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.