General
Medical
Council

Quality Assurance Report for Anglia Ruskin School of Medicine

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

Education provider	Anglia Ruskin School of Medicine	
Sites visited (if applicable)	Virtual Visits via MS Teams	
Programmes	Medicine MBChB	
Date of visit	01 February 2021	15 February 2021
	02 February 2021	19 February 2021
	03 February 2021	17 June 2021
	09 February 2021	22 June 2021
Key Findings	1	The visit during this cycle took place over several sessions in February 2021, via MS Teams. The purpose of this visit is to assess the schools progress since the last visit cycle and meet with staff, students, clinical educators and education providers to identify areas working well and areas that may require improvement.
	2	A follow-up meeting with the senior team to assess progress against the open requirements and recommendations took place on 17th June 2021. We

also observed the year 3 Module Assessment Panel on 22nd June.

3   The school welcomed their first cohort of students in September 2018 and further 100 students in September 2019 following a successful round of recruitment through UCAS and clearing. The admission process for students commencing in September 2020 was impacted by the pandemic, and the school liaised with Dundee Medical School and Health Education East of England to ensure that there was capacity to take on an additional 20 students in the new cohort.

4   During the February visit we had the opportunity to meet with the placement management leads from a number of the schools associated trusts, as well as primary and secondary care supervisors. It was positive to hear how these providers have adapted their approach to medical education during the pandemic and prepared to receive students from Anglia Ruskin. We look forward to hearing the progress of work in this area as students continue their clinical placements.

5   Anglia Ruskin have a contingency agreement with Dundee Medical School who were represented at the February visit by the Dean of Medicine. The delivery of the Anglia Ruskin programme has been adapted in response to the COVID-19 pandemic and the school have liaised with Dundee Medical School, Health Education England and the GMC where appropriate. The team were pleased to see that the collaborative working relationship with Dundee Medical School continues to work well.

6   We recognise the significant amount of work that has been undertaken to adapt the programme in response to the COVID-19 pandemic including adaptations to teaching and online learning; and note that the school has continued to deliver in person teaching for anatomy and clinical skills in line with social distancing requirements. We also heard about the positive progress made against each requirement and recommendation set in previous cycles.

7   Through our visits and the document reviews, the school has demonstrated the steps taken to address the open requirement that was set in the 2019/20 cycle. We have seen the significant amount of work carried out by the school to improve the two-way sharing of information with students in all year groups. This work has taken place during a time of additional challenges posed by the COVID-19 pandemic. Overall, the students we met with from the cohort who originally raised these concerns gave positive feedback on the changes made by the school to improve communication.

8   We were pleased to meet with highly motivated groups of academic and clinical educators and noted that educators reported feeling supported in their roles by the medical school.

9   We did identify some areas where the school can make improvements including clinical supervision, students working within their level of competency and student support.

10   Overall, we are pleased with the progress made and recognise the significant amount of work the school has undertaken to deliver the programme. The school has been responsive to GMC feedback and demonstrated progress against all open requirements and recommendations.

Update on open requirements and recommendations

	Open requirements	Update	Status
1	The school must take urgent action to address the breakdown in the relationship between the year 2 students and the school.	The senior team have demonstrated during our visits and the shared documents that they are engaged in the process for addressing this requirement and have made a number of significant improvements. The team are satisfied at this stage that the school is taking appropriate steps to ensure effective communication with students in all year groups and have agreed to close this requirement.	Closed

	Open recommendations	Update	Status
1	We encourage the school to implement the proposed monitoring system for the Personal Tutor system.	The team are satisfied that the monitoring system is now embedded in the processes of the personal tutor system and agree to close this recommendation. We will continue to monitor the school's progress against this recommendation through our quality assurance processes.	Closed
2	The school should monitor the workload of personal tutors, as well as the scalability of the current model.	Through our quality assurance processes we have noted the significant role of the PDTs. Given the significant role of the PDTs and that at the time of our meeting not all students had met with their PDT, we would like to follow-up on this recommendation in the next cycle to further understand the robustness of the system.	Open

[3]	The school should continue to monitor student experience on clinical placement and redistribute student clinical placements where appropriate for students to meet their learning outcomes.	The school have demonstrated positive progress against this recommendation and the team look forward to further exploring the processes as it continues to be tested in practice.	Open
[4]	The school should continue to develop and make explicit their assessment system, in particular, their processes for quality assurance and standard setting of assessment items.	The school have outlined the work undertaken to develop their assessment processes, including the formation of 3 new assessment groups. We look forward to receiving a progress update in the next cycle. We would also like to explore the processes and timelines for data analysis and decisions related to assessment results in the next visit cycle, including how post hoc analysis feeds into decision making on outcomes.	Open
[5]	The school should consider the resilience and sustainability of senior roles, particularly in relation to assessment.	The team were pleased to hear the progress made against this recommendation and note the significant amount of ongoing work to develop the senior team. We are satisfied that this recommendation can be closed.	Closed
[6]	The school should consider steps to improve exam security.	The team are pleased to hear about the progress made against this recommendation. Due to the changes in delivery of assessments in response to the COVID-19 pandemic these changes have not yet been tested and we would like to receive a progress update as the updates are tested in practice.	Open

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]	Theme 2, R2.4	The significant amount of work that has been undertaken in response to the COVID-19 pandemic including the adaptations to teaching, innovations in online learning and considerations in relation to clinical placements.	37
[2]	Theme 2, R2.8	The contingency relationship with Dundee continues to work well, and effective and supportive communication has continued during the COVID-19 pandemic.	49
[3]	Theme 1, R1.7	We met with highly motivated groups of placement leads, primary care educators, clinical educators and clinical teaching fellows who describe effective and supportive working relations with the school. We are pleased to hear about the support provided by the school including educator training which is extended to the clinical teaching fellows.	13
[4]	Theme 4, R4.5	The educators we met with continue to feel supported in their roles. We are pleased to hear about the ongoing development of a cohesive education faculty.	87

Requirements

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

We did not set any requirements in this cycle.

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	Theme 1, R1.8 Theme 2, R 2.11	We encourage the school to continue to develop their processes to ensure that both students and clinical educators are clear on the expected competency level and required level of supervision for individual students according to their stage of training.	17
2	Theme 3, R3.2	We encourage the school to implement their plans to develop a local medical school student support service, for any specific needs of medical students as well as supporting personal tutors.	70

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)

1   We explored the school's raising concerns procedures during the 2019/20 cycle, including a document review. Students are encouraged to raise concerns via the online portal, but they are also able to raise concerns directly with staff. The raising concerns pathway is included in the handbook that is disseminated to staff and students.

2   During the visit in February 2021, we explored the processes for students and educators in relation to raising concerns in the clinical environment. The school sends guidance to all local education providers (LEPs) which includes the processes for raising concerns. The students we met with were able to describe the process for raising concerns when on clinical placement and where to access the raising concerns guidance. The clinical educators we met with were able to describe the processes for raising concerns about a student and the support available. Concerns raised about students would be communicated to the Student Support and Conduct lead, and this can be done via a number of routes.

3   The year 1 students received an e-learning training course which covered raising concerns ahead of starting the programme. The raising concerns process is also covered during the first group personal development tutor (PDT) meeting.

4   In the next cycle we would like to explore the school's processes for managing concerns relating to issues of equality, diversity and inclusion.

Seeking and responding to feedback (R1.5)

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

5 In the 2019/20 visit cycle the year 2 students we met with raised several significant concerns about their relationship with the school which had impacted on the students' confidence in the school's ability to listen to them. As a result, we set a requirement for the school to address the issues raised in relation to communication, how feedback is collected, and how the outcomes are communicated to students. We heard about the positive progress against this item from the school later in the 2019/20 visit cycle.

6 At the February 2021 visit we heard about the school's intensive engagement process to investigate these concerns which initially consisted of weekly meetings with students to gather feedback and provide updates on how feedback is being actioned. We reviewed the spreadsheet which logs student concerns, their status, and the action plan in the last visit cycle. Throughout this academic year the school have held monthly engagement sessions with each year group, which are structured sessions where the school gathers feedback and provides updates to the students on the progress of issues raised in previous meetings. The school told us that they have received positive feedback on the changes both informally during the meetings and formally through end of block feedback. The school have also increased the frequency of the Staff Student Liaison Committee Meetings to address assessment and placement concerns.

7 The year 3 students (who were the cohort that expressed concerns in the last academic year as year 2 students) we met with fed back positively on the changes that have been put in place by the school and commented on the improvements made since the 2019/20 academic year. The year 3 students we met with felt listened to in relation to specific areas of the course, in particular, teaching. We heard from the year 3 students that the school appear to be more receptive to feedback and that students feel that have more opportunities to provide feedback including at the end of every block. The team are pleased to hear about the progress made against this recommendation in relation to the year 3 cohort.

8 We heard mixed feedback from the year 2 students during the February visit about overall communication from the school, including sharing of information in relation to placements and assessments in a timely manner. We have monitored the school's progress to address these areas throughout this cycle. Further documentation and the meeting with the senior team has allowed the school to demonstrate how they are continuing to work to ensure that communication with all year groups is effective.

9 Overall, we heard positive feedback from all year groups about the adaptations to teaching but some students considered that there is more work to be done to ensure that students feel well informed on the plans for assessments and clinical placements. We heard from some students that they would like a more proactive approach from

the school to identify student needs. The students we met with had experienced the additional feedback sessions that the school holds, and they told us that the school have explained how student feedback is processed.

10 During the visits and throughout this cycle we have heard about the significant amount of ongoing work in relation to communication with students throughout the COVID-19 pandemic and in response to changes to guidance. The school have developed Frequently Asked Question (FAQ) pages for students and their parents where students are currently living at home. We reviewed some of the FAQ documents in the June document review. The school told us that the FAQ pages are regularly reviewed and updated to be in line with current guidelines and to align to the information that students are requesting. During our meeting with the senior team in June, the school confirmed that that in response to feedback from students the FAQs are shared via email with each student in addition to being posted on *Canvas* (the virtual learning environment).

11 The senior team have demonstrated through our visits and the shared documents that they are engaged in the process for addressing the requirement specified below and have made a number of significant improvements. The school demonstrate that they have a good understanding of the concerns of students and have outlined the steps being taken to address them. The team are satisfied at this stage that the school is taking appropriate steps to ensure effective communication with students and have agreed to close this requirement.

12 We encourage the school to ensure that there continues to be effective lines of communication for sharing information relevant to the programme, and the outcomes of feedback and concerns raised. We will continue to monitor progress through our quality assurance processes and we look forward to receiving an update when we meet with the school and students in the next academic cycle.

Requirement (closed): The school must take urgent action to address the breakdown in the relationship between the year 2 students and the school.

Appropriate capacity for clinical supervision (R1.7)

13 At the visit in February, we met with placement leads, clinical supervisors and clinical fellows from a number of the school's associated LEPs. We also met with primary care educators from several of the school's associated providers. At the time of our visit placement opportunities had been fairly limited in this academic year, however, many of the educators and placement providers we met with have also hosted Anglia Ruskin medical students in previous years.

14 The clinical educators we met with gave positive feedback on their experience of supervising medical students from Anglia Ruskin and described effective

communication from the school. The school have delivered courses for clinical supervisors including training to prepare them for receiving the year 3 students.

15   The placement providers and educators we met with described the extensive work that has been undertaken to ensure that placements can be safely and effectively delivered to provide students with the opportunity to achieve the required learning outcomes. We heard a number of examples of how clinical educators and placement leads have adapted their approach to undergraduate teaching in response to the COVID-19 pandemic and social distancing requirements, including students having supervised experience of remote consultations in primary care.

16   It was positive to meet with a highly motivated group of clinical educators from a variety of the school's associated LEPs. We look forward to further developing our understanding of clinical supervision and support for educators in future cycles, as placements are restored, and we have the opportunity to explore progress in this area.

Area Working Well: We met with highly motivated groups of placement leads, primary care educators, clinical educators and clinical teaching fellows who describe effective and supportive working relations with the school. We are pleased to hear about the support provided by the school including educator training which is extended to the clinical teaching fellows.

Appropriate level of clinical supervision (R1.8)

Systems and processes to ensure a safe environment and culture (R2.11)

17   We reviewed a number of documents prior to the February visit including the placement guidelines for specific blocks and clinical skills passports. The placement guidelines are shared with students and clinical educators. The guidelines outlining the expected learning outcomes for each placement were clear. However, the team feel it would be useful for the school to provide more specific information to both clinical educators and students on the expected level of supervision and competency for individual students, particularly as students' progress through the years in the clinical phase of the course. The school should also provide clarity on which clinical staff are able to sign a student off as competent in a particular skill.

18   Throughout the COVID-19 pandemic the school has continued to provide in person clinical skills and anatomy teaching for each year group who attend campus on the same day each week. We heard that students are provided with learning materials on the theory related to each clinical skill in advance of attending the teaching session. During the session the students observe the skill being performed by a demonstrator before having the opportunity to practice themselves. We heard that students would not be expected to perform any skills in the clinical setting before they are deemed to be simulation competent and signed off by the medical school. The school told us that before moving to the clinical phase of the programme, the year 3 students

receive a refresher clinical skills course, and an individual education plan is developed for each student to support the skills where they may have weakness in performance.

19 For each clinical placement every student is assigned an educational supervisor who oversees their students overall progress on the placement and a clinical supervisor who is the clinician who supervises the student in the clinical setting. The primary and secondary care educators and placement managers we met with have all received placement guidelines from the school. The school shares the students timetables with their educational supervisors to further inform educators on what the students have been taught to date, so as to indicate the appropriate level of teaching.

20 At the June visit the school told us that they are in the process of developing an electronic portfolio to record clinical skills performance and the level of supervision that the skill was performed under. The portfolio is expected to store feedback across each year to allow students to view feedback and track their progress in a particular skill. This will also provide supervisors with access to information on an individual student's previous experience and performance with specific skills.

21 It is positive to hear the school's plans to develop an electronic portfolio in order for students and their supervisors to track individual progress in specific skills. We will explore this in more detail in the next cycle. We would also like to further explore the process for a student to be signed off as competent to perform specific skills and how it is made clear to students' which individuals are approved to sign them off.

Recommendation: We encourage the school to continue to develop their processes to ensure that both students and clinical educators are clear on the expected competency level and required level of supervision for individual students according to their stage of training.

Induction (R1.13)

22 All students receive a clinical induction prior to starting clinical placements including mandatory online training, which is delivered by the school. The school delivered additional infection control and personal protective equipment (PPE) training for all students during the first clinical skills session of this academic year. Each trust is also required to cover infection control and PPE as part of the mandatory student induction. Attendance at trust inductions is monitored, and the LEPs will notify the school of lack of engagement and any students who are identified as requiring further support.

23 Placement providers are given high level information on what to include in the induction for Anglia Ruskin medical students. The individual trust and primary care induction is then tailored to be in line with the requirements of the specific provider and with the needs of Anglia Ruskin medical students.

Capacity, resources and facilities (R1.19)

24   Due to the COVID-19 pandemic the school have revised their strategy for the delivery of the programme to students and are aligning to the Medical Schools Council (MSC) guidance on clinical placements. During the February visit, the school confirmed that all students have been risk assessed through a survey to identify individual COVID risk levels. Depending on the risk level individual students are referred to Occupational Health for assessment as appropriate. Students are allocated to specific clinical areas depending on the risk level identified in the risk assessment survey. The school have liaised with their LEPs to consider the risks and required adaptations to teaching.

25   The school have also made adaptations to accommodate the additional student numbers, including purchasing additional anatomy resources.

Access to educational supervision (R1.21)

26   At the February visit the school updated us on the progress against this recommendation. Personal development tutors have access to the *TopDesk* system and the engagement dashboard, and we saw examples of how these systems work in our pre-visit document review.

27   The *TopDesk* system has been in use for one year and is a central portal where PDTs can log meetings with the students and directly refer students to student support, counselling and wellbeing services.

28   The student engagement dashboard allows tutors to review student engagement with certain elements of the course including attendance at teaching, use of the virtual learning environment *(Canvas)* and use of the library. The dashboard is monitored weekly by the school's administration team who can highlight concerns and lack of engagement to PDTs so that they can explore this further with their tutee.

29   The PDTs we met with were positive about *Topdesk,* the student engagement dashboard and the technological support they receive. All tutors have received training on the system and the school offer refresher courses to all PDTs. The tutors we spoke to gave positive feedback on the *TopDesk* system and the function which allows them to be able to directly refer students to the available support services.

30   The team are satisfied that the monitoring system is now embedded in the processes of the personal tutor system and agree to close this recommendation. We will continue to monitor the school's progress against this recommendation through our quality assurance processes.

Open recommendation (Closed): We encourage the school to implement the proposed monitoring system for the Personal Tutor system.

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)

31   At the visit in February, we received an update on the school's progress against the recommendation below. As part of the contingency agreement the school uses assessment items drawn from Dundee Medical School's question bank. At the visit we heard that the school is also developing their own bank of questions and continue to work to make explicit their assessment process.

32   The school has created three assessment groups each with a defined function; a question writing group, a question scrutiny group to review the quality of questions and a standard setting group. We heard that there is a clear distinction between each stage of the assessment process. The school have appointed a new Assessment Lead who is also a member of the Medical Schools Council Assessment Alliance (MSCAA). The Assessment Lead will implement and oversee the modifications to the assessment process.

33   The question writing group is comprised of block leads, year leads and academics. At the visit the school told us that the group responsible for writing assessment items will also form the curriculum mapping group, to ensure that assessments are aligned to the curriculum that the school delivers. We heard that the question style will be aligned to the MSCAA guidance. Assessment items are standard set using the Angoff method and the performance data for each assessment is then reviewed by an independent psychometrician who provides a report including any items that may need to be removed post-analysis.

34   We observed the Year 3 MBChB Module Assessment Panel (MAP) in June. This meeting is attended the Head of School, Deputy Head of School, the Assessment Lead, Assessment Manager, academic faculty members, course administrators, a member of the Academic Registry and external examiners. At this meeting exam results are confirmed ahead of their presentation to the University Awards Board. During the meeting the university regulations were discussed, including the changes that are specific for the current academic year. At the year 3 MAP the results were

presented and there was an opportunity for external examiners to comment and ask questions. No concerns were raised by the external examiners during the meeting and we also had the opportunity to review the external examiner reports during this academic cycle. The external examiners had reviewed the assessment items and examples of students written work across the spectrum of performance, including the portfolio. We would like to further explore the role of the MAP during the next quality assurance cycle and how analysis of assessment data and the impact of any issues or incidents informs decision making.

35   The team note the progress against this recommendation and the schools plans in relation to their assessment processes. We look forward to hearing how the assessment groups work in practice.

36   In the next cycle we would like to further explore the school's processes and timelines for post-hoc analysis of assessments and the ratification of results. This includes the relationship between the assessment groups and the MAP. We note that at present the school assessments are largely comprised of items from the Dundee Medical school question bank. We encourage the school to implement their plans to develop the Anglia Ruskin question bank and we look forward to receiving an update on progress in the next visit cycle. We would also like to explore how student information is managed in order to maintain anonymity throughout the post-hoc analysis and ratification of results.

Open recommendation: The school should continue to develop and make explicit their assessment system, in particular, their processes for quality assurance and standard setting of assessment items.

Evaluating and reviewing curricula and assessment (R2.4)

37   Before the visit in February, we reviewed a number of documents that outline the school's academic catch-up strategy in response to the impacts of the COVID-19 pandemic.

38   During the February visit and through the document review we heard many examples of where work has been undertaken to adapt the medical programme in response to the COVID-19 pandemic. Individual students who have missed in person teaching due to sickness or self-isolation have been given access to an online teaching pack that has been developed including clinical skills and anatomy teaching. The school also monitors student attendance at teaching logs this on an online system. The school's administration team review the system on a weekly basis and highlight any students that are not meeting the attendance requirements to their PDTs, so that they can contact the student and explore any additional support that may be required.

39   Teaching has been delivered through a blended approach of live online sessions and some pre-recorded lecture material in addition to in-person clinical skills and anatomy

teaching. Overall, the students gave positive feedback about the online teaching they have received. The school told us that in a small number of cases where students have been required to have online only learning for an extended period of time, these students have received catch-up sessions.

40 The school took the decision to cancel SSCs for this academic year and delivered consolidation sessions in place of these to support students as they prepared for assessments.

41 Year 1 students were able to complete the majority of their clinical respiratory block in the first term, however, following discussions and COVID risk assessments with the school's associated LEPs, the decision was made to move the clinical placements for year 2 and 3 students to the summer term of this academic year. At the visit in June, we heard that the informal feedback from students on their placements has been positive. The school provided a 2-week clinical induction block for the year 3 students before starting their full-time rotations. The school are considering a shorter induction programme to all year groups as they return to placement.

42 At the visit in June the school confirmed the plans to continue with clinical placements and the blended approach to medical school teaching. The school will continue to review this approach as local and national guidance changes. The school are also reviewing which sessions are more suited to in-person teaching when this is possible, and what sessions can be effectively delivered online.

Area Working Well: The significant amount of work that has been undertaken in response to the COVID-19 pandemic including the adaptations to teaching, innovations to online learning and considerations in relation to clinical placements.

Systems and processes to monitor quality on placements (R2.6)

Undergraduate clinical placements (R5.4)

43 During the COVID-19 pandemic the school has liaised closely with their associated local education providers (LEPs) and carried out COVID risk assessments for all students. As a result, the decision was taken to pre-emptively move all year 2 and 3 placements to the summer term. The year 1 students were able to attend 4 weeks of placement in November 2020 before all placements were postponed. Consequently, there has been limited opportunity to gather feedback and further understand the quality of clinical placements.

44 In the 2019/20 cycle we heard about the progress made by the school against this recommendation. Each associated LEP has a Clinical Sub-Dean who is responsible for identifying suitable placements, liaising with the school and clinical educators and providing updates on the clinical learning environment. Clinical sub-deans are also invited to attend the schools Clinical Learning Environment Group (CLEG) meetings to

share information on clinical learning environment, review student feedback and highlight any areas of risk. The school has also aligned the documents that are shared with students and clinical supervisors on the expected learning outcomes and what to cover on each placement.

45   We have reviewed the school's RAG rating documents for primary and secondary care which are based on student feedback. Each placement provider will receive general feedback from the school and in areas where they have scored poorly the school will provide more specific feedback. The school has not removed any providers from their list, but they continue to monitor feedback and would re-distribute students where a provider is not responding to feedback. We have also reviewed the schools feedback forms that are completed by students at the end of each clinical attachment.

46   The school collects feedback from students at the end of each clinical placement. All feedback is collated and shared with the Course Team Review Group (this group respond to the feedback and action the required improvements) and the CLEG. The outcomes of the review of student feedback are communicated to each year group through the Staff Student Liaison Committee and the question-and-answer sessions.

47   At the February 2021 visit we met with placement management leads from a variety of the school's associated LEPs. We heard that all placement providers receive collated feedback from the medical school, but so far this has not been placement specific. The school told us that this is something they are looking to do going forward. We heard that many of the placement providers also ask for block level feedback from the students who attend placement.

48   The school has demonstrated positive progress against this recommendation and the team look forward to further exploring the school's process as they continue to be tested in practice.

Open recommendation: The school should continue to monitor student experience on clinical placement and redistribute student clinical placements where appropriate for students to meet their learning outcomes.

Systems and processes to monitor quality on placements (R2.6)

49   The school monitors the clinical learning environment and the quality of teaching through a number of routes including student feedback and formal discussions with their associated LEPs.

50   The school holds regular meetings with the clinical sub-deans from their associated LEPs to discuss areas including education, research and sharing learning and feedback from the clinical learning environment. The school also holds regular

meetings between the Head of School at Anglia Ruskin and the chief executives at the individual LEPs for discussions at a strategic level.

51   The school attend meetings with Health Education East of England (HEE EoE) and the regional medical schools to share information on areas including the clinical learning environment and placement capacity.

Sharing and reporting information about quality of education and training (R2.8)

52   At the February visit we met with the Dean of Medicine from Dundee University School of Medicine and the senior team at Anglia Ruskin. We were pleased to hear that the contingency relationship with the University of Dundee School of Medicine continues to work well.

53   Through the document review and the visit, we saw examples of how Anglia Ruskin has worked with Dundee including the risk assessment of the plans for the admissions process, the review of the senior team and the review of student support systems. We heard that the schools are in regular contact including holding virtual meetings and discussions about plans for the curriculum and assessments. This includes Anglia Ruskin providing an external view on the Dundee Medical School curriculum review in the last cycle to ensure that their processes are aligned and discussion relating to changes to assessments in response to the COVID-19 pandemic.

54   **Area Working Well: The contingency relationship with Dundee continues to work well, and effective and supportive communication has continued during the COVID-19 pandemic.**

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

55   We reviewed the school's staffing organogram for the senior team as part of the pre-visit document review and this was further clarified at the visit in February. We heard that recruitment and staffing plans are on track and that during the pandemic some staff have been temporarily redeployed to respond to the current needs. The school have appointed a new lead for assessments who is in the process of creating a team to support the newly created assessment groups.

56   The school told us that they are continuing to develop the senior team and incorporating more layers of responsibility within this as it expands to support resilience within the team. The Pro-Vice Chancellor has now demitted from their role and the school have undertaken a review of their senior team and appointed a number of new roles in the process including, a Head of Undergraduate Medicine and a Deputy Head of School for Undergraduate Medicine. The school are currently recruiting to the role of for a Deputy Head of School for Postgraduate Medicine and a Director for Medical Education.

57 The new Head of Undergraduate Medicine role has been created to mirror the structure at Dundee School of Medicine, which is designed to have operational oversight over the undergraduate programme and also has responsibility for professionalism and areas relating to professional registration. The school have also added in year and block leads who are responsible for teaching and delivery of specific aspects of the curriculum and will also feed into the assessment writing groups.

58 The Deputy Head of School for Postgraduate Medicine will have oversight of the postgraduate programme development and postgraduate research. The Director of Medical Education role will span both undergraduate and postgraduate medicine to drive innovation and developments to identify where enhancements can be made.

59 The team were pleased to hear the progress made against this recommendation and note the significant amount of ongoing work to develop the senior team. We are satisfied that this recommendation can be closed, and we will continue to monitor this through our routine quality assurance processes as the school continues to build and develop the senior team.

Recommendation (closed): The school should consider the resilience and sustainability of senior roles, particularly in relation to assessment.

Managing concerns about a learner (R2.16)

60 We reviewed the school's fitness to practise documents including the report on their first case in the pre visit document review. During the visit we met with the school to explore their fitness to practise processes in more detail.

61 If a concern is raised about an individual student, it is the role of the Professionalism Lead to determine next steps and if the case requires further investigation. If an investigation is required, an independent investigator will be appointed to undertake a fact gathering exercise, alert the student to the investigation, and undertake interviews of the individual student and any witnesses. The student will be notified at the point of investigation and will receive information on the terms of reference for the investigation, the agreed timeline and how to access pastoral support including contacting their PDT. The investigator will then present a factual report and their recommendation to the Student Support and Professional Conduct (SSPC) panel who will review the facts and have the opportunity to ask the investigator questions. The SSPC chair will make the final decision on whether the case meets the threshold for referring to a full fitness to practise investigation. The student has the right to appeal the decision by the SSPC and is notified in writing of the panel's findings.

62 The SSPC includes senior members of staff and representatives from student services and the university. Personal development tutors are also invited to attend these meetings and may be requested to do so if a specific issue with their tutee has been

raised. It is made clear to the tutors that discussion of the case needs to be based on the facts of the case. There is a standing agenda item at the SSPC meeting where staff are asked to declare if there is the possibility of any conflicts of interest with upcoming discussions and if so, they would be required to remove themselves from the meeting.

63 The fitness to practise panel consists of a trainee, two senior clinicians, a member of staff from another medical school and the Head of School who chairs the panel. At the visit the school confirmed that the senior team have all received investigator training. This training package will also be delivered to other staff members with refresher courses available.

64 Student appeals are considered on the grounds of lapses in process, where judgement is deemed to be excessively stringent and when information is presented that was not previously available to the panel. The validity of the appeal is considered by the Deputy Vice Chancellor and a senior clinician based on the three criteria discussed above. If the student is not satisfied with the outcome of the appeal process, they would be advised to contact the Office of the Independent Adjudicator.

65 The school told us that students have access to the policy documents related to the *Lapse in Professionalism* (LiP) point system and fitness to practice procedures on *Canvas*. The Head of School also gives a talk to all new cohorts on professionalism the LiP system and fitness to practice procedures. The student's personal development tutor is their main point of support throughout the process and any remediation plan is followed up through the PDT who will report back to the Professionalism Lead on progress.

66 At present the school have only had a very small number of cases and recognise that the process and supporting team will need to develop and expand over time to continue to allow for independent and fair investigations to take place as the school grows in size.

67 At the February visit the team we were concerned that that while the school is continuing to work to ensure that there is not a conflict of interest with attendees at each SSPC meeting, it may be prudent to separate the forums of discussion for student support and professional conduct related issues in order to maintain confidentiality and support independent and fair investigations. We heard during the meeting with the senior team in June that the school have now separated the processes for discussions related to student support and professional conduct. We look forward to exploring this in more detail over future visit cycles.

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

68   In common with many UK medical schools Anglia Ruskin were in a position of over-recruitment of students for the 2020/21 academic year intake following the changes to government guidance on the use of centre assessed grades.

69   The school liaised closely with Health Education England at a regional and national level and Dundee School of Medicine to review teaching resources, placement capacity, funding and contingency arrangements. It was determined that the school could accommodate an additional 20 students to start the programme in the 2020/21 academic year and this will be monitored through the school's risk register.

70   At the meeting with the senior team in June, we heard the school are on track to recruit 100 students to join the programme for the 2021/22 academic year. They are also liaising closely with HEE East of England to determine their capacity to take on increased numbers to accommodate for the over-recruitment in the last academic cycle.

Theme 3: Supporting learners

Standard
S3.1 *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.*

Learner's health and wellbeing; educational and pastoral support (R3.2)

71 At the February visit we had a meeting to discuss student support and had the opportunity to speak with students about this.

72 In the first instance, where a student requires additional support, their PDT is the main point of contact. Personal development tutors are also required to provide support to tutees who are involved in or undergoing a fitness to practise investigation including overseeing the remediation process. Students also have access to the university support systems including counselling, Occupational Health, and central isolation staff to support students who are required to self-isolate.

73 The impacts of the COVID-19 pandemic have required a significant proportion of teaching to be moved online. Students, and particularly those who are new to the programme, are at increased risk of isolation during this time when they have fewer opportunities to meet with and interact with their peers. The school have taken steps to support students through a blended approach to learning. Students also gave positive feedback on the food packages that have been made available by the university to those who have been required to self-isolate. We encourage the school to continue to consider how to support the wellbeing of students while there are fewer opportunities for them to meet in-person with their peers.

74 The students we met with gave mixed feedback to the level of support available, and we heard that this is often dependant on the individual rapport with their PDTs. We also heard that there can be long waits for access to the central university support service. We heard from a number of students that they would be keen for access to more resources to support their health and wellbeing, in particular, resources to support the mental health of individual students. At the meeting with the senior team in June we heard that the school are planning a mental health training programme for PDTs to provide them with further skills to support the needs of their students in relation their mental health.

75 Through our quality assurance activities, we have noted the significant role of the PDTs including student support and this was highlighted to the school at the February visit. At the meeting with the senior team in June the school updated us that they have been in consultation with Dundee Medical School and are currently considering the need for a local medical school support service. It is positive to hear about the steps taken by the school to explore developments to their systems for supporting the health and wellbeing of their students. We also note the positive and

supportive role of the contingency agreement with Dundee to further develop the school. We look forward to following up on progress in the next quality assurance cycle.

Recommendation: We encourage the school to implement their plans to develop a local medical school student support service, for any specific needs of medical students as well as supporting personal tutors.

76   The team are pleased to hear positive feedback from the year 1 students on the peer-led support systems that are available to them. The year 1 students were allocated a year 2 student buddy during their induction week and told us that they liked having the opportunity to ask their peers questions. The year 1 students have been offered the opportunity to volunteer for the buddy scheme for the students who will join the programmes in September 2021.

77   Students also have access to the 'medic family' system which includes small groups of students from each year group who can share information on the programme and wider university life.

Information on reasonable adjustments (R3.4)

78   During the visit in February the school outlined their processes for reasonable adjustments in relation to clinical placements. If a student requires reasonable adjustments related to their clinical placements, this would be agreed between the school and the clinical sub-dean at that education provider. The school requires consent from the student before any information can be shared with the relevant LEP. The school have developed a system where a student will receive a card that they can share with their supervisors that will explain the reasonable adjustments that have been agreed. This system has not yet been tested in practice and we looking forward to receiving an update over future quality assurance cycles.

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

79   The COVID-19 pandemic has resulted in rapidly changing guidance and uncertainty for all medical schools in relation to curricula, assessments and clinical placements. The school have continued to work to be responsive to the changing guidance and have demonstrated their strategies and back-up planning for assessments and placements through the document review.

80   The students we met with expressed anxieties in relation to the uncertainty as to how assessments would be delivered and if or when placements would be able to go ahead. This is in line with the experience of many students during these unprecedented times and we recognise the additional pressures and anxiety that this uncertainty has caused.

81   As described in paragraphs 5-12 of this report the school have continued to modify their approach to communicate with all year groups what the plans and alternative arrangements are for delivering the curriculum. We encourage the school to continue to work to ensure that students are prepared for the assessments and clinical placements and that information on the programme is delivered in a timely manner.

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.*

Time in job plans (R4.2)

82 The school aligns to the university policy which states that each personal tutor should have a maximum of 25 tutees. At the February visit the school confirmed that through their faculty escalation plan they have now recruited enough personal tutors for this academic year and that numbers will be kept under review as the school grows. Within these plans the schools have consolidated a number of the associate lecturer roles to allow for them to be able to take on more personal tutor responsibilities.

83 The school have now updated the system to account for students entering the clinical phase of their training. As a result, all year 3 students have now been allocated a personal development tutor with a clinical background.

84 The mandatory personal tutor meetings are built into the timetable to ensure that this is accounted for in the tutor's job plans. The PDTs we met with find the workload to be manageable within their role. Where meetings need to be rearranged the school expect the personal tutor to hold the meeting in the same week that it was originally booked for to ensure that students do not miss the opportunity for a meeting where possible.

85 The students we met with in all years had experience of the personal tutor system. Most students had attended at least one meeting at the time of our visit in February. We heard several examples of individual and group meetings from students about their experiences of the system. In general students gave positive feedback on their personal tutor experiences, however, we heard that this can be dependent on the individual rapport that a student has with their tutor and whether they feel comfortable to reach out. We encourage the school to continue to work to ensure there is consistency in experience of the PDT system for all students.

86 Through our quality assurance processes we have noted the significant role of the PDTs and have [recommended](#) that where appropriate student support should be managed via an alternative channel. Given the significant role of the PDT and that at the time of our meeting not all students had met with their PDT, we would like to further explore this recommendation in the next cycle to further understand the robustness of the system.

Open recommendation: The school should monitor the workload of personal tutors, as well as the scalability of the current model.

87 For clinical educators will explore this area as we meet with LEPs over future visit cycles.

Working with other educators (R4.5)

88 The school continue to demonstrate a culture that supports educators to meet the requirements of the curriculum.

89 The educators we spoke with were highly positive about the support they receive from the school and described a culture of colleagues all working together. Educators were able to give an overview of the training opportunities made available by school with refresher training being offered where required. The school includes educators on a number of committees including meetings with Dundee Medical School. The visiting team are therefore satisfied that educators are adequately supported.

Area working well: The educators we met with continue to feel supported in their roles. We are pleased to hear about the ongoing development of a cohesive education faculty.

Recognition of approval of educators (R4.6)

90 At the visit the school updated us on their process in relation to this standard. The school confirmed that they follow GMC guidance in relation to the recognition and approval of trainers to identify lead educators and keep a data base of the information. Where educators are not meeting the requirements, the school will offer HEE accredited courses.

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.*

GMC outcomes for graduates (R5.1)

91   In the 2019/20 visit cycle we heard that the school was in the process of populating the curriculum mapping platform (*Marlo*) with the learning outcomes for each year. *Marlo* is intended to link to *Canvas* to give students access to all of the learning outcomes for each block and year. The school are also part of a group of twelve universities who are involved in providing feedback to *Marlo* and what changes are required.

92   The curriculum mapping platform is currently only available for the faculty to view and work is ongoing to load the learning outcomes for each year group. Once live for students the learning outcomes will be visible on *Canvas* corresponding to each lecture, and the school are planning to also present the overarching learning outcomes for each theme and year.

93   At the February visit we heard from students in all year groups that at present they do not have access to an overarching document that covers the learning outcomes for each block and academic year. Learning outcomes are currently available at the start of each lecture and we heard that the quality and the detail of learning outcomes is variable. The year 3 students we spoke to told us that the school have worked to integrate the learning outcomes at the start of each lecture and that in general the lectures are more aligned to the learning outcomes, and the students have appreciated this change. However, they told us that they would find it more useful to have access to all of their learning outcomes in one place. As a result, the team recommend the school take steps to ensure that all students have easy and searchable access to their learning outcomes to allow students to continue to develop the required knowledge and skills base for progression and support preparation for assessments.

94   At the meeting with the senior team in June the school confirmed that the overarching learning outcomes for all years will be available to students from September 2021. The learning outcomes will be available to students on *Canvas* via the *Marlo* platform and are expected to be searchable.

95   We look forward to receiving an update on the development of this resource over future visit cycles.

Undergraduate curricular design (R5.3)

96 During the visit in February, we heard about some of the work that is being undertaken to ensure equity and inclusion across the medical school curriculum and programme. For example, we heard that the school is planning to introduce training in speaking up in relation to observing discriminatory behaviours in the clinical induction for year 3 students, ahead of starting the clinical phase of the programme. The school have also undertaken a review of the teaching material to ensure it represents a diverse population.

97 The school has signed up to the British Medical Association (BMA) charter for medical schools to prevent and address racial harassment, and have appointed an Equality, Diversity and Inclusion Lead.

98 We look forward to further exploring work in relation to equality, diversity and inclusion, including the processes for managing concerns of this nature in the next quality assurance cycle.

Assessing GMC outcomes for graduates (R5.5)

Fair, reliable and valid assessments (R5.6)

99 During the 2019/20 academic year, end of year assessments for year 1 and 2 were moved online to comply with social distancing and national lockdown measures. The online system was piloted with both cohorts of students receiving a mock examination. The school informed us that due to a technical issue with the *Speedwell* assessment platform the end of year assessments for the 2019/20 academic year were cancelled. This was understandably a challenging time for both students and the school.

100 Due to the last-minute nature of the cancellation students had received all of their revision sessions and teaching material for that academic year. The school took the decision to determine individual student eligibility for progression based on their portfolio performance.

101 For the 2020/21 academic cycle, the school developed an enhanced assessment schedule for the current year 2 and 3 to ensure that students in these years are assessed on the current year and the 2019/20 material. We reviewed the school's updated assessment strategy and supplementary assessment documents during this cycle. Where possible, the school told us they would like to deliver in-person, invigilated examinations. Due to the pandemic and the requirements of social distancing the school confirmed at the end of the February visit that the year 3 single best answer (SBA) paper and anatomy spot test would be run online, and the OSCE was delivered in person. The year 1 and 2 examinations in the summer term were delivered in the same format as the year 3 assessments.

102 The school also updated us on the structure of the enhanced assessment during our meetings throughout the cycle. For students in year 2 and 3, the SBA paper was extended from 240 to 360 questions with an equal split of questions across the two years. The anatomy spot assessment was extended from 20 to 24 stations with an equal split of content across the current and previous year.

103 At the time of our meeting with the students in February, many expressed anxieties about preparedness for examinations. In particular, many students highlighted that it has been more challenging to prepare for the OSCE as due to social distancing requirements there has been less opportunity to meet to practice. We recognise the challenges for medical students at all schools in relation to the disruption and changes to assessments as a result of the pandemic. Throughout this cycle the school have been required to demonstrate their processes for ensuring that students are appropriately assessed against the requirements for progression. We also heard that the school have delivered additional revision sessions ahead of the examination period of each year group.

Fair, reliable and valid assessments (R5.6)

104 During the visit we heard about the progress made against the open recommendation below. The school have now introduced privacy screens for all online assessments to mitigate for students being able to see other screens. The school have also liaised with *Speedwell* to randomise the order that questions appear in to minimise the opportunity for collusion, while delivering the same assessment to all students. The school have also introduced a policy where all students will be asked to hand in electronic devices before being quarantined for assessments.

105 The year 1 and 2 exams took place in June and were in-person, invigilated assessments. Due to social distancing requirements, students were not quarantined for the OSCE. To mitigate for collusion the school shared high level station information with all students 48 hours before the assessment.

106 The team are pleased to hear about the progress made against this recommendation. Due to the changes in delivery of assessments in response to the COVID-19 pandemic not all of the changes have been tested, and we would like to receive a progress update as the updates are tested in practice.

Open recommendation: The school should consider steps to improve exam security.

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