

Quality Assurance Report for the University of Central Lancashire Medical School

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

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

Summary

Education provider	School of Medicine – University of Central Lancashire (UCLan)
Sites visited	UCLan, Preston campus Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust (ELHT)
Programme	MBBS
Dates of visits	05 & 06 December 2019 11 May 2020 (OSCE observation, cancelled) 03 June 2020 (cancelled) We cancelled the OSCE observation and June visit as a result of the COVID-19 pandemic. We will therefore monitor any outstanding requirements, recommendations and areas of exploration as part of our quality assurance activities in 2020/21.
Key Findings	1 Over the 2019/20 visit cycle, we visited the school and explored Year 5 in some detail, assessed student preparedness, and reviewed outstanding requirements and recommendations. We could not revisit the school

later in the visit cycle as a result of the pandemic; despite this, we sought additional evidence via document requests and surveys (including a survey of recently graduated Year 5 students, which had a 33% response rate). These activities provided further positive assurance of student preparedness for foundation training.

- 2** We also gathered sufficient evidence during our visit in December 2019 to demonstrate that the school is meeting the GMC's standards for medical education and training. As such, we presented a paper to the GMC council in February 2020 to recommend adding the school to our list of bodies able to award a primary medical qualification (PMQ). Council approved our recommendation, and the first cohort of students has since graduated with a UCLan PMQ.
- 3** The evidence we gathered during the 2019/20 visit cycle showed that the school has met a number of outstanding requirements and recommendations; these have now been closed. We also identified a number of areas that are working well, such as the new 'Flying Start' programme and the school's continued work to build relationships with local health stakeholders.
- 4** There are, however, some areas for the school to review. We found evidence of disorganised Year 2 placements as well as recognised issues with timetabling at ELHT. Going forward, we will monitor these concerns through our quality assurance processes.

Update on open requirements and recommendations

	Open requirements	Update	Report paragraph
1	We welcome the review into the student selected components over the summer. In particular, the School must look to standardise the guidance available on this module for tutors and students, and allow an equitable access to topics of students' choice.	The school has partially met this requirement. We found real improvements to the Year 1 and Phase 2 student selected components (SSCs), but there were a number of outstanding concerns about the Year 2 SSCs that we could not review later in the visit cycle. Going forward, we will monitor progress through our quality assurance processes.	38-40
2	The School must review its interprofessional learning sessions to ensure that they adequately enhance students' learning. We hope to see students given the opportunity to work and learn with and from other health and social care professionals and/or students to support multidisciplinary working.	The school has met this requirement. Although Phase 1 students are not always overtly aware of the opportunities, all can identify different professions that they interact with; Year 4 and 5 students also speak highly of their experiences. Furthermore, the school has evidenced that this interprofessional learning is embedded within the curriculum.	9-10
3	The School must review the Year 2 written assessment items to ensure students can demonstrate an application of scientific knowledge to the clinical setting.	The school has not yet demonstrated that it has met this requirement. Our second visit was cancelled as a result of the ongoing pandemic, so we could not review the assessment items to triangulate any improvements. Going forward, we will monitor progress through our quality assurance processes.	67
4	The School must ensure that time for undergraduate education is embedded in supervisors' job plans at West	The school has partially met this requirement. Despite some progress since the previous visit cycle, we could not triangulate further changes as our second visit	48

	Cumberland Hospital.	was cancelled. Going forward, we will monitor progress through our quality assurance processes.	
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	Open recommendations	Update	Report paragraph
1	The School should take steps to standardise the duration and depth of detail of class-based lectures. In addition, the School should ensure that students receive lecture slides within a specified, standardised time frame.	The school has met this recommendation. Student feedback shows that their experience is much improved, with only minimal differences between the duration and depth of class-based lectures.	54-55
2	The School should ensure examiners behave consistently during OSCE assessments, particularly when prompting or providing information to students.	The school has not yet demonstrated that it has met this recommendation. We cancelled our objective structured clinical examination (OSCE) observation as a result of the ongoing pandemic, so we could not triangulate any improvements. Going forward, we will monitor progress through our quality assurance processes.	69

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 1: Learning environment and culture (R1.8); Theme 3: Supporting	The Year 3, 4 and 5 students on placement at ELHT highly value the supervision and support they receive from the clinical education fellows.	6 ; 33

	learners (R3.2)		
2	Theme 3: Supporting learners (R3.2)	The Flying Start programme (offered to Year 1 students prior to starting the MBBS course) is a useful tool to build confidence and help prepare students for academic study.	32

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 2: Education governance and leadership (R2.16); Theme 3: Supporting learners (R3.7)	The school should work with ELHT to resolve the ongoing timetabling issues for Year 3 and Year 4 students. This review should also address instances where students receive professional lapses for lateness and non-attendance as a result of these issues.	28
2	Theme 3: Supporting learners (R3.9)	The school should review its elective timings (which coincide with the foundation programme application closing date) and provide assurance that this will not affect students' ability to submit their application on time.	43
3	Theme 5: Developing and implementing curricula and assessments (R5.4)	The school should review the organisation and governance of Year 2 community and hospital placements to ensure parity of learning experience and opportunity to meet learning outcomes.	62

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); Educational and clinical governance (R1.6)

1 The school continues to promote and encourage a culture which allows learners to raise concerns about patient safety; this culture is supported by robust processes to identify and resolve such concerns. During our visit, students in Years 2 to 5 told us that they understand how to raise concerns about patient safety and standards of care: information on the process is included in the student handbooks and placement inductions. We were also pleased to find that these students feel empowered to raise concerns without fear of adverse consequences. We did, however, find that not all Year 1 students know how to raise patient safety concerns. Despite this, our visit took place before these students had started their first clinical placements, and Phase 1* staff told us that they will be fully briefed beforehand.

Supporting duty of candour (R1.4)

2 All students we spoke to during this visit cycle could describe the duty of candour; they also spoke about the communication skills sessions which help them demonstrate openness and honesty when communicating with patients. These positive findings were supported by the documents we reviewed in advance of our visit, which showed how the school embeds these skills into the curriculum.

* Phase 1 covers Years 1 and 2 of the MBBS programme.

Seeking and responding to feedback (R1.5)

- 3** We continue to find evidence that the school promotes a culture which actively seeks and responds to student feedback. Students from all cohorts told us that the school has many processes for collecting feedback about their education and training. For example, we heard that the school collects feedback at the end of each learning block and after all placements, in addition to ad hoc surveys and questionnaires throughout the year. This has led to changes such as improved anatomy teaching and lecture consistency. Importantly, all students said that the school encourages them to provide feedback and that they feel able to do so.
- 4** The school has also made sure to gather feedback during the ongoing pandemic. Evidence submitted in May 2020 shows that the school has engaged with students since the beginning of online delivery through end of block feedback surveys and meetings with student representatives. This has allowed the school to identify additional student guidance or support needs, and respond appropriately.

Appropriate capacity for clinical supervision (R1.7)

- 5** During this visit cycle, the school demonstrated that it has robust processes to ensure there are enough suitably qualified staff members to meet the programme's requirements. In addition to pre-visit documentation, which provided an overview of ongoing recruitment (appointments include lecturers, administrators, theme leads and teaching fellows), the senior management team told us about the school's plans to recruit different types of educators to help mitigate potential conflicts between service provision and education.

Appropriate level of clinical supervision (R1.8)

- 6** We were pleased to find that all students we spoke to confirmed they receive an appropriate level of clinical supervision on placement. Students at ELHT praised certain supervisors, such as the clinical education fellows and Year 5 clinical supervisors, for the high-quality supervision they provide. These positive findings are supported by our Year 5 student survey, where all respondents reported that their supervisors provided appropriate supervision throughout the rotations and assistantship. [See area working well 1.](#)

Appropriate responsibilities for patient care (R1.9); Identifying learners at different stages (R1.10)

- 7** We continue to find evidence of robust systems which allow supervisors to identify UCLan medical students at different stages of their education. These, in turn, help ensure that students' responsibilities on placement are appropriate for their particular level of competence. For example, the management team at ELHT advised that it sends an email to supervisors outlining the relevant responsibilities and learning outcomes. In support of this, the Year 4 students told us that their supervisors are

aware of their level of competence, and all Year 5 student survey respondents agreed that their supervisors understand their roles and responsibilities.

- 8** Additionally, all the students we met confirmed they are not expected to work beyond their level of competence, and we were pleased to find that all would feel able to decline if asked. These findings extend to students' experience on their electives; the Year 5 students told us about the strong emphasis on working within their limits, and feeling empowered to say no if asked to work beyond this.

Multiprofessional teamwork and learning (R1.17)

- 9** We previously set a requirement for the school to review its interprofessional learning (IPL) sessions to ensure they adequately support learners to be an effective member of the multiprofessional team. During this visit cycle, it was pleasing to find (through pre-visit document analysis and our meetings with school staff) that the school has now fully implemented its plans to create and integrate IPL activities into the curriculum. In particular, we noted that the Year 5 IPL activities promote both team working and simulated training. The school has also added effective IPL activities to GP placements, including the Year 4 'Frailty Friday', where students work with other health professionals to create a patient management plan. 'Frailty Friday' also includes guest speakers from a multi-disciplinary team, such as pharmacists. These opportunities were well received by the students in question.
- 10** IPL activities in Phase 1 (which cover the 'learning about' and 'learning from' strands of the school's IPL strategy) are less overt, but we are satisfied that they adequately support students to be an effective member of a multiprofessional team. For example, Year 2 students could name a number of different health care professionals that are involved in their GP, community and hospital placements. We are therefore satisfied that the school has met this requirement, which will now be closed. [See open requirement 2.](#)

Adequate time and resources for assessment (R1.18)

- 11** Medical schools must make sure that assessment is valued, and that both learners and educators are given adequate time and resources to complete the assessments required by the curriculum. As such, we were pleased to find that students in years 1-4 can obtain sign off for their workplace-based assessments (WPBAs). However, Year 5 students told us that they encounter difficulties when asking supervisors to sign their portfolio (where WPBAs are recorded). In particular, we heard that the process is overly complicated for both students and supervisors; for example, assessors must enter their name and email address multiple times on the same form before it can be signed off. Given that the portfolio is a key assessment tool for Year 5, the students were concerned about their ability to meet the learning outcomes. Although we could not triangulate any improvements directly with students, our Year 5 student survey

showed that all respondents did obtain sign off during their placement blocks and the assistantship.

Capacity, resources and facilities (R1.19)

- 12** The school continues to develop high quality resources and facilities that allow it to deliver safe and relevant learning opportunities. During our previous visit cycle, we found that Year 3 students based at the National Centre for Rural and Remote Medicine (NCRRM) were dissatisfied with the available educational resources. We were therefore pleased to hear in December that the school has taken several steps to improve the students' experience, including its work with North Cumbria Integrated Care NHS Foundation Trust (NCIC) to improve library and education centre facilities. The senior management team also told us that access to the library is now 24-hour and that all required textbooks can now be viewed online. We were unable to triangulate these findings with students at NCRRM; any additional concerns will therefore be monitored through future quality assurance activities.
- 13** Despite overall student satisfaction for teaching resources and facilities, in December we found some confusion among Year 3 and 4 students about which areas of the Royal Blackburn Hospital (part of ELHT) they can access when on placement. The students told us they do not all have automatic access to the clinical education building at the hospital site, which houses the library, although they can still access the building by showing their pass. Furthermore, their pass does not allow access to all areas in the hospital, including those that host their placements. Phase 2* staff told us that students are intentionally not given free access to certain areas of the hospital (such as paediatrics, theatres and certain surgical wards) to ensure that students are appropriately supported and supervised in these areas at all times. However, we heard that all students on placement at ELHT should have free access to the learning centre and the general wards, and as such the school will discuss this with the trust. Due to the ongoing pandemic, we could not explore these concerns later in our visit cycle. We will therefore monitor any additional concerns through future quality assurance activities.
- 14** We also discussed undergraduate medical placement capacity with ELHT's placement team. The team recognises the increased pressure on placement capacity, in part due to the growing size of each cohort, but also from external pressures for the trust to place other students (such as physician associates and advanced nurse practitioners). This may be the cause of the concerns raised by some Year 4 students, who told us they cannot move to another ward to access what they perceive as better learning opportunities without first giving five days' notice. Phase 2 staff told us that they are aware of some related complaints, but noted that if students contact the workplace-

* Phase 2 covers Years 3 and 4 of the MBBS programme.

based skills tutors as advised, they can generally move to an alternative ward. Furthermore, the ELHT management team assured us that areas are constantly monitored to ensure they are not being overloaded by learners, and that there are regular meetings between ELHT and the school to discuss placement capacity. As we were unable to revisit the school in June, we will monitor any additional concerns through future quality assurance activities.

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

- 15** During this visit cycle, we continued to find evidence that students have access to technology enhanced and simulation-based learning opportunities: students from all cohorts told us that they take part in a number of sessions which provide valuable learning opportunities. Phase 1 students also noted a real improvement to their anatomy teaching, which is discussed later in this report under R5.3.
- 16** In addition, staff from across Phases 1 and 2 outlined the opportunities available to students across the programme; these findings support the information set out in the school's pre-visit document submission. Examples include virtual reality sessions in Year 5, where students experience a ward round from the perspective of a patient then as a member of the medical team to better understand the bedside environment. Technology enhanced and simulated resources are also used at NCRRM, and we heard that the centre has plans to carry out simulation scenarios based on practising in remote and rural areas. These are intended to encourage students to think about managing risk and dealing with uncertainty.

Access to educational supervision (R1.21)

- 17** The school continues to ensure that students meet with their educational supervisors and academic advisers. As in previous visit cycles, we again heard positive reports from students across the programme about the support they receive from their academic advisers. In addition, all Year 4 and 5 students told us that (at the time of the visit) they had met with their supervisors at the start, middle and end of each placement block, and that these meetings helped guide their development.

Supporting improvement (R1.22)

- 18** Since the previous cycle, the school has further developed how it supports students when undertaking activity that drives improvement in education and training. In particular, we were impressed with how ELHT's quality improvement (QI) team now helps deliver the SSCs in Years 3 and 4 (which cover audit and QI); the team has also contributed to the corresponding handbooks and guidance. Our findings were supported by positive comments from students in Years 3 and 4, who praised both the individual briefing sessions and overall support provided by the team.

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.*

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

19 Medical schools must consider the impact policies, systems and processes have on its students, and take into account their views. We are therefore pleased to find that the student body is now represented on a number of school committees, such as Learning and Teaching. We were unable to triangulate these findings with any student representatives during our visit, but would encourage the school to continue building on the positive work undertaken so far.

Evaluating and reviewing curricula and assessment (R2.4)

20 The school continues to evaluate and review its curriculum and assessment frameworks to ensure that standards are being met. Pre-visit documents and discussions with academic staff outlined the various improvements put in place since the previous academic year. For example, the school has added extra expert half day teaching sessions (in response to feedback about pinch points in the Year 3 curriculum) and created clearer marking rubrics for written assessments. These changes form part of the school's ongoing process of evaluation and improvement.

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

21 We are encouraged to find that the school collects equality, diversity, inclusion and disability data alongside other information on assessment and performance. Although the school told us that it cannot yet fully track the student journey through the entire MBBS programme (there is not yet enough information for it to process longitudinal data and identify trends), we heard of processes which will inform future actions and initiatives. For example, assessment resit patterns are monitored to identify potential patterns relating to differential attainment and prior qualifications.

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

- 22** The 2018/19 annual report provides a comprehensive overview of what we consider to be effective systems and processes that monitor the quality of teaching, support, facilities and learning opportunities on placements. During our visit, we were pleased to learn that the school has taken steps to update and strengthen the service level agreements (SLAs) it has in place with placement providers: for example, SLAs for GP practices have been amended to take account of the new enhanced primary care placements. The school has also signed SLAs with new GP practices, thus expanding placement capacity within primary care. School staff told us that the school now has agreements with 91 practices. This number is higher than the amount currently needed for clinical placements, so should any practice fail to meet the required standards, there is capacity for the school to move students to another provider.
- 23** Additionally, the school management team informed us that it continues to work with ELHT and NCIC when planning clinical placements and monitoring resources. This collaboration with key placement providers will help long-term clinical placement planning, especially as the school expands.

Concerns about quality of education and training (R2.7)

- 24** During our visit in December, we found evidence that the school's processes for raising concerns about education and training are working well. The Phase 2 students we met at ELHT told us that, since the school has simplified the overall raising concerns policy (so that the same process is used for both educational and patient safety concerns), they feel better able to raise concerns about the quality of their education. The Phase 2 students gave an example of when they had used this process to enact change: they raised concerns about poor quality feedback about their performance. We were pleased to hear that the concern was resolved and that the trust provided feedback to the students about the outcome.

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

- 25** We continue to find evidence of how the school works with various local and national bodies in order to share information about potential risks and good practice. During our visit, the school discussed how it is building on its strong regional and national relationships and partnerships. Recent developments include the school's inaugural NCRRM Conference in June 2019 (which discussed the demands of remote and rural medicine), ongoing work with multiple royal colleges, and a nationwide Society for Academic Primary Care conference.
- 26** Furthermore, the school plans to maintain close relationships with both its contingency schools (St George's, University of London and Liverpool Medical School) to facilitate learning and sharing good practice. During our assessment governance meeting in December, we heard about St George's continued input as an external examiner for UCLan.

Managing concerns about a learner (R2.16); Information about curriculum, assessment and clinical placements (R3.7)

- 27** Throughout this visit cycle we found evidence of systems and processes to identify students whose professionalism, progress, health and/or performance gives rise to a concern. For example, clinical supervisors at ELHT told us that the school provides a handbook which outlines how to raise different types of concern about a student and who to contact. Additionally, in response to several low-level professionalism lapses, the school delivered targeted cohort-wide professionalism sessions to outline its expectations of medical student behaviour.
- 28** Despite these positive findings, the Phase 2 students we met during our visit expressed concerns about the professional lapses given for lateness and non-attendance while on placement at ELHT; we heard these are given despite ongoing timetable issues outside of their control. In our Phase 2 meeting, the school acknowledged the timetabling issues and noted that students had already raised their concerns. The school has therefore discussed the concerns with the trust; it also reviewed all professionalism lapses and removed them from the student's record if unwarranted. We could not monitor these concerns as our second visit was cancelled due to the pandemic; however, student feedback reviewed as part of the school's document submission suggests that timetabling issues are ongoing. The school should therefore work with ELHT to resolve these ongoing issues and ensure that no student is unduly penalised as a result. [See recommendation 1.](#)

Requirements for provisional/full registration with the GMC (R2.18)

- 29** We have previously reviewed documents which demonstrate how the school will investigate and act when there are concerns about a student's fitness to practise. During our visit in December 2019, the senior management team told us that these procedures have now been tested, when the school referred a fitness to practise case to a university panel for the first time. We were pleased to hear that the school's processes worked well within the central university's overarching procedures, leading to a sound outcome. We were also pleased to note that the panel included a school representative to provide specific expertise.

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

- 30** We remain satisfied that the school's student recruitment processes are open, fair and transparent. For example, the senior management team told us that the school now uses an in-house university tool to better manage applicants' reasonable adjustments. Additionally, we continue to be impressed with how the school widens access to its MBBS programme. All UK applicants are sent a widening participation (WP) self-assessment form; if they meet the school's WP criteria, applicants are awarded a supplementary score (equivalent to one multiple mini interview station). As a result, we heard that 80% of the current Year 1 UK students are from a WP background.

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.

Good Medical Practice and ethical concerns (R3.1)

31 During our visit, we found evidence to support our previous findings that students are well supported to meet the professional standards that uphold the medical profession. Students from across the programme talked positively about their professionalism teaching sessions, which they find relevant and helpful. These sessions appear well embedded throughout all years of the programme and are supported by handbooks and guidance. We also acknowledge the appointment of a Professionalism Co-Lead for Phase 2, who will help resource the ongoing work to promote professional standards.

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

32 We remain satisfied that the school has appropriate mechanisms in place to support its students' health and wellbeing, and that it provides good access to resources to support their educational and pastoral needs. This has been well-documented in previous visit report findings, and the students we met in December reiterated that the school provides a high level of support. For example, the 'Flying Start' programme (a flexible online voluntary summer course for Year 1 students to help prepare them for university style learning) was well received by the current Year 1 cohort. Those that completed it (43 out of 144 students) told us it was a useful tool which also provided information on how to access support from various groups, such as academic advisors and pastoral tutors. [See area working well 2.](#)

33 In addition, we heard positive reports from the Year 5 students about the support they receive whilst on placement. These students particularly praised their clinical skills tutors, who many students approach for both academic and pastoral care. Although students are clearly well supported, we were pleased to hear from Phase 2 staff that there are team debriefs with these tutors and that any wellbeing issues are escalated as appropriate. The clinical skills tutors should therefore not need to manage any pastoral concerns beyond their capacity and competence, thus ensuring students receive the support they need. [See area working well 1.](#)

Undermining and bullying (R3.3)

34 Medical students must not be subjected to behaviour that undermines their professional confidence, performance or self-esteem. It is therefore encouraging that the vast majority of students we spoke to and surveyed have not been subjected to such behaviour. However, in December 2019, a number of Year 4 students told us

that they have, on occasion, felt undermined whilst on placement at ELHT. These students advised us that this behaviour is hospital- and profession-wide. We were therefore reassured to hear that all students felt able to talk and discuss these instances with someone at the trust (most notably the clinical skills team). In addition, the students told us that when they reported such behaviour, the trust ensured that the correct protocols were followed to resolve the students' concerns.

Supporting transition (R3.5)

- 35** During this visit cycle, we continued to find evidence of robust processes to support students as they move between different stages of education and training. For example, all Year 5 student survey respondents agreed that they feel adequately prepared for their first foundation posts. In addition, almost all agreed that the school had effectively supported them through the process of early graduation and GMC registration. These positive findings correlate with the ethos of the Year 5 curriculum, which aims to provide a seamless transition by mirroring methods and processes where possible. For example, the clinical supervisor form is modelled on foundation training forms.
- 36** We also discussed how the school supports students through various intra-programme transitions. Phase 2 staff told us that all Year 2 students spend a week at the Burnley campus (where they are based in Year 3) to meet staff and cover key topics, such as Phase 2 placements and assessments.
- 37** During the 2018/19 visit cycle we found the school could better prepare and communicate with students to help them transition to their placements at NCRM. We are therefore pleased to find that the school has taken steps to resolve these concerns. The senior management told us that all Year 2 students visited Whitehaven in October 2019 to tour the facilities and speak to current Year 3 students (a further visit for those students allocated a place at NCRM was planned for spring 2020, but could not take place due to the ongoing pandemic). Furthermore, we reviewed a fact sheet, developed by school placement staff in conjunction with current Year 3 students, about NCRM and the local area. Although we were unable to review the effectiveness of these initiatives, we are satisfied that the school is taking steps to better prepare students for NCRM placements.

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

- 38** There is an open requirement for the school to standardise the guidance available to tutors and students for SSCs, and to allow an equitable access to topics of students' choice. In the last visit cycle, we found that the school had partially met this requirement, but had not yet fully implemented or embedded its plans. We were therefore pleased to find evident improvements to the Year 1 and Phase 2 SSC guidance and support during our visit in December. Students across these cohorts highlighted both the good levels of support and the clear guidance they receive: for

example, Year 1 students told us that they receive excellent guidance on each section of the SSC as well as regular formative feedback. These improvements were reinforced by our review of several SSC student handbooks in advance of the visit.

- 39** In addition, various school staff outlined the measures taken to improve SSC student and supervisor guidance: we heard that the school added step-by-step instructions and new online video resources to the Year 1 handbook to support learning. Phase 2 SSCs improvements were initiated by a new SSC lead, who reviewed all guidance material and marking rubrics as well as developing new training packages for supervision and assessment.
- 40** Despite our positive findings for the Year 1 and Phase 2 SSCs, Year 2 students told us that they need additional clarity on what their SSC entails. We heard that they were unable to obtain clear guidance from the appropriate staff and had therefore raised their concerns with senior staff (who confirmed their awareness of the issues). Due to the ongoing pandemic, we could not explore any progress later in the visit cycle; we will therefore keep this requirement open and seek to close it through future quality assurance activities. [See open requirement 1.](#)
- 41** During this visit cycle we also explored how the school provides students with timely and accurate information about other aspects of the programme. Students were broadly positive about the usefulness of the various handbooks and general information flow from the school. For example, respondents to our Year 5 student survey were overwhelmingly happy with the guidance they received on the purpose and aims of the assistantship. However, we received a small number of complaints about Phase 2 assessment guidance: the Year 5 students we met in December were concerned about the lack of information about the summative OSCE, whilst some Year 4 students told us that they were unaware what domains would be marked in their OSCE. We were therefore pleased to hear from various staff that the school *has* given this information to students, and as a result of our findings will reiterate where students can access the guidance they need.

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

- 42** Medical students must have appropriate support when studying outside the school (including the elective period). We explored how the school supports students on their elective placements during our visit in December 2019. The students themselves were satisfied with the support they received, although the school plans to change a number of elements. For example, in response to student feedback, the school will begin preparing students in Year 3 rather than Year 4. The school will also review the risk assessment form, so that it better emphasises professionalism, and explore alternative forms of assessments.
- 43** Despite these positive findings, we are concerned about the conflicting timings of the electives and the deadline for foundation programme applications. Students may

need significant support during this period as well as access to the internet to submit their application, which may not be available while on elective. In December 2019, the senior management team told us that Health Education England (HEE) gave the school regular updates about the status of its students' applications; Phase 2 staff also frequently contacted students to remind them about the deadline. However, there are no guarantees this support will be available in the future or that staff will have capacity to repeatedly contact students, especially with the larger cohorts. Although all students did submit their foundation programme applications on time this year, we believe this remains a potential area of risk. [See recommendation 2.](#)

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

- 44** We continued to find evidence that students receive regular, constructive and meaningful feedback on their performance and progress. In addition to our positive survey results (all Year 5 survey respondents agreed that they received helpful feedback from their supervisors and foundation trainee mentors during the assistantship), students across all years were generally positive about the feedback they receive. For example, Year 1 students told us in December 2019 that the feedback given during the communication skills sessions with volunteer patients is very helpful. Additionally, Year 3 students spoke positively about the constructive feedback they receive as part of their workplace-based assessments, telling us that even if they pass, they receive feedback on how to improve further.
- 45** These positive findings are supported by the ongoing efforts of placement management staff to promote high quality feedback. The ELHT placement management team informed us that the trust holds workshops about giving feedback, including one that specifically focused on undergraduate education.

Theme 4: Supporting Educators

Standards

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

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

Induction, training, appraisal for educators (R4.1); Accessible resources for educators (R4.3); Working with other educators (R4.5)

- 46** During this visit cycle, we continued to find evidence that both clinical and academic staff have access to appropriately funded professional development and training as well as the resources they need to fulfil their roles. Various senior management and academic staff outlined ways in which the school ensures staff members are equipped to deliver a high-quality student experience. For example, 20 members of school staff and several clinical colleagues are currently studying towards a postgraduate certificate in medical education or in learning and teaching. The senior management team also listed a variety of external courses and conferences (such as the 2019 annual Association for Medical Education in Europe conference) that staff and supervisors attended in recent months; these have encouraged networking and good practice sharing. Finally, Phase 2 staff told us that the school developed targeted training and guidance for the assistantship supervisors and foundation trainee mentors.
- 47** We were also pleased to find that clinical staff at ELHT confirmed that they have the support they need to perform their educational role effectively. In December 2019, supervisors told us that the school clearly sets out what is expected from them and provides sufficient initial training and ongoing refresher training/guidance. They are also aware of a range of available in-house and HEE regional courses.

Time in job plans (R4.2)

- 48** We set a requirement during the 2018/19 visit cycle for the school to ensure that time for undergraduate education is embedded in supervisors' job plans at West Cumberland Hospital. We were therefore pleased to learn from the Associate Director of Undergraduate Medical Education at NCIC that the clinical module leads based at the hospital now have time in their job plans. In addition, we heard that the first draft of the job planning policy is in circulation alongside continued efforts to ensure job plans are standardised. Despite these positive findings, we could not explore any further progress due to the ongoing pandemic. As such, this open requirement will be monitored through future quality assurance activities. [See open requirement 4.](#)
- 49** During our visit we were also pleased to find that clinical supervisors and educators at ELHT are satisfied that they have enough time to complete their educational

responsibilities and that this time is reflected in their job plans; additionally, the clinical education fellows have a dedicated time structure to carry out their role. The work of these fellows at ELHT is split 50:50 between clinical and educational responsibilities, with three months spent in clinical service then three months spent in an educational role on a rolling basis.

Educators' concerns or difficulties (R4.4)

- 50** During our visit in December, we were pleased to learn that placement supervisors at ELHT are well supported by the school if concerns or difficulties arise as part of their undergraduate educational responsibilities. These supervisors told us that the school provides an educator handbook which includes relevant contact details and an outline of the raising concerns process. We also heard that supervisors can access support at the trust for any concerns or difficulties they encounter in their role. These positive findings were supported by our review of the 'Assistantship Supervisor Guide', sent to all supervisors in advance of the assistantship in March 2020.

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)

- 51** Medical school curricula must allow students to meet the GMC's *Outcomes for graduates*, which sets out the knowledge, skills and behaviours that new UK medical graduates must be able to demonstrate. The school submitted evidence in May 2020 which showed that any necessary amendments arising from the 2018 review of the outcomes are complete, and we are satisfied that the curriculum includes all new and updated outcomes. Additionally, senior management staff told us during our visit in December that any final updates to the teaching material will be completed by the beginning of the 2020/2021 academic year.
- 52** In advance of our visit we also reviewed a comprehensive summary of the Year 5 curriculum. As well as the assistantship, students rotate around community care, secondary care, mental health and student choice placements; students also take part in a number of sessions (such as clinical tutorials and 'lessons learned') aimed at honing their knowledge and skills. Finally, the Year 5 curriculum includes comprehensive prescribing teaching; in December we heard that students greatly value the one-to-one teaching with a pharmacist.
- 53** During this visit we were also pleased to hear that the Year 5 students described their secondary care placement experience as a highlight of the year so far, as it provided good clinical exposure to patients and opportunities fill out forms and patient records. As a result, students told us they feel more confident and more prepared for foundation training.

Undergraduate curricular design (R5.3)

- 54** There is an open recommendation for the school to standardise the duration and depth of detail of class-based lectures, which the school partially met in the 2019/20 visit cycle. We continued to explore the steps taken to improve the consistency and quality of Phase 1 lectures and Phase 2 expert half days during our visit in December 2019. We were encouraged to learn from various curriculum staff that the school now includes specific sessions in student inductions to help set expectations about the teaching sessions. Furthermore, the school told us that it has received far fewer comments about lecture standardisation this academic year.

- 55** We were therefore pleased to triangulate this improvement with various groups of students. Phase 2 students noted that lectures are now better aligned with the learning outcomes, whilst Phase 1 students were mainly positive about the quality and standardisation of their lectures. Year 2 students also noted a real improvement from the previous year. We can therefore now close this recommendation. [See open recommendation 1.](#)
- 56** Following our feedback during the 2019/20 visit cycle, the school has taken various steps to improve the quality of Phase 1 anatomy and clinical skills teaching. During our visit in December, academic staff outlined a number of these improvements: these include a weekly champion who takes the lead on a certain skill to reduce variability in teaching, greater use of the Anatomage tables, and better alignment of lectures and practical sessions. These initiatives were well received by Phase 1 students, who told us about their positive experience of clinical skills and anatomy teaching.
- 57** The school had planned a four-week assistantship at ELHT which covered a range of experiences (such as out of hours and on call work) to help prepare Year 5 students for foundation training. However, due to the ongoing pandemic, the assistantship was reduced to two weeks with a bespoke programme that focused on giving students the skills they need to adequately prepare for foundation training; this included teaching and simulation skills followed by supervised in and out of hours placements on the ward. Students also received additional support from an education fellow alongside their clinical supervisor and foundation trainee mentor.
- 58** Despite the reduced length, we were pleased with the positive Year 5 survey results: all respondents agreed that the assistantship had helped them prepare for foundation training. Additionally, all respondents told us that they were able to complete their assistantship logbooks, and stated that the teaching sessions introduced as a result of the new arrangements supported them to meet the learning outcomes. Our findings reflect the school's survey results, where all students felt more confident at the end of the assistantship than they did at the beginning.
- 59** The school also cancelled face to face teaching for students in Years 1-4 as a result of the pandemic. We reviewed a comprehensive summary of the measures put in place to ensure that students could still receive the teaching they needed to meet their learning outcomes. Measures include pre-recorded lectures and virtual meetings, all supported a range of additional support mechanisms (such as remote learning guidance and a one to one virtual meeting with clinical/communication skills tutors). We will explore the impact of these changes during future quality assurance activities.

Undergraduate clinical placements (R5.4)

- 60** Medical schools must ensure students receive an educational induction so that they understand the curriculum and how their placements fit within the programme. In

addition to the well-established inductions that take place in Years 1-4, Phase 2 staff outlined the steps taken to ensure Year 5 students receive the necessary information. The cohort has a full induction week on campus that covers academic and clinical skills teaching as well as key points of the year, such as the situational judgement test. We heard that students positively reviewed this induction.

- 61** Medical school programmes must also provide students with sufficient practical experience to achieve the learning outcomes. Although all Year 5 students were able to meet their learning outcomes, we heard a number of complaints about the mental health block during our visit in December. Students told us that this placement was poorly organised and lacked consistency in terms of the overall experience and clinical opportunities. Furthermore, the students felt that the block repeated what they had already learned in Year 4. These concerns were recognised by Phase 2 staff, who told us they were looking at ways to improve the block. Although we were unable to explore progress as our June 2020 visit was cancelled, the school submitted evidence which shows that there will be an additional mental health provider for the 2020/21 academic year; this will help create a better range of opportunities. Any further concerns will be monitored through our future quality assurance activities.
- 62** The Year 2 students we met in December 2019 also reported a lack of consistency in the quality and opportunities to meet the learning outcomes during their community and hospital placements. The students attributed many issues to poor placement organisation, and we were given several examples of students arriving at a placement where they were not expected. A summary of Year 2 feedback from the second block (submitted by the school in May 2020) showed additional reports of unpreparedness. Given the extent that these issues appear to impact student confidence in achieving their learning outcomes, the school should consider how it can improve students' experience. [See recommendation 3.](#)

Assessing GMC outcomes for graduates (R5.5); Managing progression with external input (R2.12); Meeting the required learning outcomes (R3.15)

- 63** Medical schools must be sure that medical students can meet all the outcomes before graduation, and must not grant dispensation to students from meeting the standards of competence required for graduates. At UCLan, the final decision on graduation is made by an exit review panel which considers the Year 5 student's portfolio, OSCE score, and takes account of other global considerations such as professionalism concerns. This process was severely disrupted by the ongoing pandemic, causing the school to make significant changes. A comprehensive summary of the changes show that the school cancelled the OSCE (which aimed to ensure that there are no professionalism or safety concerns) and brought the exit review date forward.
- 64** Despite these changes, the school took a number of steps to ensure that it could be confident that this cohort of students had met the outcomes before allowing them to graduate. The MBBS finals (OSCEs and applied knowledge tests) are sat at the end of

Year 4, with Year 5 focused on increasing clinical exposure and experience. Furthermore, the only two blocks that any student missed in its entirety were the mental health and student choice blocks. Given that these students had already completed 6 weeks of mental health placements in Phase 2, and the student choice block aims to develop students' career interests, the school was confident that students had received sufficient clinical exposure. The school also ensured that all students spent time in emergency care during the assistantship to allow them to develop the necessary skills.

Fair, reliable and valid assessments (R5.6)

- 65** Throughout this visit cycle we were pleased to find evidence that showed how the school takes steps to ensure that it sets fair, reliable and valid assessments which test whether medical students have achieved the learning outcomes required for graduates. In particular, the school looks to have made significant improvements to the e-portfolio; during our visit in December 2019 students from all cohorts noted improvements. The Year 3 students, for example, told us that out of date templates have been removed and their submissions now save correctly.
- 66** The ongoing pandemic also disrupted the summative Phase 1 and 2 assessments. The school provided evidence that shows how it used the virtual platforms BlackBoard and Maxinity to allow students to sit the written assessments remotely; these assessments were held as open-book examinations. Much of the e-portfolio and written coursework did not require any revisions (except for some minor changes to the marking rubric), whilst OSCEs and uncompleted direct observations of procedural skills/mini clinical examinations have been deferred to the next academic year. The school provided comprehensive student briefings in advance of these assessments as well as formative opportunities and additional supportive resources. Finally, the school conducted an extensive psychometric analysis of the Phase 1 assessments (and will do so for the Phase 2 assessments), which showed that reliability remained good despite the change to open-book assessment; additionally, there was little change in differential performance. We are therefore satisfied with how the school continued to meet this standard during the ongoing pandemic.
- 67** In the 2017/18 visit cycle, we set a requirement for the school to review its Year 2 written assessment items to ensure students can demonstrate an application of scientific knowledge to the clinical setting. The school provided an update on the actions taken to resolve our concern during our visit in December 2019. For example, assessment staff told us about a continuous internal programme of training for all staff, which includes writing clinical stems. Furthermore, the school is working with an external examiner as part of a review of the clinical stems. Despite these positive steps, we were unable to triangulate these improvements as our June 2020 visit was cancelled due to the pandemic. We will therefore look to close this requirement during our future quality assurance activities. [See open requirement 3.](#)

Mapping assessments against curricula (R5.7)

68 During this visit cycle, we continued to find evidence that assessments are mapped to the curriculum and appropriately sequenced to match student progression through the programme. The Year 2 students, for instance, told us in December that all formative question items do map to their lecture content. Furthermore, the Phase 1 and Phase 2 academic teams now collaborate more closely by sharing assessment items; this allows the school to better map assessments and provide a smoother student transition to Phase 2.

Examiners and assessors (R5.8)

69 During the 2018/19 visit cycle we set a recommendation for the school to ensure examiners behave consistently during OSCE assessments, particularly when prompting or providing information to students. We were pleased to hear of positive plans for the school to provide additional OSCE training during our December 2019 visit, but were unable to monitor progress as our Year 5 OSCE observation was cancelled. This recommendation will therefore remain open and will be explored through our future quality assurance activities. [See open recommendation 2.](#)

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18th September 2020

Dear Lucy,

The team at UCLan School of Medicine would like to thank the GMC panel for all the time and very helpful input they have provided throughout our journey to achieving full accreditation as an institution able to award a primary medical qualification.

We are very pleased to see that they have been able to provide such a very positive final report.

We remain committed to achieving excellence in medical education and providing students with the highest quality learning experience as we move to the next chapter in the school's development and the University continues to invest in the School to ensure that this happens. We continue to work very closely with all of our stakeholder partners to provide innovative solutions to helping train the medical workforce of the future for the region and beyond.

We would like to take this opportunity once again to thank the Panel and the GMC officers for all the time, energy and expert guidance which has been invaluable over the six years of their visits.

Yours sincerely,



Professor Cathy Jackson
Executive Dean, Faculty of Clinical & Biomedical Sciences