

## Review of UCL Medical School

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

### Review at a glance

#### About the School

<b>Programme</b>	MBBS
<b>University</b>	UCL Medical School
<b>Years of course</b>	6
<b>Programme structure</b>	Year 1 – Fundamentals of clinical science 1 Year 2 – Fundamentals of clinical science 2 Year 3 – Scientific method in depth (iBSc) Year 4 – Integrated clinical care Year 5 – Life cycle Year 6 – Preparation for practice
<b>Number of students</b>	1,969 (2011 MSAR)
<b>Number of LEPs</b>	UCL reported 196 clinical placements across 28 trusts or other providers, excluding GP placements.
<b>Local deanery</b>	London Deanery
<b>Last GMC visit</b>	2004-5 QABME
<b>Outstanding actions from last visit</b>	None

## About the visit

<b>Visit dates</b>	22-23 November 2012
<b>Sites visited</b>	UCL Medical School
<b>Areas of exploration</b>	MBBS
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF?</u></b>	No

## Summary

- 1 London has been chosen as the region for review in 2012-13 and all five London medical schools have been visited as part of this review. The north central regional visit team visited UCL Medical School (the School), a Division in the Faculty of Medical Sciences, University College London, in November 2012.
- 2 UCL is the third largest medical school in London with 1,969 students. The School has three main clinical campuses: Bloomsbury, the Royal Free and the Whittington. The North Central Thames Foundation School (NCTFS) is also based at the Royal Free campus. The School offers a 6 year programme and students are required to take an iBSc in their third year as part of this programme.
- 3 UCL Medical School, in common with the four other London Medical Schools, is operating within an environment of uncertainty and change. The School highlighted the challenges of service reconfiguration and funding as key issues. These have an impact not only on the clinical placements but also the availability and quality of teaching at the School's partner local education providers (LEPs).

- 4 Overall, our findings were generally positive, but there are some areas for improvement: the school has a strong quality management framework which is effective in improving teaching and clinical placements and disseminating good practice. However, this framework was shown to be less robust when dealing with exceptional events such as patient safety incidents. The School has also recently reviewed its curriculum to ensure that the new curriculum is compliant with Tomorrow's Doctor; the new curriculum became fully operational in September 2012. While we found some initial problems with the roll out of the new curriculum, we also found that the School was acting to address these concerns, for example, by rectifying timetable clashes and updating student guidance documents. The School works well with the local foundation school, and the support available to students from the welfare systems was praised by students and staff alike. We also found that the School has integrated basic and clinical science in response to previous visit requirements (QABME 2004-5).

## Requirements

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Requirements for the Deanery/School
1	111	The School must ensure that students receive regular information about their development and progress. This should include feedback on both formative and summative assessments.

### **Requirement 1: The School should ensure that students receive regular information about their development and progress.**

- 5 Assessment was a theme raised consistently by students. Under the new curriculum, which became operational in September 2012, students in years 1 and 2 will sit a formative objective structured clinical examination (OSCE) for the first time in 2013; there are plans to introduce a summative version next year for students in year 2. Students from year 4 onwards sit a summative OSCE at the end of each year. Progression in all years to the next year is also dependent on the student passing a summative written examination, held at the end of each year.

- 6** We heard from students that there is a lack of meaningful feedback on both formative and summative assessments, and that more detailed feedback would help their development and progress, for example in identifying their areas for improvement. Students across all years supported the view that enhanced feedback for both written examinations and the OSCEs would benefit their learning, not just the detailed feedback provided by the School to students who fail.
- 7** All students, except those in year 3, are required to maintain portfolios, and UCL are piloting the use of an ePortfolio for students in year 4 and 5. Students in years 4, 5 and 6 are required to complete a number of supervised learning events (SLEs) – in years 4 and 5 students are required to complete a minimum of 15 SLEs per year. Students we spoke to reported that not all consultants are aware of this requirement, and some students have difficulty in getting SLEs signed off although this varies across LEPs and departments within LEPs. We also heard that time pressures on those signing off SLEs meant that the quality of the feedback is not always consistent. Many students in year 4 told us that pressure to get the required number of SLEs signed off creates additional stress.
- 8** Clinical teachers reassured us that those responsible for providing feedback on SLEs have received training on how to give effective feedback and assessors are required to indicate this on the ePortfolio when signing off SLEs. We heard from some supervisors though that it was sometimes difficult to give a grade and feedback on a student they may have met only once or twice during their four week placement, and that paper based log books, which preceded ePortfolios, made the process of giving feedback easier.
- 9** Some academic teachers reported that the quality of feedback was improving since the introduction of the new curriculum. They said they were initially unclear about how much feedback they are able to give to students, especially to students in the first two years but this was getting better as they became more familiar with their roles in the delivery of the new curriculum.
- 10** We spoke to the school management team about the feedback given to students, and although there was some support for the students' opinions, we were also made aware of the restrictions that University College London regulations place on the level of feedback that the School is able to give to their students on their performance in summative

assessments. We view this as a missed opportunity to enhance students' learning as the students are very keen to use feedback to improve their performance, particularly their areas of weakness. We encourage the School to pursue this issue directly with the University.

- 11** We also advise the School to continue to encourage their LEPs to provide sufficient time for teaching in consultants' job plans, to enable trainers to not only deliver teaching but also give improve the quality of feedback on formative assessments, including SLEs.

## Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Recommendations for the School
1	40	The School should ensure that effective management systems are in place to plan and monitor undergraduate medical education, including clinical placements, so that any concerns can be identified, and managed quickly and effectively.
2	123	There are opportunities for the school to rationalise and make better use of communication with the student body, including the use of email.
3	124	The School should ensure that all students have access to appropriate support for their academic and general welfare needs.
4	160	The School should ensure that students have access to appropriate learning resources and facilities, both physical and IT.

5	165	The school and LEPs should have a clear plan as to how they will ensure and enhance the quality of education being provided, addressing and responding to challenges such as changes in funding streams, reconfiguration of services and education delivery in the community.
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**Recommendation 1: The School should ensure that effective management systems are in place to plan and monitor undergraduate medical education, including clinical placements, so that any concerns can be identified, and managed quickly and effectively.**

- 12 The School has established and effective quality management processes for the routine monitoring of quality data. There are standard operating procedures for the collection and dissemination of such data between the Quality Assurance Unit (QAU) and the LEPs that host students. We were assured that the School has a good overview of the quality of teaching both in the School and at the LEPs.
- 13 We were concerned that these quality management processes were not as proactive as they might have been and that exceptional incidents, such as patient safety issues, were not always captured and therefore responded to effectively. For example, although the School receives copies of local incident/serious incident reports from trusts (if a trust staff member is involved) and clinical leads in each LEP hold responsibility for reporting any safety issues to the School, there does not appear to be a formal process for ensuring this happens or that there is always follow up.
- 14 We also heard that there is no formal process for the sharing of information from other regulators, such as the Care Quality Commission. We were concerned that the lack of a formal process for this could mean that incidents that do not directly involve students, but may affect the environment in which they train, may not be monitored or followed up.
- 15 We heard about the Raising Concerns Portal that the School's students can use to report concerns. This portal is monitored by the QAU whose role is to escalate where necessary and monitor for trends. We found

that not all students that we spoke to were aware of this and we recommend that the School raise student awareness of the portal.

- 16** The School should ensure that quality management systems provide an effective overview of all patient safety issues at its partner LEPs.

**Recommendation 2: Improve communication between the School and the student body.**

- 17** We heard from students in years 4-5 that they often receive changes to their timetables at short notice, for example the cancellation or relocation of classes. We heard that the School often uses electronic communication to notify students of these changes, and to advertise additional learning opportunities for which students may wish to register
- 18** We heard that students without smartphones felt disadvantaged as they were not able to access these communications as quickly as those with such technology, and they felt they had missed out on some opportunities as a result. We also heard that the inconsistent network coverage across all sites also affected communication, even for those students with smartphone technology. This was raised as an issue by students at the Royal Free Hospital, one of the LEPs visited as part of this review, although the trust management team are working to address this using a trust-wide wifi provision.
- 19** We heard that there had been a number of timetable clashes as a result of the implementation of the new curriculum, but that this was being addressed by the School.
- 20** We also heard from a number of final year students that they had received one week's notice of the location their placements, making it difficult when arranging accommodation. We understand from the School that this had been an isolated incident, but we encourage the School to ensure that there are contingency plans in place to ensure that all students receive the eight months notice the School assures us students usually receive.
- 21** There are opportunities for the school to rationalise and make better use of communication with the student body, including the use of email.

**Recommendation 3: The School should ensure that all students have access to appropriate support for their academic and general welfare needs.**

- 22** All students are allocated a dedicated personal tutor on their arrival at the School, which they keep until the end of year 3. Students are allocated a different tutor in year 4 and they continue to maintain contact with this tutor for years 5 and 6. In year 6 students are allocated an additional tutor at the LEP at which they undertake their 16 week assistantship.
- 23** Personal tutors come from a variety of academic and clinical backgrounds, and group training is provided to those acting as tutors for the first time. We heard from the School that there had been a delay in the initial meeting between some tutors and their allocated students in this academic year. This was due to the large number of new tutors who required training prior to taking on this role.
- 24** Personal tutors are expected to have contact with their students a minimum of four times per year, and the year administrative offices monitor this. Students are not asked to provide feedback on the performance of their personal tutors, but we heard from the QAU that there are plans to start gathering this information at the end of this academic year through a questionnaire.
- 25** We heard from students across all year groups at both the School visit and our earlier visit to the LEPs that there is variance in the support they receive from their personal tutors, both in terms of the frequency and quality of contact. We also heard from some students in year 5 who were not aware that they had a tutor. Students told us that they had asked the School if they could have greater involvement in selecting their personal tutors, but we do not know how formally this request was made or the response of the School to this request.
- 26** We heard from the School that one of the roles of a personal tutor is to identify early signs of when a student is failing and to intervene and provide support. Students in years 1 and 2 told us that the lack of contact with their tutors meant that this did not always happen, and failing students may not be identified by the School until assessments.
- 27** We also heard from students in year 5 that their personal tutors are not always fully aware of their academic support requirements. These students also told us that it was sometimes difficult to have regular contact with their personal tutor while they are on placements.

- 28** Students were positive about the student support provided by the School and reported that they know how to access this support. However, we heard from some students that the initial contact with the student support clinic is not always followed up. We heard examples from two year groups of information not being passed on by the support clinic to their tutors, or where the students have not received follow up from an initial enquiry. We were also told that student support tended to be used reactively; there is an opportunity for the School to use these systems more proactively to ensure systems are inclusive for students across all LEPs, although in both the LEPs that we visited as part of this review the Schools' processes were followed.
- 29** We heard from the School that there are two systems for the provision of careers advice, one led by the School and another which is student led. The School told us that careers advice is led by a Medical School Academic lead, and that there are annual career lectures in years 1, 2 and 4. We also heard that there are additional activities for students in years 5 and 6. The students we spoke to, however, understood that careers advice is student led and is provided by the Medical Society. They also told us that they would value more formal information, advice and guidance from the School. We heard from the School that individual careers advice is offered to students by a designated advisor from UCL Careers Service on a one to one basis; students reported that there were not enough appointment slots for all students. We acknowledge the School's view that there is a difference of understanding between the School and the students. However, there is an opportunity to review the provision and dissemination of career advice and support.

**Recommendation 4: The School should ensure that students have access to appropriate learning resources and facilities.**

- 30** The school management team acknowledged the challenges they face in this area; some of these challenges are common to all medical schools in London – notably the availability of physical space and competition from other schools for clinical placements in LEPs who themselves are facing challenges with funding and service reconfiguration. Students provide feedback on resources and facilities in the end of year questionnaire, and this feedback is used by the School to support negotiations with trusts about the provision of necessary infrastructure and support for teaching and learning.
- 31** We heard from students who felt that the Whittington campus was close to being over-capacity. Students had a more positive view of resources at the Royal Free Hospital, although they commented that a lack of a

common space at Royal Free was felt to be a disadvantage.

- 32** We heard from students about challenges in accessing computers; this is critical as the new MBBS curriculum is designed to be delivered flexibly and in a 'paper light' manner, and having an efficient IT infrastructure to support the virtual learning environment (VLE) is integral to achieving this goal. Inconsistent network coverage in some of the LEPs was also raised as an issue (see paragraph 18) .We heard from students that a lot of the practical aspects of the curriculum are carried out on computers.
- 33** We received feedback from students on the use of the School's VLE, many of whom felt that it was difficult to navigate. We also heard that although the goal was a 'paper light' approach, in practice this now meant that students rather than the School were responsible for printing and binding course materials, which was an additional cost for students.
- 34** A further aspect of the new curriculum that required additional resources is the introduction of small group work, but it was unclear how successfully this had been implemented across all the year groups. We heard from students in years 1 and 2 that a significant proportion of their teaching is lecture-based and there are few interactive modules. We heard from these students that there could be up to 20 hours of lectures per week and some of these lectures were attended by the entire cohort (340 students) in one sitting; the School stated that this occurred on three occasions per year. We also heard examples of what was termed 'small' group work but involved groups of 100 students.
- 35** The school management team also acknowledged the pressures that 1,000 new postgraduate students (MDECS) will place physically, administratively and academically on the School. However, we were assured by the team that there should be minimal adverse impact as education will be delivered primarily through the combination of blended and distance learning, and that these fee-paying students would contribute significantly towards the necessary additional resource costs for their education. However, we did not see any quantification of these factors in the form of an impact assessment analysis or any evidence to support this.

**Recommendation 5:** The school and LEPs should have a clear plan as to how they will ensure and enhance the quality of education provided, responding to and addressing challenges such as changes in funding streams, reconfiguration of services and their delivery in the community.

- 36** UCL Medical School operates within a significantly changing environment and works with many education providers, including 28 Trusts, to secure and enhance the quality of education provision. At a strategic level UCL has non-executive Board representation at the main teaching trusts (Whittington, University College and Royal Free Hospitals). There is less formal representation at a strategic level in other trusts. At Barnet and Chase Farm hospitals, one of two LEPs that were visited as part of this review, there was no formal representation of medical education and training at board level. There are also challenges facing UCL regarding changes in funding streams, both in the short and long term, and the reduction in Service Increment for Teaching (SIFT) funding in the School's main teaching trusts has implications for education and training.
- 37** We heard from the School that liaison with the LEPs is led by five sub Deans/Undergraduate Education co-ordinators, and that the School is represented on the shadow NENC LETB and is now pushing for permanent representation on the board.
- 38** We also heard from the school management team that they have carried out work on identifying and mapping the various funding streams that support medical education, for example SIFT, and we heard how this enables the School to be responsive and move students from one trust to another to follow good teaching, identified through its quality management processes. This has acted as a lever for maintaining quality in the trusts with which they work. We heard that the School had moved students away from the Royal Free Hospital due to concerns over the quality of education in their surgery placements, and that the students had been returned to the placements once the School had worked with the trust to address and remedy the issues.
- 39** We were told that the School had good working relationships and were working closely with all their LEPs to reduce the impacts of funding cuts, and that this good relationship would help to address the challenges they are facing. We heard that the School has service level agreements with the Department of Health and trusts, but we were concerned that funds are allocated to trusts as a whole rather than the high performing departments within trusts and that good teaching may go 'unrewarded'.

- 40** Service reconfiguration is a further challenge to the School, and whilst the School was clear that it would need to adapt the delivery of the curriculum in the light of future changes, it was unclear how the School planned to do this. We heard from the School that sometimes they have had to react with very little notice of changes to service reconfiguration, and find other sources of clinical placements.
- 41** The School also aims to prepare students for the shift towards the delivery of healthcare in community settings, but it was unclear how the School would do this. Primary care providers face a number of structural and funding changes that are likely to impact on the number of general practice placements available to the School, particularly in the light of other London medical schools who are also competing for these places.

## Areas of good practice

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)/	Areas of good practice for the School
1	43	The approach taken by the School towards patient and public involvement (PPI), specifically, the Beacon project and the inclusion of a social determinants of health module in the curriculum
2	121	There are strong links between the School and the North Central Thames Foundation School (NCTFS)
3	-	The Research Excellence Framework (REF) 2014 return for pedagogic research which was viewed as a sign of the commitment to and quality of teaching research and the value of teaching at the School.

### **Good practice 1: Patient and public involvement (PPI)**

- 42** The approach taken by the School towards patient and public involvement (PPI), specifically, the Beacon project and the inclusion of a social determinants of health module in the curriculum
- 43** The UCL Public Engagement Unit is funded by the Beacons for Public Engagement scheme, and is one of six regional Beacons. One project funded by the unit has focussed on patient and public involvement in the School. The School has carried out extensive research on how to engage with the public, and has developed a PPI framework to develop and promote this. This framework seeks to ensure that PPI is enshrined in all aspects of the School, from representation in curriculum development and governance, in teaching and assessment and by joint working with other organisation involved in this field. We viewed this as good practice not only in meeting GMC requirements in this area but also as a source of good practice for other organisations.
- 44** Another initiative that was also partly funded by the engagement unit but run by the School is 'Reel Health Stories', a film making competition open to the public in the London boroughs of Camden, Islington and Haringey. This competition ran in 2010, and nine of the films submitted are currently used in teaching.

### **Good practice 2: Links with the Foundation School**

- 45** We found strong links between the School and the North Central Thames Foundation School (NCTFS). Aside from the benefits of being based on the same campus with close physical links, we also heard of examples of joint working, for example a representative from the Foundation School sits on the School's education committee to ensure two way communication. We also heard that feedback from the NCTFS on the preparedness of the School's graduates has led to the addition of an OSCE station focused specifically on prescribing, which had been identified as an area for improvement; the Foundation School was also involved in the development of assistantships for year 6 students.

### **Good practice 3: REF**

- 46** The Research Excellence Framework (REF) 2014 return for pedagogic research which was viewed as a sign of the commitment and quality of teaching research, and the value ascribed to teaching at the School.

## Acknowledgement

- 47** We would like to thank the UCL Medical School and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Sources of evidence

### Visit team

<b>Team leader</b>	Steve Heys
<b>Visitor</b>	David Croisdale–Appleby
<b>Visitor</b>	Deborah Murdoch-Eaton
<b>Visitor</b>	Stewart Irvine
<b>Visitor</b>	Simon Carley
<b>Visitor</b>	Lindsey Pope
<b>Visitor</b>	Roisin Finn
<b>Visitor</b>	Leigh Wilson
<b>GMC staff</b>	Robin Benstead & Rachel Daniels

## Visit action plan

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

Paragraph in Tomorrow's Doctors (2009)	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
<b>Domain 1: Patient safety</b>				
28a	How the School ensures that students are appropriately supervised and only undertake tasks in which they are competent?	<p>For exploration on all visits</p> <p>GMC UCLMS evidence base</p> <p>Doc 008: Plans, guidance, learning outcomes and evaluation strategy for student assistantships.</p> <p>Doc 013: Agreements with LEPs.</p>	<p>Students</p> <p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management team</p> <p>Those with responsibility for student support</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	<p>Standards met.</p> <p>We heard from students that there was a good level of supervision when on clinical placements and that students were aware of what procedures they were competent to undertake, and how to respond when asked to do something outside of this. Supervisors confirmed that students were well drilled by the School in good medical practice and were supervised</p>

				appropriately.
28b	How the School identifies and addresses any concerns about patient safety arising from the education of students?	For exploration on all visits GMC UCLMS evidence base Doc 003: Quality management strategy and linked operational guidance.	Students Teachers and tutors Clinical teachers School management team Those with responsibility for student support	Standards met. The School's quality management process ensures that concerns are escalated to the School. Patient safety concerns are raised with the School student support team by the LEP, and there is a 'raising concerns website' which is monitored by the Quality team that students can use.
28c	How the School identifies and addresses any concerns about a medical student?	For exploration on all visits GMC UCLMS evidence base Doc 003: Quality management strategy and linked operational guidance.	School quality management team North Central Thames Foundation School LEP education management team	
28e	How the School informs students, and those delivering medical education, of their responsibility to raise concerns if they identify	For exploration on all visits Doc 008: Plans, guidance, learning outcomes and	Students Teachers and tutors Clinical teachers School management	Standards met. The School provides extensive guidance to students and staff on their responsibilities in

	risks to patient safety, and provide ways to do this.	evaluation strategy for student assistantships.	team School quality management team North Central Thames Foundation School LEP education management team	this area and the available methods to raise any concerns. Students were aware of their responsibilities in this area and knew how to report any concerns they might have. See recommendation 1 for how this can be further enhanced.
<b>Domain 2: Quality assurance, review and evaluation</b>				
40	How does the School ensure that undergraduate medical education meets the required standards of quality?	GMC UCLMS evidence base Doc 003: Quality management strategy and linked operational guidance.		Standards met but see recommendation 1 for how this can be further enhanced.
42	How has the School implemented and reviewed the 2012 revised curriculum?	UCL contextual document Doc 007: curriculum map.	Students Teachers and tutors Clinical teachers School management team Those with responsibility	Standards met. The curriculum has been rolled out to both students and teachers, and implementation continues to be monitored and any

			<p>for curriculum and assessment</p> <p>School quality management team</p> <p>LEP education management team</p>	<p>issues addressed. The School remains responsive to feedback from both students and teachers, especially those in Y4 who have experienced the most noticeable changes.</p>
43a	<p>How is evaluation from students, including NSS data used by the medical school to enhance quality of medical education?</p> <p>Explore low response rate of UCL students to GMC pre-visit survey (28%)</p>	<p>GMC UCLMS evidence base</p> <p>Doc 003: Quality management strategy and linked operational guidance.</p>	<p>School management team</p> <p>School quality management team</p> <p>LEP education management team</p>	<p>Standards met.</p> <p>Student evaluations are a key part of the School's quality management processes.</p> <p>There seemed to be little awareness among students of the GMC pre-visit survey.</p>
43b	<p>What is the strategy for PPI and how is it being taken forward by the School?</p> <p>Explore Beacon project, PPI champion.</p>	<p>UCL contextual document</p> <p>Doc 006: Public engagement in the Education of TD - Beacon Project</p>	<p>School management team</p> <p>PPI</p> <p>School quality management team</p>	<p>Standards met: see good practice 1 -The approach taken by the School towards patient and public involvement (PPI).</p>

49	Student attrition rates: how are the School monitoring and resolving this area: the School's attrition rates are highest in London?	GMC UCLMS evidence base  Doc 003: Quality management strategy and linked operational guidance.	School management team  Those with responsibility for student support  School quality management team  LEP education management team	Standards met.  This is being monitored and analysed on an annual basis through examination statistics and faculty tutors.
51	How the School ensures that there are procedures in place to check the quality of teaching, learning and assessment, including clinical/vocational placements, and to ensure that standards are being met?	UCL contextual document  Doc 003: Quality management strategy and linked operational guidance.  Doc 004: The two most recent quality management reports and associated action plans for Barnet and Chase Farm hospitals and the Royal Free London hospital.	Students  Teachers and tutors  Clinical teachers  School management team  School quality management team  LEP education management team	Standard met but see recommendation 1 for how this can be further enhanced.  The School has its own quality assurance unit, and the quality of education is monitored through a combination of student evaluation, annual monitoring reports, planned and triggered visits and the 'raising concerns' portal. Students were aware of the use of their evaluation for this

				purpose.
53	How the School monitors and resolves problems identified through its quality control data, eg how have they followed up previous quality control visits?	UCL contextual document  Doc 003: Quality management strategy and linked operational guidance.  Doc 004: The two most recent quality management reports and associated action plans for Barnet and Chase Farm hospitals and the Royal Free London hospital	Teachers and tutors  Clinical teachers  School management team  School quality management team  LEP education management team	Standards met - but see recommendation 1 for how this can be further enhanced.  The School's quality management provides a framework for this and we were provided with examples of where the School had monitored until resolution issues identified, e.g. in LEPs. We also heard examples of joint working with the Deanery to act upon concerns.
<b>Domain 3: Equality, diversity and opportunity</b>				
59	Reasonable adjustments - how is information shared across LEPs and into foundation? Who monitors this/holds responsibility for this?	UCL E&D strategy, website guidance.  Doc 005: Equality and diversity strategy.	Students  Teachers and tutors  Clinical teachers  School management team  Those with responsibility	Standards met.  There is an established process for reasonable adjustments in place, and students can obtain a student support card from their tutor detailing

			<p>for student support</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	<p>any adjustments that they are entitled to claim at assessments.</p> <p>The School does not automatically inform the LEP of a student's disability, rather this is done on a case by case basis.</p>
60, 61	<p>How the School collects and uses equality &amp; diversity data.</p> <p>What changes has the School made as a result of this analysis.</p> <p>What role do liaison officers (DEOLO) play and what impact have they had? How aware are the students of this role?</p>	<p>UCL E&amp;D strategy, website guidance.</p> <p>Doc 005: Equality and diversity strategy.</p>	<p>School management team</p> <p>Those with responsibility for student support</p> <p>School quality management team</p>	<p>Standards met.</p> <p>The School follows the UCL E&amp;D strategy which covers both students and staff, and each department has a Liaison Officer responsible for this area. All staff members involved in student selection are required to attend training and this is monitored by the School. UCL collects E&amp;D data and this is accessible by the School.</p>

63	How the School promotes diversity within the student population e.g. widening access?	<p>UCL E&amp;D strategy, website guidance.</p> <p>Doc 005: Equality and diversity strategy.</p> <p>Doc 006: public engagement in the education of tomorrows doctors – Beacon project.</p>	<p>Students</p> <p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management team</p> <p>Those with responsibility for student support</p> <p>Those with responsibility for curriculum and assessment</p> <p>PPI</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	<p>Standards met.</p> <p>All staff members involved in students selection are required to attend diversity training, and the Schools Target Medicine programme(s) seek to promote widening access.</p> <p>See also good practice 1 for information on PPI.</p>
<b>Domain 4: Student selection</b>				
n/a	This domain was not explored on this visit.			

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

<p>109</p>	<p>Student assistantships: how the School ensures that students on assistantships are appropriately supervised and only undertake tasks in which they are competent?</p> <p>What guidance are students and F1s receiving on assistantships? What guidance is given to other staff on the competences of students in assistantships?</p> <p>GP assistantships - how do these work if no F1s undertake GP placements?</p> <p>24% of students on the assistantship feedback form said they were not allocated a clinical supervisor for the attachment, and a further 40% said their clinical</p>	<p>Doc 008: Plans, guidance, learning outcomes and evaluation strategy for student assistantships.</p>	<p>Students</p> <p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management team</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	<p>Standards met.</p> <p>There is an established student assistantship programme in place, although feedback from students suggested that the quality of the placements varied. We also heard that the students were not always placed with an F1, but rather with whoever was available at that time in the department. We also heard that the guidance given by the School to students and staff was not always relevant to all placements. We heard that the GP placements were valued. Feedback from the School and students is that assistantships have helped the</p>
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	supervisor was not actively involved in the placement. At least 20% had issues with feeling supported, clear period and supervisor. How addressing this?			preparedness of UCL graduates.
110	How the School ensures that students are properly prepared for their first allocated F1 post: UCL graduates score lowly in this area (NTS): 54% of UCL graduates 'adequately prepared' – rank 23/29 in the UK.	GMC UCLMS evidence base  Doc 008: Plans, guidance, learning outcomes and evaluation strategy for student assistantships.	Foundation doctors Teachers and tutors Clinical teachers School management team  Those with responsibility for student support  School quality management team  North Central Thames Foundation School  LEP education management team	Standards met.  See 109.
111	How students receive regular information about their development and	UCLMS learning and teaching strategy	Students Teachers and tutors	Standards not met – see requirement 1 – The School should ensure

	<p>progress, including feedback on formative and summative assessments and the use of SLEs, logbooks and ePortfolios.</p>	<p>UCL academic manual          Doc 007: Curriculum map          Doc 009: Assessment strategy, codes of practice and blueprints for all summative assessments          GMC evidence summary          NSS results</p>	<p>Clinical teachers          School management team          Those with responsibility for curriculum and assessment          School quality management team</p>	<p>that students receive regular information about their development and progress. This should include feedback on both formative and summative assessments.</p>
113	<p>How the School ensures that assessments are carried out in a fair and consistent way, across multiple LEPs?</p>	<p>UCLMS learning and teaching strategy          UCL academic manual          Doc 009: Assessment strategy, codes of practice and blueprints for all summative assessments</p>	<p>Students          Teachers and tutors          Clinical teachers          School management team          Those with responsibility for curriculum and assessment          School quality management team</p>	<p>Standard not met – see requirement 1          There was perception among some students that an OSCE run over more than one day put some students at a disadvantage but we were assured that the School were monitoring this and there was no discernable disadvantage. We also heard of inconsistency in student's experience</p>

				of SLEs
114	What guidance is provided to students about what is expected of them in any examination or assessment?	Student access to virtual learning environment – student handbook and assessment guidance.	Students Teachers and tutors Clinical teachers School management team Those with responsibility for curriculum and assessment	Standards met. Students confirmed that they received adequate guidance on assessments and this guidance was received in a timely manner.
115	How does the School ensure that examiners are trained to carry out their role and apply the assessment criteria consistently?	UCLMS learning and teaching strategy UCL academic manual Doc 009: Assessment strategy, codes of practice and blueprints for all summative assessments	Students Teachers and tutors Clinical teachers School management team Those with responsibility for curriculum and assessment School quality management team	Standards met.

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

<p>124</p>	<p>How does the School provide appropriate support for student's academic and general welfare needs? The GMC pre-survey gave a low view of academic support from the students.</p>	<p>GMC UCLMS evidence base</p>	<p>Students Teachers and tutors Clinical teachers School management team Those with responsibility for student support Those with responsibility for curriculum and assessment School quality management team LEP education management team</p>	<p>Standards met – see recommendation 3- The School should ensure that all students have access to appropriate support for their academic and general welfare needs.</p>
<p>128</p>	<p>How does the School ensure that everyone involved in educating medical students is appropriately selected, trained, supported and appraised?</p>	<p>UCL contextual information UCLMS Learning and Teaching strategy Good practice Standards for DGH attachments</p>	<p>Teachers and tutors Clinical teachers School management team School quality management team</p>	<p>Standards met. Many of the clinical teachers we met are also involved in postgraduate training and have benefited from training for that role. Standards are also</p>

			LEP education management team	clearly laid out in the standards for clinical teachers' document. Teachers can also access TIPS training.
148	How does the School ensure that clinical supervisors understand the (2012) curriculum, are aware of what they are should be delivering, and understand the standards that are being applied at each LEP (esp. foundation standards).	Standards for clinical teachers  Good practice Standards for DGH attachments	Clinical teachers  School management team  Those with responsibility for curriculum and assessment  School quality management team  LEP education management team	Standard met.  The revised curriculum has been rolled out to all staff from 2012 onwards.
<b>Domain 7: Management of teaching, learning and assessment</b>				
<b>Domain 8: Educational resources and capacity</b>				
160, 161	How will the School ensure that students have access to appropriate learning resources and facilities	UCL contextual document.  UCLMS Learning and	Students  Teachers and tutors	Standards met – see recommendation 5 - The School should ensure that students have

	<p>including libraries, computers, lecture theatres etc?</p> <p>How will the closure of the Archway campus impact on this?</p> <p>How will the School monitor the impact of the additional 1000 students (MDECS masters project) on existing resources?</p> <p>How will IT support these additional students, and the demands of the 'paperless' 2012 curriculum?</p> <p>What will be the impact of funding cuts and service reconfiguration on learning resources and faculties</p>	<p>teaching strategy</p> <p>UCL: Medical school strategy 2011-2016</p>	<p>Clinical teachers</p> <p>School management team</p> <p>School quality management team</p> <p>LEP education management team</p>	<p>access to appropriate learning resources and facilities, both physical and IT.</p>
165	<p>How the School ensure that educators have time to train: all faculty staff at the School is stated to have 25% of their time for</p>	<p>UCLMS Learning and Teaching strategy</p>	<p>Students</p> <p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management</p>	<p>Standards met – see recommendation 6- The school and LEPs should have a clear plan as to how they will ensure</p>

	teaching and learning activities – that is 10 hours per week teaching –how does this work in practice? What will be the impact of changes in SIFT funding on this?		<p>team</p> <p>Those with responsibility for student support</p> <p>Those with responsibility for curriculum and assessment</p> <p>PPI</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	and enhance the quality of education provided, responding to and addressing challenges such as changes in funding streams, reconfiguration of services and their delivery in the community.
<b>Domain 9: Outcomes</b>				
170	How does the School ensure that the curriculum meets the outcomes for graduates?	<p>UCL contextual document.</p> <p>UCLMS Learning and teaching strategy</p> <p>UCL: Medical school strategy 2011-2016</p>	<p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management team</p> <p>Those with responsibility for curriculum and assessment</p> <p>School quality</p>	Standards met.

			management team LEP education management team	
172	<p>How is the progression of students, both within the undergraduate phase but also subsequent progression in relation to Foundation programme and postgraduate training, monitored?</p> <p>How is the portfolio used to transfer information?</p>		<p>Students</p> <p>Teachers and tutors</p> <p>Clinical teachers</p> <p>School management team</p> <p>Those with responsibility for student support</p> <p>Those with responsibility for curriculum and assessment</p> <p>PPI</p> <p>School quality management team</p> <p>North Central Thames Foundation School</p> <p>LEP education management team</p>	<p>Standards met: this area is a challenge for most medical schools but the use of the ePortfolio from year 4 onwards helps the transfer of information. Close links between the School and the NCTFS also means that progression can be tracked, at least informally from School through to foundation for those students who progress to NCTFS.</p>

## Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
Doc 001	Organogram of MBBS management and governance structures	Explanation of management and governance structures	May- Jun 2012	UCL Medical School
Doc 002	Organisational Risk Register	Complied risk register and UCLMS Learning and Teaching Strategy	August 2012	UCL Medical School
Doc 003	Quality management Strategy	UCL Academic Manual Quality management and Enhancement A-z mQMEC Terms of Reference	April 2012	UCL  UCL  UCL Medical School
Doc 004	Two most recent QM reports for LEP sites visited	Royal Free London Hospital  Barnet and Chase Farm Hospitals	August 2012  January 2012	UCL Medical School  UCL Medical School
Doc 005	UCL Equality and Diversity Strategy			UCL

Doc 006	Evidence of the evaluation and impact of the examples of good practice identified in the most recent MSAR and in Q9 of your contextual information.	Public engagement in the education of TD 09  Raising concerns  Standards for clinical teachers		UCL Medical School
Doc 007	Curriculum map	MBBS Curriculum Outcomes and map.	August 2012	UCL Medical School
Doc 008	Student Assistantships	Plans, guidance, learning outcomes and evaluation strategy for student assistantships	2012-2013	UCL Medical School
Doc 009	Assessment strategy	Assessment strategy, codes of practice and blueprints for all summative assessments.	2012-2013	UCL Medical School
Doc 010	Report on final examinations	Year 5 statistics 2011-12 and 2010-11.	June 2011	UCL Medical School

Doc 011	Evaluation reports for each year of programme	MBBS Annual Monitoring Report 2010-2011.	December 2011	UCL Medical School
		MBBS Student Feedback Report 2010-2011.	November 2011	UCL Medical School
Doc 012	Calendar	Calendar with key dates including inductions, exams and exam boards, student assistantships and other placements	n/a	UCL Medical School
Doc 013	Agreements with LEPs	Generic LDA 2011-12 Letters of agreement		UCL Medical School/NHS London
Doc 014 and 015	Staff and student access to virtual learning environment			UCL Medical School
Supplementary information	UCL contextual information			UCL Medical School
GMC UCLMS evidence base		Summary of evidence held by GMC on UCL Medical School and their LEPs.	2011	GMC

## Appendix 3: Abbreviations

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

E&D	Equality and diversity
DEOLO	Departmental Equal Opportunity Liaison Officers
DGH	District general hospital
F1	Foundation year one
GMC	General Medical Council
GP	general practice/practitioner
iBSC	Intercalated Bachelor of Science
IT	Information technology
LEP	Local education provider
MBBS	Bachelor of Medicine and Surgery
MDECS	Medical and Dental Education Commissioning System
MSAR	Medical School Annual Return
NENC LETB	North east north central local education and training board
NCTFS	North Central Thames Foundation School
NTS	National training survey
OSCE	Objective structured clinical examination
PPI	Patient and public involvement
QAU	Quality Assurance Unit
QABME	Quality Assurance of Basic Medical Education
REF	Research excellence framework
SIFT	service increment for teaching
SLE	Supervised learning event
SLA	service level agreement
UCL	University College London
UCLMS	University College London Medical School

VLE      Virtual learning environment