

Response to the GMC

We are very grateful to the GMC and their visit team for their report. We are keen to implement their suggestions to ensure that UCL Medical School (UCLMS) can continue to provide an excellent student experience. UCLMS is reassured that the visitors' perspective was generally positive and that there was just a single requirement included in the report.

The London context in 2012/13

Medical education is a dynamic and changing field. The GMC rightly identified the importance of the changing landscape of healthcare provision in London, and the need to understand and anticipate this. UCLMS is aware of the ramifications of these changes, and has adopted a proactive position to ensure that education remains everybody's business. In order to be compliant with Tomorrow's Doctors 2009 UCLMS has introduced a new curriculum, which was launched approximately eight weeks before the GMC's visit.

Response to specific points

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

Feedback on assessment is an area UCLMS has worked hard on to improve. Data from the National Student Survey [NSS] has demonstrated our progress in this area. We anticipate that the introduction of formative OSCEs will further support students as mentioned in Item 5, and this is an example of our effort to increase meaningful feedback. We have introduced a lecture in both year 1 and 2 giving feedback on their performance in the formative OSCE. In year 4 we provide students with feedback from the formative written paper (their score and decile ranking as well as explanation of correct answer). We also already provide students with a breakdown of their performance in the end of year 4 summative OSCE. Students will get similar individual station feedback when the end of year 5 OSCE is introduced. We are currently discussing with UCL the possibility of increasing written feedback on examinations.

Correction to Item 7: Students in year 6 do not presently keep a formal e-portfolio but this is being introduced in the next academic year. They currently have an extensive paper based portfolio.

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.

We agree that exceptional event reporting and Care Quality Commission reports are information of which we could make better use. We will ensure that these are formally reviewed by the Quality Assurance Office and any necessary action taken. All students are informed about the existence and location of the raising concerns portal, not only during their ethics and law teaching, but also through their student representatives who have this included in their annual training. It has already

been successful in identifying issues within clinical placements. However, it is possible that students who have not had any reason to report concerns may be less likely to be aware of its existence. We will continue to develop our communication strategy and seek to improve mechanisms by which students can contribute to quality assurance and enhancement.

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

One of the educational innovations of the new curriculum was to introduce a range of learning opportunities that students can choose from. This allows students to tailor their learning according to their needs and attend the session that suits addressing their needs best. While this may initially have been interpreted by some students as timetabling clashes, our intention was to provide a better student-centred approach to education with enhanced choice. The School needs to communicate this more effectively to the student body, and we have already begun to do this since the GMC visit.

We are all too aware how important IT is for modern learning environments: all our teaching sites are strongly urged to comply with our standards document which includes appropriate IT standards. Our usual practice is to provide clear advance notice for all placements. Item 20 identifies what we consider to be a highly exceptional circumstance for a group of fifth year students, which was related to staff illness.

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

Item 26: The personal tutoring system was a new system introduced in September 2012 and so, at the time of the GMS's visit, students would have only have experienced 2 months of the new arrangement. It would be unlikely that this would have been sufficient time to identify most students in difficulty, particularly given that no formal assessments had yet taken place. We will and ensure that at the end of the first year of implementation of the new personal tutor system, that it is properly evaluated.

Item 29: The majority of careers advice takes place in year 5. At the time of the GMC visit it would only have been the year 6 students that could have meaningfully described the school's careers advice in the round, and so while we appreciate the students' concerns, this should be considered in context of this group's particular experience. We will continue to review the provision of careers advice, and ensure that all opportunities are clearly communicated to students. To-date pressure for appointments has peaked in the 6-8 weeks preceding the submission of Foundation School applications and it has been difficult to accommodate the large numbers of students requesting appointments in such a short period of time. However the move this year to SJTs is likely to spread the demand over a longer period and ease this pressure. With effect from this session, the Medical School has also worked closely with the UCL Careers Service to facilitate fixed sessions for MBBS student appointments and to raise awareness of this provision.

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

Item 31: The Holborn Union Building on the Whittington Campus is being closed. The School reassured the GMC visitors that no student facilities were being lost; in fact a new refurbishment was underway elsewhere on the campus which should at least replicate facilities being closed.

Item 32: We are aware of the need for provision of adequate IT facilities, and ensure that there is adequate provision at all teaching sites. We are aware that mobile phone and Wi-Fi reception can be patchy at some trust locations, and are working to improve facilities where appropriate.

Item 33: The introduction of paper-light resources has been prompted by environmental concerns, ease of use, and access, and not with the intention to shift cost or work to our students.

Item 34: The GMC heard examples of what the students termed 'small' group work which involved groups of 100 students. While there are situations where up to 100 students are participating in small group work at the same time, this would however involve several tutors. We would normally regard group sizes of 25 to be the upper limit for this type of teaching.

Item 35: MDECs has been a developing venture and is now significantly different from the position detailed in the report. The Medical School will not host all the trainees, rather they will be spread across the School of Life and Medical Sciences. The delivery of the academic programme will be split between QMUL and UCL. UCLMS will be contributing by running three M-level modules mainly through online and blended learning, with staff specially employed to deliver this. It is anticipated that this will have a negligible impact on the undergraduate experience.

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.

Item 38: We consider that having the financial transparency and flexibility to re-allocate students when their education has fallen below expected standards, is an important area of good practice for the school.

Item 41: UCLMS provides a significant amount of time for education in community settings. Despite the considerable challenges that service reconfiguration has created, we have continued to recruit and sustain high quality community-based teaching placements. Engagement with and immersion in these settings is crucial and it is through effective relationships with providers that UCLMS prides itself in being successful at preparing students for the future changes in healthcare delivery.

Areas of good practice

We were delighted that you have identified exceptional and innovative examples of best practice. We feel there are several areas missing and in particular the examples of good practice that came from the GMC investigation about students with mental health problems.