

Academic year 2024-2025

# Quality Assurance Report for Brunel Medical School

This report forms part of the GMC's new schools quality assurance 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

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| Education provider | Brunel Medical School ('the school')   |
| Sites visited      | Brunel University London, Quad North, Kingston Lane, London, Uxbridge, UB8 3PH   |
| Programmes         | Medicine (MBBS)  |
| Date of visit      | 26 and 27 February 2025  |
| Key Findings       | <ol style="list-style-type: none"> <li>1. In February 2025 we visited the school as part of our multi-year programme of monitoring. The purpose of the visit was to assess how the school is progressing following its third cohort of students starting in September 2024, their preparedness for a fourth cohort of students and to identify areas working well and areas for further consideration. It should be noted that at the time of our visit, a significant reorganisation of the university's professional services teams was occurring, including those at the medical school.</li> <li>2. Prior to the visit, we reviewed the school's document submission which included the school's updated risk register, Year 3 clinical educator handbooks, induction plans, placement timetables and information on Year 3 and 4 SSCs.</li> <li>3. During the visit we met with the School Management Team, Quality Management Team, Student Support team, Student Selection (Admissions) team and senior managers</li> </ol> |

from the university. We also met with those involved in curriculum and assessment, as well as Year 1, 2 and 3 students, academic and clinical educators, professional services staff and Directors of Undergraduate Education (DUEs).

4. We found numerous areas working well. We were pleased to see that: students praised the school's support team and the opportunity for early patient contact, the Local Education Providers (LEPs) and Directors of Undergraduate Education (DUEs) have a good working relationship with the school, clinical educators feel well prepared and supported in their roles and staff felt their assessment structure was equipping students well for the AKT and students reported that they felt they were being prepared well.
5. However, there are some areas where further thought and reflection is needed. We heard the professional services team are experiencing additional pressures given the number of students on both the MBBS and PA Programme. We also heard that this team was continuing to face an increased workload due to reliance on several outdated digital management systems.
6. The school must establish a functioning Fitness to Practise process to investigate and act when there are concerns about the fitness to practise of medical students. The school must also ensure students have access to adequate occupational health services whilst having effective mechanisms in place to monitor the vaccination status of students. Finally, the school must continue to appropriately develop the medical school curriculum and set fair, reliable and valid assessments that are mapped to the curriculum.
7. Overall, the school is continuing to develop and work towards meeting GMC standards, and we encourage the school to address the concerns identified during the visit to ensure the university is on track to meet our standards and requirements. At the next visit in 2026, we will take the opportunity to see how the fourth cohort of students are progressing, and how the school has adapted to having an increase in student numbers. We will also check on the progress of the areas for further consideration identified and open requirements.

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# Update on previous activity

## Update on open recommendations

|   | Theme/Requirement                                | Open requirement   | Status   |
|---|--|--|--|
| 1 | Theme 1<br>(Learning environment and culture)    | The school should ensure they continue to monitor the impact the increased workload for professional services staff following the addition of multiple student cohorts alongside the PA Programme. | We heard about the ongoing challenges the school is experiencing in relation to this area.<br><br>This has now become a requirement, with further details provided in <b>paragraphs 28 - 33.</b> |
| 2 | Theme 2<br>(Education Governance and Leadership) | The school should ensure the successful development and integration of the central university and school digital systems.  | We heard about the ongoing challenges the school is experiencing in relation to this area.<br><br>This has now become a requirement, with further details provided in <b>paragraphs 37 – 41.</b> |

## Findings from 2024/25 activity

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.

### 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 3:<br>Supporting learners<br>(R3.2)  | Students praised the support they receive from the medical school's student support service, which appears comprehensive and accessible despite there now being three cohort of students and two cohorts of PA students. We encountered an engaged and well supported student body. However, there was clear anxiety over the sustainability and continuation of this support following the upcoming changes within the wider university. | 1 – 6            |
| 2 | Theme 4:<br>Supporting<br>Educators (R4.3)   | The Local Education Providers (LEPs) and Directors of Undergraduate Education (DUEs) spoke positively of their relationship with the medical school. They told us that they feel well supported by the school and have been adequately prepared to teach the students.  | 7 – 9            |
| 3 | Theme 4:<br>Supporting<br>Educators (R4.4,<br>R4.5)  | Primary and secondary care clinical educators feel well prepared and supported in their roles. They praised their relationship with medical school staff and the induction workshops facilitated by the school. The workshops helped to manage their expectations and outline what is required of them in the role.   | 10 – 12          |
| 4 | Theme 5:<br>Developing and<br>implementing<br>curricula and<br>assessments (R5.3)          | Students praised the opportunity for early patient contact through GP placements and home visits. They also spoke positively of their experience with Team-Based learning (TBL). They told us that they find this to be an effective way to learn and it encourages the building of relationships, especially between home and international students.  | 13 – 15          |
| 5 | Theme 5:<br>Developing and<br>implementing<br>curricula and<br>assessments (R5.5,<br>R5.7) | The medical school's preparation of students for the MLA Applied Knowledge Test (AKT) is going well. We heard how students are aware of the AKT and could identify how their teaching and assessment is being aligned to the AKT.   | 16 – 19          |

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**Area working well 1: Students praised the support they receive from the medical school's student support service, which appears comprehensive and accessible despite there now being three cohorts of students and two cohorts of PA students. We encountered an engaged and well supported student body. However, there was clear anxiety over the sustainability and continuation of this support following the upcoming changes within the wider university.**

- 1 During our visit, we were pleased to hear how beneficial the students found the support that they receive from the school's support service. In previous years, we have heard students praise the school's support services and so we are pleased to hear that with the increasing number of learners as they now have three cohorts of students and two cohorts of PA students, students are still receiving a high level of support.
- 2 The Year 1 students we met with told us that the school's wellbeing team ran a session during their induction week which they found helpful, and they were aware of a wellbeing room where they can find a member of the school's support team at any time. We were pleased to hear that the students who had used the school's support services had a positive experience and that the support team remained in contact. The students told us that they felt it was important to have a dedicated support team within the school who understood the course, to provide them with more specialised support as students specifically studying medicine. We also heard that a number of students had experience of applying for reasonable adjustments. They told us that this was a streamlined process that felt very personalised.
- 3 The Year 2 students we met with told us that they were aware of the school's student support service and knew they could email them to access support. We did hear that a student had noticed it was slightly harder to access support now that the team had lost some staff members. The students were also aware of the university counselling service.
- 4 The Year 3 students told us that they also had positive experiences with the school's student support team and that they were directed to the university's support services, where appropriate. We heard that some students had some issues in their dealings with the university exam team, when requiring reasonable adjustments but that there had been no issues internally with this within the school.
- 5 We did hear of some challenges that the student support team within the school are facing. This includes staff resourcing levels (delays in recruitment to replace colleagues which has led to staff working a number of roles and having a high workload), access to rooms (only having one confidential room to meet with students) and concerns with the school database (causing issues with reports, flagging vulnerable students and increasing workload which increases the chances of human error). We did hear of some mitigating actions the school were taking to address these challenges.
- 6 We did hear about the proposed introduction of the Professional Services Target Operating Model (TOM 2). We heard that this was being introduced by the central university and was causing concern amongst the school staff who work in the support teams. We will continue to monitor the development of this and the impact it will have on the students and school's professional services staff.

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**Area working well 2: The Local Education Providers (LEPs) and Directors of Undergraduate Education (DUEs) spoke positively of their relationship with the medical school. They told us that they feel well supported by the school and have been adequately prepared to teach the students.**

- 7 During the visit, we spoke to a number of LEPs and DUEs regarding their relationship with the school and experience of teaching its students. We were pleased to hear that the LEPs and DUEs found the school's students to be very enthusiastic learners and that both the representatives from the LEPs and DUEs had an open and ongoing dialogue with the school. We were also pleased to hear that they felt prepared for a fourth cohort of students and that the school had communicated the logistics of this to them in advance. We were told that the DUEs and LEPs felt confident in knowing what students can and cannot do.
- 8 We heard examples of reasonable adjustments that the school had successfully communicated to the LEPs ahead of their placements. We heard that LEPs and DUEs meet with the school monthly and are annually surveyed. We were told that the LEPs and DUEs receive ongoing feedback from students and that students provide end of placement feedback.
- 9 The attendees we met with from the school's LEPs told us that they would like the opportunity to network with each other to coordinate teaching across sites. This may be something that the school can explore facilitating.

**Area working well 3: Primary and secondary care clinical educators feel well prepared and supported in their roles. They praised their relationship with medical school staff and the induction workshops facilitated by the school. The workshops helped to manage their expectations and outline what is required of them in the role.**

- 10 During the visit, we were pleased to hear that primary and secondary care clinical educators feel well prepared and supported by the school. We were told that the educators received a very structured induction which covered what is expected of them, as well as attending a workshop for new educators. Clinical educators continue to have a good relationship with the school.
- 11 We heard that the school is good at preparing the educators for the delivery of the curriculum, including providing them with student and teacher guides. We also heard that the school helped the educators with deciding the parameters of blocks and writing effective timetables. We were told that the school provides clear communication regarding the number of students that will be at the LEP, and what reasonable adjustments they might require.
- 12 Similarly, we heard that the school is very clear about their processes, such as raising concerns. The educators told us that raising concerns is a topic that was discussed during a workshop provided by the school. We were pleased to know that the educators knew how to raise a concern to the school and felt comfortable doing this. We were also pleased to hear that the educators that we met with had not had to raise any significant concerns and most were related to minor issues such as attendance.

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**Area working well 4: Students praised the opportunity for early patient contact through GP placements and home visits. They also spoke positively of their experience with Team-Based learning (TBL). They told us that they find this to be an effective way to learn and it encourages the building of relationships, especially between home and international students.**

- 13 During the visit, Year 1 students told us how beneficial they found TBL and how it helped them build relationships with each other. This was echoed by the school's management team, who observed that TBL had been a valuable mechanism for integrating the home and international students. The Year 1 students told us that they felt their TBL groups worked well as the students have different backgrounds, and therefore they can learn from each other. We heard that the Year 2 students enjoyed having the opportunity for patient exposure, which they believe is earlier than their peers at other schools. We also heard from Year 3 students that they believed TBL had helped prepare them for their placements.
- 14 We were pleased to hear that Year 1 students felt prepared for their GP placements and home visits, assisted by a session with GP educators who explained to them what to expect. We felt this was particularly helpful for international students who might not be aware how primary care is structured in the UK. Similarly, Year 1 students told us that they were prepared for home visits as they were given the opportunity to talk with patients ahead of the visits and introduce themselves alongside the patient's GP.
- 15 When speaking with the school's admissions team, we were told that TBL was the predominant way of educational delivery and that this was something they believe attracted students to applying to the school. We were also told that it was possible to scale up TBL, if there was further investment into its resources, and we look forward to exploring how TBL develops at the medical school in future visits.

**Area working well 5: The medical school's preparation of students for the MLA Applied Knowledge Test (AKT) is going well. We heard how students are aware of the AKT and could identify how their teaching and assessment is being aligned to the AKT.**

- 16 During the visit, we were pleased to hear that the school's preparation of students for the AKT was going well. Students could identify how what they were being taught and assessed was aligned to the AKT. However, it is important to note that the school should continue to develop their delivery of the AKT to ensure it is MLA compliant.
- 17 When meeting with colleagues from the school's assessment team, we asked how prepared they felt to deliver the MLA. They told us that the school's MLA working group had helped them to work out logistics and prepare for the delivery. We were pleased to hear that the school was using resources provided by the Medical School's Council (MSC). We were also told that the school had uploaded information from the MSC to its online learning space (Brightspace) for students to access resources such as practice papers.
- 18 The assessment team told us that its assessment blueprint is mapped to the sampling grid for the AKT so that students will have experience of AKT-like testing six times before they sit the AKT. We

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heard from students in Year 1, 2 and 3 that they found the content they were taught was aligned to their assessments and recognised how progress testing was preparing them for the AKT.

- 19 The school should continue to collaborate with us to ensure that their delivery of the MLA is compliant with the MLA requirements, both for the AKT and CPSA. The school will submit further documentation regarding MLA compliance in September 2025.

## Areas for further considerations

We highlight areas that we feel the organisation may benefit from considering further to ensure standards continue to be met.

|   | Theme   | Areas for further consideration  | Report paragraph |
|---|---|--|------------------|
| 1 | Theme 1: Learning environment and culture (R1.19) | Throughout the visit we heard concerns and perceived anxiety from students, educators and medical school staff in relation to the plans to centralise the medical school's professional services. We heard how this will lead to a significant reduction in medical school specific staff, and there are concerns whether the medical school will be able to continue to provide adequate support in relation to assessment, student support, admissions, placement management and quality management. | 20 – 27          |

**Area for further consideration 1:** Throughout the visit we heard concerns and perceived anxiety from students, educators and medical school staff in relation to the plans to centralise the medical school's professional services. We heard how this will lead to a significant reduction in medical school specific staff, and there are concerns whether the medical school will be able to continue to provide adequate support in relation to assessment, student support, admissions, placement management and quality management.

- 20 During the visit, we heard of a proposed change to the school's professional services function. We were told that the university had proposed a new structure under the Professional Services Target Operating Model (TOM 2). This had led to all of the school's professional services staff receiving 'at risk' letters in February 2025. We heard that there would be some medical school specific roles made available for current professional services staff to apply for, but that these were limited. This had led to widespread concern and anxiety within the school regarding its ability to continue to provide an adequate service in relation to assessment, student support, admissions, placement management and quality management.

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- 21** When we met with the assessment team, we heard concerns that there was no clear plan for a dedicated medical school assessment team following the university's proposal to streamline its professional services. We heard that some members of the team had left, and that there had been no recruitment to fill their posts which had led to a challenging workload for their colleagues. There were concerns that centralising medical school assessment would lead to the loss of specific knowledge and expertise needed to run assessments for medical students, for example Objective Structured Clinical Examinations (OSCEs).
  - 22** With regards to reasonable adjustments, the team told us they were concerned about the increasing complexity of running exams in multiple venues, given the numbers of students requiring individual rooms as part of their reasonable adjustments. The reduction in staffing puts further pressure on the team. Furthermore, due to a university change to the January exam period, we were told that teaching is taking place during assessment periods which impacts the availability of exam rooms.
  - 23** We met with the professional services team, who reiterated concerns regarding workload that we had been told about during previous visits. We were concerned to hear that the pressure on the professional services team had increased due to the recruitment freeze, meaning that the team were continuing to struggle with their workload. The team told us that they felt that student expectations are not being met due to a lack of staffing and resources available (especially for international students who may need further support). There was a strong belief that the school should continue to have its own professional services team, which is tailored to meet the needs of medical students.
  - 24** Similarly, the student support team told us that two of its officers had left which had led to an unmanageable workload for the student support and wellbeing manager. We were told that the school had not been able to recruit for these roles due to a university recruitment freeze.
  - 25** We also met with the school's admissions team who had lost members of their team and had concerns over the restructuring, as they feel this will lead to a lack of specialism that is required to adequately meet the needs of the MBBS and PA admissions process. This includes being able to facilitate MMIs. The admissions team also highlighted to us the impact on TBL, which they know has been a significant reason why a number of students have applied to study at the school.
  - 26** After hearing these concerns, shared by colleagues across the school, we met with representatives from the university. We were told that in the interim period, while the university was making plans for the restructure, they had moved resources across to the school to meet their short-term needs regarding staff capacity. The university representatives told us that they were moving towards a model where there is shared responsibility for its professional services but recognised the specific requirements and needs of a medical school. The university told us that they would be meeting with representatives from the school's professional services team to try and ensure their needs are covered, including IT support. We were told that no changes would be made to the running of the medical school until its proposal was finalised and a plan had been agreed. They told us that they were aware that they need to continue to support the school until its new structure was implemented.

- 27 In light of the number of concerns we heard and the transition period that the school is in prior to the university's new processes being implemented, we have set a number of requirements in relation to this and a monitoring process to ensure that our requirements are met.

## Requirements

We set requirements where we have found that our standards are not being met. We will monitor each organisation's response and will expect evidence that progress is being made during the next QA cycle. We are pleased to say we did not set any requirements following our visit.

|   | Theme   | Areas for further consideration   | Report paragraph |
|---|---|---|------------------|
| 1 | Theme 1: Learning environment and culture.    | The school should ensure they continue to monitor the impact the increased workload for professional services staff following the addition of multiple student cohorts alongside the PA Programme.  | 28 - 33          |
| 2 | Theme 1: Learning environment and culture.    | The school must ensure students have access to adequate occupational health services and have effective mechanisms in place to monitor the vaccination status of students.  | 34 – 36          |
| 3 | Theme 2: Education Governance and Leadership. | The school and the university must work together to ensure the successful development and integration of the central university and medical school digital systems.   | 37 – 41          |
| 4 | Theme 3: Supporting Learners                  | The school must have a functioning process in place to investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance.  | 42 – 46          |
| 5 | Theme 5: Developing assessment and curricula. | The school must have staff who are suitably qualified to appropriately develop the medical school curriculum and set fair, reliable and valid assessments that are mapped to the curriculum in a timely manner, particularly in preparation for Years 4 and 5 of the programme. | 47 – 50          |

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**Requirement 1: The school should ensure they continue to monitor the impact the increased workload for professional services staff following the addition of multiple student cohorts alongside the PA Programme.**

- 28** During the previous visit in 2024, we heard that the integration of the PA programme and addition of further student cohorts had led to an increased workload for professional services staff. As such, we set a recommendation to ensure that the school addressed the challenges regarding workload for the professional services staff.
- 29** When speaking with the School Management Team, we were told that all teams within the school were working at their highest capacity, with professional services staff working longer hours and over the weekend. We were told that there had been a recruitment freeze, and that staff had left the school. The team told us that additional resources had been moved from central university temporarily to help address this.
- 30** We met with the Professional Services Team who told us that the issues raised with us previously regarding workload had worsened. We were told that members of the team are holding multiple positions and roles, which has led to a decline in service and the student experience. The team told us that they felt that student expectations are not being met due to the challenges around staffing and resources available. We were concerned to hear members of the team had left due to their workload and that additional support for the team had been challenging to find. We discussed the university's plans for restructuring its professional services and whether the team felt this would improve things, but heard concerns that the restructure would not help improve the students' experience.
- 31** The Student Support Team shared many of the same views as the Professional Services team, including that their workload had become unmanageable due to staff leaving their posts and a recruitment freeze being implemented. The team told us that they were relying on members of other teams to support them.
- 32** When speaking with the assessment team, we heard that due to professional services staff leaving posts and no recruitment being done to fill these posts, the team were finding the workload challenging and this was leading to burnout. We also heard that this meant the team were unable to provide additional support beyond the core services for OSCEs and AKT. We were told by the School Management Team that additional resource had been moved from the central university temporarily, and that the school was struggling with its assessment capacity, given the requirements of running the OSCEs and the number of students they have.
- 33** In light of the number of concerns we heard and the transition period that the school is in prior to the university's new structure being implemented, we have set a requirement to ensure that our standards are met (Requirement 1).

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**Requirement 2: The school must ensure students have access to adequate occupational health services and have effective mechanisms in place to monitor the vaccination status of students.**

- 34** During the visit, we heard that there had been an issue monitoring the vaccination status of students.
- 35** We were told that this issue resulted in delays for some students commencing placements, and on some occasions, students had already started their placements without being fully vaccinated. We heard that this was due to an issue with the capacity of the local placements team, who were monitoring students' vaccination status.
- 36** Considering the concerns, we requested assurance from the medical school over what action had been taken to address this potential patient safety issue and what mechanisms are in place to ensure it does not happen again. The school have since updated and shared guidance with students and relayed this to the relevant trusts. Mechanisms are also in place to ensure non-attendance at Occupational Health meetings will be flagged and 'fit for placement' certificates issued for students. The updated process will be overseen by the Dean of the medical school and the Lead for Infectious Diseases to address workload issues experienced by the Student Support and Wellbeing team. We have also set a requirement to ensure that our standards are met (Requirement 2).

**Requirement 3: The school and the university must work together to ensure the successful development and integration of the central university and medical school digital systems.**

- 37** During the previous visit in 2024, we heard about the ongoing challenge regarding the school's integration of digital systems. We heard that the school was exploring suitable case management systems and has already implemented specialised medical school applications for ePortfolio, curriculum mapping and assessment management. During this visit, we heard that this remained an area for development.
- 38** The school outlined what current systems are in use for different functions. This included having a platform for attendance monitoring, placement allocation and TBL classroom management. We heard that there was ongoing development and updating of the platform (RISR) used for Multiple Mini Interviews, Objective Structured Clinical Examinations, e-portfolio, Supervised Learning Events, Direct Observation of Procedural Skills, Reflections, End of Block signoffs and Student Selected Components. We also heard that there is not a current case management system for student support and tracking.
- 39** The teams we met with, such as the Assessment and Student Support, expressed their concern regarding the delay in integrated systems being implemented. We were told that there are concerns over the integrity of data as some teams have multiple systems which are not integrated, which increases the chance for human error and information not being correctly communicated. To mitigate this, we were told that staff are working overtime to manually transfer data. The lack of a Case Management System has also impacted the support that is available for dealing with Reasonable Adjustment requests.
- 40** Due to the proposed centralisation of services, we heard that the university's information systems team would be taking over the development and updating of RISR. It appears that there are still

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decisions to be made on what other digital systems and platforms will be supported by the centralised information systems team moving forward. We heard about a Placement Allocation and Placement Attendance app, and that the medical school had developed some specialised software in conjunction with external consultants however they were concerned about the future IT support for this.

- 41 In light of the number of concerns we heard and the transition period that the school is in prior to the university's new structure being implemented, we have set a requirement to ensure that our standards are met (Requirement 3).

**Requirement 4: The school must have a functioning process in place to investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance.**

- 42 During the visit, we heard that that there had been significant delays in the progression of open fitness to practise (FtP) cases, indicating that the school's FtP process is not functioning as it should.
- 43 We were told that there are three levels to the school's FtP process, with the first two levels being dealt with in a supportive way with a plan put in place for the student to move forward. The third level feeds into the university's FtP process. We were told that the university then facilitates the composition of the FtP panel, and that this is where the delays have arisen. We were assured that the FtP process does have a mechanism in place which enables the school to immediately suspend students and prevent their engagement with patients to ensure patient safety, if necessary. We were pleased to hear that in the cases where there had been a delay, a risk assessment had been carried out which determined that no patients were at risk.
- 44 When speaking with representatives from the university, we were told that the delays in the FtP cases were due to the availability of those who would form the panel. We heard that a broader list of panel members has since been compiled, and that this should help prevent significant delays occurring again in future.
- 45 We were told by the school that the university's understanding of FtP varies to that of the GMC (for example not recognising the need for clinicians on the panel). However, we were told that a meeting had been arranged between the university and the school to agree where responsibilities lie, and the school were hopeful that this would resolve the issues.
- 46 We are pleased that the school and the university has looked to address the concerns raised regarding the FtP process and has since taken action to ensure there is a functioning system in place. However, to ensure that the concerns regarding the process are addressed in a sustainable manner, we have set a requirement to ensure that our standards are met (Requirement 4).

**Requirement 5: The school must have staff who are suitably qualified to appropriately develop the medical school curriculum and set fair, reliable and valid assessments that are mapped to the curriculum in a timely manner, particularly in preparation for Years 4 and 5 of the programme.**

- 47 During the visit, we heard about gaps in recruitment which may impact the school's preparation for Years 4 and 5. We were told that most Year 4 speciality leads were due to start in March but that

there were still a couple of gaps. Furthermore, recruitment for a Year 4 lead was currently behind schedule, with the post not yet advertised at the time of the visit. We also heard that the Year 4 SSC lead and Year 5 lead roles had not been advertised yet.

- 48** When we met with the curriculum team and discussed planning for Year 4, they felt that most of the school’s trusts could meet its needs for Year 4 (with some exceptions in certain specialities). We did hear that there were plans to significantly reduce the school’s Placement Team, along with the increased cohort sizes and inclusion of students on the PA programme, has led to concerns over whether the team will be able to continue to provide its essential service.
- 49** We were told that due to financial restrictions, those Year 4 speciality leads already recruited could not commence work in their roles, which is delaying the development of the Year 4 curriculum. We also heard from the Curriculum and Placement Teams that there had been issues with contracts, capacity and curriculum design.
- 50** To ensure that the school have staff who are suitably qualified to appropriately develop plans for curriculum and assessment for Years 4 and 5, we have set a requirement to ensure that our standards are met (Requirement 5).

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| <b>Team leader</b> | Dr Rachel Davies  |
| <b>Visitors</b>    | Professor Hisham Khalil<br>Professor Steve Jones<br>Meghan Sellars  |
| <b>GMC staff</b>   | William Henderson (Education Quality Assurance Programme Manager)<br>Fay Pendlebury (Education Quality Analyst) |

### Acknowledgement

We would like to thank Brunel Medical School and all those we met with during our visit for their cooperation and willingness to share their learning and experiences.