General Medical Council

Academic year 2025-26

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

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	25 and 26 February 2026
Key Findings	1. In February 2026, we visited the school as part of our multiyear programme of monitoring. The purpose of the visit was to assess how the school is progressing following its fourth cohort of students starting in September 2025, their preparedness for a fifth cohort of students and to identify areas progressing well, areas that require focus and if the requirements we set last year had been appropriately acted on. 2. Prior to the visit, we reviewed the school's document submission which included: documentation used to audit and identify vaccination status, an updated organogram following the restructure of the professional services, an

inter-professional learning strategy, Year 4 handbooks, module handbooks for Years 4 and 5 and a timeline for the planning of Year 5 electives.

3. During the visit we met with the:

- School Management team;
- Professional Services team;
- Curriculum (and Placement) team;
- Clinical educators (Primary and Secondary care);
- Year 1, 2, 3 and 4 students;
- Student Support team;
- Assessment team;
- University educators;
- MD/DMEs and undergraduate education managers in LEPs;
- Quality Management team; and
- Student Selection (Admissions) team.

4. We found numerous areas progressing well. We were pleased to see that: students feel supported and praised the school's student wellbeing team, clinical educators were positive about their experience teaching Brunel students and feel well supported by the school, and students feel the curriculum prepares them well for their clinical placements (which the clinical educators could also recognise).

5. We did identify an area that requires focus. We feel that the school should prioritise addressing capacity issues in clinical placements as the number of students in the school will continue to increase. In addition to this, there remains requirements open which we require the school to provide updates on. These are outlined in the report.

6. Overall, the school is continuing to develop and work towards meeting GMC standards, and we expect the school to address the remaining open requirements to ensure that the University is on track to meet our standards and requirements. At the next visit in 2027, we will take the opportunity to see if the school is in a position for us to recommend that it is added the list of medical awarding bodies.

Findings from 2025-26 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.

Update on previous activity

Update on open requirements

	Theme	Requirements	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.	This requirement is partially met and remains open. Further information at 1-5
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.	This requirement has been met and is now closed. Further information at 6-9
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.	This requirement is partially met and remains open. Further information at 10-14
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.	This requirement has been met and is now closed. Further information at 15-18

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.	This requirement is partially met and remains open. Further information at 19-22
6	**Theme 5: Developing assessment and curricula**	The school must demonstrate engagement and input from external stakeholders into the development of their CPSA, including assessment strategy, standing setting, the creation and quality management of stations and the engagement of external examiners.	This requirement is partially met and remains open. Further information at 23-26

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

1 During our visit in 2024, we heard that 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. Following our visit in 2025, in light of the number of concerns we heard and the transition period that the school was in prior to the University's new structure being implemented, we escalated this recommendation to a requirement.

2 Prior to this year's visit, we received an update on this requirement which informed us that the University wide reorganisation of professional services and staff came into effect in July 2025. It was outlined where gaps had been identified and additional support provided. During the visit, we were told that additional support had been provided to the assessment and curriculum teams. We were also told that a new professional services transformation project group had been set up to plan for meeting upcoming needs and demand as the school reaches full student capacity.

3 When we met with the professional services staff, we were told that they felt things were moving in the right direction and that the new structure will support the needs of the school. We were pleased to learn that the school retained specialist pastoral support for the students because this was a concern raised to us last year, that this specific support was valued by students due to specialist nature of the medical programme and they did not want it to be lost. We were told that the student support team was fully staffed, and they were able to access additional support when required, which was supported by the University.

4 Following what we heard during the visit, and the information we received prior to this visit, it appears that there is sufficient support in place for professional services staff currently. The school seems to be working closely with the University to ensure they have adequate resources. The

University and school should continue to work together to ensure they can support the larger cohorts in future.

5 We have kept this requirement open so that we can monitor any future developments that come from the new support model being fully embedded, and a fifth cohort of students starting at the school in September 2026 which may impact the workload of professional services.

Open 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.

6 During our last visit, we heard that there had been an issue monitoring the vaccination status of students. We requested immediate assurance from the medical school at the time 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. We were told that the school updated and shared guidance with students and relayed this to the relevant trusts. We were also told that there were mechanisms in place to ensure non-attendance at Occupational Health (OH) meetings will be flagged and 'fit for placement' certificates issued for students. It became apparent during the visit that these mechanisms remain in place.

7 Prior to this visit, we received a further update from the school on all their open requirements. Regarding requirement 2, we were given a breakdown of the four cohorts of students and were assured that all the students were vaccinated. It was also noted how many students were undergoing a second course of Hepatitis B vaccinations. We were also told in the update that the school and Occupational Health Works (OH Works) meet regularly which allows timely communication about the vaccination status of students. This will also ensure that the school is notified directly if a student is struggling to meet vaccination requirements.

8 Through supporting discussions during the visit, we found that the OH service processes are now in place and working as expected, with various mechanisms to ensure students have received the correct vaccination status ahead of going on placement. However, the school should continue to monitor this to ensure no further concerns arise.

9 This requirement has been met and will be closed.

Open 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.

10 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 had already implemented specialised medical school applications for ePortfolios, curriculum mapping and assessment management. Following the last visit in 2025, we heard that this remained an area for development.

11 After having this as an open recommendation since 2023, we escalated this to a requirement after our 2025 visit due to the concerns we heard and the transition period that the school was in prior to the University's new structure being implemented.

12 Prior to this year's visit, we received an update on this requirement which informed us of the progress made since October 2025 and the areas that required further development. The outstanding areas included: ongoing integration of the Risr with LAMS to improve efficiency and automate team-based learning iRAT processes, ongoing implementation of a case management system, improvement of the placement application function to enable LEPs to access data and incorporate absence reporting forms and improvement in the quality of on campus attendance data for Years 1 – 2.

13 During our session with the school management team on the visit, we were told that its Case Management System had gone live in February 2026. This included information relating to speaking up, concerns, health and reasonable adjustments. We were told remaining resources would be integrated into this system after its implementation. We were also told that the LAMS and Risr integration for iRATs had been tested and would be going live in March 2026. We were pleased to hear that working closer with the University had meant that the school had better access and understanding of its digital systems and IT team. We hope that this will ensure that the school has the IT support required to meet this requirement.

14 Following this visit, we found that progress has been made in developing and integrating the central University and medical school digital systems. The integration of the Case Management System is crucial to the successful management of the programme and will require support from the University to ensure successful delivery. We have kept this requirement open so that we can monitor future developments.

Open 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.

15 During the last 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 was not functioning as it should. To ensure that the concerns regarding the process were addressed in a sustainable manner, we set a requirement to ensure that our standards are met

16 Prior to the visit, we received an update from the school on all their open requirements. Regarding requirement 4, we were told about the training and induction for panel members and sessions put on for students that outline the Health and Conduct Panel's (HACP) role and responsibilities. We were pleased to learn that a regional FtP best practice group has been established which includes several Universities, including Brunel.

17 Through supporting discussions during the visit, we found that there is a comprehensive FtP process now in place, with appropriate expertise. The school should ensure the appointment of a permanent chair of the HACP.

18 **This requirement has been met and will be closed.**

Open 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.

19 During the last visit in 2025, 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 specialty leads were due to start in March but that there were still 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. 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 set a requirement to ensure that our standards are met.

20 Prior to this year's visit, we received an update on this requirement which informed us of a number of new appointees since August 2025. This included a Year 4 Lead, a Year 4 Primary Care Lead, Year 5 Primary Care Lead, Year 5 Lead and OSCE Lead for Years 3 and 4. Outstanding recruitment remained for the CPSA lead, whose work was being covered by other colleagues and overseen by the Interim Dean. We were told that interviews for this position were scheduled for March 2026, after the previous appointee could not take up the role. We were told that there were also interviews scheduled for the Elective Lead. The school informed us prior to the visit that appointments were in progress for Year 5 specialty leads, and appointments for Year 5 Module Leads would start from March 2026. These updates were echoed to us during our visit and discussions with the school management team.

21 The school told us how despite these gaps in recruitment, they were mapping curriculum and assessment to the GMC's Outcomes for Graduates. The Phase 2 curriculum for the next academic year would be reviewed following the publication of the updated MLA content map.

22 The school should continue to work closely with the University to ensure that appropriate support is in place for the planning and management of curriculum development and assessment. The school should also ensure the appropriate outstanding appointments are made, including the remaining specialty leads, CPSA lead and Elective Lead. We have kept this requirement open so that we can monitor future developments.

Open requirement 6: The school must demonstrate engagement and input from external stakeholders into the development of their CPSA, including assessment strategy, standing setting, the creation and quality management of stations and the engagement of external examiners.

23 Following the review of documentation submitted to the GMC by the school relating to Medical Licensing Assessment (MLA) compliance, we set a requirement that the school must demonstrate engagement and input from external stakeholders into the development of their CPSA. We also requested that a representative from the school's contingency school, Buckingham, be present at the visit so that we could discuss this further.

24 Prior to this year's visit, we received an update on this requirement which provided us with further detail on work taken to address this requirement. We were told that the school had engaged with and appointed two external examiners for the CPSA and had met with assessment colleagues at Buckingham and attended Buckingham's Year 3 OSCE. It was noted that the school had made changes to one of their Year 3 OSCE stations following feedback from the external examiners. We were interested to learn that the piloting of numerous CPSA stations will be transmitted via 'sim capture' so that colleagues from Buckingham could attend and give feedback. We were also encouraged to learn that Buckingham colleagues had also been asked to remotely attend standard setting sessions. Finally, we were pleased to learn that Buckingham and the external examiners will remain involved throughout the development and quality management of the CPSA stations, standard setting process, exam sitting and the Board of Examiners.

25 During the visit, the school told us more about their plans for the MLA. We were told that there was significant involvement from Buckingham in the development of the CPSA. This includes reviewing stations and mark sheets, examiner training materials and standard setting training materials. We were told that four draft CPSA stations and marksheets, the blueprint and station writing training materials have been shared with two external examiners, the Assessment Lead at Buckingham and the school's incoming Dean, for review and comment.

26 As we are awaiting further information from the school regarding its MLA compliance, which we are reviewing separately as part of an ongoing compliance process, this requirement remains open.

Areas progressing 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 progressing well	Report paragraph
1	**Theme 3: Supporting learners (R3.2)**	The students feel well supported and praised the support that remains embedded in the medical school, such as the student wellbeing team.	27-32
2	**Theme 4: Supporting educators (R4.4, R4.5)**	The clinical educators were very positive about their experience of teaching Brunel students. The educators feel very well supported by the school, who respond to any queries or issues they encounter in a timely manner.	33-37
3	**Theme 5: Developing curricula and assessment (R5.3)**	The students felt the curriculum prepared them well for their clinical placements. The clinical educators agreed, telling us that the teaching in the early years of the programme helped the students' transition to clinical placements in the later years.	38-40

Area progressing well 1: The students feel well supported and praised the support that remains embedded in the medical school, such as the student wellbeing team.

27 Following our visit last year, we reported that we were pleased to hear how beneficial the students found the support that they receive from the school's support service. We had heard that the proposed introduction of the Professional Services Target Operating Model (TOM 2) was causing some concern regarding resourcing and what the support team might look like following the implementation of this new model. We noted we would continue to monitor the development of this, and any impact it would have on the students and school's professional services staff.

28 We were pleased to learn during this visit that there is still a school-specific support team for the students. When meeting with the student support team, we were told that the school maintained its wellbeing team, and that this team is made up of a manager and two officers. We were told that the student programme team had been centralised and that the students are starting to understand where their queries go, and that students can go to someone at the school reception if they have any queries about who to contact and where they are located.

29 The students told us that they feel well supported and praised the student wellbeing team. The Year 1 students told us that they felt the student wellbeing team were visible, readily available to them and they praised the service. We were told that the student support resources available to them were made clear in their induction.

30 When we met with the Year 2 students, we were told that the student wellbeing team had remained at the school and that during the transition to the new operating model, students with reasonable adjustments had not faced any issues. The students mentioned that they don't get responses from the wellbeing team as quickly as before, but the waiting time is still only a couple of days. The students did tell us that queries marked urgent are picked up quicker, and that they know they could always go to the office at the school and a member of the team will be available to help.

31 The Year 3 students told us about their experience with disability assessments and reasonable adjustments. We were told that the students knew they could talk to the student support team after corresponding with the occupational health service. We heard examples from students of the support team supporting them which included proactively reaching out to them to check if they need a reasonable adjustment for their placements and helping with last minute adjustments needed following an injury.

32 The Year 4 students told us that they continued to have a good experience with the student support team and that there had been good implementation within the school of reasonable adjustments. We were pleased to hear that the students felt that the support was tailored and accessible to the students. However, some students did raise that there was a lack of specific advisor for students pursuing careers in Canada and the USA, despite the students understanding that there would be one. The student support team told us that they have AMBOSS which helps them access questions for

the US MLA and that they knew many students want to go to the USA and Australia after graduation. We heard that two students had taken on a piece of work to help students interested in working in the Australian health system. The school may want to explore this and other provisions for careers advice, as students move into their final year.

Area progressing well 2: The clinical educators were very positive about their experience of teaching Brunel students. The educators feel very well supported by the school, who respond to any queries or issues they encounter in a timely manner.

33 Following our visit last year, we reported that the primary and secondary care clinical educators felt well prepared and supported by the school. We were pleased to hear this echoed again during this year's visit.

34 When we met with the primary care educators, they told us that they found teaching across numerous cohorts was working well. They praised the training given to them by school and told us that they felt they were working successfully with the faculty at the school. Based on the experiences of the primary care educators; the school are very responsive to any issues may arise and a detailed handbook is available to them.

35 The secondary care educators told us that they enjoyed being part of curriculum development for the later years and had opportunities to contribute to campus-based teaching too. We were pleased to hear that the educators knew the expectations of what students should be doing when on placement, and because of this there is the assurance that students in different cohorts are getting the same experience.

36 We were pleased to hear the reasonable adjustments are communicated in advance of the students arriving and placement. The educators told us that they are impressed by how methodical and carefully structured the placements are. An example of this is that all students get a week of palliative care experience.

37 We heard that they knew how to raise concerns and had knowledge of, and praised, the handbooks provided. We were encouraged to hear that the secondary care educators had received positive feedback from colleagues regarding the students and how engaged and enthusiastic they are. We were told that placement leads for secondary care would be interested in attendance numbers and wondered if they could have access to attendance records. This may be something that the school wants to consider.

Area progressing well 3: The students felt the curriculum prepared them well for their clinical placements. The clinical educators agreed telling us that the teaching in the early years of the programme helped the students' transition to clinical placements in the later years.

38 Following our visit last year, we reported that the students praised early patient exposure. We were pleased to hear this echoed again during this year's visit.

39 The Year 3 students told us that they were happy with their curriculum, especially when comparing it to students they meet on placement who go to other schools. They told us that they felt a lot was covered in their teaching which prepared them well for clinical practise. In preparation for Year 3, the Year 2 students told us that the early clinical exposure they have already experienced helped them feel well prepared for the transition.

40 We were pleased to hear that the early clinical exposure that students get has been recognised in the clinical environment. The primary care educators we met with told us that they also found it to be a positive that the students have such early clinical exposure.

Areas that require focus

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

	Theme	Areas that require focus	Report paragraph
1	**Theme 1: Learning environment and culture (R2.6)**	The school should prioritise addressing capacity issues in clinical placements (in both Primary and Secondary care) as the number of students in the later years of the programme increase.	41-44

Area that requires focus 1: The school should prioritise addressing capacity issues in clinical placements (in both Primary and Secondary care) as the number of students in the later years of the programme increase.

41 During the visit, we heard from the school management team that they anticipated some placement capacity issues as student numbers continue to increase. We were told that the school was making plans for this and would have to be innovative to meet capacity needs.

42 When we met with education managers from the Local Education Provider (LEPs) that the school use, we asked if they had any concerns about capacity and how they were addressing these. We were told that they were in the process of recruiting and planning to meet the demand. We were pleased to hear that they had good communication with the school, they knew what the curriculum looks like, what the learning outcomes are and how they were going to deliver it. With regards to physical space and facilities, they told us that they did have some capacity concerns and were working with other medical schools to make sure any clashes were avoided. We were also told that the LEPs felt they were at maximum capacity, or almost at maximum capacity, and were doing mapping exercises to find areas being under-utilised to help with this. When meeting with the Primary Care educators, they told us that they were aware of placement capacity concerns and would have discussions about this

with the school.

43 We were pleased to hear that the school had placement plans for all the students moving into Year 5. This includes having 5 Trusts and 54 approved practices for Primary Care placements across the whole programme. When discussing secondary care placements further, the school told us that they felt confident in their plans to deliver placements for students in Years 3 and 4, but if they needed a contingency, they would speak to other Trusts to see if they have the capacity to take more students. For secondary care placements, we heard of different models being proposed to maintain student learning opportunities. We look forward to hearing the outcome of these discussions.

44 We found that this is an area that requires focus as the number of students continues to increase. We will continue to monitor this and the school's plans to mitigate the clinical placement capacity issues.

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Visitors	Professor Hisham Khalil Professor Steve Jones Meghan Sellars
GMC staff	William Henderson (Education Quality Assurance Programme Manager) 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.

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4 June 2026

Dear GMC visit team

Quality Assurance Report Stage 7.5 for Brunel Medical School (BMS) - February 2026

We would like to thank the GMC team for its stage 7.5 visit in February 2026 and for its constructive feedback and ongoing support.

We are pleased that the visit report confirms our progress towards meeting the GMC standards and are particularly pleased that two of the previous requirements have been met and closed.

We acknowledge the areas that continue to require additional focus and will continue to work to ensure these requirements are fully met by the time of the next visit to the School.

We will provide further updates on each area in due course and look forward to the next GMC visit early in 2027.

Yours sincerely,



Professor Lisa Jackson
Dean, Brunel Medical School