General Medical Council

Annual Quality Assurance Summary for new schools and programmes

This summary provides an overview of how an organisation is progressing towards meeting our standards as detailed in Promoting excellence: standards for medical education and training. It outlines the quality assurance activities we undertook and a summary of our findings.

Organisation	University of Surrey School of Medicine
Review period	2025/2026

Overview of findings

Overall findings statement
During this quality assurance review period, the University of Surrey School of Medicine moved into their second year of annual quality assurance with the GMC. This year, the school accepted their second cohort of students, which included UK graduate students. In addition to the self-assessment questionnaire (SAQ) submission and quality assurance visit, the school also submitted their first Medical Licencing Assessment (MLA) compliance submission to demonstrate the progress with meeting GMC requirements as outlined in the MLA Framework. As part of MLA compliance, we also observed the year 2 summative OSCEs and held a follow up discussion with the school's assessment and leadership team. The GMC team, including education associates, reviewed all submissions and supporting documentation before the visit and observation, to triangulate the information submitted by the school. Overall, we found the school has an open and collaborative culture, where both students and educators feel comfortable to approach staff with questions or queries. Students also reported that Equality, Diversity, and Inclusion (EDI) values were well embedded in the school's culture. We found that the school's preparedness for the first sit of the MLA in 2028 had not been finalised particularly regarding the school's design and approach for the CPSA, including the format and standard setting methods following the MLA submission and subsequent visit in

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

March 2026. We set a requirement in this area following this and the school has been responsive to this and has provided further updates in this area.

Additionally, we found areas that the school must consider which include staffing and embedding quality assurance processes that seek early assurance and mitigation of issues to the programme. We have set requirements in these areas. The school has been responsive and provided further updates in this area.

The school continues to work in collaboration and been open and responsive to our feedback, and we will continue to work with them to meet our GMC requirements.

Promoting Excellence

	Activity	Date	Summary
1	SAQ submission	13 Oct 2025	The SAQ was submitted on time and covered all five themes of *Promoting excellence*. It provided a good overview of how the school plans to meet our standards in line with its planned timelines. This was scrutinised by the GMC team including our education associates.
2	Document submission	16 Feb 2026	Following our review of the SAQ submission, we requested additional documents for further clarification, including an updated risk register and the assessment SOPs.
3	Quality assurance visit	10 Mar 2026	The GMC team, including four education associates, visited the school to meet with the school's senior management team, senior educators, and the school's first and second cohort of students. We triangulated our findings from the SAQ and document submission and explored how the school was progressing to meet our standards as set out in *Promoting Excellence*. During the visit, we clarified areas including, student support and fitness to practice, the school's quality management processes, clinical placements, support for educators, and curriculum and assessment.

			We provided high level verbal feedback to the school, highlighting areas working well and areas that require focus to be assured that the school meets our standards. Overall, we found the school to have good EDI principles embedded in the school's culture and that students and staff felt well supported. However, we had concerns around the school's plan for the MLA, Mental Health placements, and education quality monitoring processes. We set 3 requirements in these areas. No serious concerns were identified at the visit.
4	Initial feedback proforma	01 April 2026	A document outlining the key areas verbally provided at the end of the visit that required an enhanced focus to ensure progression was documented and sent to the school.
5	SAQ Written Feedback	26 May 2026	The GMC's line-by-line feedback in response to the school's SAQ submission and quality assurance visit. This details our review of progression against each of our standards and details additional information sought at the next submission inclusive of additional supporting documentary evidence required.

MLA Framework

	Activity	Date	Summary
6	MLA compliance submission	13 Oct 2025	The compliance submission was submitted on time and covered all AKT and CPSA requirements. It provided a good overview of how the school plans to meet our standards in line with its planned timelines. This was scrutinised by the GMC team, including education associates.
7	Document submission	13 October 2025	The school provided supporting documentation alongside their MLA compliance submission to provide additional context and evidence. Documents included SOPs, University of Surrey assessment regulations, and student assessment handbooks.

			All documents were reviewed by the GMC team, including education associates.
8	Initial feedback	03 February 2026	Following the school's MLA compliance submission, we provided high level feedback for areas that required more details ahead of the Quality assurance visit in March (see above).
9	School MLA response	23 February	The school responded to our Initial feedback and provided further details of their plans for the 2028 MLA sitting. The school's response was used to support the Quality assurance visit in March (see above).
10	Additional document submission	23 April 2026	Following the Quality assurance visit, we requested additional documentation and evidence to gain assurances of the school's progression with meeting GMC requirements for the AKT and CPSA.
11	Year 2 summative OSCE observation and Assessment team meeting	16 Jun 2026 06 July 2026	The University of Surrey, School of Medicine delivers a four-year Graduate Entry BMBS programme. This observation was the Year 2 summative OSCE, which determines students' progression. As a new medical school, they are continuing to develop their CPSA arrangements in preparation for the MLA scheduled for 2028/2029 with a year 3 CPSA mock scheduled for 2026/2027. The activity included a GMC pre-meeting, review of the RISR platform used for marking, review of assessment documentation, including candidate, examiner and simulated patient briefing materials, examiner and simulated patient training presentation slides, as well as assessment guidance and information submitted prior to the visit. Information gathered through the document review and observation was assessed together with the school's first MLA compliance submission to assess assurance against the MLA CPSA requirements. Our observation began with individual student, examiner and simulated patient briefing sessions, followed by observation of examiner and simulated patient station calibration discussions. The assessment was delivered across four assessment cycles, each consisting of eight

			stations delivered over two parallel circuits. Candidates completed four stations within one circuit before moving to the second circuit following a scheduled transition period with breaks. Each station comprised of two minutes of reading time followed by eight minutes within the station. We understand for the CPSA this will be 11 stations. We observed 2 of the 4 cycles. This included observation of briefing sessions and live assessment delivery across all stations and circuits within these cycles. Following completion of the observation, we held an internal debrief to review the evidence gathered, identify areas where further assurance would be beneficial against CPSA requirements. These findings informed the feedback and will support discussion for the next MLA submission. Based on the evidence gathered through these assessment activities, the school will need to provide further detail before we can confirm compliance as part of our process. The school must submit documents in relation to assessment processes, governance arrangements, guidance and supporting materials for the planned Year 3 mock CPSA and the final CPSA, as part of its next MLA submission detailed in the feedback proforma as well as any updates to the initial MLA submission we received.

Areas 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 working well
1	**S1.2** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	Educators from both University of Surrey and Exeter reported feeling well supported and that there is a strong collaborative culture. Students also reported that they are well supported by the school and feel comfortable to approach staff with queries and concerns.
2	**S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.	Equality, diversity, and inclusion (EDI) values are well embedded in the school's culture, with students and staff from diverse backgrounds reporting feeling welcomed and valued at the school.
3	**R5.4e** Medical school programmes must give medical students the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working.	Students reported that the community projects supported interprofessional learning (IPL) and valued experiencing IPL in practice.
4	**R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.	Students particularly highlighted the year 1 anatomy teaching as being well structured and engaging.

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.

	Theme	Requirements
1	**R1.18** Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum. **R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements. **R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.	**University of Surrey School of Medicine must make a timely decision on the design and approach to the MLA CPSA and consolidate the wider programme's assessment strategy that supports and prepares students for meeting Outcomes for Graduates and the MLA.** 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. At the time of the MLA submission, we noted that the school's approach to assessment followed a sequential model that was unique within Surrey when compared with the contingency school. Although the assessment model differed, it was mapped to the relevant learning outcomes to ensure alignment with those of the contingency school. During the March 2026 QA visit, we were informed that the Year 2 summative OSCE might differ from the model originally submitted. However, it was unclear what the rationale for this change was, which assessment design would be adopted, and what externality had been sought to inform and support these decisions. Furthermore, it was unclear what the educational governance processes had been for design and delivery of the changes we heard around assessment design. Recognising that the Year 3 mock OSCE was intended to replicate the CPSA, and that the assessment design was also under consideration for change, we identified a risk in that students would not have had the opportunity to experience the proposed assessment format before undertaking the

		Year 3 mock OSCE. We therefore set a requirement for the school to reach a clear decision on the assessment design ahead of the Year 2 summative OSCE, the Year 3 mock OSCE, and the final CPSA, to enable assessment design to be embedded within the programme. We also found during the March QA visit that students reported confusion around ePortfolio requirements for their clinical placements. There was an inconsistent understanding of the number of sign offs required for a skill and the volume of forms also resulted in missed learning opportunities. Staff similarly agreed that sign-off requirements were burdensome for students. As part of embedding assessments in the programme, we advised the school that students must receive timely and accurate information about their assessments and have sufficient time to complete their assessments, including clinical skills signoffs. The school has since provided updates on their assessment model and have confirmed this for the year 3 OSCE and year 4 CPSA. We will monitor this area as part of the next QA cycle.

Updates on open requirements and recommendations across all standards

	Open requirements	Update
1	University of Surrey must consider how best to mitigate overreliance on a small senior leadership team, many of whom hold multiple roles, to ensure sustainable and successful delivery of the medical programme.	The school has updated us that it is expanding the assessment team to support delivery of the curriculum, clinical skills sign-offs and preparation for the MLA. A new Lead for Clinical Skills will oversee the clinical skills programme and MLA Practical Skills and Procedures, supported by new Assessment Leads for Years 2, 3 and 4. These appointments, due to commence in September 2026, will increase assessment capacity, provide dedicated year-level leadership, and ensure sustainable delivery of assessments as the programme grows.

	This recommendation has been escalated to a requirement: The school must demonstrate built-in operational redundancy and succession planning in SLT to both future-proof the operational and executive functions of the team and to minimise overreliance on a few individuals. The school must also consider the development of the assessment team and have assurances of the growth, resilience, and function of the team.	The school has updated us that it has strengthened the senior leadership team to reduce reliance on a small number of individuals by appointing two Professors of Medical Education with extensive experience in curriculum, assessment and quality assurance. These appointments provide additional leadership for assessment, curriculum and placements, while supporting staff development and succession planning. The school has also strengthened its leadership capacity through the appointment of a new Executive Dean, expanded student support roles, and new academic leads. We will monitor this area as part of the next QA cycle.
2	University of Surrey must ensure they have embedded quality assurance processes that seek early assurance and mitigation of issues to the programme. This is particularly important to year 1 of the programme. **2026 update:** The school must have clear learning outcomes for all clinical placements and have mechanisms to monitor the quality of medical education at placement providers. The school must ensure placement providers deliver teaching safely and the school must have mechanisms in	**July 2026 update:** The school has updated us that it has strengthened its quality assurance processes through the two appointments above and introducing more responsive mechanisms to identify and address concerns. These include a real-time placement escalation process, weekly student check-ins, and early review meetings following each rotation. Routine anonymous student and educator feedback will continue, with enhanced opportunities to identify issues early, including additional Year 1 block feedback. Quality assurance will continue to be monitored through the student staff liaison committee, annual reporting, external examiner feedback, and the Curriculum and Assessment Board, with outcomes communicated to students through the annual "*You said, we did*" report. The school has updated us that it has reviewed and streamlined the clinical practice curriculum and assessment requirements to ensure students can achieve the Outcomes for Graduates consistently across all LEPs. In response to

	place to identify student safety risks and when placement providers do not meet standards.	student feedback, portfolios have been simplified across all years, Year 1 practical skills have been redistributed to better align with the curriculum, and mandatory GP and SABP induction requirements have been introduced. The school has also simplified Years 2 and 3 portfolio processes through consolidated electronic forms, enhanced student and educator guidance, introduced year-specific handbooks (including psychiatry), strengthened tutor training, and updated Teaching Undergraduate Medicine (TUM) course materials to support consistent delivery of the clinical practice curriculum across all placement providers.

Next Steps

Next steps
The school has been provided with areas within the line-by-line SAQ feedback that require additional information or focus for the school to continue to progress. In addition, key areas for enhanced focus to ensure progression have been highlighted in this document. We also expect any relevant updates across all SAQ items to be provided. The submission deadlines for the SAQ and MLA compliance will be on 30 October 2026 and will consist of: 1. SAQ submission 2. MLA submission – AKT submission, CPSA submission and summary sheet 3. Following feedback from the year 2 OSCE submission in relation to the CPSA requirements: **Assessment strategy and CPSA design (R1, R2, R6):** Please provide updated documentation for the year 3 mock and final CPSA, including the sequential assessment rationale, equivalence and blueprinting across sequences, assessment design, sample stations (where possible) and examiner guidance to support consistency **Scoring and standard setting (R3, R4):** Please provide details of standard-setting arrangements for the year 3 mock and final CPSA, including modelling, methodology, timing, use of standard errors of measurement, and how these arrangements are communicated to students. **Assessing professionalism (R5):** Please provide updated guidance on how professionalism is assessed, contributes to progression decisions, and is managed through assessment governance for the year 3 mock and the CPSA as well as its assessment and rationale through station blueprints **Security (R8):** Please provide details of assessment security and, where applicable, quarantine arrangements for the year 3 mock and final CPSA.

Preparation of and support for candidates, preparedness of examiners and patients for the CPSA (R9, R10, R11, R12, R13, R14): Please provide information on stakeholder feedback processes, incorporation of real patients, examiner and simulated patient calibration, assessor consistency, and any updated guidance, training and calibration documentation for the year 3 mock and final CPSA.

Policies, procedures, resources and space (R15, R16): Please provide updated policies, guidance and operational processes for the year 3 mock and final CPSA, including scalability plans.

Data management, evaluation and quality assurance (R17, R18, R19, R20): Please provide details of how feedback informs assessment development, together with updated quality assurance processes and guidance for the year 3 mock and final CPSA.

Once we have received the submission of the SAQ and the MLA compliance forms, the GMC team will review them. We may request additional documents where we require clarification. We intend to arrange a visit to the school's main Local Education Provider (LEP) in autumn 2026, and the next Quality assurance visit in spring 2026.

We will continue to work with the school to resolve the open areas reported on the QRS.

Organisation's response

The organisation has the right to reply to the AQAS; if they have responded it will be included below.

Organisation's response