Visit Report on Anglia Ruskin School of Medicine

This visit is part of the new schools quality assurance annual 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

<table>
<thead>
<tr>
<th>Education provider</th>
<th>Anglia Ruskin School of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites visited</td>
<td>Anglia Ruskin University – Chelmsford campus</td>
</tr>
<tr>
<td>Programmes</td>
<td>Medicine MBChB</td>
</tr>
<tr>
<td>Date of visit</td>
<td>Visit 1: Monday 21st January 2019</td>
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<tr>
<td></td>
<td>OSCE observation: Tuesday 11th June 2019</td>
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<tr>
<td></td>
<td>Visit 2: Wednesday 12th June 2019</td>
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#### Key Findings

1. Anglia Ruskin University applied to set up a new medical school in 2016, and received notification of government funding in March 2018.

2. The school are engaged in the GMC’s new medical school approvals process, through which we carry out scrutiny of the school’s policies and quality management processes, and conduct quality assurance visits to identify areas of good practice, as well as making sure our standards are being met.

3. This report covers our quality assurance activity for the academic year of 2018 – 2019. This was the school’s first year with a cohort of students. The school successfully recruited 100 students. During our visits, we met with the school’s senior management team,
students and representatives from Anglia Ruskin Medical School, patients and primary care placement providers.

4 Overall, we are assured that the school are meeting our requirements in *Promoting Excellence*.

5 Over the year we identified a number of areas working well including; a patient participation group, well organised clinical placements, supportive communication with GP placement educators, and excellent facilities. The students that we spoke to were largely positive about their experience at the school so far, and felt supported by the school team.

6 Where we identified areas of improvement, the school worked quickly and efficiently to deal with the recommendations and requirements. Many of the areas identified to improve upon were addressed throughout the year, as were the requirements and recommendations we set in our quality assurance cycle last year.

7 We advise that the school should review the purpose, volume and sustainability of assessment. We also recommend that the school monitors the workload of personal development tutors, the attendance of students at these sessions, and continues to monitor the experience of students on clinical placement.

8 We will continue the rolling cycle of annual quality assurance visits to the school following the first cohort of students through to graduation and their first year of practice.
### Update on open requirements and recommendations

<table>
<thead>
<tr>
<th>Open requirements</th>
<th>Update</th>
<th>Status and report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> The school must clarify with the university if they will be able to access student equality and diversity data collected at recruitment. (R2.5)</td>
<td>The school has met this requirement. We heard that the school are able to access the data and are in talks with the central university about how to analyse this as students’ progress.</td>
<td><strong>28</strong> Closed</td>
</tr>
<tr>
<td><strong>2</strong> There must be clarity to applicants about how information around reasonable adjustments is kept separate from decisions around admission. (R2.12)</td>
<td>The school has met this requirement. We heard that the admissions panel make decisions without being able to see any personal information about the prospective student. This has been made explicit for students on the school’s website.</td>
<td><strong>33</strong> Closed</td>
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<table>
<thead>
<tr>
<th>Open recommendations</th>
<th>Update</th>
<th>Status and report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> The school should be explicit with students and staff in terms of thresholds for attendance requirements, and how this fits in with the Lapses in Professionalism points system. (R2.16)</td>
<td>The school has met this recommendation. At our visit in January, we heard that the school has clearly defined thresholds for attendance.</td>
<td><strong>36</strong> Closed</td>
</tr>
<tr>
<td><strong>2</strong> The student recruitment process should continue to be pro-actively managed. (R2.20)</td>
<td>The school has met this recommendation. The school successfully recruited 100 students for the 2018 academic year outside of the UCAS cycle, and manages the recruitment process fairly. Students told us that they felt the school were</td>
<td><strong>42</strong> Closed</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Areas that are working well</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning environment and culture (R1.5)</td>
<td>Action on student feedback is quick and reported back to the students in a timely fashion. The school team continually demonstrate commitment to the welfare and care of their students.</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>Learning environment and culture (R1.19)</td>
<td>The facilities and the resources the students are able to access, including the anatomy suite, are of a high quality.</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>Educational governance and leadership (R2.20)</td>
<td>The successful recruitment of a full cohort of students outside of the standard UCAS recruitment cycle.</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>Supporting learners (R3.1)</td>
<td>Students are positive about their experiences so far, including their experience of the admissions process. Students are generally well informed, confident about where to find policies, and feel listened to.</td>
<td>51</td>
</tr>
<tr>
<td>5</td>
<td>Developing and implementing curricula and assessments (R5.2)</td>
<td>The school’s patient participation group is working well. Patients feel engaged, valued, involved and able to speak up.</td>
<td>67</td>
</tr>
<tr>
<td>6</td>
<td>Developing and implementing curricula and assessments (R5.3)</td>
<td>The clinical placements are well organised and supported, with excellent and appreciated transport solutions for both primary and secondary care placements.</td>
<td>71</td>
</tr>
</tbody>
</table>
The GPs felt well prepared for their student placements, with clear monitoring of what is being delivered in practice. There are structured lines of communication, and a consistent process for quality management.

The OSCE was well organised and well run.

**Requirements**

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation’s response and will expect evidence that progress is being made.

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Requirements</th>
<th>Status and report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Educational governance and leadership (R2.3)</td>
<td>The school must ensure student confidentiality in meeting minutes that are recorded to document Admissions Panel decisions, and in subsequent Student Support and Progress committee meetings.</td>
<td>26 Closed</td>
</tr>
<tr>
<td>2</td>
<td>Educational governance and leadership (R2.18)</td>
<td>The school must address and clarify the information in paragraph 30 of the Fitness to Practise Procedures policy document regarding whether a student can progress if involved in an ongoing Fitness to Practise investigation.</td>
<td>39 Closed</td>
</tr>
</tbody>
</table>
## Recommendations

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Recommendation</th>
<th>Status and report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning environment and culture (R1.18)</td>
<td>The school should review the purpose and volume of the assessment and how it relates to student achievement of the learning outcomes, and the sustainability of assessment going forward.</td>
<td>13 Open</td>
</tr>
<tr>
<td>2</td>
<td>Learning environment and culture (R1.21)</td>
<td>We encourage the school to implement the proposed monitoring system for the Personal Tutor system.</td>
<td>21 Open</td>
</tr>
<tr>
<td>3</td>
<td>Educational governance and leadership (R2.7)</td>
<td>The school should raise awareness of the raising concerns online portal, both with students and staff, in the reporting of patient safety and quality of care concerns.</td>
<td>30 Closed</td>
</tr>
<tr>
<td>4</td>
<td>Supporting learners (R3.5)</td>
<td>The school should consider linking students at Anglia Ruskin with student leaders at Dundee medical school to facilitate peer support networks.</td>
<td>54 Closed</td>
</tr>
<tr>
<td>5</td>
<td>Supporting learners (R3.7)</td>
<td>The school should continue to work with students to aid with the students’ understanding of assessed elements of the curriculum, such as the portfolio and how students progress from year to year.</td>
<td>58 Closed</td>
</tr>
<tr>
<td>6</td>
<td>Supporting educators (R4.2)</td>
<td>The school should monitor the workload of personal tutors, as well as the scalability of the current model.</td>
<td>63 Open</td>
</tr>
<tr>
<td>7</td>
<td>Developing and implementing curricula and assessments (R5.4)</td>
<td>The school should continue to monitor student experience on clinical placement, and re-distribute student</td>
<td>82 Open</td>
</tr>
</tbody>
</table>
clinical placements where appropriate for students to meet their learning outcomes.
Findings

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.

**Theme 1: Learning environment and culture**

<table>
<thead>
<tr>
<th>Standards</th>
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</thead>
<tbody>
<tr>
<td><strong>S1.1</strong> The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</td>
</tr>
<tr>
<td><strong>S1.2</strong> 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.</td>
</tr>
</tbody>
</table>

**Seeking and responding to feedback (R1.5)**

9 At our visits throughout the year we consistently heard examples of how the school have listened to, and promptly acted on, student feedback. For example, in January the senior management team told us that they will change the duration of some of the timetabled skills sessions following feedback from students that they would appreciate more time for self-directed learning. The school are also re-visiting the Principles block, which introduces the biomedical-scientific principles underlying the practice of medicine, following feedback from students that it covered too large a volume of content across different topics in a short period of time.

10 The students we spoke to felt listened to. They told us that they appreciated having a You Said, We Did session in which the school relayed information on what they could change based on their feedback, and anything that couldn’t change and why.

11 The student representatives are pro-active in seeking feedback and working with the school. We heard that the elected student representatives created a survey to collect feedback from the cohort that was then collated into a feedback document which formed the agenda for the staff student liaison committee meeting.

12 As well as the student representatives, there are a variety of other methods through which students can feed back. The methods we heard about at the visit were evidenced in the medical school student handbook, submitted to us before our visits. We heard from the school and from students in both visits that feedback is often emailed individually to the deputy head of school. It will be important for the school
to make sure that the formal feedback methods are known and used as the school grows in size.

**Area working well:** Action on student feedback is quick and reported back to the students in a timely fashion. The school team continually demonstrate commitment to the welfare and care of their students.

* Adequate time and resources for assessment (R1.18)

13 The school has a substantial assessment schedule, which is taxing for both students and staff, and may be difficult to sustain as student numbers expand.

14 In their summative assessments students sat two single best answer (SBA) assessments, with 120 questions in each exam, and completed twelve OSCE stations over two days. Students must also complete their portfolio, which comprises of one student selected component, a patient clerking, feedback from a GP on a patient consultation, two self-reflections and one case-based discussion. Each element has its own assessment criteria, and students submit all elements in advance of their summative assessments.

15 This year, the school ran two formative OSCEs comprising three stations with simulated patients, as well as four formative SBAs and two formative anatomy spot exams. We heard that next year formative assessments will be reduced to a single formative exam in each area. This has been timetabled for each of the first three years (Systems in Practice). There will be an informal formative assessment at the end of each block in February or March, and there will also be in-session formative assessments. In clinical teaching, practice OSCEs will be offered in addition to a formal mock OSCE.

16 Preparing for and managing this assessment schedule takes a great deal of work from the school and the staff. At both visits we heard that students had found the workload very intense. Between January to June, students had only one week without lectures, and also felt there was little time available on the programme to consolidate their learning. Students told us they had to learn a lot; we heard an example of one lecture which had 75 slides of content to cover in 45 minutes, making it difficult for the students to identify key content.

17 Given the volume of work on both students and staff, the team recommend that the school should review the purpose and volume of assessment, and the sustainability of this assessment going forward.

**Recommendation:** The school should review the purpose and volume of the assessment and how it relates to student achievement of the learning outcomes, and the sustainability of assessment going forward.
Capacity, resources and facilities (R1.19)

18 The school has continued to build and deliver on its capacity and facilities for the students. In our report last year, we noted that the establishment of the new medical school is strongly supported by the central university and its senior management team. The university has invested in the physical resources of the school in the creation of a new medical school building.

19 The multi-million pound building project is testament to the school leadership’s project management skills. The building was completed in August 2018, prior to the student’s arrival in September. At our visit in January, we were given a tour of the space, including the clinical simulation facilities and consultation rooms, the cadaveric anatomy suite, the lecture space, and the breakout areas for students. We noted that the building has been finished in time for students, to a high standard, and offers state of the art learning facilities.

20 The students we spoke to praised the school’s facilities, particularly the cadaveric anatomy suite. Many students felt privileged to have the opportunity to take part in dissections.

Area working well: The facilities and the resources the students are able to access, including the anatomy suite, are of a high quality.

Access to educational supervision (R1.21)

21 Organisations must make sure learners are able to meet with their personal tutor as frequently as required by their curriculum.

22 At our visit in June, we heard that students should have three group tutorials, and four individual tutorials per academic year. This is supported by information in the personal development tutor handbook for staff, submitted to us before our visits. The staff handbook also includes information for staff about the role of the personal development tutor, responsibilities and expectations of both students and tutors, and key topics to cover at each meeting throughout the year.

23 The students that we spoke with at our visit in June raised concerns over the variability of the number of individual personal tutor appointments. Some students had had at least 3 appointments, whereas other students told us that they hadn’t yet met with their tutor individually. Students also had a general lack of understanding about what the requirements were for students to meet with their tutors.

24 At our visit in June, the school were not currently tracking attendance at personal development tutor appointments. In our discussions with the school at the visit, the school proposed a system for monitoring attendance that would involve the use of monitoring software and the students tapping into the booked room for group
tutorials. This would then allow for the school to track student attendance on the central university’s system.

25 As students can be penalised for not attending meetings we encourage the school to implement the proposed system to make sure that students have equality of experience, and that any penalty points are correctly awarded.

**Recommendation:** We encourage the school to implement the proposed monitoring system for the Personal Tutor system.
Theme 2: Education governance and leadership

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td><strong>S2.1</strong> <em>The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.</em></td>
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<tr>
<td><strong>S2.2</strong> <em>The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.</em></td>
</tr>
<tr>
<td><strong>S2.3</strong> <em>The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</em></td>
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**Considering impact on learners of policies, systems, processes (R2.3)**

26 Before our visit, in the pre-visit documentation, we reviewed minutes of the school’s admissions panel meetings where it was noted that students were named. Our standards state that organisations must consider the impact on learners of policies, systems or processes. We subsequently set a requirement for the school to ensure student confidentiality, particularly as students begin on the programme and as decisions are made and documented in student support and progress committee meetings.

27 At our visit in June, the school updated us that the published minutes had been redacted, and going forward decisions would be recorded using student ID numbers to protect student confidentiality. This requirement has been addressed.

**Requirement (closed):** *The school must ensure student confidentiality in meeting minutes that are recorded to document Admissions Panel decisions, and in subsequent Student Support and Progress committee meetings.*

**Collecting, analysing and using data on quality and on equality and diversity (R2.5)**

28 In our report last year, we noted that the school had not sought explicit clarification as to whether they would be able to have access to the data collected by the central university on applicants’ protected characteristics via the admissions process. Medical schools must evaluate information about learners’ performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity. We therefore set a requirement for the school to clarify with the university if they will be able to access student equality and diversity data collected at recruitment.

29 The senior management team updated us on their progress against this requirement at our visit in January, having clarified with the university that they would be able to access the data. We heard that the school was in discussions with the central
university about the ways they would be able to categorise and analyse the data once the first year summative assessment had been completed, and how to track this data as students’ progress through medical school. This requirement has been addressed.

**Open requirement (closed):** The school must clarify with the university if they will be able to access student equality and diversity data collected at recruitment.

**Concerns about quality of education and training (R2.7)**

30 Organisations must have a system for raising concerns about education and training. Documentation from the school submitted to us before our visits provided evidence on the schools formal procedure for raising concerns, in which concerns are reported via an online portal to then be triaged for severity, investigated by the appropriate team member, and reported on to the relevant committee.

31 At our visit in January, whilst both students and staff were pragmatic about how to raise concerns, neither group was aware of the school’s formal process. Students felt that initial information around raising concerns lacked clarity. Following our visit, we recommended that the school should raise further awareness of the online portal to raise patient safety and quality of care concerns.

32 At our second visit to the school in June, the senior management team updated us on their progress against this requirement. We heard that the school has produced a PDF booklet about the process, that this had been circulated in the recent educator conference and discussed in a Fitness to Practise and professionalism session, and had also been disseminated on visits to GP practices providing placements. The school have also updated the medical school’s website to make the online portal more prominent, have spoken with students about the process, and have updated the student intranet with guidance on the procedure. When we spoke with students, we heard that some students had used the portal, but there was some concern that the feedback is not anonymised. Given the progress in this area over the year, this recommendation has been addressed.

**Recommendation (closed):** The school should raise awareness of the raising concerns online portal, both with students and staff, in the reporting of patient safety and quality of care concerns.

**Managing progression with external input (R2.12)**

33 In our visit to the school last year, the school had started their first admissions process for the September 2018 cohort. The issue of student support and reasonable adjustments for applicants was identified as an area that the school must work through to provide greater clarity for prospective students.
In our report last year, we noted that it was not clear what information declared at application, including protected characteristics, would be disclosed to the admissions panel. We set a requirement for the school to clarify this.

At our visit in January, the senior management team updated us on progress against this requirement. We heard that the admissions panel make their decisions without being able to see any personal information about the prospective student, and that a statement has been added to a section of the school’s website about the selection process to make this explicit to students. This requirement has been addressed.

**Open requirement (closed):** There must be clarity to applicants about how information around reasonable adjustments is kept separate from decisions around admission.

Managing concerns about a learner (R2.16)

At our meeting last year with the curriculum and assessment team, we heard that attendance would be monitored for all students throughout the course, with mandatory attendance required at certain clinical skills sessions and on clinical placement. At the time of our visit, it was not clear how many absences would be allowed.

This was identified as a concern because students can be awarded Lapses in Professionalism penalty points for absences, which can bring a student before a Fitness to Practice committee. Consistency around attendance will ensure fairness for all learners on the programme.

At our visit in January, the senior management team updated us on their progress against this recommendation. We heard that the school has clarified that students must attend a minimum of 75% of lectures to progress in the course. For all other activities, students must attend 100% of the time, unless they have an authorised absence.

**Open recommendation (closed):** The school should be explicit with students and staff in terms of thresholds for attendance requirements, and how this fits in with the Lapses in Professionalism points system.

Requirements for provisional/full registration with the GMC (R2.18)

Before our visit, the school submitted their Fitness to Practise policy for our review. We noted that it stated that a student involved in a Fitness to Practise investigation would not be eligible to progress on the course or to graduate until the outcome of the Fitness to Practise Committee is known.

At our meeting in January, we raised concern that preventing progress on the course could mean that a student may be investigated, without any further action taken, but
as a result could miss a substantial amount of time in the course or examinations. This could result in the student having to retake a year.

41 After our visit, we set a requirement for the school to clarify the information in the Fitness to Practise policy document. At our visit in June, the school told us that they had removed the wording from the policy; students are able to progress to another year whilst under investigation. Students will not be able to graduate if under investigation. This requirement has been addressed.

**Open requirement (closed): The school must address and clarify the information in paragraph 30 of the Fitness to Practise Procedures policy document regarding whether a student can progress if involved in an ongoing Fitness to Practise investigation.**

*Recruitment, selection and appointment of learners and educators (R2.20)*

42 The school’s process to select and appoint learners has been fair, transparent and well managed.

43 In our report last year, we noted that whilst the school was on track to recruit their cohort of students for September 2018, recruiting students outside of the national UCAS process brought with it several challenges, particularly in terms of timescale.

44 The school received notification of funding in March 2018, just six months before students were to begin. In addition, the recruitment round for the 2019 academic year was to begin immediately following the completion of recruitment for the first cohort. Our recommendation was that the recruitment process should be monitored and managed closely to ensure the recruitment, selection and appointment of learners are open, fair and transparent.

45 At our visit in January, we discussed admissions with the senior management team, with admissions staff, and with students. We heard that the school had run training for those involved with recruitment, held two rounds of multiple mini interviews (MMIs) and several admissions panel meetings, and sent out offers to prospective students between March and August. We heard that the school opened on clearing for two days as twenty prospective students holding offers didn’t make their grades, and conducted a further round of MMIs on this cohort. The school successfully recruited 100 students for 2018 without having to drop their entry requirements for the course.

46 Applicants were screened to ensure that they met the academic requirements and the UKCAT score. The UKCAT score was lowered slightly for students from local widening participation backgrounds. At the interviews, all applicants were scored in the same way, and the decision to make offers to students was based on their performance during the MMIs only.
47 We also heard of the governance surrounding the admissions process. An admissions panel meets formally once a month, although in peak times the panel will meet weekly. This admissions panel feeds into the Management and Quality Enhancement Committee (MQEC), which has representation from clinical practice as well as two student representatives. As evidence of these governance systems, the school submitted minutes of these meetings in advance of our visit for our review.

48 We spoke with two groups of students across both visits. Both groups of students commented on the transparency of the admissions process. Despite the admissions process taking place outside of UCAS, students felt the process was streamlined, and found the school’s representatives to respond quickly with thorough and personal answers. We did hear that students found the short notice they’d received to attend interviews a barrier to attending, particularly if they were coming from further across the country as it increased travel costs. Students would like the opportunity to provide feedback on the applications process.

49 Given the progress against this recommendation since our visit last year, we are assured that the open recommendation has been addressed, and that the recruitment process is an area working well for the school. We will continue to revisit this as further cohorts are recruited.

Open recommendation (closed): The student recruitment process should continue to be pro-actively managed.

Area working well: The successful recruitment of a full cohort of students out of the standard UCAS recruitment cycle.
Theme 3: Supporting learners

<table>
<thead>
<tr>
<th>Standard</th>
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<tbody>
<tr>
<td><strong>S3.1</strong> Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and achieve the learning outcomes required by their curriculum.</td>
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</table>

*Good Medical Practice and ethical concerns (R3.1)*

50 In both January and June, students were largely positive about their experience at the school so far.

51 The students we spoke to were well informed about the programme, including information on their clinical placements, and were confident about where to find school policy. Students told us the school were professional, organised, welcoming and supportive throughout the admissions process.

52 The students appreciate the fact that staff know the students by name, and think the school has an overall welcoming approach. Students told us they like the structure and the variety of the programme so far. All students felt they could approach a member of staff to raise an issue that they were able to see a member of staff quickly, and told us that they felt a sense of a common goal between staff and students.

*Area working well:* Students are positive about their experiences so far, including their experience of the admissions process. Students are generally well informed, confident about where to find policies, and feel listened to.

*Supporting transition (R3.5)*

53 At our visit in January we spoke with the first year students about their transition to medical school. Whilst many spoke of feeling very well supported by the medical school, students told us they missed having next year’s cohort to look to, and that they would like to be more integrated into the central university.

54 The senior management at the school acknowledged that having only medical students living and working together may have brought greater levels of anxiety than normal for the cohort. Following our visit in January, we recommended that the school could consider linking students at Anglia Ruskin to student leaders at Dundee medical school, as the contingency school, to facilitate peer support networks.

55 At our visit in June, we noted that the school had made significant progress against this recommendation. We heard that the school had organised for medical students from the University of Cambridge’s Medical Society, as the closest medical school to Anglia Ruskin, to host a student evening, which students told us that they enjoyed. We also heard that student representatives at Dundee had been in touch with the
Anglia Ruskin student representatives. We were informed by the senior management team at the school that they have appointed 8 foundation doctors in academic posts to work at the university to begin in the next academic year. The team hope that the foundation doctors will be able to provide support and guidance to the students as near peers, having recently completed medical school themselves.

56 Given the progress made against this recommendation, we are assured that the school are taking the right steps to support students with their transition to medical school. This recommendation has been addressed.

**Recommendation (closed): The school should consider linking students at Anglia Ruskin with student leaders at Dundee medical school to facilitate peer support networks.**

**Information about curriculum, assessment and clinical placements (R3.7)**

57 At our visit in January, the students we spoke with did not have clarity around which assessments would count towards their final grade, and what they needed to do to progress into second year. Following our visit, we set a recommendation for the school to work with students to help their understanding of assessed elements of the curriculum.

58 At our visit in June, the senior management team updated us on how the school had progressed against this recommendation. The Head of school ran four question and answer sessions with the students on single best answer (SBA) assessments, and the Deputy Head of school ran six sessions on the professional portfolio. The school also ran formative OSCE exams, SBA assessments, and anatomy spot exams. Students were able to tell us what they needed to do to progress into year two.

59 The school provide an assessment handbook for students that was submitted to us before our visit. The handbook provides information on formative and summative assessments, and includes a high level assessment schedule across the five year course.

60 Looking forward to future years, the school has strengthened the assessment handbook to include specific examples of the OSCE & SBA exams to help understanding, they have committed to scheduling workshops with students to help prepare them for assessment, and they are working on developing a master class for each clinical skill.

61 Given the progress in this area, we are assured that the school are taking the right steps to make sure that students understand how they will be assessed each year. This recommendation has been addressed.

**Recommendation (closed): The school should continue to work with students to aid with the students’ understanding of assessed elements of the**
curriculum, such as the portfolio and how students’ progress from year to year.
Theme 4: Supporting Educators

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S4.1</strong> Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</td>
</tr>
<tr>
<td><strong>S4.2</strong> Educators receive the support, resources and time to meet their education and training responsibilities.</td>
</tr>
</tbody>
</table>

*Time in job plans (R4.2)*

62 At our visit in January 2019, we expressed concern that the ratio of students to each Personal Development Tutor (PDT) could be burdensome. The PDT system offers structured support for students, with guidance on when tutors and students are to meet and topics to cover at each meeting. The PDT meetings provide students with the platform to discuss academic, personal and professional issues in both group and individual settings.

63 The PDT handbook, submitted to us before our visit, stipulates that in year one, each PDT should have a minimum of three timetabled group meetings with their assigned students, and a minimum of four individual meetings with each of their students for a minimum of twenty minutes.

64 The Personal Development Tutors are members of academic staff, who are also responsible for a group of students. At the visit, we heard in our meeting with the admissions and the student support team that tutors could be assigned up to 25 students across all years. We heard that there are plans to increase the number of tutors as the school increases in size.

65 It is important that educators receive the support, resources and time to meet their education and training responsibilities. As PDTs also have academic responsibility, we are concerned that the current requirements of the PDT role would place too much burden on the workload of personal tutors each year.

**Recommendation:** The school should monitor the workload of personal tutors, as well as the scalability of the current model.
Informing curricular development (R5.2)

66 Over the course of our visits to the school this year, we have continued to be impressed by the work done with the patient participation group.

67 In our report from last year, we identified the school’s progression in recruiting patient volunteers as an area working well. We heard that the school had been working with Health Watch Essex, a local patient voice organisation, and had advertised in the local paper to recruit patient volunteers as additional learning resources.

68 In January, we heard that the school had successfully recruited 60 patients to the patient participation group. At our second visit, we spoke with some representatives from the patient participation group. We heard that patients had been given the opportunity to be involved with open days, teaching, exams and MMIs with prospective student applicants.

69 The patient representatives spoke positively about their experience. We heard that the patients have received professional acting training, and those involved with the OSCEs received briefing sessions and felt well prepared on the day. The patients told us there were able to use their own patient experience in scenarios with students, and felt like they were having a positive impact on student experience.

**Area working well: The school’s patient participation group is working well. Patients feel engaged, valued, involved and able to speak up.**

Undergraduate curricular design (R5.3)

70 The school have arranged excellent transport provision for students to travel to clinical placement.

71 The curriculum offers students early exposure to clinical practice. In year one, students spend single full days in a GP practice, accruing five days in total over the year, and a half day in a Trust in each of the clinical blocks. At the end of the year, students have a 3 week placement in hospital attached to a clinical supervisor.
Pre-visit documentation submitted by the school explained some of the challenges faced in the organisation of clinical placements. The placements are in the five acute Essex Trusts and in Essex-based GP practices. Geographically, the placements are widely dispersed across the Essex footprint, and there is a lack of accommodation available at the hospital sites.

To overcome these challenges, the school has committed to providing transport for students to their placements. Pre-visit documentation states that the full costs of the transport are funded by the Trusts’ undergraduate tariff allocation in lieu of the costs they would normally pay for on-site accommodation, which has been agreed with Health Education East of England.

At the visit, students praised the transport to their hospital placements. We also heard that, following feedback, the coach departure time had been changed to allow time for students to get ready for their placement directly after an anatomy teaching session.

For transport to their GP placements, the placements administrative team calculated the journey from campus to each primary care practice using public transport. Where this equates to an hour or less travel time, the students are expected to make their own travel arrangements. Placements that require journeys over an hour by public transport have been offered to students who have their own car with the incentive offer of free parking on campus (parking is not normally available to students), provided they are willing to undertake the journey by car with car-share for a partner student. Currently, no primary care practice is more than an hour’s car travel from campus. The placement team has also tried to allocate students to practices close to their term-time postcodes where the student is living off campus, with the proviso that it is not their personal practice. The students we spoke to who were driving further away appreciated the chance to have a car on campus and told us that car sharing was mostly working well.

**Area working well:** The clinical placements are well organised and supported, with excellent and appreciated transport solutions for both primary and secondary care placements.

*Undergraduate clinical placements (R5.4)*

The school has a structured quality management process for primary care placements, and effective communication with GP practices.

Pre-visit documentation evidenced the school’s plans for quality management of the primary and community care curriculum, which described the quality management strategy and processes involved. The school also submitted the guidance distributed to the GP clinical supervisors which provided information on induction, the involvement of patients, feedback and formative assessment and how to raise
The document also gave each week’s learning objectives and suggested activities.

78 At our visit in June, we spoke with a selection of GP trainers from practices that provide placements to the first year students. The trainers told us that they received excellent information in advance of the placements by email, and we heard that the school visits the practices and provides training in person. Whilst many of the practices are established training practices for postgraduate doctors in training, others are not and needed more support in providing their first placements. We heard from the trainers that the Anglia Ruskin team are seen as supportive in this process.

79 The GP trainers we spoke to reported a good direct relationship with the school. Strong leadership is evident; we heard that the GP Lead visited all practices providing placements this year, before the end of placement feedback was received. The school acknowledges that this may not be sustainable in the longer term as student numbers expand and more practices are required to provide placements.

80 In addition to the documentation outlining the quality management process, the GP trainers we spoke to told us that there is a clear format and proforma for practice review. We are pleased that the school is working to align its quality management processes to Health Education England’s in the accreditation of training practices, alleviating the administrative burden on individual practices.

**Area working well:** The GPs felt well prepared for their placements, with clear monitoring of what is being delivered in practice. There are structured lines of communication, and a consistent process for quality management.

81 Across both visits, the overwhelming majority of students told us that their clinical placements had provided some of the most valuable experiences on the course. Students were pragmatic in acknowledging that clinical experience will vary across Trusts, and had fed back to the school on any discrepancies and had seen changes implemented.

82 We did hear, however, of some particular clinical placements in two acute trusts which consistently provided poor experience for students. Students reported having not seen a patient, and others reported having not met their consultants across 5 sessions.

83 We understand that students stay with the same consultant throughout each block, and keep the same GP practice and hospital each year in their placement allocation. In order for the school to make sure that the practical experience students receive is sufficient to achieve the learning outcomes required for graduates, we recommend that the school should continue to monitor student experience, and re-distribute placements where appropriate to meet their learning outcomes.
**Recommendation:** The school should continue to monitor student experience on clinical placement, and re-distribute student clinical placements where appropriate for students to meet their learning outcomes.

*Fair, reliable and valid assessments (R5.6)*

84 At our visit in June, we observed the second day of the first year OSCE summative exam. The school ran 6 sessions of the exam throughout the day, with three circuits in each session.

85 We saw evidence of mapping of the stations to a wide range of the year one learning outcomes. They had provided training and orientation for all examiners, and the examiners we spoke to felt well supported in their role. The patient participants similarly reported that they felt well prepared and supported. We observed the examiner and student briefing which ran smoothly.

86 We were given copies of the documentation used on the day, which we found to be of a good standard, including a specially developed form for the reporting of any significant events to aid subsequent analysis.

87 We did observe some variability in simulated patient performance in a small number of stations. We felt that the use of a ‘Lead Examiner’ would help to ensure consistency of both simulated patients and examiners across all stations.

88 Overall, we were impressed by the excellent organisation in the delivery of the exams. There had been a large amount of preparation that had gone into the smooth running of the day, including running timed mock exams, with simulated patients, for both students and assessors. The day ran smoothly and to time and was well managed.

**Area working well:** The OSCE was well organised and well run.
<table>
<thead>
<tr>
<th><strong>Team leader</strong></th>
<th>Professor Paul O’Neill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visitors</strong></td>
<td>Professor Rona Patey, Dr Jenny Armer, Ms Abbey Bracken</td>
</tr>
<tr>
<td><strong>GMC staff</strong></td>
<td>Lindsay Bradley, Kevin Connor</td>
</tr>
</tbody>
</table>
Response from the School of Medicine – Anglia Ruskin University

Recommendations GMC Report 2018/2019

Recommendation 1 - open

The School should review the purpose and volume of the assessment and how it relates to student achievement of the learning outcomes, and the sustainability of assessment going forward.

This paper addresses the above recommendation.

Summative assessments:
- These comprise a summative portfolio assessment, SBA exam and OSCE at the end of every year (table 1)
- Year 1: SBA online exam of 240 items and OSCE 12 stations
- Year 2: SBA online exam 240 items and OSCE 14 stations
- Year 3: SBA online exam 240 items and 14 stations

Table 1. Summative assessment map across the MBChB programme

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Oct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
<td>Re-sit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
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<td></td>
<td></td>
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<td>Mar</td>
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<tr>
<td>Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Portfolio Review</td>
<td>Portfolio Review</td>
<td>Portfolio Review</td>
<td>Portfolio Review</td>
<td>Final Exam (OSCE)</td>
</tr>
<tr>
<td>Jun</td>
<td>Exams</td>
<td>Exams</td>
<td>Exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
<td></td>
<td>Re-sit (OSCE &amp; Portfolio)</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>Re-sit (all)</td>
<td>Re-sit (all)</td>
<td>Re-sit (all)</td>
<td>Final Exams (SBA &amp; A/Spot)</td>
<td></td>
</tr>
</tbody>
</table>
Formative assessments:
- This was the main area of concern and we have scaled back considerably so that there is a single ‘mock’ examination for each year of study (table 2 and 3). These are delivered under exam conditions so that students are familiarised with the process. We see this as beneficial to student preparation, as well as an opportunity for examiners and simulated patients to calibrate their performances.

- The end of Block formative assessments have been made more interactive and provide immediate feedback so that ‘learning progress’ is emphasised rather than formalised ‘assessment’. We hope this will reduce the students’ perceived need to treat these as exams.

**Table 2. ‘Mock exam’ format**

<table>
<thead>
<tr>
<th>Formative assessment</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBA</td>
<td>60 SBA questions</td>
</tr>
<tr>
<td>Anatomy Spot</td>
<td>20 stations</td>
</tr>
<tr>
<td>OSCE</td>
<td>4 stations x 8 minutes</td>
</tr>
</tbody>
</table>

**Table 3. Timetable for ‘mock examinations’ in the first 3 years of study.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>SBA</td>
<td></td>
<td></td>
<td>A/Spot</td>
<td></td>
<td>OSCE</td>
<td></td>
<td>Final</td>
<td>Resits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>SBA</td>
<td>A/Spot</td>
<td></td>
<td></td>
<td>OSCE</td>
<td></td>
<td>Final</td>
<td>Resits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A/Spot</td>
<td></td>
<td>SBA</td>
<td></td>
<td></td>
<td>OSCE</td>
<td></td>
<td>Final</td>
<td>Resits</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

The new assessment programme has been modelled over the full MBChB course and should be logistically feasible.
Recommendation 2 – open

*We encourage the school to implement the proposed monitoring system for the Personal Tutor system.*

This paper addresses the above recommendation. During the academic year 2019/2020 ARU will be running a pilot using Topdesk for Personal Development tutors to record their meetings with students. The School of Medicine will be part of this pilot. Personal Development tutors have been or are currently attending briefing sessions to enable them to utilise the software and training material will be available to them.

Personal Development Tutors will be able to access TOPdesk via a weblink and will automatically be logged in if they are logged into the staff server already (i.e. at work or via VM Wear if they are working from home).

TOPdesk will provide a robust system for personal development tutors to record their meetings with the student and will also allow audits to be undertaken to check that students are meeting with their personal development tutor.
Recommendation 6 – open

The school should monitor the workload of personal tutors, as well as the scalability of the current model.

This paper addresses the above recommendation

SCHOOL OF MEDICINE

PERSONAL DEVELOPMENT TUTOR SYSTEM

Principles of the Personal Development Tutor (PDT) System

- Only staff employed to deliver the MBChB at the ARU School of Medicine can be PDTs to medical students.
- Allocation of students to PDTs is based on two factors:
  - FTE of the member of staff
  - Workload of the member of staff
- Group tutorials are normally, alternated with individual tutorials.
- A PDT Staff Handbook identifies the dates of the tutorials and the content to be covered at each meeting.
- A PDT Student Handbook identifies the dates of the tutorials and the content to be covered at each meeting.

Tutorials

The number of student tutorials provided for the students for each year of the programme are indicated in Table 1 below.

Staff have a time allocation for personal tutorship and support for students on their Anglia Ruskin Academic Workload Balance Model (AWBM). This covers the time for the individual personal development tutorials.

The group tutorials are timetabled and staff time is allocated for these tutorials on their AWBM.

Table 1: Number of group and individual tutorials during the MBChB programme

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of individual tutorials (approx. 20 mins)</th>
<th>Number of group tutorials (1 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>2</td>
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<tr>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
Special circumstances

Intermission

Should a student intermit during the programme and return to a different year of the programme, as far as possible (dependant on the number of personal development tutees the PDT has) the student will remain the same personal development tutor.

Student repeating the year

If a student is required to repeat the year, as far as possible (dependant on the number of personal development tutees the PDT has) the student will remain the same personal development tutor.