Visit Report on the University of Central Lancashire (UCLan) medical school

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>University of Central Lancashire (UCLan) medical school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites visited</td>
<td>UCLan Preston campus; UCLan Burnley campus; West Cumberland Medical Education Centre; Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust (ELHT).</td>
</tr>
<tr>
<td>Programmes</td>
<td>MBBS</td>
</tr>
<tr>
<td>Dates of visits</td>
<td>14 and 15 February 2019</td>
</tr>
<tr>
<td></td>
<td>04 and 05 June 2019</td>
</tr>
<tr>
<td></td>
<td>04 July 2019 (assessment observation)</td>
</tr>
<tr>
<td>Key Findings</td>
<td>Over the 2018/19 academic year we visited the University of Central Lancashire Medical School (the school) three times as part of our multi-year quality assurance review. We will continue this programme of rolling quality assurance until the first cohort graduates and the school has demonstrated that it meets the standards set out in <em>Promoting excellence: standards for medical education and training</em>.</td>
</tr>
</tbody>
</table>
During our visits this year we met with students from all years (1-4), as well as a range of staff from different teams across the school, East Lancashire Hospitals NHS Trust (ELHT, the trust) and the West Cumberland Medical Education Centre (now known, and hereby referred to, as the National Centre for Remote and Rural Medicine [NCRRM]). In addition, we observed the Year 4 objective structured clinical examination (OSCEs).

We found that the school is managing the four cohorts of students well and has made good progress in developing and expanding its regional relationships with key bodies and stakeholders; the school has also strengthened its governance and quality management structures. In addition, the school has made good progress towards improving student preparedness for the summative assessments, and we noted improvements to the Phase 1 lectures and Phase 2 expert half days.

However, we also found a number of areas that we consider could be improved. This includes the quality of some written assessment items and guidance for the quality improvement student selected components (SSCs) in Year 4. We look forward to monitoring the school’s progress in addressing these areas over subsequent visit cycles.
# Update on open requirements and recommendations

<table>
<thead>
<tr>
<th>Open requirements</th>
<th>Update</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The School must review its curriculum and assessment content and attached guidance in order to improve student preparedness for summative assessment and programme progression.</td>
<td>The school has met this requirement. We are satisfied that the school now provides sufficient formative opportunities and that these help prepare students for their summative assessments. This improvement was confirmed by students across Phase 1 and Phase 2.</td>
<td>57; 94-95</td>
</tr>
<tr>
<td>2 We welcome the review into the student selected components over the summer. In particular, the School must look to standardise the guidance available on this module for tutors and students, and allow an equitable access to topics of students’ choice.</td>
<td>The school has partially met this requirement. A number of steps have been taken to standardise the students’ experience and to improve the support and guidance for tutors and students. This has had some success, most notably with the Year 1 SSCs. However, the actions taken by the School to address our concerns have not yet been completely implemented or embedded. As such, we have been unable to fully review the effectiveness of these actions. We will continue to monitor the School’s progress through our quality assurance processes.</td>
<td>58-60; 65; 78</td>
</tr>
<tr>
<td>3 The School must review its interprofessional learning sessions to ensure that they adequately enhance students’ learning. We hope to see students given the opportunity to work and learn with and from other health and social care professionals and/or students to support multidisciplinary working.</td>
<td>The school has partially met this requirement. We heard of positive plans for additional opportunities and better integration of existing activities, but these have not yet been completely implemented or embedded. As such, we have been unable to fully review the effectiveness of these actions. We will continue to monitor the School’s progress through our quality assurance processes.</td>
<td>16-18</td>
</tr>
</tbody>
</table>
4 The School must review the Year 2 written assessment items to ensure students can demonstrate an application of scientific knowledge to the clinical setting. The school has not met this requirement. We have again noted limited relevance of the clinical stem to the question in some Year 2 written assessment items.

<table>
<thead>
<tr>
<th>Open recommendations</th>
<th>Update</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The School should take steps to standardise the duration and depth of detail of class based lectures. In addition, the School should ensure that students receive lecture slides within a specified, standardised time frame.</td>
<td>The school has partially met this recommendation. Students noted improvements to the consistency of Phase 1 lectures and Year 3 expert half days; this has been driven by the School’s work to review cases and better manage student expectations. We will continue to review the school’s progress over subsequent visit cycles.</td>
<td>32; 79-81</td>
</tr>
</tbody>
</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>#</th>
<th>Theme</th>
<th>Areas that are working well</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R1.19; R1.20</td>
<td>There is continued investment by the university in educational facilities for the medical school, including the newly opened Victoria Mill campus.</td>
<td>22; 25-26</td>
</tr>
<tr>
<td>2</td>
<td>R2.6</td>
<td>The governance structure for monitoring the quality of medical student placements via a Work-based Learning Committee is working well. We heard examples of how the early identification of issues has led to swift resolutions, and how extended monitoring has led to the improvement of clinical placements.</td>
<td>33-35</td>
</tr>
<tr>
<td>3</td>
<td>R2.8</td>
<td>The school continues to make good progress in developing and expanding its regional relationships, including the well-integrated stakeholder and partnership boards it has with the NCRRM.</td>
<td>38</td>
</tr>
</tbody>
</table>
The school continues to make good efforts to widen access to the MBBS programme and to raise the aspirations of under-represented groups to consider a career in medicine.

In addition to the school's ongoing investment in its staff, we heard of new training opportunities for both clinical and academic staff aimed at achieving parity between various placement providers and lecturers.

### 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>#</th>
<th>Theme</th>
<th>Requirements</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R2.10; R4.2</td>
<td>The School must ensure that time for undergraduate education is embedded in supervisors’ job plans at West Cumberland Hospital.</td>
<td>40</td>
</tr>
</tbody>
</table>

### Recommendations

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

<table>
<thead>
<tr>
<th>#</th>
<th>Theme</th>
<th>Recommendations</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R5.8</td>
<td>The School should ensure examiners behave consistently during OSCE assessments, particularly when prompting or providing information to students.</td>
<td>100</td>
</tr>
</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td>S1.1 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>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.</td>
</tr>
</tbody>
</table>

Raising concerns (R1.1); Educational and clinical governance (R1.6)

1 As in previous visits, we again found organisational cultures that enable and encourage medical students to raise concerns about patient safety or standards of care. Students based at both ELHT and NCRRM told us that they know how to raise a concern and, importantly, feel empowered to do so. These comments were reflected by supervisors and trust management staff, who were able to describe the processes used to raise a patient safety concern. In addition, staff at ELHT gave us an example of the trust logging a positive event form for a student who raised a concern about a clinician’s attitude at work.

2 The school ensures students and placement supervisors are aware of the process used to raise a patient safety concern through a number of methods: for example, information is provided in handbooks and inductions. Despite these tools, in February we were concerned to find real variability among the Year 1 students in their knowledge of reporting patient safety issues. However, after raising this with the school, we were pleased to find during our following visit in June that these students now know what to do if they have such a concern. Importantly, these students also believe they will be supported by the school if they were to report a concern.

Dealing with concerns (R1.2)

3 We are pleased to learn that patient safety concerns are a standing item for Phase 2 Group meetings (which are attended by medical school and local education provider representatives). This overview helps ensure that concerns are investigated, and that
appropriate action is taken when necessary. During the visits we were provided with good examples of student identified concerns being addressed immediately and effectively. We were told by the ELHT placement management team of an instance in which medical students reported an unprofessional comment made by a clinician about a patient. Within 24 hours the trust’s Director of Medical Education (DME) was in contact with the clinician involved, and feedback was then given to the students.

4 However, students informed us that the feedback loop is not always closed. For example, in June, the Year 3 students told us that this year they had raised a patient safety concern. Although they were told what actions would be taken, they have not received any further updates nor been informed of the final outcome. We also heard a similar example from some Year 2 students.

**Supporting duty of candour (R1.4)**

5 We again found evidence that the school encourages and supports learners to be open and honest with patients when things go wrong. In February, all Year 2, 3 and 4 students told us that they are aware of the duty of candour. Whilst Year 1 students were not aware of this principle, we understand that this cohort receives direct teaching later in the academic year. We will continue to check students’ awareness of the duty of candour over future visit cycles.

**Seeking and responding to feedback (R1.5); Concerns about quality of education and training (R2.7)**

6 During this visit cycle we continued to find evidence of a school culture that seeks and responds to learner and educator feedback. Good systems are in place for students to raise any concerns they may have about the quality of their medical education, and they are encouraged to engage with these processes. Students are able to give feedback on different aspects of the programme through various channels both within the school and while on placement: for example, feedback is collected after all placements then discussed in detail at Phase 2 and quality review meetings. Additionally, we continue to find evidence that demonstrates how the school closes the feedback loop. Changes are shared through staff-student liaison meetings, “You said, we did” meetings and posters, Blackboard announcements, and via student representatives. These channels also provide feedback on those areas that the school is not able to change.

7 Our findings were triangulated by the students we met, who told us that the school regularly requests feedback and is receptive to students’ suggestions and comments. Students described a number of examples where the school has made changes following their feedback; this includes actions taken to improve the consistency and quality of lectures and expert half days, curriculum changes (such as splitting pharmacology teaching over Phase 1), improvements to the quality of placements and providing additional learning opportunities. This responsiveness to feedback was
In addition to making gradual changes and improvements to the MBBS programme, the school has demonstrated that it can respond promptly to student concerns. A key example is the school’s response to Year 3 students’ early feedback about their placements at NCRRM. The senior management team told us in February that there was a difficult start to these first placements, mainly as a result of staff at West Cumberland Hospital not being adequately prepared. We were pleased to learn that the school responded immediately and resolved the issues within the first week by working closely with the NCRRM placement management team. The Year 3 students we met in June were satisfied with the school’s prompt actions, and the senior management team told us that lessons have been learnt and will be applied for future rotations. The school has also demonstrated its responsiveness in resolving student concerns by arranging additional learning opportunities for the Year 3 students at NCRRM at another hospital site in Carlisle, following reports they were not getting the required opportunities at West Cumberland Hospital.

**Appropriate capacity for clinical supervision (R1.7)**

We continue to find evidence which demonstrates how the school ensures that there are enough suitably qualified staff members to meet the growing needs of the MBBS programme. Throughout this visit cycle we reviewed pre-visit documentation and heard from the senior management team about the various recruitment campaigns. Appointments made this academic year include a timetabling officer and a co-lead for professionalism, as well as joint appointments with ELHT for Year 5.

**Appropriate level of clinical supervision (R1.8); Appropriate responsibilities for patient care (R1.9); Identifying learners at different stages (R1.10)**

It is important that supervisors can easily differentiate between different levels of student competency when on placement. In our meeting with the placement supervisors at NCRRM, we were told that UCLan medical students are recognised by ID badges and that the students are well practised in introducing themselves. At ELHT, the placement management team and supervisors informed us that all UCLan medical students wear the same beige coloured uniform with a UCLan symbol and badges to identify their year group. However, we found more work is needed to both promote and check this happens, as none of the Phase 2 students we met on placement at ELHT were aware how they are distinguished from each other by staff; Year 4 students also told us that staff at ELHT still ask what year group they are in.

Despite this, we were pleased to hear that no student has been asked or expected to work beyond their level of competence this academic year. Importantly, students told...
us that they would have the confidence to say no if requested to do so and that they would be supported by the clinical staff if they were to decline. Additionally, the Year 4 students told us that clinicians check whether students are able to perform a procedure before asking them to do so.

12 We were pleased to hear from all students that they are aware of what they can and cannot do on placement. The school communicates this in a number of ways including placement handbooks and inductions; additionally, the Year 2 students told us they are only able to carry out specific procedures once they have been signed off as safe to do so. These comments were echoed by placement management staff and supervisors in both GP and acute trust settings; we heard that they receive handbooks written by the specialty leads as well as regular updates and training (covering learning objectives and the portfolio) from the school.

13 We continue to find that students are satisfied with the level of supervision they receive on placement, especially in the GP setting. Although students in Years 2 and 3 spoke of some variability in how well prepared and hands-on the supervisors are, supervision levels on placement in general were reported as being good.

Induction (R1.13); Undergraduate clinical placements (R5.4)

14 We were pleased to find that students continue to receive appropriate inductions for both their academic work and clinical placements. As in previous visits, we heard from school staff that students receive yearly inductions at suitable points which outline expectations and provide key information. Importantly, the school continues to review and adapt its induction content and structure to fully fit the students’ needs; for example, we heard that from next year all Phase 2 students will receive a separate induction focusing on SSCs.

15 In addition to the campus based inductions, all students we met during this visit cycle confirmed that they had received useful inductions for each clinical placement; students also told us that these inductions complemented their placement handbooks well. These comments were mirrored by both school staff and supervisors, who informed us that all supervisors must sign a form to confirm that they have conducted an induction within two weeks of the placement start date.

Multiprofessional teamwork and learning (R1.17)

16 We previously set a requirement for the school to review its interprofessional learning (IPL) sessions to ensure that they adequately enhance students’ learning. We stated in our 2017/18 report that the school had partially met this requirement but had yet to fully implement its plans to encourage IPL. We had also found that students were often unaware of the IPL opportunities available to them.
During this visit cycle, we heard of several positive developments and plans to better embed learning alongside other social and healthcare students within the MBBS programme. For example, the ELHT placement management team told us that the trust’s strategic board is focusing on how to improve collaborative learning between the various health and social care students in the clinical environment, whilst NCRRM runs a three-day simulated training session for medical and physician associate (PA) students. We also heard of positive plans for Year 5 students which will integrate IPL and simulated training into their learning (such as ‘Hospital at Night’ scenarios). In addition to placement-based IPL opportunities, the school was keen to illustrate the IPL opportunities available through more traditional teaching methods. An example given was of Phase 1 students having clinical skills and communication sessions in mixed groups with PAs, dentistry and pharmacy students. The school is also in talks with the North West Ambulance Service to integrate its training with them.

We reviewed a number of pre-visit documents which outlined the steps the school has taken to communicate its approach to IPL to the students (such as inductions, staff and student meetings, and uploads to the school’s virtual learning environment [VLE] Blackboard). Despite this, over the course of our visits it was apparent that a number of students still seem unaware of how IPL is integrated into the curriculum. Although students across all cohorts found learning with and from other health and social care professions on placements helpful, this learning was described as ad-hoc (i.e. not timetabled) and the quality of these opportunities depends on the placement and day. In addition, Phase 1 students told us that although they share lectures and clinical skills sessions with other healthcare students, the groups often do not mix. As such, we believe the school has more work to do to formally integrate IPL fully into the curriculum and to improve student awareness. We will continue to monitor the school’s progress in supporting its students to understand their role in a multi-professional team. See open requirement 3.

Adequate time and resources for assessment (R1.18)

We have previously reported that the school would benefit from considering noise levels when designing OSCE assessments to minimise distraction between stations. In July we observed the Year 4 OSCEs at the Victoria Mill campus in Burnley and were impressed by the purpose-built clinical skills suite; we found the suite to be a well-designed and well-equipped environment to hold such assessments. During this observation, it was evident that the school has taken steps to mitigate the effect of noise interference between stations, including well-proportioned and well-designed station lay outs and the installation of sound proofing boxes that dampen background noise. The effectiveness of these changes was reiterated by Year 4 students, who told us they had no concerns about noise interference.

We were also pleased to find a number of staff on hand during the assessment to resolve queries and problems effectively; these staff had easy access to a well-stocked store room. We were able to test the effectiveness of this support when we
observed an instance in which faulty medical equipment was quickly replaced whilst a student was in a station with minimal interruption. As a result of our findings, we are satisfied that the school has the material resources it requires in order to allow students to complete their OSCEs.

21 However, during our visit in June, the Phase 1 students told us that some volunteer patients appeared to tire by the end of the day and were less responsive, thus causing some anxiety about the students’ ability to pass the assessment. School assessment staff told us that they are already aware of these concerns and are looking at how best to ensure that, going forward, the needs of both the assessment and the volunteer patients are considered when planning OSCE stations. We will continue to monitor this area during future visit cycles.

Capacity, resources and facilities (R1.19)

22 We continue to be impressed by the school’s plans to ensure there are the facilities, capacity and resources in place to deliver safe and relevant learning opportunities. In February, the senior management team told us that the university had purchased and converted the aforementioned facilities in Burnley for Phase 2 students (shared with medical science students). The Victoria Mill opened in February 2019 and we heard positive reports from staff in June about the high quality of education that the site provides. In addition, work is under way to develop a new student accommodation building on the Burnley campus as well as a new education centre and accommodation block on the West Cumberland Hospital site. These plans for campus based facilities are supported by an annual cycle of resource mapping and close working between the school and the university’s estates team. See area working well 1.

23 Additionally, we were pleased to hear from ELHT placement staff that they are confident there is sufficient capacity at the trust for UCLan medical students; for example, new areas of learning such as the acute pathways have been found to accommodate the Year 4 and 5 students. To further manage capacity, the school has provided the trust with a plan of student numbers and has ensured that these numbers increase incrementally to limit the impact on placement supervisors.

24 Despite our positive findings about the school’s capacity, resources and facilities at the Preston campus and at ELHT, we were concerned to find that Year 3 students based at NCRRM are dissatisfied with the available resources. Students told us that the size and quality of the trust’s library is inadequate and that they are unaware of available study space. Although the senior management team told us that it is aware of these concerns (and is confident that the provision of books and study rooms is enough to allow students to meet their learning objectives), we encourage the school to develop the facilities and resources at NCRRM to ensure they meet student needs.
25 During this visit cycle, we continued to find evidence that students have access to technology enhanced and simulation-based learning opportunities which support their education and training. The school provides a number of high quality simulation facilities and clinical skills laboratories at UCLan’s campuses in Preston and Burnley as well as at ELHT. In addition, we were pleased to learn that technology enhanced and simulation-based learning is also provided for students at NCRRM. These students benefit from a two-day simulation training programme that uses new high definition simulation models, as well as a three-day interprofessional pre-hospital emergency care course delivered by BASICS Scotland. Finally, we were also interested to learn of a new simulation-based initiative for Year 1 students, ‘bystander training’, launched this academic year. This pilot has been developed with Public Health England and the University of the West of England to promote a change in the social environment, particularly focusing on the prevention of rape, sexual assault and domestic violence on campus. Students told us that they found this training helpful; as such, we will explore the benefits this brings to the students through future visits.

26 As part of a building and facilities update we were given in June, we heard that further simulation suites will be developed at the Burnley and NCRRM campuses. During this visit we also heard of other positive plans to provide additional technology enhanced learning opportunities to students. These include bespoke resource videos to support learning and assessment, digital audio response software used in case-based learning sessions, virtual clinics, and two half days of high-fidelity simulation per year in Years 3 and 4 focusing on the acutely ill patient. We will explore how these tools aid student learning during future visit cycles. See area working well 1.

27 We have previously reported on the school’s effective use of the COMENSUS bank of volunteer patients for simulated learning. During this visit cycle we learnt that the school has developed an additional bank of volunteer patients to further support this learning. Curriculum staff told us in June that the patient bank now numbers over 100 patients and continues to grow; the school also takes steps to ensure that these individuals are well trained through information packs and a registration day.

Access to educational supervision (R1.21)

28 During previous visit cycles we have consistently found that the remit and use of academic advisors is widely praised by the students, and this continues to be the case. In all 2018/19 student meetings we heard that, in addition to their scheduled one-to-one and group meetings with the academic advisors, students can arrange ad hoc meetings as required; for example, to discuss formative assessment results for study tips to help direct learning, and to receive additional support when moving between the programme’s phases.

29 In addition to the academic advisors, we were pleased to learn that students are satisfied with the support they receive from their placement supervisors to help them...
meet their learning outcomes. These positive comments were echoed by the placement supervisors we met, who told us they have plenty of opportunities to provide timely feedback and guidance to the students by assessing understanding and learning through an initial assessment, mid-point assessment and end of placement assessment. We look forward to assessing the impact of educational supervisors for the Year 5 cohort, who will be responsible for monitoring student progress through three meetings at various points of the year.
Theme 2: Education governance and leadership

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2.1 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.</td>
</tr>
<tr>
<td>S2.2 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.</td>
</tr>
<tr>
<td>S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</td>
</tr>
</tbody>
</table>

Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2); Considering impact on learners of policies, systems, processes (R2.3)

30 The school continues to take steps to ensure that effective, transparent and clearly understood educational governance systems are in place. A key aspect of this is the school’s review of its quality management and governance structures each year, which we discussed with the senior management team in February. The school provided an overview of revisions made to the school’s governance structures for the 2018/19 academic year. Changes include revised terms of references to provide greater clarity on the flow of information and to ensure risks are discussed by the relevant committees; the senior management team structure is also being expanded to avoid any single points of failure. We will explore the effectiveness of these, and any further changes, during future visit cycles.

31 In our 2017/18 report we noted the school’s aim to incorporate students into its committee structure in order to develop joint solutions and improve the ability to quickly raise and respond to issues. Throughout this visit cycle we spoke to the quality management team to explore how successful this mechanism has been. We heard that students are able to self-nominate, but that so far only a small number have done due to study commitments. However, the school continues to look at ways to better advertise this opportunity and we commend the school’s attempts to better consider the impact of policies, systems and processes on students. We will explore the progress and success of this through future visits.

Evaluating and reviewing curricula and assessment (R2.4)

32 The school continues to evaluate and review its curriculum and assessment frameworks to improve the quality of its education provision. During this visit cycle the curriculum leads provided us with a list of recent changes made to Phase 1 of the programme. This includes moving a number of clinical skills to better fit clinical placements, greater faculty support with SSC delivery, and the inclusion of Year 1
pharmacology teaching to align with one of the contingency schools. The school has also reviewed Phase 2; a number of Phase 2 staff told us that all 16 case-based learning (CBL) sessions have been re-written with input from clinician educators and new formative material. In June, we heard from curriculum staff that these revised CBL sessions have been well evaluated and will be updated again over the summer period. We also heard work is underway to modify and enhance the Phase 2 science days and to continue to improve the expert half days; this includes clearer learning objectives, the inclusion of multiple-choice formative questions and all tutors receiving further training and ongoing feedback/mentoring. These changes have been welcomed by the Phase 2 students we met during our visits. See open recommendation 1.

**Systems and processes to monitor quality on placements (R2.6)**

33 We were pleased to find that the school continues to develop effective systems and processes to monitor the quality and value of clinical placements. Placement providers are reviewed in multiple ways. Each GP practice and NHS community provider completes a yearly review that includes questions specific to the quality of training as well as an opportunity to identify training and support needs; the school also visits GP practices every three years to check the learning environment. For the NHS community providers there are also regular meetings (annually at a minimum) to discuss issues and ongoing operational and developmental plans. The school also visits the acute trusts every two years and meets with them on a quarterly basis. Finally, each third sector organisation is visited annually to ensure that adequate practical opportunities are being provided so that students can meet their learning outcomes.

34 Pre-visit documents show that, in addition to the university’s Work-based Learning Team, the school has its own Work-based Learning Committee; this committee meets every three months to review placement evaluation data. This data allows the school to improve clinical placements through targeted interventions and support, including staff training and development (placement evaluation data for each year group is correlated every quarter, with each placement given a score and rated using a traffic light system). The school’s placements management team gave us an example of removing students from a GP practice, and we heard that the school will do so again if a provider fails to meet the expectations set out in the service level agreement.

35 During our visits we found evidence of how the school’s early identification of issues has led to swift resolutions, and how extended and ongoing monitoring has led to the improvement of clinical placements. A student poll is taken at the end of the first week at a placement, and providers that receive a low score are contacted to discuss what improvements can be made for the following week. The quality management team told us placement feedback is sent to the providers one day after the student surveys close, and the providers are expected to feedback on what actions they have taken by the next Phase 2 meeting. Additionally, the school’s oversight of placements
is supported by a spreadsheet which includes a RAG rating system that helps coordinate a risk-based visit cycle, with a target to review all providers at a minimum of every three years. See area working well 2.

36 We were pleased to hear from placement management staff that the school continues with an ongoing programme of work to reach agreements with providers as the student body grows. This includes the successful and ongoing recruitment of GP practices and the expansion of activities in Blackpool, the Fylde and Wyre; we also heard that the school is in conversation with local primary care networks to discuss appropriate service level agreements. Finally, we learnt that students are now placed at GP practices with no history of training. School staff told us that these practices have received an induction and have access to a range of training materials to aid supervisor preparation.

37 We were also pleased to learn in our meeting with the NCRRM management team in June that there is close working and liaison between the two Phase 2 campuses (NCRRM and Burnley); this takes place via monthly Phase 2 group meetings and other informal meetings and communications. This collaboration includes ensuring all campus day delivery and materials are aligned, with any improvements implemented at both sites; additionally, all module and expert half day leads are trained by the same school staff member to encourage consistency. Staff from both sites also review and check alignment of assessments as well as undertaking portfolio benchmarking activities.

Sharing and reporting information about quality of education and training (R2.8)

38 The school continues to develop and expand its regional relationships in order to share information with other relevant bodies; these relationships also help drive improvements to the local health economies. Examples discussed during this visit cycle include the Deputy Head of School taking a seat on Blackpool Teaching Hospitals NHS Foundation Trust’s Board as a clinical non-executive director, and the school’s work with regional authorities to help address future regional workforce needs. In particular, we noted that the school has well-integrated stakeholder and partnership boards with NCRRM (including a stakeholder project board which manages various and wide-ranging local health related projects). Finally, the school also continues to co-host the annual UCLan/ELHT Undergraduate Medicine Conference; several clinical and school staff told us during our visits that this conference helps develop their skills as UCLan supervisors and enables them to share good practice. We will explore the developments and outcomes of these relationships through future visits. See area working well 3.

Monitoring resources including teaching time in job plans (R2.10); Time in job plans (R4.2)

39 Our meetings with supervisors and placement management staff at ELHT and GP practices show how the school ensures there is adequate time in job plans for
supervisors and how this time is closely monitored. The GPs we met told us that time is usually blocked out for supervising students; we also heard that there would be very rare occasions when service may take precedence, but that plans are in place for students to undertake home visits with other practice staff instead. We were again pleased to learn from the ELHT placement supervisors that there is adequate time in their job plans to meet their educational responsibilities. We have been assured by the school that there are a sufficient number of supervisors at ELHT as the student body grows and new areas of learning are introduced. In addition, ELHT management staff told us that job planning software allows them to closely monitor supervisor time.

40 Despite our positive findings from GP and ELHT supervisors, during our visit to NCRRM in June we found that current job plans do not adequately reflect the roles of an undergraduate educator and supervisor. Although students did not appear to have been affected by this, we have set a requirement for the school to review the time allocated in supervisors’ job plans for undergraduate education at North Cumbria University Hospitals NHS Trust. We feel that the trust is already taking steps to resolve our concerns: we were pleased to hear from the Medical Director that the trust is prepared to free up time within job plans for teaching and that work is underway to achieve this. This includes asking the supervisors to record time spent supervising medical students and the implementation of new software to help monitor job plans. Additionally, the school’s placements management team advised that three new undergraduate tutors (clinical module leads) for NCRRM will be appointed during the next academic year with time in their job plans; recruitment is also planned for teaching fellows at NCRRM to help increase supervisor numbers. See requirement 1.

Managing progression with external input (R2.12); Meeting the required learning outcomes (R3.15); Assessing GMC outcomes for graduates (R5.5)

41 The school’s progression rules are documented in the 2017/18 report, and at that time we felt assured that these were sufficient to ensure no student would progress to the next stage of study, or graduate, without meeting the requirements of the programme. However, we were concerned to read in pre-visit documents that a small number of students appeared to have successfully appealed the school’s decision to deny progression. On exploring this matter during our visit in June, the senior management team confirmed that this matter had been resolved. As such, we are satisfied that the university and school’s progression policies have been appropriately revised to ensure only students that have met the programme’s requirements can progress.

42 Throughout this visit cycle we explored the Year 5 assessment plans in some detail. Although these have not been fully developed, various Phase 2 staff told us that the final decision on graduation will be made by a panel; appeals will be managed by the Dean in accordance with university regulations. The school also provided documents which clearly outline the planned assessment load: in addition to an OSCE, elective
report, a number of workplace based assessments and successful completion of the portfolio, Year 5 students will be monitored throughout the academic year to keep track of progress and allow for intervention and support if required. We will review the implementation of these plans over future visit cycles to ensure that the Year 5 assessments successfully test the learning outcomes.

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

43 The school continues to make good efforts to widen access to its MBBS programme. It has 15 medical school places publicly funded by the Office for Students each year: additional weighting is given to applicants who meet widening participation criteria during the admissions process for these places. For the 2018 entry, two-thirds of successful applicants for the Year 1 UK places came from widening participation backgrounds. Within the 15 UK places, the school has introduced two extra fully funded scholarships (Livesey Scholarships), which are awarded to the highest two ranking applicants from a widening participation background and who have undertaken the School’s Pathway to Medicine Programme. For 2019/20 the two regional widening participation scholarships will be awarded again. The school also undertakes outreach activities for young people aged 13 to 18 who would not traditionally consider higher education: these include a student-run widening access to medicine group called WAM@UCLAN!, a nationwide project led by UCLan called Future U, and the new Pathway to Medicine programme run by UCLan for local Year 12 and 13 students from backgrounds under-represented in the medical profession. We look forward to exploring the effectiveness of these measures during future visit cycles. See area working well 4.

44 The school continues to review its recruitment processes to ensure they are open, fair and transparent. We received an update in February which showed how the school analyses data to check that its multiple mini interview stations are robust and tracks the UCAS applicant statuses to better manage resources. Additionally, quality management staff told us that the school may introduce an aptitude test at an early stage of the recruitment process to better help shortlist applicants. This will also help the school make better use of its physical and human resources.
Theme 3: Supporting learners

<table>
<thead>
<tr>
<th>Standard</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

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

45 During this visit cycle, we found that UCLan’s medical students are well supported to meet the professional standards set out in *Good medical practice* and other standards and guidance that uphold the medical profession. In addition to talks from the GMC regional liaison service, all students receive professionalism teaching appropriate for their level of study: topics include communication skills, ethical dilemmas and the law. Phase 2 students also receive a professionalism talk on raising concerns as part of their induction.

**Learner’s health and wellbeing: educational and pastoral support (R3.2)**

46 Our 2017/18 report highlighted the good support mechanisms in place for students. From our 2018/19 findings, we remain satisfied that students have access to sufficient resources to support their health, wellbeing, and educational development. All students we met confirmed that the school continues to be supportive and approachable; students are able to approach any staff member for help and can also access formal support systems based within the university services (‘The *’).

Students also confirmed that they receive annual health and wellbeing sessions covering topics such as resilience and told us that they all feel adequately supported regardless of their background. Importantly, the school has mapped the resources required to support a growing student body and is confident it can continue to do so.

47 In addition to the existing support mechanisms, we heard about a number of new initiatives that the school plans to introduce or are already in place. Of particular interest is the school’s ‘Flying Start’ programme, due to launch in advance of the 2019/20 academic year. Student support staff told us that this programme is a flexible online voluntary summer course for new entrants to the MBBS programme, available on Blackboard, aimed at preparing students for university style learning. Additionally, Phase 1 students told us that the university’s WISER programme has been invaluable for developing their academic skills (WISER gives academic support and guidance to all students enrolled on any UCLan programme). We look forward to further exploring the effectiveness of these initiatives over future visit cycles.

48 During our visits in February and June we explored the support available to Phase 2 students on placements. Although Year 3 students told us that at times they find it hard to meet with their allocated academic advisers (who are not based on the trust site with them), all Phase 2 students assured us that there are other avenues of
support available to them when on placement. Further information about this was provided in meetings with the student support services, where we learnt that the multi-faceted support for those on placement includes support from work based/clinical skills tutors, professional wellbeing and safety (PWS) tutors at all placement sites, and central student support staff at each campus who form part of the Student Wellbeing Service. We were also pleased to learn there are dedicated onsite placement teams to provide support to students; and following student feedback in the last academic year the school now provides off-campus careers advice to those in Phase 2.

49 The senior management team told us about the additional careers support available for students. These tools include an ongoing programme of individual career meetings for all students, BMA careers events, and a 'Day in the life' series of talks with medical specialists starting in March 2019. The Health Education England – North East office has also given presentations on applying to the Foundation Programme, and we heard that further careers advice will be provided to Year 5 students next year. We will explore the effectiveness of these tools during future visit cycles.

50 Despite these positive findings, we found, as in previous visit cycles, that students place little value on accessing support from the school's pastoral tutors. The Year 1 students told us that there is considerably more publicity for “The <i>” than for the pastoral tutors, who are used infrequently. Furthermore, we heard from Phase 1 students that they can, and do, speak to any staff member if they need support and advice. This includes their medical demonstrators, who are willing to provide pastoral support and career advice to the students. We are therefore confident that, despite a limited use of the school's pastoral tutors, students do receive the support they need.

Undermining and bullying (R3.3)

51 We are encouraged to find that none of the students we met in February or June have been subjected to behaviour that undermines their professional confidence, performance or self-esteem during this academic year. All students we spoke to confirmed that they had not been subjected to any bullying or undermining behaviour, and that they were aware of the processes to use to raise any such instances. We did hear in our meeting with student support staff that the school had received reports of some cultural colloquialism misunderstandings at NCRRM; however, staff assured us that these were quickly resolved at a low level with no further reoccurrences.

52 The placement management team informed us that information on bullying and undermining is well covered during student inductions and is included in their handbooks. In addition to including information about bullying and undermining in both Phase 1 and Phase 2 inductions, the school is taking effective measures to ensure its Phase 2 students are well equipped to deal with challenging situations in
the workplace and whilst on placement. These measures include a human factors session which explores the use of language, how to appropriately challenge supervisors, and how to remove themselves from a situation.

Information on reasonable adjustments (R3.4); Collecting, analysing and using data on quality and on equality and diversity (R2.5); Sharing information of learners between organisations (R2.17); Reasonable adjustments in the assessment and delivery of curricula (R5.12)

53 We were pleased to hear that the school continues to encourage students to declare a support need and to put steps in place where necessary; this is achieved through the disability support advisor working closely with the university’s Student Wellbeing Services team to ensure the full spectrum of support is available. Importantly, the students we met confirmed that they have been told by the school they can access help if required, and that they will be supported in doing so. Furthermore, in June, assessments staff were able to give us a number of examples of when it had provided appropriate adjustments for students; these include additional time, a reader and rest breaks. Starfish is a key tool in the reasonable adjustments process: staff and/or students can make referrals to the Inclusivity Support Team through this system, and information on academic and other support needs for students is stored on Starfish. This information is then reviewed by the School’s academic advisors and disability leads as required.

54 Further to this, in June we heard that the school continues to inform the ongoing development of its equality, diversity and inclusion (EDI) action plan by working with the university’s corporate data team to obtain relevant data for staff and students. Current EDI plans include differential attainment support for students, student focus groups, a review of curriculum and assessment content, and workshops to increase staff and student understanding of EDI. We look forward to exploring how these measures will allow the school to analyse learner progression via an EDI lens.

55 The process of sharing and transferring information about Phase 2 students via the PWS tutors, DMEs and supervisors continues to work effectively. In February, the ELHT placement management told us team that there is a good transfer of information relating to reasonable adjustments, and declared disabilities, from the school. This message was supported by the GPs we met who told us they too are made aware of any reasonable adjustments for all cohorts of students.

56 We were pleased to hear from school management staff that a process is in place for transferring information about graduating students to foundation schools. The school is in close contact with the GMC registration team and has allocated additional resources to ensure that it meets all deadlines. We look forward to reviewing the success of these measures during future visits.
During the 2017/18 visit cycle, concerns were raised by a number of students about the perceived vagueness of the information provided to them about their placements, curriculum content and assessments. The school has responded well to these concerns: students from all cohorts told us they now generally receive timely and accurate information about their curriculum, assessments and clinical placements. For example, the Year 1 students are satisfied they are given sufficient notice to prepare for upcoming placements and are told of the details at least two months in advance of the start date. Furthermore, all the students we met told us they are generally happy with their handbooks, which give good information about their curriculum and assessments and sufficiently prepare them for what to expect. In our student support meetings it was emphasised to us that the student briefings given during the inductions at the start of each year cover important issues including assessments, curriculum and placements, and similar briefings are also given throughout the year. Finally, we were told the assessment and OSCE handbooks were being edited at the time of the visit following student requests for more information to help prepare for their OSCEs. See open requirement 1.

We previously set a requirement for the school to standardise the SSC guidance available to tutors and students. In February, although Phase 1 students were broadly satisfied with the guidance available to them, Year 3 students told us that they would like more detailed guidance on how to complete an audit. We heard there are two audit exemplars available on Blackboard for reference, but these are not helpful as the Year 3 students remain unsure how the audits were carried out. Year 3 students at NCRRM also told us that a change of SSC lead resulted in them starting their audit projects much later than the Year 3 students placed at ELHT; of further concern was the number of supervisors that resigned causing some Year 3 students to seek new supervisors themselves.

We discussed this with school staff in some depth during our visits and were pleased to hear that steps are in place to resolve the Year 3 students’ concerns. Blackboard resources have been reviewed and updated, and regular drop in sessions are available with the respective SSC Lead; further reviews will also take place over summer. Furthermore, improved support is available to those supervisors involved with Phase 2 SSCs; this includes the development of a supervisor forum to encourage greater communication with each other and further assessment training. Whilst it is partially assuring that the SSC submission date for Year 3 students at NCRRM was deferred by two weeks to allow the students some additional time to submit following a slow start, we will explore this matter further in the next visit cycle to check the identified issues are not repeated.

During our visit in February, we also discovered that the guidance available for the Year 4 quality improvement (QI) SSC was inadequate. Students told us that the assessment objective was vague and that greater clarity was needed, especially as all
students were new to QI and no exemplars were available. We were therefore 
pleased to hear from various school staff in June that steps have been put in place to 
rectify these concerns, including plans to work more closely with the ELHT QI team, 
extending the 2018/19 SSC4 deadline, and a planned review over the summer. 
Although assessment staff were satisfied with the quality of the SSC4 submissions, 
we will continue to monitor the concerns raised during our next visit cycle. See open 
requirement 2.

61 The school continues to develop the initiatives and information required to support 
students at various transition points. We were pleased to hear that students moving 
into Phase 2 continue to receive two inductions: one at the end of Year 2 and one at 
the beginning of Year 3. Students in both cohorts told us that they are satisfied with 
this arrangement and feel it prepares them well. The placements management team 
advised that our findings are corroborated by the induction evaluations, which found 
the Year 2 students feel prepared when transitioning to Year 3 (Phase 2). We have 
also learnt this visit cycle of a specific transition course for Year 4 students, which 
continues through Year 5 with various support tools such as situational judgement 
test preparations. We will explore the value attached to this transition course by the 
students in next year’s annual cycle of visits.

62 However, we found that the steps taken to prepare students based at NCRRM have 
been less effective. In June, the Year 2 students expressed anxiety about their 
upcoming move to Whitehaven, due, in part, to the lack of information given by the 
school. Students were unsure of how to find accommodation and what to expect from 
their placements. We were therefore pleased to hear from the school’s placement 
team that they are aware of the concerns and are due to send all affected students a 
fact sheet well in advance of the next academic year. Year 2 students have also 
visited the site and met the current Year 3 cohort to help ease any anxiety.

63 We also found evidence that communication between the school and students at 
NCRRM was not working as well as it should. Year 3 students expressed 
dissatisfaction with how some of their expectations, such as learning opportunities 
and academic resources, have not been met. Additionally, learning that not all 
students will rotate through NCRRM after volunteering for these placements had 
caused some anger amongst the cohort. We would encourage the school to consider 
how best to manage student expectations and communicate any programme changes 
to students not based close to the main campus.

Out of programme support for medical students (R3.9)

64 During the visit cycle we explored the support available to students on their six week 
elective (which takes place at the beginning of the next academic year). We were 
pleased to hear that all students must complete a risk assessment for their elective 
and contact the school upon arrival; students also have access to 24-hour support via 
an emergency contact number. Despite this, we noted that the dates of the elective
block may conflict with the closing date for Foundation Programme applications, a period when students may require significant support. We therefore encourage the school to investigate further and provide appropriate support where necessary.

**Feedback on performance, development and progress (R3.13)**

**65** We previously set a requirement for the school to standardise the guidance and feedback available for tutors and students about student selected components (SSCs). The school had already begun to implement changes to the Phase 1 SSCs at the end of the 2017/18 academic year, and we were pleased to find during our visits this year that these tools have been successfully embedded. Pre-visit documents showed that Blackboard resources have been created to help improve consistency in SSC peer feedback; curriculum staff also described additional support during our meetings. Phase 1 students now receive full written feedback from the respective SSC leads/tutors with the option for those in Year 1 to resubmit multiple drafts for further feedback and advice. Importantly, improvements have been recognised by the students; during both our February and June visits students told us that the feedback they receive for their SSCs is significantly better and noted only minor complaints. See open requirement 2.

**66** Students from all years were generally positive about the feedback they receive on their general performance, progress and development. Although Phase 1 students told us that at times portfolio feedback could vary in terms of quality and timeliness, we heard that verbal feedback from the formative OSCEs and the communication skills sessions is helpful. Assessment staff told us that all students receive quantitative feedback from their summative assessments, and any student identified as underperforming receives additional feedback. We were also pleased to hear that Year 5 students will receive multisource feedback during their first clinical block and we look forward to exploring the effectiveness of this during our next visit cycle.

**67** We continued to find that students receive regular and constructive feedback on their performance, development and progress while on placement. Students from all cohorts told us that GPs are good at tracking their progress and identifying areas for development; Year 3 students also highlighted the helpful feedback they receive after workplace based assessments. We learnt in our meetings with the ELHT placement management team that workplace based assessment calibration takes place during training; this is supported by spot checks and training guides to help improve the quality and value of feedback given to the students. Likewise, in the curriculum meeting we heard that benchmarking is carried out for portfolio activity in which the portfolio tutors are trained, supervised and supported to help give good feedback to the students. We consider these to be positive actions.
Support for learners in difficulties (R3.14); Managing concerns about a learner (R2.16)

68 The school continues to support students whose professionalism, performance, health or conduct gives rise to progression concerns. Placement supervisors at ELHT and NCRRM confirmed that any concerns are raised via the reporting process, although the GPs we met told us that they can discuss concerns with various school staff before formally raising these. The quality management team was able to provide a number of examples of where concerns have been identified and support or remediation have been put in place.

69 The school has also recently reviewed its processes for managing professional and pastoral concerns for Phase 2 students. From September there will be a separation in how staff manage and respond to student concerns: PWS tutors will undertake a purely supportive role whilst the Clinical Lead for Professionalism will review any potential student sanctions. The portfolio continues to be the key tool for assessing professionalism - successful completion of the portfolio is essential for progression. The school continues to develop the portfolio content for Year 5 students, but told us that this will include multisource feedback and educational supervisor reports; there may also be a formal professionalism aspect of Year 5 OSCEs.
Theme 4: Supporting Educators

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

Induction, training, appraisal for educators (R4.1); Accessible resources for educators (R4.3); Working with other educators (R4.5)

70 There is continued investment by the school to support the academic teachers and clinician educators in accessing professional development and training for their role; this includes funding for a postgraduate certificate in medical education and time within contracts to work towards this. New academic staff members also receive an ‘introduction to teaching and learning’ session to help prepare them for the role and reduce inconsistencies. This covers the general lecture structure, where to find information and resources, and how to link lectures to the learning outcomes and assessments. We look forward to exploring the effectiveness of these training materials during future visit cycles. See area working well 5.

71 Both the academic teachers and the placement supervisors we met feel supported by the school with their personal development and are satisfied they have sufficient time to carry out their roles effectively. The academic team told us that the school invests well in staff recruitment, resulting in a workload that is at a level where they are able to produce quality materials for the students. The academic teachers and portfolio tutors are supported to liaise with each other to encourage a consistent approach to education and training through calibration sessions and the use of Microsoft Teams to share information and post questions. In addition, we noted that GPs and practice managers have a direct line (phone, email and WhatsApp) to the university’s Work-based Learning Team for support should they have any questions or queries.

72 During our visit in June, the GPs we spoke to told us that the WhatsApp group is still helpful and that they benefit from having access to the school’s intranet (where GPs can find their handbooks). The GPs told us they are regularly visited by a GP tutor and will receive a separate induction for Phase 2; the placements management team reiterated this and described a well embedded practice of talking to new supervisors and discussing learning objectives in advance of the first student arriving.

73 The placement supervisors we met at NCRRM provided an overview of a good ongoing programme of training. This includes annual training updates during summer and teaching observations throughout the year. These supervisors were satisfied with the quality of the teaching materials and told us that the specific expert half day training was very beneficial in preparing them for the role.
Theme 5: Developing and implementing curricula and assessments

<table>
<thead>
<tr>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S5.1</strong> Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</td>
</tr>
<tr>
<td><strong>S5.2</strong> Postgraduate curricula and assessments are implemented so that doctors in training 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>

**GMC outcomes for graduates (R5.1)**

74 Medical school curricula must show how students can meet the GMC’s *Outcomes for graduates*, which sets out the knowledge, skills and behaviours that new UK medical graduates must be able to demonstrate. We were pleased to hear that the senior management team is confident that the updated outcomes will be integrated by summer 2020, and we were assured to note that various working groups have been set up to review the updated outcomes and address their impact and implementation for the MBBS programme. In addition, the school continues to have regular meetings with its contingency partners to discuss developments or issues of interest and to check that the UCLan curriculum aligns each year.

75 Throughout the 2018/19 visit cycle we explored the Year 5 curriculum in some detail. Although there is still some work to be done to ensure that all materials are ready for September 2019, curriculum staff are confident that everything will be completed on time. Additionally, we were encouraged to see that the school has focused on developing a curriculum that aims to truly prepare students for practice as a foundation doctor; we heard that this will be supported by a number of simulated and IPL training opportunities. We look forward to exploring how the school successfully implements its plans during our next visit cycle.

**Informing curricular development (R5.2)**

76 It was encouraging to find that curriculum development continues to be informed by a range of stakeholders, including the contingency schools, academic teachers, placement supervisors, registered doctors and medical students. We are pleased to find that the academic teachers we met feel that the school takes a collaborative approach when developing the curriculum; GP supervisors also told us there are opportunities for them to become involved with curriculum development.

77 Phase 2 staff told us that the Year 5 curriculum has been informed through stakeholder meetings (including 2 sessions with service users), surveys and focus groups with doctors in training, senior doctors and patients. This input is important as the core capabilities and learning objectives for the Year 5 curriculum are based closely on the Foundation Programme to encourage a smooth transition to practice.
Undergraduate curricular design (R5.3)

78 We previously set a requirement for the school to standardise the guidance available to tutors and students about SSCs and to allow an equitable access to topics of students’ choice. In addition to our findings described in R3.13, we were pleased to see in pre-visit documentation that the school has employed an SSC coordinator to support students across all years. However, despite our 2017/18 findings, during our visit in February 2019 we were concerned to hear the Year 3 students did not feel that they had access to their preferred audit choice for the SSCs; instead, we heard that audits were allocated based on student rankings. We discussed this equity of choice with the SSC leads and were told that a decision has been made to randomly allocate the audit options in future to remove this disparity. We will monitor the outcome of this change, and the students’ perceptions of it, in future visits. See open requirement 2.

79 We previously set a recommendation for the school to standardise the duration and depth of class-based lectures and to ensure that students receive lecture slides within a specified and standardised time frame. Although exceptions do occasionally occur, we were pleased to hear from all students we met during this visit cycle that lecture material and slides are posted on Blackboard 24 hours in advance of the lecture, and the lecture recordings become available shortly after. As such, we consider this section of the recommendation to be closed.

80 Pre-visit documentation outlined a number of existing and additional measures taken by the school to minimise variability between lectures (such as increasing the number of specialist teaching staff, a rolling programme of staff development in teaching and learning through expert workshops, a buddying and mentoring scheme in place for those new to lecturing positions, and a robust peer review process in place for all teaching staff). However, in February we were disappointed to hear that students continue to find variability in the quality of teaching of the biomedical, social, and behavioural science subjects in Phase 1 of the programme. Students reported that a small number of lecturers and subjects required improvement: this was due to poor time management, an excessive amount of information, and poor learning outcome signposting. As a result, students expressed concern that this would affect their ability to revise and perform well in their summative assessments.

81 We were therefore pleased to hear in June that the school has taken further steps to explore and address the variability of teaching in Phase 1: this includes a consultation with the Centre for Excellence in Learning and Teaching, a short survey asking students to identify aspects of variability in teaching that has impacted their learning and how, and a focus group planned for the next staff away day. As detailed elsewhere in this report, we also learnt of an ‘introduction to teaching and learning’ training session which covers lecture structures and how to link lectures to learning outcomes and assessments. Finally, in September 2019, the school also plans to include information on UCLan teaching approaches in student inductions. These new measures appear to have had a positive impact on lecture quality: in June, the school
showed us student survey results which showed that subjects previously rated below average had since received very positive comments. This improvement was reflected in our meetings with Phase 1 students, who commented that there was a better level of consistency. However, we will continue to monitor this open recommendation to ensure that these changes are fully embedded.

82 In our 2017/18 report, we commented that Phase 1 anatomy teaching could be improved alongside a better use of the school’s resources. During our meetings with students in February 2019, students told us that their anatomy lessons use a mix of different models and an Anatomage Table, but that they are responsible for their own learning by completing a workbook. We heard that there is too much detail in the textbooks to relate back to their workbooks; as such, Phase 1 students feel they would benefit from more hands-on teaching by the medical demonstrators. The school has been receptive to these concerns and in June we heard from curriculum staff that a number of changes have been introduced: this includes developing e-resources and having regular anatomy spotter sessions every few weeks. We will continue to monitor this area during future visit cycles.

83 During this visit cycle, the school outlined its plans to ensure that graduating students are fit to practice; these plans include advanced preparation for the Prescribing Safety Assessment (PSA). In addition to nine PSA sessions over Years 3 and 4 with an optional PSA formative assessment, there will be a revision session at the beginning of Year 5 followed by a further five sessions over the academic year to check the students are safe prescribers before they graduate. These sessions are delivered by a pharmacist with experience of the PSA; the school is also looking to make a joint appointment with ELHT to raise the profile of and embed student prescribing on wards within the trust’s culture. The senior management team also told us about weekly clinical tutorials in Year 5 which will focus on what students can expect from working as a foundation trainee. We look forward to exploring how plans for Year 5 have been implemented and delivered in the next visit cycle.

Undergraduate clinical placements (R5.4)

84 Although we heard mainly positive reports of Phase 2 clinical placements, we continued to hear that students do not feel their third sector placements provide sufficient practical experience to achieve the learning outcomes required for graduates. An example given was a four-week placement at a farm offering rehabilitation services, but no service users attending on the same days as the students. Although curriculum staff told us that all students had been able to complete their learning logs and meet the learning objectives, they recognised the concerns and told us that work would continue to reduce variability and better manage student expectations. We will explore the effectiveness of these measures over future visit cycles.
We also heard a number of examples of ill-prepared Phase 1 community and hospital placements. Although students reassured us that staff would usually find supervisors for students to shadow, we found that this did cause some anxiety. The school's placements team was surprised to be given examples of students not being expected on placement and told us that an investigation will take place. However, we heard that some community services have recently changed provider, causing the school to rearrange student placements. As a result, the school is exploring the possibility of moving all community placements to ELHT where staff are better aware of the UCLan curriculum; the trust's DME told us that they are confident that there is sufficient capacity. We will monitor these concerns over future visit cycles.

Furthermore, the Phase 1 students told us that there is variation in their GP placement experiences: whilst many GPs are very proactive and timetable learning opportunities, a small number will only let the students observe and will not let them carry out tasks (including those being done by their peers elsewhere). The placements management team told us they are aware of these concerns and have since produced a clearer list of procedures which will be included in the GP handbook. The school also told us that Year 1 students have an education day on the Friday of their GP placement week, which allows students to discuss cases of interest. Additionally, all Phase 1 students agreed that they were able to achieve their learning objectives for their GP placements over the course of the year. We appreciate there will be some degree of variability in the student experience of placements, but we would encourage the school to keep placement providers under review to ensure adequate learning opportunities are provided and to better manage student expectations. We will continue to monitor the student feedback from, and perceptions of, their placements through future visits.

Throughout our visits we discovered a lack of clarity around which cohorts of students will undertake placements at NCRRM and of placement allocation more generally. We encourage the school to develop the necessary processes for allocating students fairly to various placement settings: this will improve both student and provider preparedness.

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

Medical schools must set fair, reliable and valid assessments that allow them to decide whether its students have achieved their learning outcomes. In February, Phase 1 students told us that they were concerned about a mismatch between the verbal feedback given on their performance immediately after the formative OSCEs and the marks awarded later. We were therefore pleased to hear from assessment staff in June that the summative OSCE student briefings school were updated to include an explanation of how borderline regression scores are calculated and how these scores differ from the immediate verbal feedback. Post assessment analysis on the formative assessments also identified some additional assessor training needs; the school confirmed that these concerns were resolved by the summative OSCEs.
We will review the final assessment results and feedback during subsequent visit cycles.

89 We were told by the school in June 2018 that a quality assurance review would take place that summer aimed at removing out of date and unnecessary documents from the e-portfolio and dealing with inconsistent marking. We were therefore disappointed to hear in February 2019 that students were still experiencing technology and user issues. This includes forms failing to upload correctly and resulting in students being told that work has not been submitted on time. Students also told us that they are concerned that they are not always aware of portfolio templates being changed, an issue that is compounded by the old and incorrect templates remaining available. We were therefore pleased to hear in June that students have found the e-portfolios improved and better organised; we also welcomed the school’s intention to explore alternatives to their e-portfolio, such as the NHS Education for Scotland portfolio.

90 In addition to software issues, Phase 1 students told us in both February and June that there continues to be considerable variation in how reflective pieces are marked. For example, we heard that some students had changed tutors and were told that already submitted pieces were no longer satisfactory. Despite these concerns, the Clinical Professionalism Lead told us about the various actions in place to resolve the inconsistencies. These steps include benchmarking portfolio activity and additional training and supervision of all portfolio tutors. The school is also continuing its efforts to improve the qualitative feedback for students: the new arrangement of portfolio tutors feeding back to small groups of three to four students has been a successful measure as it allows students to benchmark against each other. We will continue to monitor these concerns through future visits.

91 We previously set a requirement for the school to review its Year 2 written assessment items to ensure that students can demonstrate an application of scientific knowledge to the clinical setting. Pre-visit documentation outlined the steps the school has taken to address this: these steps include ensuring that clinical module leads and educators have a key role in item writing to enhance the clinical link and relevance of the clinical stem. Despite these steps, we again found the same issues with the clinical stems used in the Year 2 written assessments during a sample review of the summative papers. This requirement will therefore remain open.

92 Similarly, Year 4 students raised concerns that some wording used in the clinical scenarios (in the written summative assessment) was too open to interpretation or vague. Students also told us that the clinical stems were too lengthy to allow enough time for reading and considering the answer if they were to complete all the questions in time. At the time of this report we have not yet been able to fully explore the summative results, so we are unable to assess what impact, if any, this has had on the students’ marks. We will thus explore this further in the next visit cycle.
During our June assessment meeting we were pleased to hear that all Phase 1 written assessment papers for 2018/19 have been seen and approved by external examiners. Additionally, the school is confident that the reliability and validity of its written assessment items are comparable in standard to those used elsewhere. Assessment staff confirmed that the school continues to include a small number of questions from one of its contingency partners (Liverpool medical school) in all written assessments; although the schools do not standard set papers together, Liverpool provides Angoff data in relation to the shared questions to help with comparisons.

**Mapping assessments against curricula (R5.7)**

We previously set a requirement for the school to review its curriculum and assessment content and guidance in order to improve student preparedness for the summative assessments. We were pleased to learn (both during our visits and through pre-visit documents) that the school has strengthened the formative opportunities available to students: it has reintroduced formative multiple choice questions (MCQs) to Year 2 for the ElPOM and ISCM modules, whilst Years 3 and 4 students can access a number of MCQ formative questions on Blackboard. Additionally, assessment staff told us that tutors are encouraged to include MCQs within all expert half days and that a PSA exam is available to the Year 4 cohort. All students were satisfied with the practical formative opportunities available to them: Phase 2 students receive 16 hours of OSCE workshop time per student, whilst Phase 1 students now also sit an additional formative anatomy examination. We consider these actions to be positive and beneficial to the students, and we are pleased to find these formative opportunities have been welcomed by the students.

However, in February, Year 1 students told us of a perceived discrepancy between their clinical skills teaching and how they were assessed for their formative OSCEs: this appeared to have caused some anxiety about what to expect in the summative assessments. We heard that this was fed back to the school; as a result, additional information and resources (such as a checklist of clinical skills) have been uploaded to Blackboard which set out assessor expectations. As this does not appear to have affected student progression, we will close this open requirement, but will monitor student concerns during our next visit.

During this visit cycle we found evidence that the summative assessments are well mapped to what has been taught. The academic teachers told us that the school always checks to see how an assessment item is linked to the curriculum, supporting what we were told in the assessments meeting that academic staff are brought together to ensure all draft questions have been taught. Further to this, the academic teachers told us they use Maxinity to check that assessment items links to the curriculum. We also learnt that clinical module leads are asked to have an input in the assessment process to confirm what has been taught on placement. For example, clinical module leads are involved in item selection for the Year 4 written assessments.
as they have a good overview of their modules and can therefore help ensure the fairness and validity of assessment content. Our findings were reiterated by the students we met, especially the Phase 2 who were satisfied with the assessment and content alignment; these students also felt well prepared for their summative through end of block practice questions, guidance and time for revision.

97 We were pleased to find that the school is responsive to making changes when assessments do not align with what has been taught. In the assessments meeting we heard of changes made to workplace-based assessments, such as a mini-CEX being removed from Year 3 for psychiatry following feedback that the length of the psychiatry placement is not sufficient to cover the areas needed to fully prepare students. These findings were echoed by the students we met: Year 1 students told us that some questions in their summative written assessment had not been taught but had since been told that these questions will be discounted.

Examiners and assessors (R5.8)

98 We were pleased to find that the school and its placement partners continue to provide effective training to staff involved in student assessment. This includes ongoing in-house training and access to Health Professional Assessment Consultancy courses. The assessments team told us in June that there are a number of continuing professional development tools for assessment staff: these include standard setting sessions, an external advanced assessment course, situational test judgement training, and MSCAA training for clinical module leads.

99 In addition, the ELHT placement management team told us that training packages, including e-learning, have been developed to support those assessing workplace-based assessments. Clinical skills tutors also sample check completed direct observation of procedures and mini-CEXs to review the quality and marking standards, give feedback to the supervisors accordingly, and develop training where appropriate. We consider this to be a robust quality assurance measure.

100 During our observations of the Year 4 OSCEs in July we found that the school provides a good OSCE examiner training programme and has examiner calibration meetings to help reduce examiner variability. Although we found that the OSCE examiners are well prepared for their role, we did observe some examiners inconsistently prompting students; our findings were reiterated by the students we spoke to. We have therefore set a recommendation that the school should reinforce the importance to the OSCE examiners of behaving consistently during assessments. See recommendation 1.
<table>
<thead>
<tr>
<th><strong>Team leader</strong></th>
<th>Professor Judy McKimm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visitors</strong></td>
<td></td>
</tr>
<tr>
<td>Professor Paul Garrud</td>
<td></td>
</tr>
<tr>
<td>Dr Carol Gray</td>
<td></td>
</tr>
<tr>
<td>Mr Dylan McClurg</td>
<td></td>
</tr>
<tr>
<td>Dr Russell Peek</td>
<td></td>
</tr>
<tr>
<td><strong>GMC staff</strong></td>
<td></td>
</tr>
<tr>
<td>Lyndsey Dodd (Education Quality Assurance Programme Manager)</td>
<td></td>
</tr>
<tr>
<td>Jamie Field (Education Quality Adviser)</td>
<td></td>
</tr>
<tr>
<td>Lucy Llewellyn (Education Quality Assurance Programme Manager)</td>
<td></td>
</tr>
<tr>
<td>Gareth Lloyd (Education Quality Analyst)</td>
<td></td>
</tr>
<tr>
<td>Sophie Whistance (Education Quality Analyst)</td>
<td></td>
</tr>
</tbody>
</table>
Lucy Llewellyn  
Education QA Programme Manager  
Visits and Monitoring - Education and Standards Directorate  
General Medical Council  
350 Euston Road, London NW1 3JN  

Dear Lucy,

The team at UCLan medical school would once again like to thank the GMC panel for the time and effort that they have spent on the visits to the School and for their very positive and constructive report.

We are very pleased to note that the continued investment by the university in educational facilities for the medical school, our progress in developing and expanding regional relationships and our progress in widening access to the MBBS programme are all recognised as areas that are working well. We are particularly pleased that in the 2018 entry cohort, 66% of UK students were from Widening Participation backgrounds.

We remain committed to achieving excellence in medical education and providing students with the highest quality learning experience. As we move into Year 5 of the programme many features of the curriculum will become fully implemented and embedded such as Student Selected Components and interprofessional learning. We look forward to updating the Panel on the implementation of Year 5 of the programme and our preparations for graduation of our first cohort in 2020.

We would like to take this opportunity to again thank the Panel and the GMC officers for their expertise and guidance which is very much appreciated.

Yours sincerely,

Professor Cathy Jackson  
Executive Dean & Head of School of Medicine