Students in years’ 4-6 of UCL’s MBBS programme undertake clinical placements in numerous central and associated NHS trusts, community and primary care provider trusts and other private providers. The following UCL Medical School (UCLMS) mechanisms are currently in place to collect feedback on these placements:

- Student evaluation questionnaires (SEQs), which students are asked to complete at the end of each placement.
- The Medical Education Providers’ Annual Return (MEPAR), which is an online self-evaluative statement completed by each clinical placement provider.
- Student representation on committees and working groups.
- Student reporting, via an online tool, of any issues with their clinical placements or experiences that have concerned them.
- Student reporting, via an online tool, of any unexpected cancellation of teaching where no alternative teaching has been provided.
- Student reporting, via an online tool, of any individuals who have inspired/impressed them during their time at UCLMS.

In addition, anecdotal evidence on the quality of individual clinical placements is shared between the students themselves and between the students and other administrators in UCLMS and may be fed back informally to the MBBS Quality Assurance Unit (QAU). Evidence of areas of concern may also be shared among relevant bodies within the London region, for example medical schools, Health Education England (HEE) and the General Medical Council (GMC).

In previous years, the leads for Years’ 5 and 6 undertook ‘light touch’ curriculum visits to the District General Hospital (DGH) sites. These visits did not have a specific QA focus, but constituted a mechanism whereby any major problems/issues were picked up and reported back to the QAU if further action was required. However from 2017-18, the focus of the visits will change to become more QA-orientated and a member of the QAU will join the visit to each DGH.

Given the large number and wide geographical distribution of undergraduate GP placement providers, the Primary Care education team independently manages the quality assurance of these placements at a local level and collects student feedback on a regular basis. Members of the team visit any new practice offering to provide a significant number of placements and practice visits are also arranged if concerns have been raised regarding teaching quality or practice facilities via student feedback or other sources. Feedback from GP placements is integrated with feedback collected by the QAU for the purposes of annual reporting to both UCL and the GMC and HEE.

UCLMS, and, in turn, the QAU, have responsibilities to ensure that the GMC standards for teaching and assessing MBBS students are maintained and that the requirements of the GMC’s ‘Promoting Excellence’ are met (see Appendix 1 for the relevant sections of Promoting Excellence). The quality assurance environment in London has experienced recent changes with HEE taking a more proactive approach to multi-professional trust visits, which cover both undergraduate and

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postgraduate education and training. The QAU is mindful of the regulatory burden put on trusts by these visits and those of other bodies, including the GMC and the Care and Quality Commission (CQC), and has therefore decided to adopt a visiting policy that is proportional to the visiting requirements of these other bodies and to UCLMS’ other quality assurance mechanisms.

Due to the comprehensive, multifaceted quality assurance package outlined above, the QAU has decided not to undertake a typical, 5-yearly cycle of visits. It has instead chosen a more ‘light touch’, proactive, risk-based approach to quality assuring undergraduate placements and will aim, where possible, to work in a co-ordinated manner with postgraduate bodies in order to formulate a sensible approach to regulation and inspection.

Types of visit

- Full, triggered visits: to ensure appropriate action is taken when a serious issue/concern has been raised by students via the feedback mechanisms.
- Thematic visits: to share good and innovative practice.
- Joint visits with other organisations, e.g. HEE, to explore shared areas of interest/concerns.

Frequency of visits

- Full, triggered visits will be undertaken in response to a concern/risk being identified in the trust. A visit may also be triggered to follow up on a specific issue identified in a trust’s MEPAR or following non-engagement with the MEPAR process for 2 successive years. (Non-engagement with the MEPAR by a trust that hosts fewer than 10 UCL students per year, e.g. for an SSC, will not result in a triggered visit. However, the standard of teaching at the trust will be monitored through the feedback mechanisms outlined above).
- As with triggered visits, thematic visits should be undertaken as/when an example of good or innovative practice has been identified in a trust that the QAU would like to highlight and share with other LEPs.
- The frequency of joint visits will depend upon the type of visit and the visiting cycle of both the QAU and the other organisation(s) involved.
- Visits may also be undertaken at the request of an individual trust on an as/when basis.

Value of visits

- Visits provide an excellent opportunity to triangulate information gathered via other sources and to gather qualitative evidence through face-to-face meetings with key personnel in the trusts.
- Visits may help to provide assistance/leverage to trust middle management to implement specific measures, e.g. for the purposes of quality improvement, as the presence of the visitors will signal to senior management that the trust has an obligation to uphold quality and standards.
- A visit, even for the purposes of sharing good practice, takes time and resources for both the QAU and the trust to organise and conduct. The QAU must have a clear understanding of the value of a visit before deciding whether to undertake one.
- Visits must be of value to the trusts to ensure local buy-in and should not add to their regulatory burden. Where possible, visits should be conducted in conjunction with other bodies e.g. HEE, to avoid the duplication of requirements on the trusts.

Pre-visit

- Once the QAU has decided to visit a trust, the director of undergraduate education/undergraduate tutor will be contacted in order to arrange a mutually convenient
date/time for the visit. A minimum 10-12 weeks’ notice of a visit should be given to the trust to ensure that the key personnel will be free from any clinical commitments and available to meet the visitors.

- If a trust wishes to invite the QAU to undertake a visit, a request should be sent to the Quality Assurance Manager in the first instance. A minimum of 10-12 weeks’ notice will be required.
- The director of undergraduate education/undergraduate tutor, in conjunction with the undergraduate administrator, will be responsible for informing key personnel within the trust of the details of the visit. These will include the following:
  - Director of Medical Education.
  - Clinical faculty including module/specialty leads and the rota organiser.
  - All students currently undertaking a clinical placement at the trust.
  - F1s/F2s who trained at UCLMS.
  - Clinical teaching fellows (where applicable).
  - Clinical skills tutors (where applicable).
  - Library and IT representatives.
- An agenda will be circulated by the QAU 6 weeks before the visit, along with a request to the trust for the following evidence:
  - The outcomes/identified actions from the previous visit to the trust (where applicable).
  - A summary of key developments since the submission of the trust’s last MEPAR, e.g. how any curriculum amendments have been implemented and any changes in key faculty or administrative staff.
  - The actions taken to address any issues raised via the student feedback mechanisms.
  - Examples of innovative and good practice.

The trust will submit the evidence to the QAU at least two weeks prior to the visit.

- Where a joint visit is being undertaken with another body, evidence collection must be coordinated to ensure that the trust is only required to provide one set of data.
- The QAU will collate the most recent relevant SEQ reports and other data relating to the trust including postgraduate level data, for example the GMC’s national training survey and enhanced monitoring reports, and highlight any areas of concerns/examples of good practice to explore during the visit.
- A pack of the evidence from the trust and the QAU will be disseminated to the visitors one week prior to the visit.

Visit

- A minimal number of representatives from the UCLMS, usually the Academic Lead for Quality and the Quality Assurance Manager, will undertake the visit in order to reduce the burden on the trust. However, if a full visit is requested by the trust, the visit team will also include the Director of UCLMS, the Head of MBBS Management, the NHS Undergraduate Tariff Manager, a student representative and a faculty representative.
- Visits will typically last for half a day (see Appendix 2 for a suggested agenda and timetable).
- During the visit, the UCLMS representatives will meet key personnel at the trust and the evidence pack will be used as the basis of the discussions in order to find out further information about the highlighted issues/areas of good practice.
- The recommendations of the London Medicine and Healthcare report "Providing effective undergraduate medical clinical placements in London: recommendations from the student perspective" will be used to assess the quality of the Trust's clinical placements (see Appendix 3). A copy of the report will be provided to the Trust with the pre-visit evidence and can be accessed at: https://www.londonmedicine.ac.uk/our-work/reports-publications/. The visitors will take contemporaneous notes, which will be used as the basis for the visit report. The students/foundation doctors will be reassured that any comments they make will not be attributed to them in the report and will remain confidential.
The visit may include a tour of the facilities available to the students, for example, the clinical skills facilities, IT facilities, library and accommodation, in order to verify the availability of sufficient facilities and ease of access to the students. The QAU will use the BMA’s minimum standards checklist (see Appendix 4) in order to assess the quality of any hospital accommodation (where applicable).

**Post-visit**

- On the next working day after the visit, the QAU will send a letter to the director of undergraduate education/undergraduate tutor of the trust to thank them for their cooperation with the visit and for their hospitality.
- The QA Manager will draft the visit report and action plan within 1 week of the visit and circulate it to the Academic Lead for Quality and the other visit team members (where applicable) for comment.
- The draft report will be sent to the director of undergraduate education/undergraduate tutor within 3 weeks of the date of the visit. They will, in turn, have a 2-week period in which to request any factual amendments and to submit a realistic timetable for the individual action points.
- Once any amendments have been made, the QA Manager will send the final report to the trust and publish it on the QA website (redacted if required).
- The trust will be asked to provide an update on the implementation of its action plan in its next MEPAR.
Appendix 1

Promoting Excellence: standards for medical education and training

Standards

2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against standards, demonstrating accountability and responding when standards are not being met.

2.2 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.

Requirements

2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public and employers. This is particularly important when services are being redesigned.

2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.

2.5 Organisations 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.

2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements and must respond when standards are not being met.

2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised and this must involve feedback to the individuals who raised the concerns.

2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely and to identify good practice.

2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.

2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers’ job plans.
### Appendix 2

**Suggested agenda for a QAU visit**

<table>
<thead>
<tr>
<th>Times for morning visit</th>
<th>Times for afternoon visit</th>
<th>Meeting</th>
<th>Purpose of meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00 – 10.30</td>
<td>14.00 – 14.30</td>
<td>UCLMS students undertaking a clinical placement in the trust</td>
<td>To obtain feedback on the quality of their placements.</td>
</tr>
<tr>
<td>10.30 – 11.00</td>
<td>14.30 – 15.00</td>
<td>F1s/F2s who trained at UCLMS</td>
<td>To determine how effectively the UCLMS undergraduate curriculum prepared them for their foundation posts.</td>
</tr>
<tr>
<td>11.00 – 11.15</td>
<td>15.00 – 15.15</td>
<td>QAU visit team</td>
<td>To discuss the information from the first two meetings and the areas to probe with the trust team.</td>
</tr>
<tr>
<td>11.15 – 12.30</td>
<td>15.15 – 16.30</td>
<td>Trust team</td>
<td>To discuss the visit evidence and any issues raised in the first two meetings and to highlight any amendments in QAU policy/processes. A summary of the key findings of the visit and any recommendations will also be provided.</td>
</tr>
</tbody>
</table>
Appendix 3

London Medicine and Healthcare "Providing effective undergraduate medical clinical placements in London: recommendations from the student perspective"

i. Ensure students receive a positive and appropriate induction at the beginning of each placement.

ii. Provide students with access to a named supervisor during each placement.

iii. Ensure both medical schools and placements providers provide timely and accurate information to students before and during placements.

iv. Provide students with sufficient learning support and facilities to create a positive placement experience.

v. Provide students with appropriate mechanisms for raising concerns about all aspects of their experience during placements.

vi. Ensure educators have enough information about intended learning outcomes of the placement, as well as the time, resources and capacity to support students and their learning during placements.

vii. Ensure students are supported and given appropriate opportunities to gain practical experience in an optimum learning environment.

viii. Provide access to a truly multi-professional learning environment, with collaboration to support learning between professions.

ix. Ensure robust feedback systems are in place for both students and educators.

x. Ensure robust systems are in place to measure a placement provider’s performance and to provide feedback on their performance against defined standards; particularly rewarding good performance.
Appendix 4

BMA Minimum standards of hospital accommodation

Bedroom (per person)
- Adequate light and sound proofing, ventilation, heating and security.
- Single bed (3 ft minimum) or double bed (for couples), clean mattress, desk, chair, wardrobe, drawers, bookcase.
- Suitable floor covering.
- Lined curtains or blinds for the window(s).
- A safe walk; under 30 minutes, to relevant wards and departments.
- Mobile phone reception.
- TV aerial point.
- Ability to regulate the temperature in individual rooms.
- Waste bin.
- Cleaning services once a week or suitable cleaning equipment to allow students to clean their own bedroom areas.
- Smoke alarm.
- Weekly linen change.
- Towel change.

Living room and dining area
- Facilities appropriate to the number of people sharing.
- Table with at least one chair per occupant.
- TV aerial connection.
- Availability of reliable landline reception.
- Sofas and arm chairs sufficient for all occupants.
- Waste bin.
- Cleaning services once a week.

Kitchen
- Facilities appropriate to the number of people sharing.
- Cooker (four rings and an oven).
- Microwave.
- Fridge-freezer.
- Kettle, toaster, steam iron, ironing board.
- Cooking, eating and drinking utensils.
- Lockable cupboards.
- Bins for waste disposal.
- Table and chairs for eating, where space allows.
- Satisfactory facilities for the preparation and cooking of food including a sink with hot and cold water.

Bathroom and WC
- A toilet for every two students.
- Toilet paper in a dispenser.
- Bath/shower, with hot and cold water.
- Toilet and the shower/bath should be separate if more than two students sharing.

Other facilities
- Secure car parking, which should be free if the student is required to make use of a vehicle in order to attend their placement.
- Facilities for laundry on site or within a short walking distance.

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• IT access that allows students to access all relevant course-related learning materials, appropriate external learning sources and social media necessary for learning and supportive social contact. This requires free broadband, wi-fi or other internet provision available 24 hours and of sufficient bandwidth. If the internet provision is unreliable (for example in rural, isolated areas), the student should be provided with a ‘dongle’ for use during the placement.
• A secure communal cycle store.
• Access to the canteen where provided with opening times advertised to the students.
• Students with dietary requirements should have access to hot and cold food options (for example vegetarian, specific religious requirements, etc).

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