UCL MEDICAL SCHOOL
INTERNAL QUALITY REVIEW

Contents

INTRODUCTION

Regulatory Framework

This Self Evaluative Statement (SES) follows the structure given in the Academic Manual guidelines found on the UCL IQR website. Additional evidence to support statements made in this document are accessible through hypertext where possible or listed in the document register and available at: https://moodle.ucl.ac.uk/course/view.php?id=35617

In order to understand the MBBS programme and its regulation we advise the IQR panel to familiarise themselves with the requirements of the GMC and we would therefore recommend the panel consult the following in conjunction with this document:

- *Tomorrows Doctors* (GMC 2009) – Undergraduate medicine programmes regulations up to July 2015 http://www.gmc-uk.org/Tomorrow_s_Doctors___to_be_withdrawn_on_01_01_2016.pdf_62052357.pdf
- *Promoting excellence: standards for medical education and training* (GMC 2015) Medical programmes regulations from July 2015 http://www.gmc-uk.org/publications/undergraduate_education_publications.asp
- UCLMS GMC Regional visit report http://www.gmc-uk.org/University_College_London_Report.pdf_51937668.pdf

Overview of Educational Organisational Structures

UCL Medical School (UCLMS) is a Division of the Faculty of Medical Sciences, one of the four Faculties that make up the UCL School of Life and Medical Sciences (SLMS). UCLMS enjoys an excellent reputation nationally and internationally and we aspire to be the medical school of choice for MBBS students from the UK and overseas and for postgraduate students pursuing further qualifications in medical education at all levels.

The overarching educational aim is to provide innovative, evidence-informed, professionally relevant and patient-centred education and our approach to teaching, learning and assessment takes full account of the organisational and professional contexts in which medical education is delivered, and acknowledges the rapidly changing healthcare and healthcare education environments.

The Medical School comprises of four operational units:

MBBS: The MBBS Management Unit houses our undergraduate programme; the six-year MBBS programme.

PGME: The Postgraduate Medical Education Unit houses both award-bearing postgraduate programmes in medical education and our Continuing Professional Development (CPD) activity

ACME: The Academic Centre for Medical Education is home to our education research activity and houses our research students

MSEC: The Medical School Education Consultancy is our knowledge transfer and consultancy unit that harnesses UCL Medical School expertise to provide a range of services to enable, inform and support high-quality, scientifically rigorous and patient-focused education and training for doctors globally.

Overview of Educational Programmes

UCLMS delivers the following education activities and programmes to which this self-assessment statement applies:

- ***The MBBS programme***: a six-year undergraduate programme with an integrated BSc culminating in the award of BSc, MBBS and a provisional licence to practice medicine in the UK. There are almost 2,000 students registered on the MBBS programme at any one time and teaching is delivered by a range of teachers in both university and NHS settings. Whilst housed and managed within UCLMS, teaching is provided by faculty from across SLMS and within placements in a range of associated NHS Trusts and primary and social care settings. A small number of graduates are admitted to the programme and complete a five-year programme (excluding the integrated BSc). Approximately 8-10 students complete a nine-year programme culminating in the award of BSc, MB PhD.

- ***A part-time Master of Science degree in Medical Education:*** delivered in partnership with the Royal College of Physicians (RCP). In line with the range of postgraduate qualifications required within the medical education sector, exit from this programme can be at Postgraduate Certificate, Diploma or Masters level. This is a face to face programme delivered jointly by UCLMS and RCP staff.

- ***A Postgraduate Certificate in Clinical & Professional Education***: an interprofessional programme designed to meet the professional development needs of contemporary healthcare practitioners. This is a modular programme with participants able to 'bespoke' the programme to their particular needs. Currently available 15 credit Masters level modules within this module include: Teaching and learning in medical education; Leadership skills for healthcare professionals; Quality improvement in healthcare; Introduction to assessment; Education and clinical supervision; Contemporary issues in clinical education; and Learning and Teaching for Adults (the last two delivered in conjunction with the UCL Institute of Education). The modules are primarily delivered through distance and blended learning formats. This majority of the modules are delivered by UCLMS staff.

- ***A suite of CPD activities***: including:
  - Each of the 'stand-alone' 15 credit Masters level modules listed above. These can be put together to make up the Postgraduate Certificate in Clinical Education as

described above, be taken as modules that contribute to other Masters programmes that are delivered within other Divisions and Faculties in SLMS, or taken as non -ward bearing CPD courses through attendance only.

- A range of continuing professional development short courses designed for healthcare professionals. These include teaching skills courses (*Teaching the Teachers*), and clinical skills (Phlebotomy and Cannulation) and professional (communication skills courses, ethics and law). These programmes provide certificates of completion rather than UCL awards.

- ***Doctoral level programmes:*** Supervised by staff from ACME these can be undertaken as full-time or part -time study and lead to an MD or PhD.

SECTION 1. KEY DEVELOPMENTS

1.1 Findings from previous review

The last IQR for the MBBS programme was in 2010. The postgraduate activity of the Division has not been formally reviewed through IQR. Both the MBBS and postgraduate programmes complete annual returns and both submitted an augmented return last year The MBBS is also subject to the review process mandated by the professional regulatory body, the GMC. The last GMC accreditation visit was in 2012 and the full report is available at http://www.gmc-uk.org/University_College_London_Report.pdf_51937668.pdf. UCLMS submits annual returns on progress (the Medical School Annual Return MSAR) against the GMC recommendations (and emerging GMC education priorities).

All reports, GMC, Annual Monitoring, IQR and SIFT reports are available on the MBBS Quality Assurance Unit's own website under monitoring.
http://www.ucl.ac.uk/medicalschool/quality/monitoring

The necessary and advisable actions from the 2010 MBBS IQR were:

Necessary Actions:	Progress:
➢ Ensure that the vision for the programme, clearly articulated, is disseminated more widely and engaged with by staff at all levels	*Completed:* This has been achieved through the new Programme Specification, new curriculum video on website, new curriculum communication roadshows and newsletters, the UCLMS newsletter, and module management groups and the implementation and embedding of the new curriculum since its introduction in September 2012.
➢ Continue to press for improvements in the consistency of the teaching provided by the NHS Trusts	Completed: see point 2 and point 3 b and c below
Advisable Actions:	**Progress:**
➢ Revisit the role of the Departmental Equal Opportunities Liaison Officer (DEOLO) to satisfy itself that it is covering student as well as staff matters	Completed: with the appointment of the MBBS Management Policy and Planning Officer (Student Support) as the DEOLO for medical students. We have extended the UCLMS staff DEOLO to graduate students with effect from 2015-16 on a trial basis.

➢ Extend the proactive approach taken for its widening participation strategy and consider ways to enhance this provision in order to broaden student diversity and the numbers from non-traditional backgrounds	Completed: Ongoing work of the *Target Medicine* group. Please also see student demographic data.
➢ Revisit the student information to ensure that it makes it clear that the use of the GMC "Fitness to practise" criteria is not necessarily punitive, and that it can be beneficial for students both in monitoring problems and in identifying the need for support	Completed: refocusing and renaming of student welfare to student support. Review and renaming of fitness to practise forms. More balanced information for students in the fitness to practice policy. Implementing new GMC guidance in the area

The requirements and recommendations for the MBBS by the GMC in 2012 were:

Requirement:	Progress:
➢ The School must ensure that students receive regular information about their development and progress. This should include feedback on both formative and summative assessments.	The status of the GMC requirement moved from *'some work required to fully comply'* in 2013, to *'achieved'* in 2014 Data from the National Student Survey [NSS] has demonstrated modest progress in this area. Feedback for written assessments now includes: breakdown of score by subject, decile ranking, proximity to pass mark, average mark for cohort, lectures in Y1 and Y2 covering common misconceptions in writtens (and OSCEs), explanation in Y4 of correct answers for formatives. For practical exams (OSCEs) we have introduced new formative OSCEs in Y1 and Y2, breakdown of performance in summative OSCE with individual station feedback measured against cohort performance, written feedback from individual OSCE examiners. In the course in years 1 and 2 we have also introduction of consolidation, Integration and Feedback weeks.

Recommendations	Progress:
➤ The School is responsible for the quality management of its Lead Education Providers: The LEPs (Barnet and Chase Farm Hospital and Royal Free Hospital[1]) should ensure that all students have opportunities to interact with patients and stakeholders from a range of social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions. The diverse patient population should be used more effectively to achieve this.	Progress on recommendations is reported in the GMC annual return. This issue is addressed at the LEP level and reported in the Medical Education Providers Annual Return (MEPAR). This is an annual self-evaluative statement, mapped against the GMC standards for placement learning which is completed by placement providers.
➤ The school and LEPs should have a clear plan as to how they will ensure and enhance the quality of education being provided, addressing and responding to challenges such as changes in funding streams, reconfiguration of services and education delivery in the community	See point 2 below
➤ The School should ensure that students have access to appropriate learning resources and facilities, both physical and IT	See points 1 and 2 below
➤ The School should ensure that all students have access to appropriate support for their academic and general welfare needs	See point 5 below See Section 3.7 Student Support and Personal Tutors

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[1] The format of the GMC visit in 2012 was part of a pan-London visits process and the UCLMS visit was combined with an undergraduate and postgraduate visit to Barnet & Chase Farm NHS Trust.

SES IQR MBBS 2015

1.2 Progress on implementation of the recommendations

1.2.1 MBBS

There have been significant cumulative changes since the last IQR: most as part of the new curriculum project but some as a result of the annual monitoring and GMC annual returns and visits, in response to the National Student Survey or our own extensive student evaluation processes.

1. Technological advances mean we have significantly expanded the use of the virtual learning environment and IT support for education. All module information and course materials are managed and provided through *Moodle*: we are now a virtually paper-free programme and this helps us to keep learning resources and support material up to date and flexible. We use *Lecturecast* in virtually all formal sessions and have incorporated the use other learning packages such as *Slide Surfer*, Anatomy 3-D resources and *Labtutor*. We run a Virtual Learning Environment (VLE) activity called *Case of the Month* in years 4-6 to consolidate workplace based learning The year 4-6 portfolio uses the *NHS e-portfolio* platform; an authentic, web-based portfolio platform now used by 10 medical schools across the UK to support and capture work-based learning. We are currently undertaking a trial of using i-pad mini's to support learning in the Care of the Surgical Patient module.

2. The quality assurance landscape for clinical providers has changed significantly since the last review. Health Education England North Central Thames (HENCEL) now acts as the commissioner of education placements in health care and is currently working with medical schools to develop quality assurance processes for education delivery in Trusts. These will overlap with, but not replace, the medical schools' own QA processes for clinical providers. In anticipation of this changed landscape the quality assurance processes of the medical school with regards to clinical providers has been modified and enhanced. The introduction of the Medical Education Providers Annual Report (MEPAR), more robust service level agreements, and targeted visits at clinical sites have improved the information we hold on the quality of placements and clinical teaching (including teaching facilities and IT support) and allowed us to make more specific recommendations and requirements of our clinical sites.

3. We have maintained overall student satisfaction of >90% for the last few years in the National Student Survey (93% in 2014/15). Our weaknesses remain in course organization, assessment, feedback and IT. These issues are mirrored in our own locally collected student evaluation data. Our local data also suggest some problems with teaching cancellations, provision of small group work and tutorial sessions and some learning resources issues. Our actions in response to these issues are:

   i. A major refurbishment of library services on all the three central sites and a review of library services at our District General Hospitals (DHGs) has taken place. The new Cruciform and Royal Free Hubs and the new Whittington Undergraduate

Centre are now vibrant and well used facilities. Students still complain of access issues and 'seat blocking' in the Cruciform Hub but we have worked with the library team to address this.

ii. The quality and consistency of, and support for, IT remains a problem. The silo-ing of School of Life and Medical Sciences IT services and central IT has been cumbersome in attempting to resolve IT issues. In 2013/14 we initiated a monthly IT operational group that identified and ironed out some immediate problems in IT provision and services. This had led to modest improvement but there is still some way to go. Adequate Wifi access and compatibility of resources with desktop@UCL at NHS venues is now included as part of service level agreements.
We have introduced and monitor new IT standards at Trust sites:
http://www.ucl.ac.uk/medicalschool/staff-students/general-information/a-z/#it-standards-nhs

iii. Course organization and teaching cancellations were a significant problem as the new curriculum was introduced in 2012/13. Although responsible for organizing and choreographing the delivery of the MBBS programme UCLMS does not directly employ many of the staff responsible for managing the delivery of modules or placements. These issues have been addressed in a number of ways:

   a. We are piloting a Microsoft Outlook calendar format for electronic module/placement timetables. Three modules are testing this format with placements based in three different NHS Trusts. If successful a full roll out to years 4 and 5 (the most problematic years for timetabling)

   b. We have introduced a text in "no-show" process to get immediate feedback about placements/teaching that is cancelled or where no one turns up to teach. This information is fed to the module/placement administrator to ensure the issue is followed up.
   http://www.ucl.ac.uk/medicalschool/quality/student-no-show-reporting

   c. Some situations labelled as 'clashes' in year 4 are in fact a consequence of an integrated modular system and students learning how to move from a stable, predictable timetable in years 1-3 to a learning environment that is also a workplace with competing learning opportunities. We have worked with module leads to avoid actual clashes of teaching activities that are required for module sign-off and have provided new guidance for students on prioritizing attendance at certain activities. We have added more guidance to the year 4 IOM (the major transition point for students) about maximising the learning environment and becoming actively involved in scheduling events and organization of teaching.

4. We have worked hard on the GMC requirement that students receive regular information about their development and progress and that this should include feedback on both formative and summative assessments. This is important to us as it is also an issue

raised in the NSS. Our first steps were to discuss process and mechanisms for providing feedback on summative assessments with the UCL. Once this was approved we have introduced personalised feedback on performance by subject area on MCQ examinations and written feedback on performance on each summative OSCE station. We have introduced formative OSCEs in year 1 & 2 and supported MedSoc to develop and run peer led mock OSCEs in years 4 & 5. Due to the length of the programme we have yet to see sustained impact on our NSS scores.

5. The way in which teaching load and fees flow to Faculties and departments/divisions for their contribution to the MBBS programme has for many years been obscured by a complex distribution model that does not follow the usual UCL formulae. This has led to lack of engagement by some teachers and difficulty in persuading teachers to change from lectures to small group work or to take on leadership roles. In 2014 the School of Life and Medical Sciences began a review, at the request of and informed by the Medical School, which will lead to major changes in how load and fees will be distributed from 2017. This will lead to more transparency about income for the MBBS, payments favoring more student-centred approaches to teaching and the ability to more easily move this income between Faculties as new teachers become involved in the MBBS. With the backing of the four SLMS Deans, this new methodology should go some way towards enabling the introduction of more small-group work and tutorials and better access to personal tutors.

6. Year leads in year 1 and 2 have introduced Consolidation, Integration and Feedback weeks (CIF weeks) between modules since 2013/14 to improve students' understanding of the intended module outcomes and for 2015/6 introduced additional tutorials in a number of the modules. Whilst this is clearly the right educational move, delivery is hampered by both provision of adequate small group work space and a lack of suitable teachers (The model of delivery relies on teachers from other faculties in years 1 and 2). The proposed changes to MBBS load and fees do not come into force until 2017 and are currently 'frozen'. Encouraging people to do more teaching when funding is static is challenging.

7. We have reformed the student support system based on student feedback and the findings of a formal review of services. We have also achieved the UCL requirement of every student having a named personal tutor for the whole course (in the MBBS this is separated into years 1-3 and year 4-6) and being offered the required number of meetings with their personal tutor each year. We are still working on ensuring the quality of personal tutor interactions and the student perception of usefulness of these meetings, with the introduction of enhanced guidance for personal tutors and online training materials under development.

1.2.2 Postgraduate Education

Having undergone no previous IQR review, this statement is drawn from a review of our AMR and AugAMR reports.

Strengths: The RCP/UCL Certificate/Diploma/MSc currently represent to majority of UCLMS postgraduate programme activity. UCLMS staff contribute 50% of the teaching activity on this MSc. The programme is highly evaluated and continues to recruit exceptionally well, having a strong reputation within the medical profession. Over the last three years the Certificate year has increased from one cohort of 20 students to now three cohorts each of 20 students. There are plans to expand the programme still further in the next academic year with the addition of a second Diploma cohort of 30 students. Although a PG Certificate is the usual requirement for medical teachers, over the period of this review more students are continuing to MSc rather than exiting at Certificate stage.

UCLMS has offered standalone modules in medical education and related topics since 2012/13 in a blended learning format. The first module to be offered was Teaching and Learning in Medical Education but provision has since expanded to include modules in Assessment, Quality Improvement, Leadership Skills, Education for Healthcare Professions, and Clinical and Educational Supervision. These modules attract students seeking to undertake just one or two M level modules. Additionally students across UCL can add UCLMS modules to their own programme diet The UCLMS Interprofessional Certificate in Clinical and Professional Education was launched in September 2015. This is delivered by blended learning and has a flexible and modular format of study. This new Certificate was made possible from a steadily increase in recruitment to a number of the standalone modules described above. The recent merger with the Institute of Education has providing opportunities for further module sharing and some of their relevant modules are now formally integrated within our Certificate programme.

In terms of CPD, all our standalones are available to take as CPD but the majority of our activity is through our popular Teaching the Teachers courses (TtT), formally known as TIPS. Drawing on their experiences of teaching clinical and professional skills to medical students, the Clinical Skills Centre teams at the three main hospital sites also deliver courses in phlebotomy, venepuncture, basic life support and advanced life support. Approximately 200 individuals take part in these courses per annum. Short courses are also provided by specialists within UCLMS addressing both communication skills and ethics and law.

Issues: The institutional-wide change in APEL regulations may impact negatively on recruitment to our MSc programmes as we will no longer be able to accept learners with Certificates awarded outside of UCL onto our Diploma/MSc programmes. Given the highly mobile nature of postgraduate training periods in medicine this is a particular issue for doctors undertaking part-time M level studies – the vast majority of or participants. We understand that regulations are being reviewed and we await developments.

Staffing remains a very live issue and one that limits our expansion. This is true for both CPD and PGT programmes and for academic staff and administrative support. There is an issue with administrative staff turnover at the RCP which has impacted on one external examiner's experience and clearly impacts on the academic team and divisional graduate tutor. Human resources are more challenging with a significant turnover in administrative and education staff. Stability is provided by strong leadership and the retention of key staff.

Funding for TtT has historically has come through a block payment from SIFT payments to Trusts. As SIFT has been replaced by a new (lower) Undergraduate Tariff, this funding is now under treat.

In 2015 we had 4 PGR students: 1 just starting, 2 mid-course and making good progress and 1 who has just completed. We clearly need more PGR students and need to make better use of our RCP/UCL pipeline. How we achieve that and also create our own Professional Doctorate programme is something currently being discussed at Divisional level. The Division has recently had the opportunity to refocus and re-energise the ACME which involves including the discussion of PGR students at ACME meetings.

SECTION 2. STUDENTS, STAFF AND LEARNING RESOURCES

2.1 Student Profile

2.1.1 MBBS

The profile of MBBS students is set out in the data set provided by UCL.

The number of students admitted to the MBBS programme is determined by quotas nationally agreed with the Department of Health (the former Medical Workforce Standing Advisory Committee) which currently allows for:

322 students entering Year 1 of MBBS programme (Portico course xUBMMEDSING01) of whom:

- 7.5% (24) are overseas students
- approximately 300 enrol on a six-year programme which includes a compulsory BSc between years 3 & 4
- approximately 22 graduate entrants enrol on a five-year programme with exemption from the iBSc
- approximately 55 students transferring into Year 4 of the MBBS programme from Oxford or Cambridge Medical Schools and completing a three-year programme
- Up to 10 students registering for an MBPhD starting in year 5 who are selected after completion of year 4 of the programme and who may include: students who entered the six-year programme; the five-year programme, the three-year programme, and up to 2 students each year who transfer into the MBPhD from other medical schools.

We have, therefore, 4 separate cohorts of students gaining the MBBS award each year, each of which entered and progressed to finals at a different point and so appear in different entry statistics.

Entry qualifications

A wide range of entry qualifications are accepted although the majority of students enter with A levels. From 2015, the standard academic offer rose to A*AA at A-level, or IB 39 points. It is hoped that this will enable us to keep pace with rising entry requirements of our competitors, maintain high academic standards and to allow greater flexibility in confirming places.

Entry qualification (entrants)	2012-3	2013-4	2014-5
A-levels	273	268	260
IB diploma	28	25	32
Degree	15	16	13
Other	6	14	9
Total	322	323	324

Progression statistics

The different points of entry mean that progression rates are not currently provided by UCL. Progression rates for the last three years have been calculated separately and may be found at: https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115.

2.1.2 Postgraduate Taught Programmes

PG Cert/Dip/MSc in Medical Education: This Masters programme is exclusively for qualified doctors holding an MBBS or equivalent qualification. Medical applicants are welcome from all grades and specialties. Applicants should also have a role in medical education.

PG Certificate in Clinical and Professional Education: This Masters programme is open to all clinicians involved in education. A minimum of a second-class UK Bachelor's degree in a relevant discipline or an overseas qualification of an equivalent standard with relevant professional experience in a clinical or educational setting.

Entry qualification (entrants)	2012-3	2013-4	2014-5
PG Certificate in Medical Education	59	53	54
PG Diploma in Medical Education	21	20	25
MSc in Medical Education	7	15	16
Standalone M level modules	23	58	19
TIPS FY, TIPS 1, 2 & 3	421		
Training to Teach		358	402
Clinical Skills CPD Portfolio	200	200	200
Total	736	704	716

2.1.3 Postgraduate Research Programmes

Between 2008 and 2014 UCLMS has successfully supervised five MD or PHD students to completion. In 2015 we currently have four PhD or MD students. One has now completed and was awarded her degree in the summer, one is currently being examined, one is well

underway with her thesis having successfully completed a timely upgrade and one student has just been accepted (October 2015).

2.2 Student Profile Trends

2.2.1 MBBS

The total number of students and the percentage of overseas students admitted to the MBBS programme is regulated and therefore stable. The majority of MBBS students are therefore from the UK and enter the programme after completion of their A levels or equivalent.

The proportion of applicants who self-declared a **disability** on their UCAS application was 2.6% in 2014 and 3.2% in 2015. The **upper age** of students admitted in the last few years were as follows: 27 years (2012), 31 (2013), 27 (2014), 40 (2015). The majority of entrants are, however, around 18 years of age. There is also a progressing increase in the proportion of **state school** entrants (currently around 75%), which reflects their representation amongst applicants.

There was a marked reduction in the number of suitable **graduate** applicants following the increase in fees a few years ago and therefore a decline in the number of graduate entrants in recent years. The closure of some graduate-entry programmes at other medical schools may mean that we see an increase in applications in the future.

There is a range of **widening participation** initiatives specifically aimed at increasing diversity of applicants to the MBBS, reaching unrepresented groups and supporting non-traditional students once they arrive.

 In summary, these include:

- *Target Medicine*; a student-led, faculty-supported programme of school visits, summer schools, interview practice
- The Camden and Islington Tutoring Scheme; students chose a special study module in year 1 or 2 focused on science teaching in a local 6th Form College
- Use of state school head teachers in interviews;
- UCL Ambassadors;
- Public engagement projects: *Open Minds*, *Sexpression, Saving London's Lives*; student-led, faculty-supported activities in local schools
- Financial resources; UCL provides Undergraduate Bursaries based on an assessment of household income, UCL Scholarships from a variety of sources, as well as the UCL Financial Assistance Fund for students who find themselves in unanticipated financial difficulty.
- The student Support system (including disability, financial and peer support).

Current numbers (enrolled in 2015) on the MBBS are:

Year 1	324
Year 2	302
Year 3/iBSc	305
Year 4	387
Year 5	349
Year 6	338

2.2.2 Postgraduate Taught and Research Programmes

The profiles of students admitted to UCLMS postgraduate programmes is set out in the data set provided by UCL, although please note that the data returned is not 100% accurate and it is therefore difficult to detect trends.

Postgraduate students completing the MSc in Medical Education or CPD activities are all doctors in work who are studying part time. A small number of bursaries are available from Health Education England for junior doctors who need to acquire a PG qualification in education as part of their training.

2.2.3 PhD students

Because of the small numbers in our Doctoral programme is not possible to identify trends. Women and ethnic minorities are currently well represented.

2.3 Academic Staff Profile

2.3.1 Leadership and delivery of MBBS programme

The MBBS programme is led by the Director of The Medical School (Professor Deborah Gill) who is Programme Director for the MBBS programme and who reports directly to the Dean of the Faculty of Medical Sciences, Professor Mark Emberton. The programme is supported by a range of academics based in all four faculties of SLMS and NHS staff. Leadership roles for the MBBS programme are recruited and managed by UCLMS but most individuals undertaking these roles are *not* UCLMS staff: the majority of leadership post-holders are members of staff in othe*r* Divisions in SLMS or NHS staff with sessional arrangements with the Medical School. The majority of senior academic staff involved in the programme are also practising NHS clinicians.

UCLMS staff make a significant contribution to the programme. UCLMS staff are involved in both specialist teaching roles (for example Ethics & Law, clinical communication) and supporting roles providing expert input to the complex, integrated programme and include staff development, assessment management, quality assurance, managing the e-learning and e-portfolio activities running the three Clinical Skills Centres and conducting research and evaluation related to medical teaching. No individual works exclusively for the MBBS programme. Estimates of UCLMS staff time dedicated to the MBBS programme are as follows: 0.8xFTEs for Professor Gill, 0.2x FTEs for Dr Sturrock (Sub Dean for assessment), 0.2x FTE for Dr Ann Griffin (Sub Dean for QA) plus 2 x senior lecturer/principal teaching fellow FTEs, 0.6 x lecturer/ senior teaching fellow FTEs, 4.4 x clinical training/teaching fellows FTEs.

Approximately 70 academic and clinical staff from other SLMS divisions and our associated NHS Trusts contribute approximately 12.5 FTEs to MBBS leadership roles.

MBBS Clinical Placements teaching staff

In addition to SLMS academic staff, clinicians are involved in teaching UCL medical students mainly in, but not limited to, placements in the following venues:

- 3 central NHS Trusts
    - Royal Free Hampstead NHS Trust
    - Whittington Hospital NHS Trust
    - University College London Hospitals NHS Foundation Trust
- 7 associated NHS Trusts/district general hospitals in south east England
    - Barking, Havering and Redbridge (Queens, Romford)
    - Barnet and Chase Farm Hospitals (now part of Royal Free London NHS Trust)
    - Basildon and Thurrock University Hospitals NHS Foundation Trust
    - East and North Hertfordshire NHS Trust (Lister Hospital)
    - North Middlesex University Hospital NHS Trust
    - Luton and Dunstable Hospital NHS Foundation Trust
    - West Hertfordshire Hospitals NHS Trust (Watford Hospital)
- A number of Mental Health Trusts and non-NHS psychiatric service providers
    - Barnet, Enfield and Haringey Mental Health NHS Trust
    - Tavistock and Portman NHS Foundation Trust
    - Roehampton Priory
    - North London Priory
- A range of smaller NHS Trusts, NHS Community and Specialist Trusts, and voluntary sector providers including hospices and the British Pregnancy Advisory Service
    - Community NHS Trusts
        - Camden and Islington NHS Foundation Trust Central
        - North West London NHS Foundation Trust
    - Specialist NHS Trusts

- Great Ormond Street Hospital
- Moorfields Eye Hospital NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Approximately 250 GP practices spread throughout the UK

The programme also employs 36 visiting teachers in the Clinical and Professional Practice element of the programme. These tutors deliver approximately 72-76 small group work sessions (a total of approximately 1000 small group work sessions per year) in each of Years 1, 2 and 4 in the domain of professional development. The majority are GPs, with the rest drawn from a range of relevant fields.

Academic leads, year leads, module leads, student support leads and professional services staff are listed at MBBS Academic Leadership.

2.3.2 Leadership and delivery of PG programmes and research students

The postgraduate programmes, CPD and research students are all led by the Deputy Director of the Medical School Dr Ann Griffin. She is also the Divisional Graduate Tutor and reports to the Faculty post graduate and research structures in the Faculty of Medical Sciences. The Masters level programmes, CPD courses and research programmes are supported by a range of academics based in UCLMS, the Royal College of Physicians and a very small number of visiting teachers (CPD programmes). Leadership roles for, and management of, the postgraduate education programmes are overseen by the PGME and ACME units within UCLMS. UCLMS staff make up the majority of staff contributing to these postgraduate programmes and supervising research students. Estimates of time dedicated to postgraduate students are as follows:

- Dr Griffin: 0.2FTE

- Dr Jonathan Cartledge (programme lead for the UCL/RCP Masters in Medical Education): 0.2FTE

- Senior Teaching Fellow/Teaching Fellow (non-clinical): 1.1 FTE

- Training Fellows (clinical): 1.2 FTE

2.4 Non-Academic Support Staff Profile

Coordination of the large, complex and distributed MBBS programmes requires a sizable professional services team. The postgraduate programmes are supported by a much smaller team. These support staff are drawn from the MBBS and PGME units of UCLMS, some academic divisions across SLMS and the central NHS Trusts. The MBBS programme support team also support some aspects of the MBPhD programme, the integrated BSc and North Central Thames.

MBBS administration draws on approximately 58 FTEs from within SLMS and our central NHS Trusts, of which 30.4 FTEs are employed and line managed directly by the MBBS unit of whom 5 FTEs are Trust funded, 1.9 x FTEs are drawn from Divisional staff, 16.7 FTEs are drawn from SLMS divisions, and 8.9 FTEs are drawn from Trust employees . For a full list of professional services staff see: MBBS Professional Services Roles

In addition to professional services staff within the UCLMS MBBS unit, the following non-academic staff are also involved in education delivery:

- 6.0 FTE clinical skills tutors with a clinical background (employed and managed directly by UCLMS)

- FTE administrative support for postgraduate programmes employed and managed directly by UCLMS

- 2.0 FTE of administrative support for the MSc in Medical Education employed and managed by the Royal College of Physicians

2.5 REF Assessment

Academic members of staff contributing to undergraduate and postgraduate education were entered in the REF 2014 though the UOA 25: education.

REF 2014 results overview

A report the full analysis of UCL Medical School (UCLMS) first ever UoA 25 submission in medical education is in the REF 2014 Results Overview.

It has two main sections – section 1 provides an inter-institutional comparison, comparing UoA 25 (medical education) with the other 35 UoAs submitted by UCL. The second section a more detailed analysis comparing UCLMS UoA 25 with other UK education submissions including a breakdown of our performance under the subheadings: overall achievement, outputs, impact, and environment.

Key points from the report
- *UCL UoA 25 ranked in the top 50 in all institutions submitting for REF 2014*
- *UCL UoA 25 ranked 42nd in all education returns*
- *Ranked 27th in the UK for impact*
- *6th in London for research power*
- *UCL UoA 25 was in the top five for all measures of the quality of impact comparing favourably with all UCL UoAs*

1. Outputs

We had a UK ranking of 60th for quality measures in outputs. 41.4% of our outputs were graded 4 or 3*. This was in part as a result of our policy to be as inclusive as possible with

our REF submission. We were 8th in London in the sub-category. Improving the general quality of our outputs will be important as we move forward.

2. Impact

UCLMS did particularly well in the impact category. We achieved a UK ranking of **27th** (out of 76) for quality measures in impact. 80% of our impact was assessed as 4 and 3*.

UoA 25 was in the **top five** for all measures of the quality of impact doing as well as or better than other UCL UoAs. This is an amazing achievement and one where we can go from strength to strength.

3. Environment

We ranked 38th in the UK for our research environment on QI measures, with 50% of our environment being scored as 3*.

2.6 Learning Resources

2.6.1 MBBS

Students are based mainly at the Bloomsbury campus for the first two years of the MBBS programme. In the third year teaching is delivered within the host institution for the students' iBSc programme. In year 4 they continue to attend some teaching sessions within the Bloomsbury campus, but spend the majority of their time at the three central NHS Trusts sites; the Royal Free, the Whittington and University College Hospital. In the fifth and final years, they are also attached to a range of district general hospitals (DGHs), and general practices as well attending some sessions on one of the three main campuses (Royal Free, Whittington or Bloomsbury).

The required learning resources vary from year to year, and the standard of provision can also vary. There is no discrete Medical School building or exclusive resources for the MBBS programme (other than the Clinical Skills Centres). For the most part, medical students share learning spaces and resources with other students. On the whole, MBBS students have access to adequate learning resources and facilities including wet and dry laboratories, anatomy and clinical skills centres, libraries and social learning hubs, computers, lecture theatres and seminar rooms; although capacity is stretched by the size of the year cohorts (330-380) and this limits options for enhancing some of our teaching and assessments methods.

Planning, review and problem solving around physical resources across the campuses and clinical sites is a standing item on both the MBBS executive and UCLMS Executive that provide quarterly report for the MBBS Teaching Committee (the Undergraduate Teaching Committee).

2.6.2 Lecture rooms & teaching spaces and rooms

There is constant pressure on teaching space within the UCL campus given the restrictions of being in the centre of the capital and the number of listed buildings. The requirements to provide 5,500 hours of teaching in an MBBS programme means timetabling for the MBBS programme is very packed. Consequently there is only one lecture theatre on the Bloomsbury campus that is close enough to other teaching spaces that can hold the entire cohort of Year 1 or 2 students, (the Cruciform Lecture Theatre) and only two lecture theatres in the whole of UCL (The Peter Samuel Hall under Royal Free NHS Trust management, in Hampstead and Logan Hall at the IoE) that can hold the entire cohort of Years 3-5. The facilities in Peter Samuel Hall are inadequate. The MBBS makes extensive use of *LectureCast* (using an 'opt out rather than 'opt in' process for recording teaching activities). These facilities are generally good in the Cruciform LT but unavailable in the Peter Samuel Hall and Logan Hall.

2.6.3 Laboratories and Dissecting Room

There are two dry laboratories and three wet laboratories in the Cruciform Building and an additional dry laboratory in the Anatomy Building. The Cruciform laboratories are mostly equipped to a high standard, although some of the equipment is in need of replacement. The laboratories are shared with Life Sciences courses and are used very heavily throughout the teaching year. Further development of non-lecture teaching is hampered by the lack of sufficient dry laboratories capacity. The dry labs are also extensively used as cluster rooms because of the lack of adequate cluster spaces in the Bloomsbury Campus, further limiting the availability.

The dissection room will hold half the MBBS class at a time. It is used by a number of courses in anatomy in addition to medical teaching which limits availability for MBBS teaching and revision. Management of the dissection room has passed from the former Department of Anatomy to a faculty committee chaired by the Dean of Life Sciences. It has an excellent collection of potted specimens, and is moderately well equipped. The audio-visual equipment and some imaging equipment have been updated.

2.6.4 Computers & Information Technology

Students have access to computing facilities on all the main campuses and at all NHS sites and are able to access the Desktop @ UCL email and Moodle resources. Students are generally satisfied with the level of access they have although at certain times capacity cannot cope with the cohort size. Laptop loans on the Bloomsbury and Royal Free site and the new Cruciform Hub facilities have improved access. Access to clinical systems in the non-central NHS trusts is variable but continuously improving. A full list of all e-learning resources has now been compiled on a single site.

The MBBS programme is virtually paperless and extensively uses *LectureCast, TurningPoint*, Moodle and an e-portfolio package. E-learning support is good.

There is a need for a large computer cluster room (seating 200 students) for use for on-line assessments and examinations.

Wifi in clinical settings (NHS Trusts) is patchy and, at times, problematic.

2.6.5 Teaching resources at clinical sites

Teaching resources are governed by agreements between Health Education England (HEE) and Clinical Placement Providers which define the duties and responsibilities of NHS Trusts in the provision of training for undergraduate medical students, including staff resources and access to appropriate Trust facilities and IT systems. HEE was established in 2012/13 replacing the Strategic Health Authorities and has oversight of healthcare training nationally through 13 Local Education Training Boards (LETBs). Our LETB is Health Education North Central and East London (HENCEL) which commissions and funds placements in our NHS Trusts. HENCEL is working closely with us to ensure the provision of high quality education and training, including reviewing, developing and monitoring of the Learning and Development Agreements and Service Level Agreements which underpin the quality of clinical placements.

3 agreements govern the MBBS placements at UCLMS:

- Learning and Development Agreements between HENCEL and our main Trust Clinical Placement Providers, who receive funding for clinical placements directly from HENCEL from returns provided by the Medical School, which can be found at the following link: LDA 2014-15 HENCEL.

- A Service Level Agreement between HENCEL and UCLMS which governs our responsibilities relating to clinical providers who are commissioned and paid directly by the Medical School (Education Support and Primary Care), which can be found at the following link:

- Service Level Agreements between UCLMS and each of our clinical providers which set out the detail of how our curriculum is to be delivered within the above. A new version has been developed for introduction in 2015/16 pending approval by UCL Academic Services and UCL Legal Services. This version replaces a series of separate agreements for different types of providers. SLA UCLMS Clinical Providers.

Any shortfalls in the provision of the resources set out in the agreements are identified and addressed through Medical School quality assurance measure, including Student Evaluation Questionnaires, Medical Education Provider Annual Returns (MEPAR), Site Visits and representation on/attendance at Trust UG Teaching Committees.   Site Sub-Deans are appointed at each of our Central Trusts to represent the Medical School and to work with the School and Trusts to ensure compliance with the agreements.   Two liaison Site Sub Deans

fulfil similar roles for DGHs and Community Placements. Their roles are set out in the MBBS Management Guide to Clinical Placements at: [link to MBBS Clinical placements guide]

2.6.6 Clinical skills centres

There is a clinical skills centre on each of the three central sites. These are well-equipped and staff provide excellent opportunities for learning. Clinical skills centres and their staff are essential for teaching as well as for the complex assessments required for the MBBS programme. The adequacy of these centres as venues to deliver complex, high stakes examinations is becoming increasingly problematic. The complex arrangements of the allocation of load for the MBBS programme leaves these centres chronically underfunded.

2.6.6 Library provision

Medical library services are provided at each of the three main campuses and at all the DGHs. Student feedback on libraries and the support provided by librarians is positive. As part of the annual QA processes at Trusts (the Medical Education Providers Annual Return – MEPAR), the QA Unit gathers feedback from the libraries to monitor whether they are receiving adequate financial support from the NHS Trusts, allowing them to deliver the standards set in the SLA. The libraries at the Royal Free and Whittington sites have recently been refurbished to high specification. The Cruciform Hub provides another excellent learning resource for MBBS students.

2.6.8 Postgraduate programmes

Students enrolled on the PG Cert/Dip/MSc in Medical Education undertake their studies at the Royal College of Physicians; London The RCP/UCL programme is a face-to-face programme, delivered in the RCP premises in Regent Park. It has an excellent medical education library and physical spaces for learning.

Most other postgraduate students are enrolled on our blended learning programmes. These are delivered through a Virtual Learning Environment (VLE). This not only enhances flexibility for students but also releases pressure on physical teaching facilities across UCL.

For face-to-face postgraduate teaching where required we use a range of premises: the Clinical Skills CPD activities are delivered in the Clinical Skills Centre in Bloomsbury; those attending the TtT programme or other professional skills courses attend at either the Royal Free Hospital Clinical Skills or the Bloomsbury Clinical Skills Centres. Both have good facilities for this type of CPD activity.

2.6.9 Computers & Information Technology

Students have access to computing facilities on all the main campuses and at all NHS sites and are able to access the Desktop @ UCL email and *Moodle* resources. Students on the RCP/UCL Medical Education programmes also benefit from library and computer facilities at the Royal College of Physicians' Education Centre facilities. For all of our distance or blended learning programmes we provide a comprehensive teaching portal through a Virtual Learning

Environment (VLE). At UCL this involves the use *of Moodle 2* which enables students to access all teaching materials, engage in online discussions and directly access publications and academic articles through UCL's online library**.**

SECTION 3. QUALITY MONITORING & ENHANCEMENT FRAMEWORK

UCLMS, as previously described, runs a single, large undergraduate programme, a small number of taught postgraduate programmes, a suite of non-award bearing CPD programmes and currently supports two PhD students.

A Divisional Learning and Teaching Strategy was first developed in 2011 following the merger of Medical Student Administration with the Division of Medical Education following a restructuring of SLMS. Prior to this, the MBBS had been included in strategies developed for the then Faculty of Biomedical Sciences. The UCLMS Divisional Strategy UCLMS Learning and Teaching Strategy 2011-2016 covered the period 2011 to 2016, but was updated in 2015 to align with the Institutional strategy cycle UCLMS Learning and Teaching Strategy 2015-2020.

An Assessment Strategy for the MBBS was also developed as part of *MBBS 2012* and is set out on pages 3 and 4 of the Management Guide. Now that the Division is well-established, the strategy has being extensively reviewed through discussion at a series of all staff away-days (INSET Days), which were newly introduced last session, to enable all staff to contribute to decision making and to ensure awareness, understanding and ownership of the emerging strategy by all members of the Division, MBBS academic leads and professional services staff. The draft strategy is due for final sign-off at the next INSET day later this term, following which it will be submitted to MBBS and PG Teaching Committees for approval. The strategy aims to articulate with the Faculty and SLMS Education Strategies and goals, and with the institutional Learning and Teaching Strategy. It will act as a central focus for the subsequent development of the Divisional Learning, Teaching and Assessment Strategy, Research Strategy and Enterprise (MSEC) Strategies.

3.1 MBBS Programme

Description of the MBBS Programme QME Framework and its Articulation with Faculty- and Institution-Level QME Frameworks:

The General Medical Council has the statutory responsibility to set standards for basic medical education in England and Wales and to ensure that these standards are met. The subject benchmark statements for medicine are contained within the GMC document *Tomorrow's Doctors.* The standards and learning outcomes contained within are based on current research evidence and best practice with regard to the education of medical professionals and the expectations of both patients and future employers.

The MBBS Quality Assurance Unit (QAU) was set up in 2004 to ensure that the Medical School meets the quality management needs of both the GMC Quality Assurance of Basic

Medical Education (QABME) procedures and the UCL requirements for quality monitoring and enhancement and has a clear framework for organising and ensuring quality management and quality control of an increasingly integrated programme in a complex and dynamic educational and service environment.

The MBBS Quality Assurance Unit (QAU) is academically led by Dr Ann Griffin the Sub Dean for Quality (0.2 FTE) who leads on all its activities. She is supported by one full time QAU manager and one full time QAU assistant.

The role of the MBBS QAU is to ensure: that high standards in teaching, learning and assessment are supported through timely and detailed feedback; that problems can be systematically and rapidly identified and addressed; and that good practice in undergraduate education across the programme is recognised and rewarded. The QAU has a key role in helping the MBBS programme leads interpret, respond to and reconcile the demands of its multiple stakeholders (students, staff, NHS providers and academic Divisions) and ensuring its procedures and policies are compliant with the expectation of UCL, the GMC and Health Education England. In order to fulfil this role, the QAU is responsible for co-ordinating the following:

Internal monitoring of the programme and individual teachers is through:
- Development and dissemination of teaching standards / guidelines
- Student evaluation questionnaires (SEQs) and other student experience data generating activities ('Raising concerns' and the new 'name and proclaim' reporting systems, the MBBS no-show texting system for teaching cancellations)
- Collection of, and action on, annual self-assessment returns by placement providers and QA visits to the main NHS placement providers
- Liaison with student representatives
- Overseeing the Reward and Recognition scheme (including the Top Teachers and Excellence in Medical Education Awards)

External monitoring
Ensuring that procedures are established and maintained which allow the School to respond in a systematic and transparent manner to the regulatory requirements of the:
- QAA (via UCL IQR and Annual Monitoring),
- GMC (through the QUABME and Medical Education Provider Annual Return processes) and
- Health Education England Education Commissioner requirements (via the SIFT report)

The Medical School's Quality Monitoring and Enhancement Committee (mQMEC): oversees the activities of the QAU and identifies quality enhancement priorities for the curriculum committees and NHS providers. The committee reports to the MBBS Teaching Committee.

The QAU works closely with the SIFT (now NUT) Office , the three central NHS Trusts and DGHs, the Sub Dean for Community (who is responsible for all GP placements), UCL Academic Services and committees across the MBBS programme.

The Medical School underwent a full review through the GMC Quality Assurance of Basic Medical Education (QABME) procedures in 2012. Following the visit UCLMS received one requirement and five recommendations. These are detailed in section 1 of this document and a full report of the visit is available here:
http://www.gmc-uk.org/University_College_London_Report.pdf_51937668.pdf

The summary of the key issues raised and how they have been addressed is found in section 1.1.

3.2 Postgraduate programmes

All UCLMS postgraduate taught programmes, standalone M-level modules and CPD are subject to regular quality monitoring. For accredited programmes this is undertaken at the programme level and fed back to Departmental and Faculty Teaching Committees through:

Internal monitoring of the programme and individual teachers through:
- Development and dissemination of teaching standards / guidelines
- Student evaluation questionnaires (SEQs) and other student experience data generating activities
- Termly SSCCs
- Liaison with student representatives
- Promotion of peer review
- Yearly review of programme specifications
- Annual monitoring

External monitoring
All postgraduate programmes are externally reviewed at their conception and implementation. Individual modules are reviewed on a regular basis in line with the External Examining system whereby appointed External Examiners assess the appropriateness of the module materials, the assessment processes and review a selection of assignments and student feedback to ensure that feedback is appropriate and consistent and the quality of the modules are consistent with Masters level. External Examiners report their findings to the annual Exam Board and any recommended changes are implemented accordingly.

For CPD activities participant feedback is used for the development of course material, revision of sessions and for staff feedback on their performance. Where relevant, CPD has been included within the format of the self-evaluation summary.

3.3 Student Input and Feedback

3.3.1 MBBS

Student input into the MBBS curriculum is extensive and aspires to best practice in higher education. The MBBS programme pioneered the use of online student evaluation questionnaires (SEQs) at UCL and currently gathers more than 20,000 responses per year. Additional approaches to increase the routes of gathering and acting upon feedback have been introduced and are proving effective, including Town Hall meetings in Year 4 and 5 and the *Raising Concerns* portal on the QAU website. These methods are supplemented with targeted SEQs, focus groups and other data gathering exercises when problems are identified. A new *'You Said, We Listened'* site has been developed to raise awareness of actions taken by the School in response to student feedback and concerns.

There is very active student representation under the leadership of student union Presidents, who in recent years have been dedicated and articulate advocates for their constituents. Students take full control of the SSCC setting the agenda, and chairing the meetings. mQMEC ensures that student representatives and curriculum leads are informed and consulted regarding significant issues relevant to course quality monitoring and enhancement. Students sit on every curriculum committee, sub-committee and module management group, where 'student issues' are a standing item on all agendas. QA/SIFT site visit panels include a student representative.

Student evaluation data is all available via:
https://www.ucl.ac.uk/medicalschool/quality/seq
The Student Evaluation Questionnaires Departmental Summary may be found at: MBBS SEQ Summary 2014-15

A summary of the Year 6 Graduate Questionnaire may be found at: https://www.ucl.ac.uk/medicalschool/quality/seq/year6

SSCC minutes may be found at: https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115

3.3.2 Postgraduate: RCP/UCL Certificate, Diploma, Masters in Medical Education

Student input: the course material is reviewed and modified in response to student feedback.
Student feedback: students informally feedback at face-to-face sessions and are encouraged to do so. Student evaluations of teaching are collected for all the sessions delivered at the RCP. SEQ summaries are produced and presented in annual monitoring reports. Student feedback is overwhelmingly positive. PGME UCL Quality Review Framework – Annex 6.1.4: Student Evaluation Questionnaires Departmental Summary – 2014/15

3.3.3 Postgraduate: Certificate in Clinical and Professional Education

The certificate in clinical and professional education is new for this September 2015. The design of the programme in both format and content has been strongly guided by student input and feedback on the standalone modules. We have provided over the last couple of years. We have it formally evaluated the standalone modules and have run departmental student staff consultative committees on a term the basis. These forms of feedback and student input will continue and be important in shaping the future development of the certificate in clinical and professional education.

PGME UCL Quality Review Framework – Annex 6.1.4: Student Evaluation Questionnaires Departmental Summary – 2014/15

Summary of Student Staff Consultative Committee (SSCC) Action Points

For all our CPD offerings, input comes from learners, in particular the relevance of our programmes to contemporary teaching in healthcare settings. Student feedback is gathered formally and informally after every iteration of the course and this feedback is used extensively in modifications to the programme focus, delivery and design.

3.4 Curriculum Planning and Design

3.4.1 MBBS

Overarching aim:

The MBBS programme aspires to educate the *UCL Doctor: a highly competent and scientifically literate clinician, equipped to practise patient-centred medicine in a constantly changing modern world, with a foundation in the basic medical and social sciences.*

This vision is informed by research in education and the relevant sciences and is underpinned by the values of scholarship, rigour and professionalism. The focus is on the development of the student as a scientifically informed, socially responsible professional who, in turn, can serve the health needs of individuals and communities.

Students who successfully complete the MBBS programme (or MBPhD) and who have no substantial fitness to practise issues are awarded a provisional licence to practice and move into the UK Foundation Programme to complete their final year of supervised practice before being awarded a full licence to practise.

Curriculum 2012 - **Planning and Design**

The MBBS programme is regularly reviewed to ensure it is fit for purpose for 21st century doctors, fulfils the requirements of the GMC recommendations *Tomorrow's Doctors* and any new recommendations and guidance from the regulator, and that it remains flexible enough to ensure excellent education in a rapidly changing healthcare provider landscape.

A formal review of the MBBS programme was initiated in 2007 with the aim of designing a new, contemporarily MBBS programme that would produce highly competent and scientifically literate clinician, equipped to practise patient-centred medicine in a constantly changing modern world with a foundation in the basic medical and social sciences).

2010 and 2011 saw the introduction of pilot and pathfinder activities such as Patient Pathways, integrated modules and a new focus to year 6. 2012 saw the introduction of a new MBBS curriculum to years 1,2,3,4 and 6. New Year 5 followed in 2013 to ensure minimal disruption to students. A new programme specification was introduced in 2012 as part of the introduction of this *MBBS 2012* Curriculum.

The new curriculum is a significant departure from previous MBBS programmes at UCLMS; there is a much less pronounced preclinical: clinical divide in the programme and all modules now focus on body systems or provision/organisation of care (for example integrated medical care in year 4, care of the older person in year 5). There is increased vertical integration across all years of the programme with the expansion of the vertical modules to include areas such as use of medicines, anatomy and imaging, pathological sciences, mental health. The iBSc is now fixed at year 3 and return from the MBPhD at year 5. The new programme was quality assured by the GMC in Autumn 2012.

Reorganisation of the structure and governance of the Medical School was also part of the backdrop for this new curriculum with the Division of Medical Education merging with Medical School Administration to become the UCL Division of Medical School within the Faculty of Medical Sciences.

After the introduction of the new curriculum and the reorganisation to a divisional structure a Formal process of review has been embedded in the curriculum management. The MBBS has an Executive Committee that reports to the MBBS Teaching Committee (the Divisional Teaching Committee). Meeting monthly, this is the central point overall programme review and strategy. Each module has a module management group that formally reviews the module focus, content and student feedback for the module and has student representation. These module management groups report to the relevant year committee which report to MBBS Teaching Committee. The MBBS Teaching Committee also receives the minutes of the SSCC and the more informal student feedback channels and reviews the annual monitoring reports to ensure review is continuous, informed by learners, and strategic.

MBBS Executive Committee also reviews and manages risk registers for the programme overall, for each year of the programme, and for clinical placement sites which can be found at the following link: Risk Registers.

Programme Structure
The course structure and assessments, and the outcomes for graduates, are based on the curricula recommendations outlined in the General Medical Council's document *"Tomorrow's Doctors"* (2009). An overview of the structure of the programme and contributing modules is set out within the MBBS overall timetable and details of how the programme outcomes are achieved and assessed are found within the programme specification and MBBS regulations.

The MBBS at UCL is a 6-year, integrated programme of study:
Year 1: Fundamentals of clinical science 1
Year 2: Fundamentals of clinical sciences 2
Year 3: Integrated BSc2
Year 4: Integrated clinical care
Year 5: The life cycle and specialist practice
Year 6: Preparation for Practice

Running through the programme are the vertical modules known as Clinical and Professional Practice (CPP):
- Student centred learning, patient centred learning
- The portfolio
- The patient pathways
- The Integrated vertical strands
- Anatomy and imaging
- Clinical skills and practical procedures
- Pathological sciences
- Use of evidence
- Use of medicines
- The overarching themes
- Mental health
- Social determinants of heath
- Synthesis and professional practice (including Ethics & Law and Clinical Communication)

Elements of choice for students include Student Selected Components (SSCs) in years 1, 2 and 6 and the elective period in year 6. SSCs cover four broad domains to allow students to pursue special interests and develop a range of generic skills; clinical/vocational, underpinning science (clinical or basic sciences), research oriented/library projects & arts/humanities/social sciences. In Years 1 and 2, SSCs are taught during weekly half day

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2 Students who are already graduates are exempt from year 3 and move directly from year 2 to year 4

sessions over the course of terms 1 and 2; in Year 6 SSCs are taken as 4 week clinical placements with the first taken before the final examinations in a clinical specialty of choice and the second taken post finals with a strong focus on preparation for practice as a foundation year trainee. Students take permitted an eight- week elective period of clinical study in a subject area and geographical location of their own choice, also now taken after finals. Student Selected Components and the elective period are required parts of the programme which must be completed to a satisfactory standard to progress, and both have a coursework requirement.

Further details about SSCs are set out at:
http://www.ucl.ac.uk/medicalschool/staff-students/course-information/ssc/yr6-ssc/factsheets/OverallSSCinformationforstudents1516.pdf.

Full details about the elective period are set out at: http://www.ucl.ac.uk/medicalschool/staff-students/course-information/year-6/electives

The integrated BSc taken in Year 3 provides a whole year of selective study and includes a research project. The 19 integrated BSc programmes taken as part of the MBBS programme are delivered and managed by their relevant divisions and faculties. These programmes are therefore subject to IQR within their 'home' divisions.

The UCL MBBS Programme
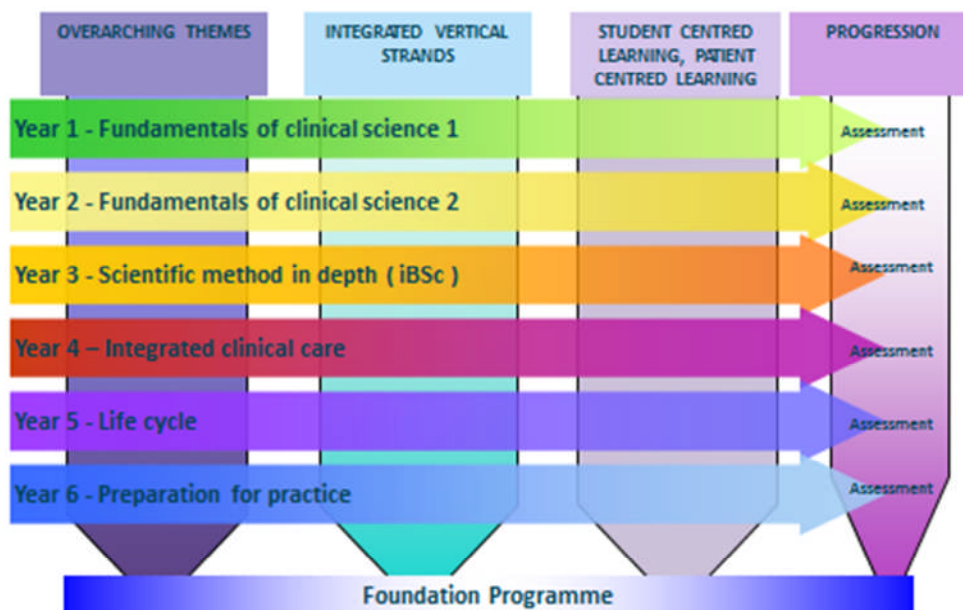
The overall aims of the *MBBS 2012* Programme at UCL are for graduates to:

- Demonstrate a genuine understanding of the fundamentals of clinical science and how science underpins medical practice
- Demonstrate competence in a range of professional skills necessary for patient care, including history taking and consultation skills, examination skills and clinical reasoning skills
- Diagnose and manage, under supervision, a range of common and important clinical problems
- Understand the basic ethical, professional and legal issues related to clinical practice
- Understand the epidemiological, environmental, psychological and sociological aspects of health and illness and their application for both the treatment and prevention of disease
- Consider how knowledge of disease pathology is applied in care and prevention
- Be able to assess patients' healthcare needs, taking into account their physical and mental health and personal and social circumstances, and apply their knowledge and skills to synthesise information from a variety of sources in order to reach the best available diagnosis and understanding of the patient's problem
- Demonstrate an appreciation of the determinants of health: how health behaviours and outcomes are affected by the diversity of the patient population and how, from a global perspective, health, disease and variations in health care delivery and medical practice are determined and interact
- Employ a patient centred approach to practice
- Deliver the most appropriate care by considered and careful use of limited resources
- Demonstrate the attitudes and behaviours appropriate to being a good doctor by their behaviour with patients, relatives and colleagues
- Appreciate the nature of contemporary practice including an understanding of: the modern NHS; the need to work in teams to ensure patient safety and improve healthcare; providing leadership and advocacy; and being able to adapt to the changing landscape of medical knowledge and healthcare delivery and transnational challenges to global health
- Be well prepared to enter the Foundation Programme
- Be prepared to fulfil a lifelong commitment to requirements of the GMC enshrined in Good Medical Practice (GMC 2012) including a commitment to reflective practice, and working continually to improve their own performance

Full details of the structure, modules, teaching methods and assessment can be found in the MBBS Programme Specification.

MB PhD Programme
The MBPhD Programme, which began in 1994 and has the enthusiastic support of the Vice Provost (Health) and SLMS Deans, enables up to 10 students per year studying for the MBBS to be awarded the degrees of MB BS, BSc and PhD in just nine years. The

programme is designed for academically-minded students who aim at a clinical career which embodies a substantial research component. Graduates might work in university ('academic') medicine, or in clinical medicine aimed at development of new styles of investigation or management of patients. They might work in the pharmaceutical industry, public health planning of medical services, or even in financial services aimed at funding of clinically-related commercial ventures. The programme enables medical students to integrate a PhD with their clinical education and provides a structure for working across traditional boundaries between the laboratory bench and the clinical bedside. The regulations for the MBPhD programme were reviewed in 2013/14 and students now complete 4 years of the MBBS before embarking on their PhD to ensure they are able to succeed in clinical aspects of medical practice as well as theoretical and scientific aspects. Clinical contact is maintained throughout the research period through tutorials and portfolio activities including, for example, case of the month, and students re-join the MBBS in Year 5. The majority of students complete the programme over 10 years, but there is an option for those who complete their PhD in 3 years, without the need for 12 months' CRS, to return to the MBBS programme early and to complete the full MBPhD programme in 9 years.

Further information is available at: http://www.ucl.ac.uk/mbphd/

Programme delivery

The range of methods employed in learning and teaching reflect the complex nature and delivery of the MBBS programme and the intended learning outcomes for the graduates. Teaching, learning and assessment methods are mapped to each intended learning outcome in the [programme specification.](#) Methods include: formal lectures; laboratory practicals; workshops; tutorials; computer-aided learning (CAL) and self-paced learning; directed self-learning; small group work; peer tutoring (particularly in the anatomy laboratory and clinical skills centre); reflective practice tasks; supervised clinical learning events (SLEs), direct observation of, and participation in, clinical practice. Teaching is delivered by a wide range of academics and professionals and in a wide range of venues including substantial periods in healthcare delivery settings.

In Years 1 and 2 there are a considerable number of lectures and accompanying practicals. Small group learning is mainly in weekly CPP sessions and a small number of tutorials. Patient contact is modest and delivered through both patient visitors and community visits. During Year 3 teaching methods are tailored to the particular iBSc. In year 4 students have an introductory module that combines a small number of lectures with clinically focused small group work; much of which is delivered and supervised by senior students. There are also 'core teaching weeks' which focus on core content through lectures and some practical work and then students rotate through clinical placements at the three central hospital sites and in general practices. They continue to study the CPP modules through small group work, lectures, and completing virtual learning environment (VLE). Year 5 has a one-week introductory module that combines a small number of lectures with clinically focused small group work. There are also three 'core teaching weeks' and a mid-year consolidation week

that focus on core content through lectures and some practical and small group work and then students rotate through clinical placements at the three central hospital sites and in general practices. They continue to study the CPP modules through small group work, lectures, and completing virtual learning environment (VLE).

Year 6 is almost entirely placement-based in general practices and DGHs, incorporating a mock OSCE exam and clinical revision sessions. This is supported by a Moodle programme, Case of the Month, integrating core elements of the final year syllabus with professional development tasks oriented towards foundation year requirements. The final year aims to emphasise in-depth, practical experience, incorporating longer placements and student assistantships. In addition, students in all years receive highly rated teaching and support from clinical skills staff.

3.4.2 Postgraduate programmes overview

As previously described, UCLMS PGME offers a range of courses in the field of medical and clinical education. These include:

- PG Cert/Dip/MSc in Medical Education (delivered in conjunction with the Royal College of Physicians)
- PG Certificate in Clinical and Professional Education (launched in 2015)
- Standalone M level modules that include the following 15 credit options:
  - Teaching and Learning in Medical Education
  - Introduction to Assessment
  - Quality Improvement in Healthcare
  - Leadership Skills for the Healthcare Professional
- In addition UCLMS deliver a 30 credit M level module that is delivered as part of the IOE's MA in Clinical Education:
  - Clinical and Educational Supervision
- These modules are delivered by a range of methods from full face to face to 100% distance learning and are designed to meet the demands of those studying part time while working in a clinical setting.
- Short Courses in Medical Education: Teaching the Techers, clinical skills course and bespoke courses commissioned by hospital Trusts on communication skills and ethics and law.

3.4.3 RCP/UCL Certificate, Diploma, Masters in Medical Education

Aim: Participants to develop the ability to: adopt a learner-centred teaching approach, structure teaching, and set objectives that enhance their students' learning; apply educational theory and research to their own teaching practice; recognise how assessment theory should inform practice in assessment of medical competence; and appraise both medical trainees and peers.

Planning: The curriculum of the RCP-UCL MSc in medical education is reviewed in a

dynamic way in response to: student feedback; feedback from peer observation; recommendations and suggestions from our external examiners: and consideration of the wider context of medicine and education. Programme specification.

Structure: Originally the program had a more fluid structure, but was reconfigured into more discrete modules, each with constructively aligned objectives, to comply with UCL recommendations, and a philosophy of enabling students in one UCL MSc programme to select a module from another M level programme. The Certificate consists of four core modules of 15 credits.

RCP-UCL Post Graduate Certificate in Medical Education
Module 1 – Teaching and Learning in Medicine 1
The aims of this module are for participants to be able to:
- recognise relevant educational theory and principles of learner-centred teaching
- identify the different learning styles of themselves and other participants and support learning accordingly:
- plan and structure a teaching event
- write effective educational objectives and learning outcomes relevant to their own teaching
- reflect on and use feedback on their teaching skills to develop future practice
- use a peer observation schedule and give effective feedback
- apply the reflective learning cycle to their own development and their learners' experiences
- select appropriate teaching strategies to maximise learning
- recognise individual learning styles and preferences, and facilitate group discussion to support these
- critically reflect on their own educational practice
- use a range of evaluation methods
- use a portfolio to record their development as a medical educator
- select appropriate evidence for inclusion in their own portfolio.
- access and select educational databases and use electronic media for literature searches
- critically appraise educational literature
- carry out a literature search for their investigative study

Module 2 Assignment - Evaluation study
The aims of this module are for participants to be able to:
- describe the aims of small group teaching
- describe the ways in which small groups behave
- adopt strategies to create interaction in small groups
- recognise barriers to learning and use strategies to manage the learning environment

- provide feedback to colleagues on the effectiveness of their facilitation of small group learning
- describe the characteristics of educational research
- design a questionnaire to capture evaluations of teaching
- use a range of techniques to facilitate interaction within a large group

Module 3 – Educational Supervision, Teaching and Assessment in Clinical Practice

The aims of this module are for participants to be able to:
- recognise opportunities for teaching in the clinical setting
- select appropriate strategies when teaching in a range of clinical settings
- assist learners to reflect on their experiences through questioning and effective feedback
- identify a range of methods for nurturing appropriate clinical attitudes
- identify the range of resources available for clinical teaching
- develop ways of involving patients in teaching
- identify approaches for teaching clinical communication
- apply education theory to bedside teaching
- adapt their teaching to encourage the development of clinical reasoning.

Module 4 – Clinical Teaching and Principles of Assessment

The aims of this module are for participants to be able to:
- define validity, reliability, transparency, feasibility and educational impact when applied to assessment
- identify the purposes of assessment
- choose appropriate assessment methods according to the purpose of the assessment
- construct a blueprint for an assessment in their own specialty
- assess performance in structured clinical examinations
- assist trainee doctors in identifying learning objectives and completing a personal development plan
- handle underperformance of trainee doctors
- explain the principles of performance and how to measure it
- use different methods of workplace-based assessment in a way that ensures validity, reliability, transparency, feasibility and educational impact
- provide effective feedback on workplace-based assessment.

RCP-UCL Post Graduate Diploma in Medical Education

Module 5 – Advanced Teaching Skills

The aims of this module are for participants to be able to:
- recognise and critically analyse key educational theories; behaviourism, constructivism, humanism and Social-situational

- integrate learning theory into teaching practice, being aware of the theoretical approaches that could be relevant to different educational situations
- evaluate theory relating to the motivation of learners and apply this appropriately to address barriers to learning
- describe the concept of differentiated learning and identify practical ways of teaching that meet the learning needs of mixed-experience students
- critically evaluate educational theory and evidence, and debate controversies that exist
- reflect upon their own practice and articulate how it may be described according to the theories and evidence described above
- analyse the impact of feedback on learning and develop more effective approaches to using feedback
- recognise the educational rationale for team-based learning and effectively implement it
- apply principles of standard setting for knowledge tests and OSCEs
- critically evaluate their own and others' teaching and provide feedback
- present and justify evidence of professional development in their reflective medical educator portfolio
- critically appraise educational literature
- carry out a literature search for their investigative study

Module 6 – Research Methods in Medical Education
The aims of this module are for participants to be able to:
- select appropriate qualitative and quantitative research methods to answer educational research questions
- critically appraise educational research, including their own
- implement an ethical approach to planning and conducting research
- identify how to collect focus group and interview-based data
- design and use effective questionnaires for educational research
- apply the concept of triangulation to educational research
- carry out analysis of quantitative and/or qualitative data
- present educational research findings coherently to a knowledgeable audience
- sensitively evaluate peer research

Module 7 – Advanced Clinical Education
The aims of this module are for participants to be able to:
- integrate theory and evidence into the practice of teaching, assessing and supervising medical trainees
- draw on educational theory to inform the teaching of communication skills, medical ethics,
- professionalism and clinical reasoning
- analyse the impact of personality and environment on workplace-based learning

- critically evaluate theory, evidence and approaches to workplace-based education, including role modelling and simulation
- use knowledge of literature relating to workplace-based education, and reflection on their experience, to select educational methods appropriate to the new challenges of changing practice
- critically evaluate their own and others' supervisory practice
- integrate personal experience and educational theory to improve support and supervision of junior colleagues

Module 8 – Course and Curriculum Design in Medical Education

The aims of this module are for participants to be able to:
- consider the various components which make up a curriculum
- identify different theoretical and philosophical approaches to the development of a curriculum
- analyse factors contributing to the differences between the planned, taught and learnt curriculum
- recognise the importance of assessment methods in aligning hidden and intended curricula and addressing barriers to learning
- consider the impact of external agencies on the content and delivery of undergraduate and postgraduate medical curricula
- tackle the challenges specific to multidisciplinary education in healthcare settings
- identify processes and challenges in the development of current undergraduate and postgraduate medical curricula
- design a course with these criteria in mind
- recognise the educational rationale for problem-based learning and effectively implement it
- evaluate an existing curriculum and make recommendations for its improvement

RCP-UCL MSc in Medical Education

Aims: The aim of the RCP/UCL MSc in Medical Education is to enable doctors who have completed the Diploma course to apply the approaches to medical education research covered in the Certificate and Diploma levels to a piece of original research.

Delivery: The programme is delivered through a range of methodologies, but has a core of face-to-face sessions held at the RCP premises in London. Teaching also involves materials on Moodle and self-directed learning.

3.4.4 Certificate in Clinical and Professional Education

Aim: The Postgraduate Certificate in Clinical and Professional Education is designed to equip the clinical and professional educator with an understanding of education theory and research underpinning practice.

This programme allows for the study of modules that have a particular relevance to students' own field as educators and provide a structured environment in which to carry out meaningful work as a practitioner-researcher culminating in a piece of education research in their own setting. [Certificate in Clinical and Professional Education Programme Specification](#).

Objectives of the programme:

To ensure graduates have:
- Knowledge of education theory and existing empirical evidence both in the field of education in general and education for the health professions in particular
- Knowledge of the historical and contemporary aspects of education, assessment, professionalism and training
- An understanding of the purpose and epistemological and methodological approaches to researching education
- A firm foundation and detailed analysis in own areas of practice
- An ability to critically read and evaluate scientific literature
- A clear understanding of the research process and are able to design and carry out an education research project.
- An understanding of the appropriate software packages to support academic writing and education research data management and interpretation
- Demonstrated their practical skills including teaching, assessment writing and academic writing skills
- Demonstrated a range of transferable skills including debating and oral presentation skills and providing feedback to their peers and learners

Planning: the curriculum has been planned through discussions with experts in the field, response to student feedback, awareness of the issues that are current in the field of medical education so that our programme remains contemporary and mindful of the real world concerns of clinical educators. [Certificate in Clinical and Professional Education Programme Specification](#).

Programme Structure: The PG Certificate in Clinical and Professional Education is a modular programme delivered by blended learning. Students have one compulsory module and are able to select further modules totally 45 credits to achieve the 60 credits required by the PG Certificate.

These modules include:

Compulsory:

- Teaching and Learning in Medical Education (15 credits, blended learning)

Optional:

- Introduction to Assessment (15 credits, distance learning)
- Quality Improvement in Healthcare (15 credits, distance learning)
- Leadership Skills for the Healthcare Professional (15 credits, face to face)
- Clinical and Educational Supervision (30 credits, distance learning, delivered by the IOE)
- Learning and Teaching for Adults (30 credits, face to face, delivered by the IOE)
- Contemporary Issues in Clinical Education (30 credits, face to face, delivered by the IOE).

Students are also able to study these modules as standalone M-level modules (registering on our Short Course programme) or for CPD. As new modules are developed they are also offered to new and existing students.

Delivery: The modules are primarily delivered through distance and blended learning formats.

3.4.5 CPD

Training Course for Teaching in the Clinical Environment –Teaching the Teachers

This is a teacher training course for healthcare professionals who teach in the clinical setting, adapted from feedback received from the TIPS teaching course that was ran previously. This one-day course offers practical guidance on developing participants teaching skills by improving interaction and applying structure to their teaching sessions with the opportunity to practice these newly acquired skills in a mini-teaching session of their own. The course incorporates core aspects of clinical teaching with small group teaching and consistently links to medical educational theory.

The objectives of the course are to:

- Outline methods of learning to help you teach effectively
- Plan and organise a teaching session in any setting
- Formulate objectives appropriate to own setting
- Use methods that help students become active participants
- Formulate questions that promote thinking
- Adopt strategies to give feedback to learners
- Evaluate your own teaching practices

The course is delivered in a face to face setting for up to 20 participants and is a mixture of plenary and small group work sessions including teaching practice. On completion of the course participants are awarded a certificate of completion.

Cannulation

This one day course takes place in a purpose built Clinical and Professional Skills Centre in UCL Medical School.

By the end of this course, participants will be able to:

- Demonstrate appropriate infection control principles when performing cannulation.
- Insert a cannula into a manikin arm.
- Take blood via the cannula on immediate insertion.
- List the potential complications during and after inserting a cannula.
- Perform a venous cannulation on a real person under supervision.

Delivered in a small group of 8 – 10 people participants are instructed in how to insert a cannula ensuring that they adhere to strict infection control principles and local Trust Policies. The session starts off with a theoretical component followed by demonstrations and then practice. Participants practice on simulation arms and once confident at cannulating the manikins have the opportunity to cannulate a fellow participant.

On completion of this course, participants receive a Certificate of Attendance confirming they have achieved the objectives. Supervised cannulation in a clinical setting on real patients is required by most Trust policies to achieve proficiency in this skill. As part of this course, we advise participants on how this can be achieved and provide a progression to competency card

Venepuncture/Phlebotomy

This one day course takes place in a purpose built Clinical and Professional Skills Centre in UCL Medical School.

By the end of this course, participants will be able to:

- Demonstrate appropriate infection control principles when performing phlebotomy.
- Use both the butterfly system and the vacutainer system to collect a blood sample.
- List the potential complications during and after taking blood.
- Take blood from a real person under supervision.

Delivered in a small group of 8 – 10 people participants are instructed in how to take blood ensuring that they adhere to strict infection control principles and local Trust Policies. The session starts off with a theoretical component followed by demonstrations and then practice. Participants will practise on simulation arms and be given ample opportunity to practise on the manikins. Once confident at taking blood from the manikin they have the opportunity to take blood from a fellow participant providing they give consent.

On completion of this course, participants receive a Certificate of Attendance confirming they have achieved the objectives. Supervised phlebotomy in a clinical setting on real patients is required by most trust policies to achieve full proficiency in this skill. As part of this course, we advise participants on how this can be achieved and provide a progression to competency card.

3.5 Learning, teaching and assessment

3.5.1 MBBS

The overall aims of the *MBBS 2012* Programme at UCL, the programme structure, and the teaching methods are described in the previous section.

Our MBBS assessment strategy has been designed alongside the new MBBS curriculum and embraces the following key principles:
- There will be a consistent, centrally managed approach to assessment throughout the six year programme
- The medical school will take a programmatic approach to assessment: viewing the assessments as a whole across the programme
- Assessment methods will be selected according to evidence in published literature and internationally recognised best practice
- All summative assessments will show adequate evidence of reliability and validity, ensuring meaningful interpretation of summative assessment scores
- The format and marking criteria for all summative assessments will available to all students and staff
- Assessment design will include blueprinting to the curriculum and planned outcomes, item writing, banking of items, assessment item scrutiny, standard setting, post assessment review and student and examiner feedback
- In summative assessments, the standard error of measurement will be used to identify borderline candidates
- All summative assessments will use a modified Angoff to set standards for the knowledge tests, for practical assessment the borderline regression method will be used
- Formative assessment will be frequent and constructive, enabling students to receive timely feedback on their performance throughout the programme. Formative assessments will be built into all elements of the curriculum and will be primarily for the benefit of the student's learning. Where formative assessments will have the additional aim of tracking student progress, this will be transparent to staff and students
- Student progress will be monitored in course, with the aim of identifying and supporting students experiencing personal or academic difficulties. These systems will include evidence of engagement with formative assessment, monitoring of certain in

course assessments, maintenance of a portfolio, personal tutor feedback and performance in structured learning events (SLEs)

- A formative clinical practical assessment has been introduced in year 1 and 2 with the plan that year 2 will become summative when the assessment has achieved the appropriate reliability and validity
- Feedback on their performance in the summative assessments knowledge test and OSCE will be provided for year 4 and 5 students
- Examiners in summative OSCE will need to have participated in examiner training before they are allowed to examine. This training will be provided as face to face teaching and as an online module. The training will be reviewed on a yearly basis and adapted in accordance to examiner feedback
- The final year knowledge test will continue to receive items from the Medical School's Council question bank and be part of the Common Content project which is designed to ensure that there is consistency with standards expected for all final year students in the UK
- We will continue to actively participate in sharing best practise groups in both undergraduate and postgraduate arena to ensure that all assessment are of highest quality

Overarching assessment features of the new MBBS curriculum

A programmatic approach has been used to ensure the medical course utilises a range of assessment types to ensure adequate validity, reliability and feasibility. The same approach has been used throughout the program and is managed centrally to ensure consistency between assessments as well as ensuring progression in student learning. The assessment programme as a whole and individual assessments are transparent with detailed information available to staff and students about assessment methods, pass marks, sample items and mark sheets.

Every year of the medical course includes an element of in course assessment and the maintenance of a portfolio. In years 4-6, this portfolio has been designed to be compatible with the portfolio of the foundation program to ensure that the students can still use it after graduation. Satisfactory engagement with the course and in course assessment is a requirement for entry into end of year assessments. The iBSc year will include the maintenance of a portfolio alongside assessments tailored to the programme of study.

Formative assessment and feedback are a feature of every year of the programme, as are opportunities to practice for summative assessments. The majority of formative assessments will be in the form of e-assessments. As much as is possible with the resources available, these formative assessment will reflect the standard expected in the summative assessment. Students will be provided with feedback on their performance. In years 1, 2, 5 and 6, all students will also be provided with the opportunity to take a formative OSCE. Formative

assessments will be used to identify students that should be offered additional academic support.

All years have an end of year summative progression test: in years 4-6 this will be a combination of a practical examination (normally in the form of an OSCE) and written examination(s) consisting of single best answer items. In years 1 and 2 this will be in the form of knowledge test papers consisting of single best answer or data interpretation items. The plan for year 2 is to replace the data interpretation paper with a practical clinical assessment. All written items are designed to test the application of knowledge and can include images (e.g. ECG or photographs of pathological specimen) as well as data. They are written according to a UCL house style. Each assessment is blueprinted against the curriculum and the amount of items included in each subject area is equivalent to the amount of teaching time that this subject is allocated. The performance of each item is reviewed after each assessment and poorly performing items are reviewed and withdrawn from the item bank if necessary.

There is extensive guidance on the UCL house style for both knowledge tests and OSCE stations. This is provided to potential writers when we send requests for new items. We also run workshops for items writers to ensure they are familiar with the house style. We aim to be able to provide item writers with feedback on their items in order to improve their writing skills.

For all years, members of the summative assessment standard setting group will be provided with feedback on their performance in relation to the rest of the group.

All OSCE stations are designed to be integrated, testing knowledge as well as communications and practical skills and professional development. They are also written according to a UCL house style. Each summative OSCE contains a minimum of 50% 'new' stations. At the end of each OSCE, examiners are asked to provide feedback on the station they assessed. We aim to be able to provide this feedback to the station author(s). The performance of each station is reviewed after each assessment and poorly performing stations are reviewed and withdrawn from the bank if necessary.

For all summative assessments both the practical and written assessments need to be passed in the same examination diet. Re-sit examinations are only held for unsuccessful students at key stages of the course: in years 1, 2 and final year. Students who fail year 4 and 5 repeat the whole year to provide them with enough time and opportunities to develop their skills to an appropriate level. Students who fail the year 6 initial summative assessment are offered a specialised module which includes extra academic support. Students who fail the year 6 resit return in September to restart final year.

Students are provided with individualised feedback on their performance in the knowledge test paper and OSCE in years 4 and 5.

Full details of our assessment policies and processes, including the format of assessments and mark schemes for each year, may be found in our Management Guide to Assessments.

Guidance for clinical examination organisers at sites hosting OSCEs is provided to ensure consistency of approach and standards. [1516 MBBS 7 OSCE Guide for Site Organisers and Examiners v2 Oct 15.docx](#)

Student handbooks: The MBBS programme aims to embrace the use of the VLE and be as paper light as possible. For this reason the student handbooks are purposefully very short and concise. Detailed information about policies and procedures, course organization, assessments etc. are provided in the relevant Moodle module pages and the UCLMS intranet. Given the size and complexity of the course this set up allows information to be regularly updated but is may not provide the cohesive information about the course that a student handbook aims to provide. For this reason the Moodle organisation and navigation is currently under review to better complement the student guides and to provide a sense of cohesion in each year of the programme and the programme overall. Every year of the course has its own concise handbook or student guide which can be accessed via the website and is also provided in paper form. [Study Guides](#). In addition, students sign a [Code of Conduct](#) which directs them to policies and procedures in key areas and the [MBBS A-Z Policies and Regulations](#) provide easily accessible and detailed advice in key areas.

Feedback from External Examiners: The majority of the external examiners comments were positive about our assessments. There was particular praise to the improvement in the quality of the single best answer questions in year 1 and 2, and the introduction (in all years) of the SEM to aid in the decision about borderline candidates was also highlighted as evidence of good practise. The commitment to fairness that the Board of Examiner shows to all candidates and the examination process was also highlighted as being strength of UCLMS.

There was however concern that the completion of the portfolio in year 1 and 2 was not clearly communicated to this cohort of students. We have ensured that this is clearer for this academic year by rewriting the examination regulations to make this explicit and we have also told students about this requirement in the introductory course for both years, as well as increasing the frequency of reminders to them over the course of year.

In years 4-6, the content and organisation of the OSCE was praised by all examiners. The introduction of new challenging stations was also highlighted as strength for all years. The main concern about the OSCEs was the lack of space and noise within Bloomsbury Clinical Skills centre. This is a recurring comment and is being addressed at Faculty level. We hope to be able to source space for a new clinical skills centre at Bloomsbury, in the interim period we are going to invest in new sound reducing boards.

A summary of external examiner comments and responses may be found at: [MBBS External Examiner Reports](#)

3.5.2 Postgraduate programmes overview

UCLMS PGME teaching materials are reviewed regularly (at least annually) with changes and more up to date literature made as changes arise. Short course materials (such as the TtT course) are regularly reviewed by Clinical Teaching Fellows and other academic staff with changes implemented iteratively.

All formative and summative assessments are included in the review of the teaching materials. Where External Examiners have suggested changes to the programmes these are always implemented in time for the new academic year. Best practice in assessment adopted from the MBBS assessment strategy include: taking a programmatic approach to assessment; providing timely feedback and monitoring performance; blueprinting assessment to objectives.

3.5.3 RCP/UCL certificate, diploma, masters in Medical Education

We limit the number of students participating in each cohort to ensure that we maintain an interactive environment that draws out the experience and expertise of the participants and builds that into the discussion of how to improve. This format of "workshop" style approaches, with 20 students and a facilitator, is the predominant style – often with student-student discussion activities or tasks embedded within a session that also shares some key concepts, theory or evidence about teaching.

Interspersed with these "plenary" workshop sessions, students undergo smaller tutor-facilitated group sessions, typically to discuss their progress towards the course assignments, or to demonstrate their teaching skills in "micro-teaching" sessions where they receive formative feedback from the tutor and peers.

One to one tutorial time occurs regularly through the course, where students can decide the agenda of the meeting, which usually focuses upon feedback on recently submitted work, or advice about planning future assignments.

As this is a course teaching doctors about education, we strive to role model excellent teaching skills, and often discuss why specific techniques may have been chosen by the facilitator as a way of making this overt.

The PG Certificate and PG Diploma years are both structured around intense three-day face to face contact blocks, with support for learners to then take forward the ideas discussed and apply them to a linked assignment. In addition within both years we ask students to complete an educational portfolio and as of 2015-16 the PG Cert students as well as those who have progressed to PG Diploma, will be asked to discuss their portfolios in an assessed circuit viva (see below). We believe that keeping a portfolio that is assessed, helps to ensure that the learning from face to face modules is applied within the educational practice of the participants back in their workplace settings.

There is currently no upper limit to the number of students on **the MSc year**, but we have admitted around 15 students for the last two to three years, with similar (or increased) numbers expected next year. The face-to-face component of the course makes use of facilitated peer group discussion and group presentations, as well as one to one tutorials, to support students in developing and refining key elements of their dissertation project, including: shaping their research question; exploring relevant aspects of methodology; troubleshooting a range of issues arising during data analysis. In the one to one tutorial time, students can decide the agenda of the meeting, which often focuses upon the aspect(s) of their research project causing them the greatest difficulty at any point in time.

There are also several didactic taught sessions, covering aspects of research methods, data analysis and how to write up the final dissertation.

Assessment

The programme-wide assessments include: submission of a portfolio, items of module based written work, a multi-focus viva that includes an assessment of the course portfolio and a. research project.

Module 1 – Teaching and Learning in Medicine 1
A 2,500 word literature review relating to a method of planned teaching. For most students this is based on a classroom/lecture-based setting (tutorial, lecture, seminar, PBL, grand round, examination revision session). Formative feedback is provided on a draft submission.

Module 2 Assignment - Evaluation study
A 2,500 word evaluation study in the style of a research paper. This should include:
- a brief, up-to-date summary of information presented in the proposal (the background discussion of the topic, the study's objectives and the research methods).
- presentation of the results
- discussion and interpretation of results
- reflection on the evaluation study.
Formative feedback is provided on a draft submission.

Module 3 – Educational Supervision, Teaching and Assessment in Clinical Practice
Students will complete five Viva stations focussing on their skills and development as a medical educator. Carefully selected personal portfolio material acts as both a form of evidence and the basis of discussions at the various stations.

Module 4 – Clinical Teaching and Principles of Assessment
A 2,500 word assignment that looks at the assessments required of a particular learner, preferably a learner for whom you are an assessor. For example:
- The workplace-based assessments required over a 12-month period for a trainee – FY1 to ST3+.

• The assessments of a particular module/specialty for an undergraduate – eg the assessments for O&G at your medical school or the assessment of communication skills at your medical school.

• The Royal College examinations that one of your trainees needs to meet to progress.

Module 5 - Advanced Teaching Skills
Participants will be required to maintain a reflective portfolio of their educational activities throughout the year and to undergo a circuit of face-to-face mini-vivas in July 2015. During each viva the examiner will ask the participant to use their portfolio to discuss evidence of their competence in six areas of educational practice and to discuss how theory and evidence, reflective practice and/or evaluation have informed that practice.
Participants will be assessed on their role:
• **as a facilitator** (small group teaching/1:1 learning facilitator)
• **as an on-the-job teacher** (teaching during service delivery/explicit role modelling)
• **as an information provider** (lecturer/time-tabled clinical teaching)
• **as an assessor** (formal exams/workplace-based assessment)
• **as an evaluator** (of own and other's teaching sessions and courses)
• **as a planner** (of own teaching, courses and curricula).
(Adapted from Harden & Crosby (2000) AMEE Guide No.20: The good teacher is more than a lecturer – the twelve roles of a teacher, *Medical Teacher*, Vol.22 No.4)
In their portfolio participants are expected to provide evidence (e.g. completed teaching observation forms) of a minimum of two teaching sessions where they have been formally peer observed and two teaching sessions where they have formally peer observed another teacher.
All sources of evidence and reflection included in the portfolio must be anonymised, ie they should not include identifiers of any patients, students or colleagues etc.

Module 6 – Research Methods in Medical Education
Each participant is required to design a medical education research project that they will conduct throughout the year. Participants will discuss their research project with their peer group and tutor at the face-to-face day of the *Research in Medical Education* module.
Participants should bring their completed **UCL ethics screening form** to the second teaching block which commences on **18 November 2014**. Once deemed complete the UCL ethics screening form will be signed by your tutor and submitted to UCL.
Where UCL ethics screening recommends formal ethics approval, this will need to be sought. Where the research relates to undergraduates, you will need to submit a full ethics proposal to UCL:
http://ethics.grad.ucl.ac.uk. Where the research relates to NHS employees you will need to submit a full ethics proposal to the R&D Department of the Trust concerned.
Whether or not UCL ethics screening recommends formal ethics approval you are expected to **inform relevant stakeholders** about the research project (e.g. curriculum leads if the project relates to undergraduates or programme training directors and Trust R&D if it relates to postgraduates). This needs to be done before you submit the UCL ethics screening form, which requires you to confirm this.

Module 7 – Advanced Clinical Education
Participants are already required to maintain a reflective portfolio of their educational activities in clinical 'on-the-job' settings (see Advanced Teaching Skills). For Advanced

Clinical Education they are asked to select a particular aspect of clinical teaching (e.g. bedside teaching, clinical reasoning, simulation, teaching communication skills, educational supervision etc); to reflect on their experience and development needs for this aspect, conduct a literature review relating to this aspect and draw concrete conclusions for their future practice. This will form a **3,000 word** report.

Module 8 – Course and Curriculum Design in Medical Education
The student will be required to critically review and evaluate a component of a curriculum with which they are involved and write a **3,000-word** report. The component could be:
• a specific module of a curriculum, e.g. the psychiatry module within their medical school's undergraduate course; head and neck cancer within the oncology specialist training curriculum in the local rotation
• a year of a curriculum, e.g. final year of a medical school's undergraduate course
• a specific strand through the curriculum, e.g. communication skills teaching or prescribing skills through the five years of an undergraduate course; or procedural skills teaching in Foundation Year curriculum at their hospital
• teaching of a specialty or topic throughout the curriculum, e.g. public health teaching or oncology teaching throughout the undergraduate course
Participants may choose to look at a whole curriculum – e.g. the four-year GUM StR curriculum and its delivery in their location; though often conducting a meaningful critique within the word limit is difficult in such circumstances.

The Masters programme assessment (dissertation): This work should make a distinct contribution to the knowledge of the subject and afford evidence of originality. The central criterion is that you should be making a substantial independent contribution. It must demonstrate an ability to adopt a scientific approach that is appropriately rigorous to the in-depth investigation of an applied problem. Students may choose any topic relevant to medical education.

The course supports a range of approaches and paradigms: what is important is that the methods chosen are appropriate to the questions being investigated. Students may choose to do a qualitative or quantitative investigation, or a combination of the two. Formative: An in-depth proposal of a maximum of 3,000 words. The proposal must reach an acceptable standard in order for you to progress to conducting your research. Summative: 15,000 – 20,000 words

Viva: Students present their study and its findings to an audience of faculty and peers. This is designed to help provide formative feedback. The viva also acts as a test that the dissertation is the student's own work, by checking their live knowledge of the debates. During the Viva students are given 10 minutes to present, and 10 minutes of questions from examiners and peers.

Assessments for Dip Level Modules to be added when received from the RCP.

Student Handbook

External examiners: PGME assessments are regularly reviewed by external examiners who are recruited in accordance with College policy. In addition to being briefed with each assessment being sent for review, examiners receive copies of the student handbooks and details of the assessment guidance provided to students for each assessment.

Our external examiners have consistently been positive about the learning, teaching and assessments within our programme. One aspect that was highlighted four years ago related to our assessment at the PGCE level, of students' documentation, planning and evaluation of their own teaching. The then external examiner suggested that our assessments (which at that stage included two assignments each linked to a module, asking students to describe a specific teaching session) was perhaps not sufficiently challenging. As a result we reconfigured one of the modules' assessments to be a more thorough literature review of an area of education linked to the student's own practice. We introduced a requirement to present a portfolio of work, and to select items from that portfolio to write up in more detail. This academic year, we have modified this again, to introduce a circuit viva at the end of year 1 (PGCE year) where students share elements of their portfolio which are summatively assessed by an examiner.

The report from the 2013/14 external examiner for the MSc in Medical Education commented that:

Information flow this year worked well, issues were discussed thoroughly, information provided and taken into account correctly.

3.5.4 Certificate in clinical and professional education

The approach to teaching on the new certificate is based on student choice and flexibility. The blended format with a strong preference to online teaching and learning recognises the fact that most of our learners are working healthcare professional. The online format allows them to contribute to the learning activities in a way compatible with their professional demands. We also offer core and choice in the modules that they can take tailoring their learning to the relevance of their own context.

The use of the online format has embedded in it group discussions so that learners can share their own experiences and learning.

In-course assessment

Students are required to participate in a range of tasks in the VLE for which they receive formative feedback in the forums.

Summative assessment: Each module is assessed by an end of module written assignment that requires students to demonstrate a clear understanding of theory, an ability to critically appraise literature and an ability to apply relevant theories to their own clinical setting.

External examiners: PGME assessments are regularly reviewed by external examiners who are recruited in accordance with College policy. In addition to being briefed with each assessment being sent for review, examiners receive copies of the student handbooks and details of the assessment guidance provided to students for each assessment. External examiners have seen and commented on the programme specification and PIQs but no external examiner feedback is yet available for this programme.

[Student Handbook](#)

3.5.5 CPD

Our CPD offerings are either:
- a one-day teaching the teachers course
- any of our stand-alone modules taken without assessment
- various bespoke courses delivered on an irregular basis (specialised communication skills, ethics and law)
- professional skills courses delivered by the clinical skills team.

These courses are largely delivered on a face-to-face basis with the exception of our stand-alone modules which are largely delivered online. Details of all of the programs can be found by following the link:

http://www.ucl.ac.uk/medicalschool/postgraduate/learn

CPD is not formally assessed. Students who complete clinical skills based CPD and provided with a certificate of participation rather than of competence.

3.5.6 Postgraduate research students

Currently we have two formats of doctoral degree at UCLMS: the traditional Ph.D. programme and the MD programme offered for medically qualified students.

Postgraduate research students have regular meetings with their supervisors and complete all training and assessments as per student log book. This is monitored by the divisional graduate tutor.

Presently, we only have two doctoral students, one that is currently being assessed and the other well on her way to her Ph.D.

Completion rate is so far 100% and this is due partly to very experienced primary supervisors.

3.6 Student recruitment, admission and reception

3.6.1 MBBS

Recruitment
Information about admission to the medical school, including the programme brochure**,** may be found on the admissions website at:
http://www.ucl.ac.uk/medicalschool/undergraduate/mbbs-admissions.

There continues to be considerable demand nationally and internationally on the available places for students to read Medicine. Applications for 2015 entry exceeded 2200 for a total of 322 places.

Screening of applications includes assessment of application forms, predicted grades and use of Biomedical Admissions Test (BMAT) scores. All applications are read carefully by more than one person in the admissions team and an overall 'priority' score is assigned to each application. Candidates are then invited to interview in order of priority and interviewing continues until places are exhausted. This usually means that we invite 700 - 800 candidates to interview at UCL, between December and March.

This process is conducted by the Medical Admissions Officers and the Admissions Tutor in accordance with the selection procedure guidance published on the Medical School website and in the prospectus.

A panel of two to three interviewers interviews each selected candidate. Panels are formed from a pool of over 250 interviewers, comprising academic members of staff, clinicians and laypersons. Lay interviewers include senior medical students, head teachers or other school representatives, careers advisers and healthcare administrators. The pool of lay interviewers includes individuals with disabilities. We endeavour to ensure that wherever possible, the panel of interviewers is balanced in terms of gender, profession, ethnicity, etc.   All interviewers receive structured training and are given guidance notes to ensure fairness. Interviewees have the opportunity to meet Admissions staff, including the Admissions Tutor, when visiting UCL for their interview, as well as joining a student-led guided campus tour, thus ensuring that all of their questions regarding academic matters, admissions or 'student life' can be addressed.

Selection tool	Description of assessment (e.g. academic qualities, personal qualities, ethical and professional behaviours)	Use of this tool
UCAS application	Academic qualifications, personal qualities (including motivation for medicine, evidence of teamwork, leadership and communications skills, study skills and outside interests).	Academic profile is screened to ensure that entry requirements are met; personal statements and references are scrutinised in order to assess previous experience (work, volunteering, personal), motivation, study skills and other personal qualities.
BMAT	Assessment of scientific aptitude, critical thinking and written communication skills. BMAT allows us to identify potential in candidates irrespective of their background. The test includes an essay component, which is also used at interview.	Comparison of scores of candidates with the average for the cohort – high scores strengthen an application. Scrutiny of essay to assess written English and ability to construct an argument.
Interview	Personal qualities and ethical and professional behaviour (including intellectual ability, motivation, understanding of a career in medicine, ability to express and defend opinions, awareness of relevant issues, attitude including integrity and flexibility, individual strengths, communication skills). The BMAT essay is used to provide a discussion topic.	Interviewers score candidates for a set of criteria and make recommendations to the Admissions Tutor as to whether the candidate should receive an offer.
Additional documentation	Academic qualifications, personal qualities. Some candidates are given the opportunity to submit additional information to support their UCAS application (for example references or commentaries from work experience placements).	Additional information is considered in order develop a more complete understanding of the candidate's background and experience, particularly for graduates and mature applicants.

SES IQR MBBS 2015

Open Days: The teaching for medical students takes place at a variety of campus locations and that there is no specific single building to visit. It is therefore not possible to offer individual department visits for Medicine.

Visiting UCL in person: Prospective students who are interested in applying to UCL and would like to visit the main campus before making an application are advised to first consider attending one of the UCL Open Days or to sign up for a student-guided campus tour.

If no guided tours are available on dates that students find convenient, it is possible to undertake a self-guided tour on any weekday. Frequently asked questions about applying for Medicine are answered on the admissions website, but, with prior notice, students are also invited to speak to an Admissions Officer in person while on campus. The website also directs potential applicants to the range of public events advertised on the UCL website.

Resources that potential applicants can use from home:

1) Students who are unable to visit in person are directed to information about the virtual tours of the Bloomsbury campus and of student accommodation.
2) Students are also directed, on the website, to information about the University of London Information Days
In which UCL participates. The event is held very close to the UCL campus and provides a final opportunity for prospective students to visit and take a student-led tour of UCL's facilities prior to the October application deadline.

Admission criteria
Our standard admission criteria for 2014/15 are given below. The standard criteria for A levels has been raised from 2015 to A*AA as more than 80% of applicants in 2014 achieved at least 1x A* and 55% achieved 2 x A*.

A Levels
AAA
Subjects: Biology and Chemistry required, with A* in one of these subjects.
AS Levels
For UK-based students a pass in a further subject at AS level or equivalent is required.
GCSEs
English Language and Mathematics at grade B. For UK-based students, a grade C or equivalent in a foreign language (other than Ancient Greek, Biblical Hebrew or Latin) is required. UCL provides opportunities to meet the foreign language requirement following enrolment, further details at: www.ucl.ac.uk/ug-reqsIB Diploma Points 39
Subjects: A total of 19 points in three higher level subjects including Biology and Chemistry with one at grade 7 and the other at grade 6, with no score below 5.

Induction

The first year of the MBBS programme commences with a week's induction (Introduction and Orientation Module).The sessions include top tips from recent graduates, members of the faculty including the Director of the Medical School and the Vice Provost, Health.

Each day focuses on one of the following themes, giving outline information, and signposts to full on line and written information and regulations for the MBBS course:
- The vision, aims and objectives of the MBBS course
- Practical details of the year's timetables, range of teaching activities and an outline of the formative and summative assessments
- Aspects of welfare provision and professionalism including the range of support available is described including personal tutors, transition mentors, CPP tutors and a student led 'mums and dads' scheme.
- Additional opportunities available including extracurricular activities

Each subsequent year also begins with a week's Introduction and Orientation Module appropriate to the year of study. For clinical placements, a very strong emphasis is placed on ensuring student can access up to date joining instructions prior to placements and receiving the best possible induction on arrival. These are evaluated in the SEQs. Each hospital site has a named lead tutor or sub dean, and an undergraduate administrator for support and advice. Students on GP placements receive written web-based information including access to evaluation by previous students.

3.6.2 Postgraduate programme overview

UCLMS PGME participates in SLMS and FMS open days and external careers events such as the BMJ Careers Fair. We also promote our programmes through social media and use our external and internal contacts to advertise courses to other SLMS students, clinicians in partner hospitals and so on.

Postgraduate courses require clinicians to be working in a clinical setting with access to groups of students or trainees to enable them to put their learning into practice. While the PG Certificate in Clinical and Professional Education is an interprofessional flexible programme, the PG Cert/Dip/MSc in Medical Education is for doctors only. All students new to PG programmes at UCLMS are provided with an induction and receive comprehensive student manuals setting out all of the key processes and requirements.

PG Prospectus

3.6.3 RCP/UCL certificate, diploma, masters in Medical Education

The RCP-UCL PG Certificate, PG Diploma and MSc in Medical Education is heavily over-subscribed. This is largely due to the excellent reputation of the programme, the existing

networks of the two partner institutions and their existing portfolios of short courses available for doctors to learn about education. We have also participated in open days for prospective applicants at Faculty level.

As a result of being over-subscribed we adopt a transparent selection process, whereby applications for the first year (PG Certificate) are graded by two independent members of faculty against agreed criteria relating to the personal statement and CV submitted by the applicant.

Admission criteria: Applicants are required to hold a medical degree equivalent to MBBS and to have UCL required levels of English proficiency. In addition we review their written personal statement for motivation and English language skills. We look for evidence within the CV and personal statement, to support enthusiasm for teaching, engaging with educational roles and responsibilities over and above those expected of all doctors, and evidence of having undertaken some training in how to teach. This process enables us to rank applicants and select those with stronger applications. Because this process requires some insight into and understanding into the training in education, educational work and experience of the applicants, we have retained the selection process at program level, rather than devolving it to central UCL admissions.

Students wishing to progress to the second year (PG Diploma) are ranked on the basis of the marks awarded during year 1 to enable stronger candidates to progress, and this process can also be used between the second and third, thesis year.

Induction: Students receive a structured induction via face to face teaching sessions, with their module tutors and programme leads.

3.6.4 Certificate in Clinical and Professional Education

Admission criteria: A minimum of a second-class UK Bachelor's degree in a relevant discipline or an overseas qualification of an equivalent standard, and relevant professional experience in a clinical or educational setting. English Language Requirements - If a student's education has not been conducted in the English language, they will be expected to demonstrate evidence of an adequate level of English proficiency. The English language level for this programme is: Standard

Induction: Students receive a structured induction with their module tutors and programme leads and have detailed student handbooks to guide them through induction.

3.6.5 Postgraduate research degrees

Admission criteria: A minimum of a second-class UK Bachelor's degree in a relevant discipline or an overseas qualification of an equivalent standard, and relevant professional experience in a clinical or educational setting. English Language Requirements - If a

student's education has not been conducted in the English language, they will be expected to demonstrate evidence of an adequate level of English proficiency. The English language level for this programme is: Standard

Induction: Students receive a structured induction with their module tutors and programme leads and have detailed student handbooks to guide them through induction.

3.7 Student support and guidance

3.7.1 MBBS

Student Support

There is a well-regarded student support system that is open to all medical students and offers both pastoral and academic support throughout the course. The student support service is led by the Divisional Tutor, who liaises closely with the Faculty Tutor, and supported by a team of dedicated student support tutors. The support tutors are drawn from university and Trust teachers across the programme, include a balance of gender and ethnicity, and have a wide range of specialist knowledge and experience. Full details of the structure, roles and responsibilities and services may be found at: [link to organogram], [link to Management Guide] and [link to Student support website]

During the past academic year, approximately 1,500 appointments were made for students with the Divisional, Faculty and Student Support Tutors at clinics held daily within the medical school. The School's ethos is to provide all students with easily accessible and flexible support throughout the programme via the comprehensive services offered. An extensive review of student support services was undertaken over the course of 2013/14, which has informed the development and implementation of student support services under the direction of a new Divisional Tutor appointed last October. The service is dynamic and responsive to ongoing and evolving individual student welfare issues, as well as to the immediacy of external changes and directives which impact on all medical students, such as changes to foundation school application processes, GMC fitness to practise requirements, and threats to NHS bursary funding etc. The service also draws on a dedicated Occupational Health Service responsible for ensuring student and patient safety in the clinical environment. The system accommodates both self-referral from students and referrals from the wide network of teaching and professional services staff encountered by students during the programme and placements. Referrals are a key way to identify students who may lack insight or motivation to address difficulties, particularly in the later years when students are away from the central campus during clinical placements.

Personal Tutors

Personal tutoring is a key component of medical student support. Following the last IQR, the Personal Tutor scheme was reviewed and a scheme put in place which both fulfils UCL's

requirements and, by agreement with the Vice Provost (Education), accommodates the changing needs of medical students as they progress through the 6 year programme.

Years 1-3
On entry to the MBBS programme students are allocated a personal tutor to support them through the early years of the programme. The Personal Tutor is usually, but not exclusively, an academic from one of the four faculties involved in the delivery of the MBBS programme. Each tutor is allocated approximately five students, retaining this group at the end of the year, as they progress to their second year of study.

In year 3, the integrated BSc (iBSc) year, students are additionally allocated an iBSc personal tutor within their individual iBSc. Students remain in contact with their MBBS personal tutor during year 3 and may initiate contact or request meetings for advice regarding general MBBS matters and requests for references. IBSc personal tutors are requested to notify the MBBS personal tutor and or Divisional Tutor regarding concerns of academic progress or wellbeing of their tutees.

Years 4-6
On entry to Year 4, students are allocated a new personal tutor to support them for the final three years of the programme. This tutor will usually, but not exclusively, be an NHS clinician from one of the Trusts that are involved in delivery of the MBBS programme. Each tutor is allocated approximately four to five students in each year. Each tutor is notified by the Medical School or the year 1-3 personal tutor or IBSc tutor of any specific issues or concerns from the early years which may need support.

In year 6, where students undertake a 16 week placement at a district general hospital, the role of personal tutor is shared with the local education supervisor, but personal tutors continue to provide at least one further contact and to provide references for Foundation School applications.

The Personal Tutor guides for students and staff may be found at:
https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115 and is published on the MBBS staff:student website at: http://www.ucl.ac.uk/medicalschool/staff-students/welfare/support-factsheets/personal-tutors-guidance.pdf.

Other key elements of the student support system are:
- Daily student support clinics
- Careers and Foundation School Transition
- Close supervision policy and procedures for students requiring additional long-term support and/or clearly articulated learning agreements Close Supervision Policy.
- Code of Conduct
- DBS policies, procedures and monitoring of compliance for students on the programme DBS Policies and Procedures.

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- Fitness to Practise policies, procedures and monitoring of FtP compliance (supportive as well as required by the GMC)
- Foundation School Transfer of Information and Special Circumstances
- GMC registration
- Medical School hardship funds and financial assistance
- Occupational Health policies, procedures, monitoring of compliance, referrals
- Personal Tutors
- Support for Foundation School Trainees in Difficulty
- Student Support Cards enabling special provision and/or reasonable adjustment(s) on clinical placements and at clinical assessments

Fitness to Practise

In addition to usual progression requirements, the Medical School has a duty to ensure that its graduates are fit to enter the medical profession and, although the vast majority of our students graduate without concerns, the School must act when a student appears to have problems or exhibits behaviour which is not compatible with their future role. In common with other medical schools and in line with GMC guidance, the School has a fitness to practise policy, and procedures designed to address instances where a student's health and/or behaviour pose a potential risk. Cases are investigated by the Divisional Tutor and considered by the medical school's initial fitness to practise panel. For the majority of referrals, support and monitoring of conditions imposed by the panel are sufficient. For a very small minority, referral to an SLMS full fitness to practice panel is necessary.

Details of Fitness to Practise policies and procedures may be found in 3 documents:

SLMS Fitness to Practice Policy
UCLMS Fitness to Practise Referral Chart
UCLMS Fitness to Practise Guidance for Students

The student support service also manages the issuing by staff of reports of Concerns over Professional Behaviour(s) (CoPB) and Concerns over Attendance and Engagement (CoAE). These reports are the medical school's early warning system for picking up ongoing low level concerns which may, if not addressed in a supportive manner, develop into fitness to practise issues.

Details of the CoPB policy and report form may be found at:
http://www.ucl.ac.uk/medicalschool/staff-students/general-information/a-z/#copb and CoPB Form. CoAE policy and report form may be found at http://www.ucl.ac.uk/medicalschool/staff-students/general-information/a-z/#CoAE and CoAE form.

Preparation for and progress of students on clinical placements

A large part of a medical student's time is spent away from College on placements. One of the mainstays of preparation is ensuring both the public and the student are afforded adequate safeguards in terms of potential personal and health risks. Their professional

responsibilities are emphasised at professional development sessions as part of (the) Clinical and Professional Practice (CPP) sessions where they are familiarised with the GMC documents The Duties of a Doctor.
http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp
and Medical Students: Professional values and Fitness to Practise: http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

Medical students are required to demonstrate that they are members of a professional defence society, that they have Disclosure and Barring service clearance, and that they know their immune status against a specified list of infectious diseases. These are explained in the Medical School A-Z Policies and Regulations which may be found at:
http://www.ucl.ac.uk/medicalschool/staff-students/general-information/

Students' commitment to their duties regarding these procedures is obtained when they sign the Student Code of Conduct at the beginning of year 1 and 4. The code is also included in each of the student year guides and on the MBBS staff:student website.

Overseas electives: The vast majority of final year students go abroad for an 8 week clinical elective. Robust procedures are in place for approving elective placements before departure, whether home or abroad, and preparing students for their elective. These procedures were reviewed in 2014 with the introduction of an extensive and meticulous risk assessment covering health and safety at the host institution, travel health advice, appropriate insurance, provision of student emergency contact details and emergency contacts and procedures in the event of personal incidents (such as accidents and theft) or clinical incidents (such as needlestick injury) during their elective placement. Destinations are classified in 2 groups: high risk (i.e. in developing countries or countries which are politically unstable) and low risk (those with developed health care systems). All students who are intending to visit high risk countries attend an appointment with the Student Support Tutor (Electives) to discuss their plans and associated risks before approval is granted. Emergency contact details, including next of kin, are held within the Medical School and provided to UCL's insurers. Students are able to access UCL OH for travel advice and immunisations.

The elective approval process may be found at: > http://www.ucl.ac.uk/medicalschool/staff-students/course-information/year-6/electives

Careers and Foundation School Transition
Following changes in junior doctor training and the introduction of a national application process (FPAS) for Foundation School training, the medical school developed a comprehensive and structured approach to careers advice and foundation school transition. Access to careers events and services are managed through our Foundation School, North Central Thames (NCTFS), which is based at the Royal Free campus, forms part of MBBS Management and is responsible for co-ordinating the allocation process to Foundation Year 1

(F1) and Foundation Year 2 (F2), and supporting the delivery of the Foundation Programme and the development of foundation trainees.

Further details about UCLMS careers and foundation school transition services may be found at: http://www.ucl.ac.uk/medicalschool/staff-students/careers-foundation-training

Further details about NCTFS and Foundation School training may be found at: http://www.ucl.ac.uk/medicalschool/nctfs/.

In summary, medical students have 3 sources of careers advice:
- UCLMS: Medical School careers advice led by a Student Support Tutor with specific responsibility for Careers & Foundation School Transition
- UCL: Careers advice accessed via the UCL Careers Service and led by a Medical Careers Advisor
- SLMS: SLMS careers advice for students interested in a career in Academic Medicine.

Careers advice includes:
- Career planning and management
- Developing a CV
- Advice on reflective practice through the course to prepare for FS applications
- Careers events and presentations
- Individualised career support from Year 4 with trained careers advisers
- A series of workshops to assist with preparing for Foundation Programme applications
- Advice on alternative careers
- Advice on external resources

First destinations of graduating students

All MBBS students need to complete a Foundation Training post to receive full registration with the GMC. For virtually all of our students this means entry into the UK Foundation Training Programme (a small number of overseas students return to their home country to complete this training under an agreement with the UK Foundation Training Programme). All UCL students who have applied for the UK Foundation School training since the introduction of the national application process have been placed. The statistics for those completing Foundation Year 1 and obtaining full registration with the GMC are as follows:

Year	Full reg	Did not apply for full reg	Deferred entry to F1	Withdrew from F1	Did not enter/ Left medicine	Repeating F1	Unknown
2010/11	94.5%		0.9%	2.3%		0.3%	2.0%
2011/12	96.2%		0.8%	1.8%			1.2%
2012/13	93.9%		0.8%	2.8%		0.6%	1.9%
2013/14	97.3%			0.5%	0.8%		1.4%
2014/15	98.3%			0.9%			0.8%

3.7.2 Postgraduate: RCP/UCL Certificate, Diploma, Masters in Medical Education

Student feedback is overwhelmingly positive about the RCPUCL MSc programme. We elicit written feedback for each module at the time of delivery, conduct staff-student consultative committees regularly at each level of the program appointing student representatives who gather feedback from peers to discuss face to face with faculty. We also ask our students to complete a more generic UCL evaluation questionnaire at the end of the year.

In terms of student's assessed work, each piece of work is marked by two independent assessors, each working against a set of pre-determined criteria. The marker is asked to write free text feedback as well as allocating a numerical score to each section of the assignment, and the student receives the comments of both assessors to read alongside their score. Students also have 1:1 tutorials each module, which they can choose to use flexibly to discuss planned work or to discuss the outcome of submitted work, and so can if they wish obtain further face to face verbal feedback about their assessed work. Where students have done poorly in an assignment, it is typical for two members of faculty (their tutor and the year lead or program lead) to meet with the student to discuss the assignment, and the options the student faces going forward. Notes are taken during these discussions and copied to the student to ensure they are clear about the decisions and recommendations made.

Where students are in academic difficulty, we typically invite them to a meeting with two faculty members, typically the programme director and the cohort lead or tutor for that student. Within these meetings, if there are personal issues that emerge, students are usually directed to their General practitioner or locally based services for advice and support, since the majority of students travel to London from across the UK, and providing student support via UCL's systems is not convenient for them.

Each module has a module tutor; a member of staff from the RCP who is responsible for the bulk of the teaching. The students are given the contact details for this tutor and should refer all subject-related queries to them. Allocated tutors will give 1:1 face to face, and sometimes email or phone call advice around academic issues.

Students are all made aware of and some are specifically directed towards the generic academic skills support available at UCL. Where academic writing, statistical analysis or dyslexia have been a problem, we have found the UCL generic provision of support to be useful.

Careers advice: All our participants are qualified doctors interested in developing their knowledge and skills as educators. Many seek out specific medical education related roles and find that the support and learning they gain on our programme, enables them to apply with greater confidence for such positions, and to have a greater understanding of how to tackle these roles. The educational roles in question range from clinical teaching fellows to postgraduate deans.

As all the applicants to this programme are doctors, the type of career's advice offered focuses more on the opportunities and potential future roles they might take within medical education. This is explored from day 1 of the programme where the range of roles within medical education are discussed, the student are encourage to build their portfolios aligned to these different types of educational role, and to apply for further HEA qualifications that may enhance their prospects of a career path that includes an educational component. There are also taught sessions exploring the postgraduate and undergraduate pathways to careers in medical education.

3.7.3 Postgraduate Certificate in clinical and professional education

Students studying a full academic programme with UCLMS are allocated a personal tutor to advise them on pastoral issues and with whom they might discuss their academic progress. Students studying with UCLMS but based in another UCL department retain their home department tutor. In order that students get the most of their assessments and tutor feedback, students are invited to request feedback on three specific aspects of their assignments. Studying by blended learning requires students to have detailed feedback on their assignments such that they might be able to implement any necessary changes required in future assignments.

Every postgraduate taught programme has its own handbook or student guide which can be accessed via the courses' VLE and is also provided in paper form at the beginning of each programme.

Careers advice to students
The majority of students undertaking their postgraduate studies with UCLMS do so on a part-time basis while continuing to work full-time. As a result they are provided with general careers advice and more specific advice on developing their careers as medical educators.
UCLMS students are able to access UCL Careers Service who provide a range of services for all UCL students.

3.8 Staff Support and Development

3.8.1 Staff recruitment & induction

Academic staff teaching on programmes fall into two categories: those employed by UCLMS and those that provide teaching on our programmes but are employed by other Divisions and Faculties or the Royal College of Physicians.

Most MBBS teachers are appointed via their host academic divisions. NHS Trusts are responsible for recruiting all their clinical teachers and deciding whether to include teaching in the MBBS programme in their job plans Staff development opportunities are available to new

teachers (the Teaching the Teacher programme) and are often free to the individual. Module leads are responsible for ensuring new MBBS teachers understand the learning objectives of the relevant part of the programme.

Leadership roles within the MBBS programme are open to all SLMS staff and NHS teachers. Those who take on leadership roles within the MBBS respond to an email recruitment process to all SLMS academics outlining the role requirements and asking for expressions of interest together with a CV and covering letter. Suitably skilled individuals attend an interview and the most suitable applicant appointed. Those who are medically qualified must meet the GMC requirements for education supervisors in undergraduate education. Those new to leadership roles receive induction and support from both academic and administrative members of UCLMS staff.

Teaching staff employed directly by UCLMS are recruited in line with usual UCL procedures. No staff with teaching responsibilities have a solely teaching role (other than visiting vertical modules tutors). Induction is in line with usual UCL practice. Most new staff enter with a postgraduate qualification in education and are therefore exempt from the UCL ARENA new lecturers programme. Clinical Training fellows/teaching fellows undertake a postgraduate qualification in education during their time with us if they do not enter with a suitable qualification.

The majority of professional services staff supporting the MBBS and PG programmes are recruited and appointed by UCLMS in accordance with UCL HR. Module and placements administrators are employed directly by academic Divisions, NHS Trusts or the Royal College of Physicians.

Induction practices are tailored to the roles and responsibilities. A staff handbook supports induction. The current version is being updated. A draft version is available here.

Performance

Academic staff are subject to the appraisal and staff review arrangements of UCL. Clinical academics undergo joint NHS/UCL appraisal annually under the Follet procedures. Clinical teachers are appraised under the NHS appraisal scheme which includes a section on all teaching (not just of medical students). Those with substantial MBBS commitments (for example year lead or site sub-dean) have a joint appraisal with their employing Trusts and a member of the MBBS SLT. All teaching staff employed by the Medical School undertake peer review in line with UCL policy.

Reward & recognition

Formal reward and recognition for education and teaching within the UCL promotions process remains a challenge and UCL is actively looking to devise criteria that define and capture excellence in medical education that would parallel the metric used for research-based promotion. Nonetheless a few staff have recently achieved promotion, in part, for their

contribution to medical student education. These include: Deborah Gill (to Professor), Katherine Woolf (to Senior Lecturer) Jayne Kavanagh (to Principal Teaching Fellow).

Those NHS or other external teachers who make a substantial contribution to our programmes can apply for Honorary Lecturer or Senior Lecturer status with the Medical School. The Medical School has developed a robust system of appointment criteria, review and reappointment. Clinical staff can apply for NHS Clinical Excellence Awards (ACCEA) which in some areas reward education.

The QAU is responsible for two formal reward and recognitions schemes: Top Teachers (which are awarded on the basis of a student plebiscite) and the Excellence in Medical Education Awards. The latter are awarded on the basis of evaluation of an educational portfolio, and open to anyone involved in medical student teaching, not only UCL academics. Details of these can be found on the [QAU website](#).

Recipients of UCL Provost's Teaching Awards for contribution to the MBBS programme include Jayne Kavanagh and Will Coppola in 2014 and Russell Hearn in 2015 his work in an MBBS Student Selected Component in Wilderness Medicine.

Staff development and training

Academic staff have access to staff development through CALT and the Teaching the Teachers Course (TtT). All staff have access to the Divisional Strategic Funds to support ongoing development identified in their personal development plan/ appraisal meetings. All staff new to UCL Medical School undergo an induction programme which includes a local, departmental, induction and orientation in UCL policies and operating procedures. UCLMS observes local and institutional level policies on appraisal, review and development, sabbatical leave etc.

Higher qualifications in education

A number of key staff have further qualifications in education. The Director and Deputy Director both hold doctoral degrees in education. Many of the other key staff hold Postgraduate certificates, diplomas or Masters degrees in education.

UCLMS strongly encourages not just its own staff but all teachers involved in delivery of our programmes to apply for Fellowship or senior Fellowship of the Higher Education Academy to acknowledge their excellence as educators.

Professor Gill (Director) Dr Griffin (Deputy Director), Dr Cartledge (year 5 lead and programme lead for MSc in medical education) Dr Gishen (Vertical modules lead) and Dr Sturrock (lead for assessment) are all Senior Fellows (SFHEA).

A survey completed in 2013 was carried out amongst people with senior leadership roles in the MBBS programmes.
- The overall response rate was 98.3% (61/62 invited staff members -1 member of staff on maternity leave).

- 41% (25/61) respondents had a recognised qualification (PgCert or better) OR recognised by HEA/AoME
- 26% (16/61) respondents had been on deanery education course
- 33% (20/61) respondents had "None of the above"

All medically qualified medical educators in supervisory roles are now required by the GMC to become formally accredited as teachers. The GMC's 2012, "Recognising and approving trainers: the implementation plan", states that education organisers are expected to meet four key milestones.

- **Milestone one** - submit a timeline for implementation of trainer recognition (by 31 December 2012).
- **Milestone two** - confirm that criteria and systems are in place and ready for data entry (by 31 July 2013).
- **Milestone three** - confirm that full information has been entered for all medical trainers in the two roles and that the trainers have all been categorised as provisionally or fully recognised (by 31 July 2014).
- **Milestone four** - confirm that all medical trainers in the two roles, or entering any of the two roles, are fully recognised, without use of interim concessions (by July 2016).

UCLMS has identified a list of key personnel for whom this process applies. All bar one of current appointees are presently accredited and the other individual is going to submit a SFHEA application.

This process allowed UCLMS to undertake a wider survey of teaching qualifications and experience of all our staff and associated staff. The results of the survey are here. [Link to be added when document arrives]

3.8.2 Specific issues re postgraduate programmes and doctoral programmes

Management of non UCL staff: The RCP/UCL programme is taught jointly between the Royal College of Physicians of London and UCLMS. Tutors are drawn from both organizations and from a wider pool of alumni and facilitators with experience delivering the short courses in education provided by both institutions. The processes of formal induction, appraisal, review and development and leave policies lie with the primary employer of the tutors on the programme – be that the RCP, UCLMS or an external body.

With regard to the role of being a tutor on the programme, staff receive face to face induction, and attend tutor meetings in each face to face module, to explore the requirements for that module and its linked assignment. Tutors are also invited to each assignment moderation meeting – where the paired marks from two tutors for each students' work are compared and discussion around discrepant marks are undertaken to help calibrate between markers.

All staff are encouraged to undergo Peer Review of their teaching and this philosophy is strongly supported by both the institutions. It is typical for any new lecturer to be observed by a more experienced member of faculty and offered feedback.

PhD supervisors: Are approved by faculty on submission of an application to supervise at primary or secondary level. Supervisors undergo UCL induction and training.

3.9 Academic quality review, monitoring and feedback framework

3.9.1 MBBS

Details of MBBS QA framework are set out at 3.1 and the activities and responsibilities of the the MBBS Quality Assurance Unit (QAU) may be found on the website at: http://www.ucl.ac.uk/medicalschool/quality/.

The MBBS QAU is responsible for monitoring of Medical School courses, modules and teachers through:

- Development and dissemination of teaching standards / guidelines
- Student Evaluation Questionnaires (SEQs)
- National Student Survey
- QA / NUT visits to NHS sites
- Medical Education Provider Annual Reports (MEPAR)
- GMC Medical Schools Annual Return (MSAR)
- Overseeing the Reward and Recognition Scheme (including the Top Teachers and Excellence in Medical Education Awards)
- Liaison with student representatives
- Ensuring that procedures are established and maintained which allow the School to respond in a systemic and transparent manner to the external requirements of the QAA and the GMC
- Medical School's Quality Monitoring and Enhancement Committee (mQMEC) which oversees the implementation of the Medical School Quality Strategy (mQMEC ToR)
- The QA Unit works closely with the NUT Office, UCL Academic Services and committees across the Medical School.

The Medical School Quality Management & Enhancement Committee (mQMEC) is responsible for the overview of academic standards and quality assurance and enhancement processes within the Medical School and for the development of policy and practice in relation to such processes.

The mQMEC reports to the MBBS Teaching Committee, the Dean, the Faculty Undergraduate Teaching Committee of Brain Sciences, Life Sciences, Population Health Sciences and Medical Sciences.

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Student representatives sit on medical school committees. Because of the length of the programme, the medical school has 2 SSCC committees for Years 1-2 and for Years 4-6, which report to MBBS Teaching Committee. Minutes may be found at:
https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115#

Minutes of mQMEC may be found at:
https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115#

Annual monitoring reports for the 3 four years may be found at:
https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115#

The Augmented annual monitoring report for 2014/15 may be found at:
https://moodle.ucl.ac.uk/mod/folder/view.php?id=2147115#

Summaries of Student Evaluation Feedback may be found at: MBBS SEQ Summary 2014-15

The NSS report for 2014/15 may be found at: NSS UCLMS Results Report

3.9.2 Postgraduate programme overview

UCLMS PGME undertakes Annual Monitoring in line with UCL processes. It undertook Augmented Annual Monitoring in the autumn of 2014 and reports on any student matters, student feedback and the outcome of SSCCs to DTCs, DSSCCs and the relevant committees at Faculty level. Students are encouraged to provide feedback on a regular basis. There are two formal opportunities to deliver feedback during each module during the module level SSCC and post-assessment module evaluation forms.

3.9.3 RCP/UCL Certificate, Diploma, Masters in Medical Education and Certificate in Clinical and Professional education

Until 2015 the RCP/UCL was the only programme offered through UCLMS, this explains the structure of the departmental teaching committee. The DTC is held and chaired by Dr Jonathan Cartledge programme lead for the RCP /UCL MSc in medical education. It is held once a term staff from the RCP and UCL, including the divisional graduate tutor are typically present at these meetings. In 2013 UCL medical school introduced its own accredited stand-alone modules and the short course programme. Student numbers were modest and therefore these modules reported to the existing DTC.

All programmes (RCP/UCL MSc in medical education, stand-alone modules, postgraduate certificate in clinical and professional learning) now complete annual monitoring and were included in the augmented annual monitoring process in 2014 (please note that this is the first time that these programs have undergone an IQR process, partly because of the unique structure of the UCL medical school).

All programmes have student feedback, as described and all programmes have departmental student staff consultative committee's which happen once every term.

All documentation regarding quality assurance processes is collated by UCL medical schools postgraduate administrator and passed to faculty on request. A member of postgraduate medical education typically attends faculty teaching and research committees.

3.10 Management and Organisational Framework

An overview of the organisational structure of division's four operational units is given in the introduction.

The governance of UCLMS education activity is via the Divisional Undergraduate and Postgraduate Teaching Committees that report to the Faculty Teaching Committee.

The MBBS programme is complex in its objective and complexly delivered. The size and complexity of the programme means that the Divisional Undergraduate Teaching Committee receives minutes from a large number of sub-committees all concerned with the organisation, delivery, and quality management of the MBBS programme.

Postgraduate taught programmes and research degrees are all managed through the Postgraduate Divisional Teaching Committee.

The currently configured Division of UCLMS is the product of a series of reorganisation and mergers of departments and medical schools. The formation of the Division of UCL Medical School in January 2012 and the new curriculum project, introducing a new MBBS curriculum in 2012 provided the opportunity to align MBBS educational management with College requirements.

3.10.1 MBBS

The academic leadership, organisational and governance structures of the MBBS are outlined in the following organograms:

- MBBS Academic Leadership
- MBBS Assessment Leads and Chairs of Examination Boards
- MBBS Clinical and Professional Practice Leadership
- MBBS Clinical Placements
- MBBS Management
- MBBS Student Support Leadership
- MBBS Teaching Committees and Chairs

Roles, responsibilities and terms of reference of committees and examination boards are set out in the following management guides:

- Academic Leadership
- Assessments, Examination Boards and Mark Schemes

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- [Clinical and Professional Practice](#)
- [Clinical Placements](#)
- [Committees](#)
- [Community-based teaching](#)
- [Management of Integrated Modules](#)
- [MBBS Management](#)
- [OSCE guide for site organisers](#)
- [Student support, admissions and academic progression](#)

3.10.2 Postgraduate

The postgraduate activities of UCL Medical School include Postgraduate Masters level Medical Education programmes and CPD activities alongside the Academic Centre for Medical Education which is our research unit and is home to our research students. Neither of these units have previously been subject to an IQR review. This is due in part to structural changes in the department and as a result of developments and expansions in these units.

The structure of the PGME unit is set out in the following organogram: [PGME Organogram](#). The structure of the ACME unit is set out in the following organogram: [ACME Organogram.](#) Postgraduate management guides are set out at:

- [RCP student handbook](#)
- [Our student handbook](#)
- [PGME Management Guide](#)

3.10.3 RCP/UCL Certificate, Diploma, Masters in Medical Education

The RCP-UCL programme has two directors (Winne Wade Head of Education at the RCP and Jonathan Cartledge Senior Lecturer in Medical Education UCLMS). Dr Cartledge oversees the day to day issues on the programme. The RCP side of the partnership is represented by David Parry and Michael Page on Mrs Wade's behalf.

There is a year lead for each year of the programme, who is responsible for overseeing the content and delivery of that year, the peer observation and support of tutors, review of problematic students, and liaison with students.

The course administrators are employed by the RCP, with the expansion of the programme to its current level (3 parallel first year PGCE cohorts totaling 90 students a diploma second year with 30 students and MSc year with 20 students) – requires more than one full time administrator.
The administrative and faculty teams meet on a monthly basis to review planning and problems, in addition to a termly divisional meeting.

3.10.4 UCL Certificate in Clinical and Professional Education and CPD

The UCLMS lead for postgraduate programmes is in overall charge of the certificate in clinical and professional education. There is a certificate convener (Ceri Butler) and a diploma convener (Trevor Welland). Each module has a module convenor who takes the responsibility for organising teaching and learning and assessments.

TtT is led by Dr Sarah Bennett, who coordinates academic staff to teach on this CPD programme, alongside our postgraduate administrator (Jeannine Attreed). They coordinate the delivery of teaching as well as its evaluation and redesign has appropriate. All these programmes directly report to a newly formed PGME management committee. This committee focuses on the strategic development of postgraduate medical education within the UCLMS and is separate to the divisional teaching committee, which has a formal divisional – faculty relationship in regards to assessments at M level.

SECTION 4. SELF-ANALYSIS

4.1 Approach to Self-Analysis

The purposes of this self-analysis are to summarise strengths and weaknesses of the educational activities within UCLMS, to draw the attention of the review team to innovations and good practice, and to highlight challenges that the Division faces in delivering its education programmes. This section also includes actions that are planned to address the issues identified. This self-analysis has been prepared by UCLMS whilst we concurrently prepare for a number of other quality assurance and self-evaluation processes including: The Medical School Annual Return (MSAR) review by the regulator, the GMC; the Annual Return for the MBBS programme to the commissioner, Health Education, England; the newly introduced Annual Student Experience Return (ASER) for the MBBS programme and the UCLMS postgraduate ASER. As each of these documents are based on a detailed, evidence-based self-analysis, presentation of evidence, review of the student experience, and an improvement action plan, this section is tailored where possible to the format of the UCL ASER.

4.2 Context

UCL Medical School has a very long and illustrious history and the current configuration of UCL Medical School emerged from the amalgamation three institutions; University College Hospital Medical School the Middlesex Hospital Medical School and the Royal Free Hospital Medical School, all with their own MBBS programmes and traditions. However the currently configured UCLMS is relatively new. Created by the formation of the Division of the UCL Medical School in 2012 as one of the divisions of the new Faculty of Medical Sciences, UCLMS has transformed as an organisation that was purely focused on the MBBS programme to a more usually configured department that focuses on a range of research, education and knowledge transfer activities. As a Division, this makes us very rather new to a Divisional approach to the IQR process.[3]

MBBS 2012

A review of the MBBS programme was initiated in 2007 with the aim of improving the MBBS curriculum to ensure it was fit for purpose for 21st century doctors, fulfilled the requirements of the GMC recommendations in *Tomorrow's Doctors* (2009) and was flexible enough to ensure excellent education in a rapidly changing healthcare provider landscape. A new outcomes statement (*The UCL Doctor: a highly competent and*

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[3] *The MBBS programme has only had one previous IQR (2010) The previous IQR with reference to medicine was a review of the clinical course at UCL, (i.e. years 3-5) in 1998, prior to the merger with the Royal Free, the introduction of the 2000 curriculum and the establishment of FBS. The Postgraduate programme (with the RCP) began producing an Annual Monitoring return in 2010/11. The 2012/13 returns were the first to include CPD courses and stand-alone modules.*

scientifically literate clinician, equipped to practise patient-centred medicine in a constantly changing modern world, with a foundation in the basic medical and social sciences) was the central focus of planned changes.

2010 and 2011 saw the introductions of pilot and pathfinder activities such as *Patient Pathways,* integrated modules and a new focus to year 6 on *Preparation for Practice.* 2012 saw the introduction of a new MBBS curriculum to years 1,2,3,4 and 6. New year 5 followed in 2013 to ensure minimal disruption to students. A new programme specification was introduced in 2012 as part of the introduction of the New Curriculum. The new curriculum is a significant departure from previous programmes at UCLMS; there is a much less pronounced preclinical: clinical divide in the programme and all modules now focus on body systems or provision/organisation of care (for example Integrated Medical Care in year 4, Care of the Older Person in year 5). There is increased vertical integration across all years of the programme with the expansion of the vertical modules (now known collectively as *Clinical and Professional Practice*) to include themes such as Use of Medicines, Anatomy and Imaging, Pathological Sciences, Social Determinants of Health. The intercalated BSc became the Integrated BSc and is now fixed at year 3 and entry to the MBPhD at year 5. The new programme was quality assured by the GMC in Autumn 2012 and we have now had three cohorts who have graduated who have experienced at least some of new curriculum.

The formation of the four units within UCLMS

Reorganisation of the structure and governance of the Medical School, as part of an overall restructuring within the School of Life and Medical Sciences saw the Division of Medical Education merge with Medical School Administration to become the UCL Division of Medical School in 2011. Further reorganisation within the Division took place shortly after to better embed the emerging MBBS 2012 in governance and management structures, to define areas of responsibility as the Division grew and to ensure all areas of activity of the Division were considered strategically. In 2014 Divisional activity was divided into four operational units: MBBS, PGME, ACME and MSEC.

Since the last IQR therefore, alongside substantial changes to the MBBS programme, there have been significant change to the organisation, focus, and activity of the Medical School within the other three organisational units. The *MBBS 2012* curriculum was a transformative change and the first cohort to benefit from the entire new programme will not graduate until 2018. Our growth in postgraduate programmes, CPD courses and research student opportunities are also relatively new and in the process of further expansion.

For these reasons our self-analysis is very real and rich; we are still in a developmental phase with some of our programmes and actively growing postgraduate taught and research offerings. It also means that some of our governance and organisation structures have recently changed or are changing and some of the data on which this analysis is based is partial. Where this is the case this is indicated clearly in the text.

4.3 SWOT Analysis

At a recent Divisional away-day, all staff were encouraged to consider the strengths, weakness, opportunities and threats of the Division and the four operational units.

The overall SWOT analysis of the Division is presented below:

STRENGTHS	WEAKNESSES
Environment and culture: o Proud history and Reputation o Divisional culture is Supportive, Creative, Integrity, Resilient **People**: o Multi-talented o Multi-disciplinarily o Altruistic o Excellent communicators o Enthusiastic and Unremittingly cheerful o Assessment and assessment research expertise **Students:** o co-operative exercise of education, shared endeavour, o Diversity of students **Product:** o Excellent Doctors, Well-trained doctors, *The UCL Doctor*, Pluripotent o PG and CPD consumers becoming the medical educators of the future **Activities:** o Innovative approaches o Pedagogical strength and depth Education research impacting on education o Research activity has high national impacts o Offering blended learning and distance learning in PG and CPD o Growing reputation (and income) from	**Organisational:** o Too dependent on clinical teaching fellows to do some core organisational tasks o Lack of communication in big complex programme o Challenges of being a single Division over split sites o Trying to influence and manage teachers and administrators not employed by UCLMS or even UCL o Constant change in Faculty senior leadership o PG education undervalued in the divisional activities **Facilities:** o poor physical and IT facilities o No Medical School Building so lack of identity **Influences beyond our control:** o What organisations want and will fund (PG and CPD) o Rigidity of regulator (GMC) o Loss of 50 Cambridge transfer students leading to huge changes in numbers and funding **People and posts** o barely manageable workloads o FMS pressure to leave key administrative posts unfilled o No clear career path o lack of PhD students

MSEC **Leadership**: Good leadership, **Geographic position:** London-based	**Rapid expansion of new activity**: o increasing and unpredictable workload without concurrent increase in staffing o competing demands on time o Reputation risk with new partners, o MSEC income vulnerable to oil price fluctuations **Geographic position:** cost of accommodation in London –affects student and recruitment/retention of staff
OPPORTUNITIES **Regulatory, policy and legal changes:** o Lift on the cap of 7% on international students o New Models of Care changes in NHS provide opportunities to deliver new programmes **Facilities:** o New Dental School build in the Rockefeller Building provides an opportunity to improve facilities and create a medical and dental school identity **Collaborations:** o New industry research partners provide new opportunities of high impact policy research in assessment and attainment o Merger with the IoE creates new opportunities for shared programmes, joint research bidding and delivery and a potential PhD student stream **MSEC;** o Has the potential to significantly increase divisional income and reputation and reach **Alumni:** o Untapped source of a wide range of capital	**THREATS** **Regulatory, policy and legal changes** o Uncertainty around funding - both university and NHS o Impact of new 'Entry to the Medical Register examination on whole curriculum and assessment practices o Impact of full registration at the point of graduation o Loss of student NHS bursaries o Cuts to study budgets for postgraduate study o New commissioning arrangement for NHS aspect of funding **UCL:** o Need to increase number of students vs resources o Being seen as big when we are small (in FTE and amount of load and fees we 'keep') o Inflexibility of UCL finance and governance models for our models for PG and CPD delivery and project consultancy **Healthcare provider landscape:** o changing more quickly than education delivery models, change o Changes to services of mindful of education requirements **Competitors:** o Other medical schools with higher NSS scores o Private medical schools o CPD competitors in Healthcare arena offering 'free CPD'

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	Culture:
	o Pressure in division to increase research and consultancy but no extra staff
	o Education is increasingly viewed as an add-on for NHS clinicians ('nice to do') rather than core (funded) part of their job
	o Changing and increasing expectations of students
	o Deterioration of attendance and engagement with the increasing availability of IT resources

4.3.1 MBBS

As part of the UCL ASER process the Division have been encouraged to consult widely with staff and students to identify the strengths and weaknesses of the MBBS programme. The following strengths and weaknesses are identified in our ASER document:

Strengths:

As a highly competitive programme the MBBS programme at UCL attracts very high calibre and motivated students. Our entry requirements in 2014 (AAA at A Level and English, Maths and foreign language GSCE requirements) were raised in 2015 to A*AA at A Level as more than 80% of the 2013 and 2014 entry achieved at least 1 x A* and 55% achieved 2 x A*. Our rigorous selection process means entrants to the programme are academically very able and show high levels of aptitude to a career in medicine.

Target Medicine, a student-run, schools-based outreach and widening participation (WP) project was over-subscribed in 2014/15 and is popular with state school students and their schools across London. There are approximately 200 medical students involved in its Y12/13 mentor scheme with another 40 involved in delivering a Y11 summer school. Other WP and outreach achievements include: medical students actively engaging in the UCL Outreach office; the UCL Student Hospital Fun Team winning both Student-led Project of the Year Award and going on to win the Team London My Community Award; a medical student led medical ethics summer school; UCL medical students leading a presentation on WP at the Association for Medical Education in Europe international conference; and UCLH consultants running both a residential summer school and acting as mentors and providing work experience opportunities.

Student Selected Components (SSCs) available to students in both Y1&2 and Y6 are of great breadth, offer a high degree of flexibility to pursue one's interests and grant focused exposure to areas of excellence associated with UCL. This is relatively unparalleled compared to most medical schools nationally. Given the rigidity of medical school curricula (as noted in 'Issues'), our SSCs allow for a significant customisation of the course by students.

UCLMS's commitment to research based education is evident in the wide range of Integrated BSc, the opportunity to undertake the MBPhD programme and the research opportunities afforded both formally through SSCs and informally through the faculty-supported student research society. The use of stellar researchers from across SLMS also adds to the research based education culture.

London is a rich environment in which to learn medicine. Our diverse range of high quality placement providers means that students are exposed to a diversity of services and peoples that is probably unachievable outside the capital.

UCLMS has a national and international reputation for education research and consultancy. The MBBS is a rich empirical field for many of these research projects and research findings and the scholarly activities of theses researchers shape the delivery, focus and assessment of the MBBS programme.

- ***Student Profile***: medicine enjoys a favourable student profile in terms of gender, ethnicity and widening participation. Overseas student numbers are currently capped at 7.5%. Our intake data for 2014/15 showed:
  - Application ratio -   Male : Female   45 : 55
  - Intake ratio -   Male : Female   48 : 52 (increase in number of females)
  - Home/EU : Overseas -   92.7 : 7.3
  - Ethnicity -
    - Asian/Asian British : 26.9%
    - Black/Black British : 4.4%
    - Chinese/Arab/Other : 11.1%
    - Mixed : 5.1%
    - White : 51.6%
    - Unknown : 0.9%
  - WP -
    School type -   State : Independent   76% : 24 % (Exceeds State School target as well as entry in 2012 [61.5%] and 2013 [66%])
    - Low Participation Neighbourhood -16 students (Equals target)
    - Total identified as WP (i.e. using 1 or more of the flags in the admissions process) - 60 (Exceeds target)

- ***Progression:*** The number of students admitted to the MBBS programme is determined by quotas agreed nationally - with the Department of Health (the former Medical Workforce Standing Advisory Committee). UCL's MBBS programme is currently capped at 322. Our attrition rates are very low. Good progression is related to both the quality of our selection programme and the teaching, student support and evidence-based assessment processes. The attrition rate for 2014/15 was below 3% with most occurring in Years 1 and 2. The MBBS programme is a pass fail programme rather than a classified degree. The pass rate for 2014/15 was 98.2%. The integrated BSc is a classified degree.

Achievement of MBBS students in their iBSc in 2014/15 was 1: 42.2%, 2A: 52.8%, 2B: 4.3%, W: 0.7%.

- ***BME student Progression and Achievement***: BME students are tracked and monitored by the Faculty Tutor and show no particular patterns specific to these students in the early years. In the later years, in common with other medical schools, there is a higher failure rate among Asian/Asian British males and the division is conducting both local and national research into this phenomenon. Each year the Faculty Tutor nominates Black/Caribbean Black students for the Diane Abbott award and our most recent winner came from a WP background.

- ***Student Feedback***: encouraging feedback on, and involvement in, the programme is central to the culture of the MBBS programme. Student representatives are fully involved in curriculum committees, the quality assurance and enhancement committee, year committees and module management groups. Our SSCCs are wholly student run with support from year administrators. We have a designated MBBS QA Unit whose role is to ensure: that high standards in teaching, learning and assessment are supported through timely and detailed feedback; that problems can be systematically and rapidly identified and addressed; and that good practice in undergraduate education across the programme is recognised and rewarded. In 2014/15 our electronic student surveys were revised and a new platform introduced for most of them (*Qualtrics)* to minimise the evaluation burden and improve the quality of feedback). Our overall satisfaction in the NSS in 2014/15 was 93%.The Student Barometer also revealed high levels of satisfaction amongst medical students and a strong propensity to recommend. The GMC QUABME process commended many areas of good practice and identified, as set out in the SES, just one requirement relating to assessment feedback which had also been picked up and addressed internally and five recommendations which have been addressed within SLMS and the relevant clinical providers.

- External examiner feedback is positive in terms of standards and conduct of examinations and examiners' meetings.

- MBBS students have significantly benefitted from the new learning resources in the Cruciform Hub and the Royal Free Hub.

Weaknesses:

As a highly regulated programme, the MBBS is fixed in many ways in terms of length of programme, approach, governance, teaching and assessment methods and anticipated learning outcomes. This leaves little room for innovative or additional learning activities without burdening the students. It also leads to a lack of flexibility concerning the number of teaching weeks, time for revision and when assessments take place. For this reason it does

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not feel like we always provide the best possible student experience and can lead to student dissatisfaction.

The physical resources across UCL are a challenge but the MBBS resources are significantly substandard. There are a number of very poor quality venues such as the Peter Samuel Hall, one of only two venues which can accommodate a full MBBS cohort, and the Bloomsbury Clinical Skills centre is barely fit for purpose. The extensive usage and limited capacity of the wet and dry labs in the Cruciform Building mean timetabling is complex, illogical in terms of timetable flow and inflexible. Small group work is hampered by the lack of suitable spaces and the very late booking confirmation processes on the Bloomsbury site. The Cruciform Lecture Theatre, which is the mainstay of our large group teaching sessions in all years is heavily booked and despite recent renovation still throws up AV and IT challenges. External examiners comment regularly on poor clinical skills facilities for OSCEs.

Changes in the Healthcare provider landscape locally have meant one of our main campuses is no longer able to offer tertiary care cardiology teaching. This triggered a review of the focus and purpose of the cardiology attachments generally and changes have been put in place to supplement the teaching at a DGH site.

With the introduction of almost universal use of VideoCapture and an integrated programme where students have individual timetables, attendance and engagement have become problematic. With students attending a wide range of learning venues, routine recording and register taking is not feasible. A working party met regularly in 2014/15 to identify causes and solutions and a new policy and accompanying practice were introduced in 2015/16.

After the 2013 summative OSCEs we were provided with evidence that students were sharing information about the content of the OSCE stations. This was problematic as circuits were held over two days to accommodate the number of students. Although there is no evidence that exchange of information improves candidate performance and the mark schemes make provision for normalisation of marks, a staff and student working party was established to identify ways of making this sort of cheating impossible. As all the potential solutions created a significant impact for students, a student plebiscite was used to establish the preferred solution. This vote was inclusive of students in all years of the course. As a result of this vote, for the 2014/15 examinations all students were 'quarantined' before and after their exams without access to electronic devices or telephones. They also had to attend the OSCE on two consecutive days. Students accepted this with good grace. The student preferred option of increasing the number of sites that hold OSCEs so that all students complete the OSCE on the same day is proving difficult to achieve due to lack of suitable space and lack of available examiners.

Poor feedback from some clinical sites in some modules (some aspects of Women's Health at the Whittington, Cardiology at the UCLH/Barnet site, chronic diseases at two of the DGHs) was uncovered through routine student evaluations. Interventions to drive up quality and to

increase monitoring have been established and students will be moved to alternative sites if the teaching continues to be of an unacceptable standard. The Royal Free site is currently trialling a mechanism that links feedback more directly with tariff distribution to clinical departments and job planning for consultants. If successful the other central sites will adopt a similar mechanism.

- *Admissions and recruitment*: the move to A*AA may have unintended consequences. To achieve such grades school students may find it a challenge to have a wide academic and non-academic portfolio and out of school experiences expected of our medical students. Furthermore accepting students with these grades is at odds with WP ambitions. We will monitor the situation carefully. Our feedback from attendees of the newly formatted UCL Open Days has not been favourable and staff and students are keen to improve the fomat, organisation and presence of staff and students.

- *Progression:* We had a higher than average fail rate in years 1 and 4 in 2014/15 despite using the same assessment tools and items of equivalent difficulty to other years, all of which are set according to our rigorous standard setting process. The vast majority of year 1 and 2 failures passed in the resit examinations later in the summer but year 4 does not have a resit opportunity. Those who failed year 4 are now retaking the year. We will carefully monitor these examinations and cohorts.

- *Student Feedback:* The percentage of students who complete the Student Evaluation Questionnaires (SEQ) has fallen to such low levels in years 4 and 5 course so as to make some of the data very hard to interpret. Reasons given for this lack of SEQ feedback include: students forgetting; or not being bothered; module-level feedback loops not being closed by Faculty informing students of how previous cohorts' feedback has shaped the latest iteration: the effectiveness of other methods of feedback via the reps; Town Hall Meetings; the *'You said, We Listened'* Moodle site, and the SSCCs.
  Additionally, NSS satisfaction whilst high for UCL (93%) is gently falling in our position amongst medical schools. We have gone from top 5 to mid-table. Our lowest scores are in assessment and feedback (despite making determined efforts in these areas), organisation and scheduling of events during placements and physical resources. An action plan has been devised to address these.

- *e-learning Resources:* Electronic devices are becoming increasingly central to the medical undergraduate. Our use of the NHS e-portfolio, our paperless programme, the availability of e-books, the opportunities for interactive learning through smart devices and the integration of smart IT into everyday medical practice together with the inadequate central IT resources calls for the provision of tablets or smart phones to support student learning. This is established practice in many medical schools. Despite including the provision of tablets in the medical school budget for two years (following a successful trial with 24 tablets) the allocation of Load and the fees complexity of the MBBS has meant this budget line has been removed at Faculty level. In addition, the lack of wireless

networking for students and teaching faculty within our main teaching hospitals is becoming an increasingly important deficit that needs addressing.

- ***Small group work and capacity of teachers:*** Student feedback through SEQs and SSCCs has called for more small-group work/tutorials on main themes In years 1 & 2. This has been difficult to achieve for two reasons: firstly, teaching in year 1 & 2 is delivered mainly by staff in another Faculty who already have a large teaching load in other undergraduate programmes; secondly, the current lack of transparency of the allocation of teaching load for the MBBS; and a freeze on changes in load allocation whilst a more transparent allocation system is devised, have led to a deadlock. New leadership in the Faculty of Life Sciences and the long awaited new load allocation model should now allow for more progress. The impending retirement of a significant number of senior MBBS teachers/module leads in the FLS and the introduction of a large new undergraduate programme in FMS without a corresponding increase in Faculty and administrators is just beginning to impact on the availability of teachers and the administrative support provided to the MBBS programme and is being discussed at Faculty and SLMS levels.

4.3.2 Postgraduate courses

A similar analysis of postgraduate programmes will be completed as part of the Postgraduate ASER which will be completed later this year. A brief over view of the draft version of what this will document will contain is:

Strengths: there are many strengths within UCL Medical School postgraduate education and research units. There are staff with energy and enthusiasm and a diverse range of talents, committed to develop postgraduate medical education and building capacity for research students. Postgraduate medical education at UCLMS enjoys a national and growing international reputation. It generates sufficient income to be self-sustaining or income generating and has done this for some time now. The diverse skill set within the units, not just in teaching and assessment methods, but also expertise in a range of professional skills and knowledge, gives us a very strong bedrock from which to develop.

We have recently significantly increased capacity. Over the last three years we have trebled our RCP/UCL certificate cohort all within the same postgraduate medical education staffing FTE footprint. We launched our own Certificate in Clinical and Professional Education in September 2015 which fills a niche in the market. We have plans for developing other education and clinical courses for September 2016.

Weaknesses: these very much rest in the under resourcing, under prioritising by some staff, the lack of administrative support (only having one FTE postgraduate administrator whose role is not solely to administer our postgraduate courses). Unfortunately, compared to some of the other structures within UCLMS, particularly the MBBS and overseas consultancy work undertaken by MSEC, PGME is often a poor and unglamorous relation.

Opportunities: we are currently working on a range of opportunities which if they come to fruition would see us double our postgraduate taught students in September 2016. We have the opportunity working with Faculty to develop clinically orientated MSc programmes and there is the possibility to work with the Institute of Education more closely. This increased collaborative work would help us build postgraduate research. There are opportunities to align the work we do with MSEC and to build mechanisms to recognise and reward staff for getting involved in PGME and CPD.

Threats: Staff remain unconvinced of the rewards for teaching and its contribution to career progression. Postgraduate medical education is often viewed poorly when compared to the undergraduate programme which is clearly a flagship of the medical school. We need to build not only capacity but to recognise staff internally as well as to promote them externally. A major threat to taking forward PGME is the rigid central contribution expected from MSc programmes and the lack of flexibility on fees. Most of the models for development within the medical school are based on collaboration (with the RCP, with the IoE and with Rila). The recruitment freeze and the problematic estates situation means that collaborative models of MSc provision are highly attractive to us but they will become financially unviable unless a formal structure of permission to vary fees and central contribution is introduced by the Faculty.

4.4 What the Students Say

4.4.1 The MBBS

The MBBS programme has a dedicated Quality Assurance Unit and, working with year and module leads, the senior leadership of the MBBS programme, NHS education providers, and students, they have developed a comprehensive way of collecting and acting on student feedback. Activities that aim to capture the student experience with the aim of continuously improve quality include:
- The On–line Module based Student evaluation Questionnaires (using the *Qualtrics* system)
- The SSCC (which is fully run by the student reps)
- Student membership of all committee and module management groups
- The *Raising Concerns* portal –aimed at supporting students to disclose when they have significant concerns about teachers, clinicians or fellow students
- The *No-Show* text system – a rapid text system to alert the school that a teaching session has not taken place
- *You said, we listened* – a Moodle site aimed at giving rapid response to student concerns, questions and feedback and providing a forum to give an overview of key decisions made in response to student feedback
- Town Hall Meetings – in year 4 and 5 with the Year lead

- Year 1 and 2 'Mixer Sessions' – informal opportunities for early years students to meet faculty and provide informal feedback
- Targeted additional feedback and data collection activities – arranged by the QA unit, these gather extra data when there is a significant or complex problem. These include enhanced monitoring, focus groups and meetings with individual teachers and groups to encourage self-reflection and problem solving
- Staff and student working groups– task and finish groups set up to resolve major issues or changes when there is no consensus or simple answer or where the whole student body needs to be involved in the decision making process
- Monthly meetings between the Student President and the Programme Director
- Student rep input into the annual monitoring and now new ASER process

A summary of Qualtrics numerical questionnaire data is presented here: MBBS SEQ Summary.

The medical school quality department sends out a total of 83 student evaluation questionnaires (SEQs) per year. These are sent out at the end of each rotation within each module. These are sent out electronically with embedded identifying data and are easy to complete on smart phones and computers. Responses are collated into individual reports which are circulated back to the year and module leads for tabling at committee meetings and actioned thereafter.

Our students tend to provide highly effective qualitative feedback regarding their teaching.

Positive examples include:

Workshops were very helpful in consolidating knowledge. Dissection was also an invaluable tool in learning the anatomy of the chest wall and how it relates to function.

Good continuity in the genetics and development parts of the module. It was nice to have just a couple of main lecturers going through most of the content.

There was good twilight teaching and core teaching and surgical teams were friendly and there was a good experience of contributing to the team.

Areas for development include:

I thought that there should be more tutorials in this module, because they were very educational and useful. If there could be more that would be great-especially at the end of the module.

Clashes with GP days and critical care days are annoying.

Just wish there wasn't such an emphasis on paperwork. The log book was a bit much and it became a box-ticking exercise.

Please refer to the summary SEQ document for further information. MBBS SEQ Summary.

We continue to have some difficulty with response rates and these vary from 9% to 58%. Poor response rates have been discussed at various MBBS meetings and it is hoped that the

introduction of timetabled SEQ completion time and shorter SEQs might positive impact on the rates.

These Divisional activities are supplemented by the nationally gathered data from the National Student Survey and the Student Barometer.

A summary of the MBBS 2014/15 NSS data:
Our overall student satisfaction remains high compared to UCL (93% overall satisfaction compared to a UCL average of 83%) and has remained relatively consistent over the last five years (range 90-95%). However, when compared to other medical schools we are in the third decile nationally (having previously always been in the second decile) and second best in London (having previously been rated highest for many years). More detailed drilling down on satisfaction reveals significant (and deteriorating) problems with assessment and feedback.

MBBS NSS Data 2011 - 2015

	2011	2012	2013	2014	2015
Overall Satisfaction	95	94	93	90	93
Teaching	93	92	92	91	91
Assessment & Feedback	57	59	63	57	54
Academic Support	76	75	78	78	77
Organisation & Management	78	79	74	70	66
Learning Resources	89	87	90	81	87
Personal Development	93	90	91	90	92
Section averages	81.0	80.3	81.3	77.8	77.8

Whilst there are many positive comments such as

Wide variety of memorable experiences and learning methods. Dissection room, lectures, lab, reading, wards, surgery. Made lifelong friendships. I feel as well prepared as is possible for life as a junior doctor. State of the art technology to learn from e.g., advanced life support mannequin, robotic surgery training.

The course is well structured & gives a good overall knowledge of the subject. The final year anchor days have been very helpful for revision & covering topics, which we wouldn't have been formally taught otherwise.

High standard of clinician teaching, and have access to top research opportunities as a student.

There are also comments that clearly identify limitations and frustrations that will need to be addressed. These reflect the numerical data and concern, perceptions of assessment fairness, lack of support including personal tutors, lack of feedback and organisation and timetabling
:

Organisation often left something to be desired, particularly in the clinical years. Timetables often weren't released until the day before or on the day of the actual placement. Being the guinea-pig year for a number of national and local changes to medical education was also quite trying.

I think that I could have been better supported. It is a challenging and long course and I think there should be a personal tutor assigned from Day 1 who actually interacts with us on a regular basis in clinical placements, and so gets to know us rather than being randomly allocated a tutor who has little interest in our progress and no contact with us other than a mandatory meeting now and again. This would support all students even those who may not need special support for health or other reasons. It would also give us an obvious person to contact if there is a problem. " it is easy to feel alone in a large year group within a large Medical School.

Medicine at UCL is too didactic in the first 2 years with little in the way of small group tutorials or seminars i.e. introducing academic seminars/tutorials for just a few hours a week would dramatically improve the student engagement as well as the frequency and quality of individual feedback.

There is no feedback mechanism for the examination process. The problem is acknowledged but nothing is ever done to improve it. Year on year, the rhetoric that giving detailed feedback will risk revealing the content of the examination from previous years, reducing it's worth for future years. Most of the other medical schools seem to manage it; I don't understand why UCL is so unique and can't do this. For instance, even if UCLMS is not willing to provide an examiner's report with feedback about what strong and weak candidates did as well as highlighting aspects of the curriculum that test well/don't test well. We have been told new examination questions are written every year. If that is the case, then why aren't older questions released?

A summary of the 2014/15 Student Barometer data for MBBS students:

We do not routinely receive all student barometer data separated by programme but the Faculty of Medical Sciences responders have one of the highest propensity to recommend (89% against an Institution wide rate of 84% Autumn 2014, 86% compared to an Institution wide rate of 80% for the summer 2015 survey,). The Medical overall satisfaction was 90% in the Autumn 2014 survey and learning satisfaction was 91%: both of these percentages significantly exceed both the Faculty and Institution satisfaction levels.

The Autumn 2014 survey has a response rate of 15% amongst medical students and a summary of the data is as follows;

	UCL Medical School
Overall satisfaction	92%
Learning satisfaction	91%
Living satisfaction	87%
Support satisfaction	89%
Propensity to recommend	89%

LEARNING SATISFACTION

Course content	94%
Course organisation	75%
Topic selection**	NSV
Employability	95%
Quality lectures	87%
Good teachers	85%
Expert lecturers	97%
Managing research**	NA
Laboratories	99%
Research	87%
Learning support	70%
Careers advice	83%
Assessment	79%
Physical library	85%
Virtual learning	91%
Language support	100%
Performance feedback	49%
Technology	89%
Learning spaces	93%
Work experience	86%
Marking criteria	61%
Class size	78%
Online library	96%
Multicultural	98%
Opportunities to teach**	NA
Academics' English	97%
Personal Tutors	81%

The data from the barometer is consistent with data we receive from both the NSS and out own internal surveys.

Free text comments include both positive comments about the course:

This place seems to be very good academically and at the same time it is really welcoming and the social life is amazing,

It is a fantastic place to study for social, locational and most importantly, academic excellence.

It's a fantastic university. And the teaching is world class. I am having such a fantastic year so far, and there is no other university comparable, and definitely nowhere else I'd rather be.

But also illuminates some of the difficulties and frustrations medical students experience:

Great teaching and diversity of cultures even if it can sometimes be questioned whether the students are the first priority of the institution.

'I'm in my final year of medicine and repeatedly we feel disillusioned that any feedback we pass back to the medical school gets filed away in the bin.

Very limited role of personal tutor - minimal contact, essentially only there as a tickbox exercise.

Poorly organised course. Never know what my timetable will be until days before it is about to begin and teaching is variable in quantity and quality

4.4.2 Postgraduate programmes and research students

Postgraduate research and taught programmes at UCLMS are received positively. The RCP Certificate programme gets particularly high response rates as well as very constructive comments. This is probably the reason why it continues to recruit so well and needs to expand capacity in such an exponential way. Our new Certificate in Clinical and Professional education only started in September 2015, so as yet we haven't had any evaluations of the programme itself. However, we can deduct that feedback is likely to be positive based on feedback we have received on the individual modules as they operate as stand-alone modules.

A summary of the SEQ data is presented below:
PGME UCL SEQ Summary

Feedback is gathered in a paper format after each TtT course and collated for the year to inform modifications to the course. In the academic year 1014/15, 90 course evaluations were completed. The feedback was generally very positive. Participants most frequently identified the 'microteaches' as the most positive aspect of the course (>50% of participants). Areas to be improved include: trying to fit too much in (the course was reduced from two-days to one after feedback in 2013); the need for more theory and the suggestion of more use of video examples.

Feedback is gathered in a paper format after each of the CPD courses delivered by the Clinical skills teams. The feedback for the Venepuncture course in 2014/15 revealed all participants 'agreed' or 'strongly agreed' with the statements that the course was well organised, that their learning needs were addressed, that the course tutor was knowledgeable on the content and that they had sufficient practice at the skill. Strengths of the course included access to resources, clear instruction and practical opportunities. A small number of participants commented that they would like further practise on real patients.

The feedback for the cannulation course in 2014/15 revealed all participants 'strongly agreed' with the statements that the course was well organised, that their learning needs were addressed, that the course tutor was knowledgeable on the content and that they had sufficient practice at the skill. Strengths include the course patience and skills of the tutors and time to practise. There were no suggested improvements.

4.5 Areas of good practice

4.5.1 Areas of good practice in the MBBS programme

The MBBS programme content is robust in terms of factual, professional and technical knowledge, skills and areas of competence and it is underpinned by best practice in assessment. It produces well-rounded graduates, who are tend to access their preferred posts on the UK Foundation Programme, who are valued in their workplace and feel well prepared for practice as doctors.

Areas of good practice and innovation beyond those strengths presented in the ASER that we wish to draw to the attention of the IQR team include:

- *The vertical integration modules running through the whole curriculum:* Many topic areas in medicine cannot be addressed in a modular way; they concern the entire programme. Examples include the Use of Medicines, professional development, clinical communication, clinical and practical skills. These modules are organised and delivered vertically to ensure the right teaching at the right time. Although this adds to the complexity of the learning experience and indeed the course delivery and timetables we believe this supports better integration of learning and allows the vertical modules to act as a 'spine' of learning that links together seemingly disparate module of the course into a whole programme

- *The Patient Pathways:* Modern medicine is delivered by teams in care pathways. Patient pathways (in community and integrated health, cardiometabolic disease, cancer and person centred care) are an important part of the curriculum that allow teaching and learning to focus on real life management, allow students some experience of longitudinal care of patients and place the patient experience centrally in the learning objectives.

- *Person-centred Care:* Following the Francis Report, person centredness and caring have become central to education for the professions. Health Education England have awarded us a number of small competitive grants over the last few years to support us to introduce novel ideas into the curriculum that promote patient centred teaching and learning. We are aiming to become a beacon of excellence or a vanguard site for person-centred education. Current projects include the Patient Participation Forum and reference group, the *Ask One Question* initiative, medical student involvement in *NHS Change Day*, investigating the use of avatars in complex conversations, the introduction of student *Schwartz Rounds*. We have recently appointed a part time person centred care teaching fellow to support and champion these initiatives.

- *Case of the Month:* This VLE activity supports learning in years 4-6 but providing multipart case studies to be completed by students. These often address 'difficult to reach' areas of the curriculum and involve completion of tasks that are useful for both real practice and exam practise. Some feedback on performance is automatically produced on completion of the case and volunteer Case of the Month tutors who are junior doctors and usually recent graduates provide further personalised feedback on the less black and white aspects of the case. These cases are very highly rated by students as a learning resource.

- *Use of the NHS e-portfolio and authentic supervised learning events*: Along with 10 other medical schools we have purchased and use an authentic NHS e-portfolio developed by the team who provide the postgraduate portfolios for doctors in training. This package allows good supervision and support of work based learning, provides opportunities to create supervised learning events and closely mirrors the actual platform used on graduation so better prepares our student for a life time of e-portfolio maintenance. Because it uses the same platform as the postgraduate platform, transfer of information between the undergraduate and postgraduate portfolio is seamless.

- *The student assistantship*: Preparation for practice is a central feature of our programme and the focus of the entire final year. An eight-week assistantship in the final year allows student to shadow and support a Foundation Year 1 Doctor at a District General Hospital to allow students a better understanding of their future role, to prepare them for the authentic tasks we require of them in their finals practical assessments and to provide an opportunity for a closely supervised increase in responsibility which evidence suggested creates significant advances in learning.

- *The preparation for practice SSCs*: Finals now happens in March and the course is not complete until June. From 2014/15 post finals SSCs in preparation for Practice have been offered in all our NHS teaching Trusts. These students have passed their finals (subject to ratification and completing of all course requirements) and so are very much ready to prepare for their first Foundation Post later than year. The SSCs are all centred around real life practice, opportunities to contribute to the real care of patients and to learn how to do the job of a Foundation Doctor. Feedback from students has been excellent for these SSCs.

- *Robust and authentic assessments that mirror postgraduate assessments:* UCLMS is a centre of excellence for assessment practice and research. We ensure our work in assessment development and design with organisations such as the medical Schools Council, the GMC and the Royal Medical Colleges impacts on our assessment practice. Our exams are example of best practice in terms of authenticity; all our formative and summative assessments mirror post graduate exams and assessment tools and thus prepare students for future assessments. We further enhance validity through rigorous blueprinting and item design. Our high stakes exams are also highly reliable due to our use of standard setting, assessor training and post hoc item analysis.

- *Student research opportunities:* Research is embedded in the MBBS programme in the iBSC year but there are many other formal and informal opportunities to get involved in research. Some SSCs have a research focus and many SSC and IBSc supervisors offer summer research opportunities. We have two active student led-faculty supported research groups (MedSoc research and AcaMedics) that act as a focus for students wishing to undertake a wide range of research projects; from lab-based, to clinical and through to quality improvement projects.

- *Excellence in Medical Education Awards*: Each year, the Quality Assurance Unit runs an Excellence in Medical Education Award, which involves a portfolio submission demonstrating how candidates meet the required teaching and learning standards set by UCLMS. Successful awards are given a small cash prize, presented their awards at finals graduation and candidates are further supported to apply for Higher Education Academy accreditation. SLMS education domain developed their own excellence in teaching awards based very much on the work of UCLMS. http://www.ucl.ac.uk/medicalschool/quality/teaching-awards

- *Education for Global medical practice*: students are exposed to an internationalised medical curriculum and global health through: their medical electives; the Social Determinants of Health vertical module; SSCs in global health; and the highly popular iBSc in global health. The Medical School also welcomes up to 40 students annually from aboard to undertake elective periods at UCL and associated sites, who study alongside our students.

- *Peer tutoring:* the Medical School is proud of the range of peer-to-peer and near-peer tutoring opportunities that are adopted in the MBBS programme. These include Faculty-led peer learning such as the anatomy 'blue coats' scheme and formal SSCs in peer teaching, student-led but Faculty supported peer tutoring run through the student union and MedSoc, and entirely student-led schemes. This culture of supporting the learning of others has resulted in a very strong 'Twilight Teaching' scheme in all of our central Trusts and DGHs where ex-students set up or contributed to Foundation Year Doctor teaching of our medical students.

4.5.2 Areas of good practice in postgraduate programmes

The RCP/UCL MSc programme in medical education is our flagship programme and continues to expand. It is oversubscribed and highly evaluated. Currently it has around 110 students enrolled on it and is likely to go to 140 in September 2016. Providing formal comment on draft assignments is a particularly useful developmental opportunity for those who are returning to academic studies. The focus on conducting small scale research during the Certificate and Diploma years prepares students well for significant scale research in the Masters year.

Teaching the teachers (formerly known as TIPS) – is a highly rated programme and whilst the traditional funding streams are diminishing there remains sustained interest amongst all

grades of doctors in training and in substantive posts. The mixing of cohorts, to include participants in all grades, and occasionally students, encourages peer- to peer learning.

Our own stand-alone M level courses are delivered, where content and intended outcomes allow, through blended learning. This is a student centred approach given many participants are working full time. Our understanding of the health care context allows us to build programmes of education highly suitable for professional practice as well as mindful of the constraints of learners often in full-time work.

4.6 Areas for development

4.6.1 Areas for development in the MBBS programme

The MBBS ASER includes an action plan for the coming year.

The identified Priorities for Action in the ASER are:

1. Improvements to the reliability and usefulness of personalised clinical placement timetables in years 4-6.
2. Improvements in students' perception of the quality of feedback and assessments
3. Fixing the assessment and release of summative results dates well in advance to ensure students a) book holidays appropriately and b) are not unduly distressed by unpredictable waits for results
4. Exploring the possibility of introducing single day OSCEs to minimise quarantining of students
5. Improving the physical environment of the Bloomsbury Clinical Skills centre
6. Introducing a parallel system to the 'concerns over professional behaviour' to celebrate and reward high levels of professional behaviour
7. Introducing timetabled slots, where practical for students, to allow them to complete the end of module SEQ and to provide evidence of the impact of feedback from previous cohorts
8. Monitoring the intended and unintended consequences of the new attendance and engagement policy
9. Improving the recruitment process – particularly focusing on the quality and nature of the MBBS presence at Open Day
10. Introduction of an increased amount of small group work in years 1 & 2

The ASER also contains a commitment to a development and enhancement plan to address the most important priorities for the coming academic year. This plan is detailed below:

DEVELOPMENT AND ENHANCEMENT PLAN				*NSS – National Student Survey, EE – External Examiner Reports, DS – Data Set, PTES – Postgraduate Taught Experience Survey*				
Source	**Issue**	**Action**	**Person Responsible**	**Progress**	**Implementation Date**	**Evidence**	**Comments/ Issues**
Organisation and Management							
SSCC, NSS and SEQs	**Providing timely and accurate timetables in years 4-6**	1. Update current SOPs and timelines for the production of clinical placement timetables to the overall module and placement administrator. 2. Pilot and then introduce Microsoft Windows Calendar solution.	Gaynor Jones	SOPs and MBBS guide to managing integrated clinical placements reviewed and feasibility of timelines checked with contributing module and placement leads, updated documents re-circulated and published on website. Pilot starting October 2015 with the aim to roll out to all modules by the end of 2015/16.	Full compliance anticipated by 2016. Full implementation by the last rotation in 2015/16.	Improved student experience captured in SEQs and NSS.	Compliance with timelines and the provision of detailed placement timetables depends on participation by and contribution from Divisional and Trust administrators who are outside MBBS Management
SSCC and through student reps	**Provide timely and predictable release of end of year assessment results**	1. Consultation with student body and student support team 2. Develop a release of results algorithm 3. Release of time and dates for results release for all years in December 2015	Gaynor Jones	Consultation has begun and tentative dates for release times and dates suggested. Wider student consultation imminent via reps.	Summer term 2015/16.	Improved student experience captured in SEQs and NSS.	
Teaching							
SEQs and SSCC	**Increase small group work in years 1&2**	1. Year leads review of major small group work areas deficiency in year 1 and 2 modules 2. Discussion of priorities with	Paul Dilworth and Lionel Ginsberg	Discussion with FLS Dean and MBBS Liaison Lead in Spring 2015. Module Management groups have established	Academic year 2015/16.	Improved student experience captured in SEQs - (unlikely	

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		Module leads, faculty and students in Module Management Groups 3. Introduction of targeted new small group teaching sessions in selected year 1 and 2 modules		the key areas to target new small group work and begun recruiting tutors Task and finish group for new model of load allocation are due to communicate new load model in November 2015 New sessions will run in 2015/16 if recruitment of tutors successful.		to impact on NSS due to length of the programme).	

Assessment and Feedback

The actions for the MBBS using the NSS Feedback and Assessment Benchmarking tool fall into three areas: Provide timely and predictable release of end of year assessment results (listed as item 1 under organisation and management), Clarity and accessibility of Marking Criteria, and Improving the quality, volume, and promptness of feedback

| NSS and EE | **Clarity and accessibility of Marking Criteria** | 1. Ensure mark schemes and marking criteria are easily accessible by students and external examiners.
 2. Criteria for 'group 2 fails', extenuating circumstances and the impact of 'Concerns over Professional Behaviour' have been improved following the exam boards for 2014/15 and changes to the mark schemes have been approved by UCL.
 3. The revised mark schemes to be circulated to EEs. | Gaynor Jones and Will Coppola | The assessment pages on the website on which mark schemes and marking criteria are published are being reviewed to improve design and ease of navigation for students.

 Mark schemes to be circulated to EEs. | Revision of webpages to be completed by November 2015.

 Reminders to students to refer to website to be sent in January/February 2016.

 Notification of changes in mark schemes to be notified to EEs in January/February 2016. | Improved student experience

 Improved EE reports. | |

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NSS EE	**Improving the quality, volume, and promptness of feedback**	1. The MBBS does not have 'written work' beyond year 1 and so the question about *'feedback on my written work'* asked in year 6 is always problematic for medical programmes. Despite concerted efforts our score in this domain has not improved. 2. We will establish a staff and student working group *(NSS Assessment and Feedback Taskforce)* to properly explore the issue and develop a range of solutions. 3. Minimum standards for feedback on the tiny amount of written work are already established and achieved.	Deborah Gill & Alison Sturrock	Informal discussion with student reps has been initiated. Benchmarking and informal discussions with other medical schools via the Medical Schools Council has also begun. Next steps is formation of a faculty, staff and student working group to explore issues and solutions and devise improved ways to communicate with Faculty, staff and students –both to collect data and to provide information.	Aim to have finished consultation and begun a range of student information sharing about outcomes before the opening of the 2015/16 NSS.	Improved NSS scores in the feedback domains.
Learning Resources						
NSS, EE, SEQS	Improve the quality of the Bloomsbury Clinical Skills Centre resource as an assessment venue	1. Consultation with skills and assessment teams. 2. Costings to be confirmed in January budget submission. 3. Purchase of new equipment and minor works to reconfigure existing spaces. 4. Consultation with SLMS Estates to ensure the new shared clinical skills centre planned as part of the Rockefeller refurbishment meets assessment needs.	Deborah Gill & Deirdre Wallace	This is a two part plan: minor alterations and purchase of new equipment for the existing centre and appropriate design of the new centre.	Beginning of year 4-6 examination session 2015/16.	Improved EE reports.

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Looking beyond those priorities identified in the ASER and beyond the coming year further areas for action include:

- *Alignment of the MBBS to the new regulation requirements:* both the new GMC guidance that needs to be operational from January 2016 Promoting excellence: standards for medical education and training (GMC 2015) http://www.gmc-uk.org/publications/undergraduate_education_publications.asp and forthcoming changes to the regulatory landscape such as a new entry to the medical register examination, and the planned changes to the point of registration for graduates
- *Clearer and more consistent presentation of learning outcomes at a modular level:* in response to student feedback work needs to be done for more consistent presentation of our modules in Moodle with particular reference to common formats and clarity of presentation of module level learning outcomes
- *Wider use of technology including e-systems for assessments*
- *More attention to positive role models and framing of professionalism as a positive feature raster than by its absence:* We are aware we have become focused on raising concerns about professionalism and concerns about student fitness to practice. Much of the emerging research on professionalism education and assessment suggests separate purposeful systems to identify and promote positive examples are important. We are developing a 'Name and Proclaim' reporting system for staff and students
- *IT improvement:* especially ensuring better wifi in all learning spaces and better support of mobile devices in learning
- *Improving the feel of recruitment process:* at every stage from the website and public facing documents, though Open Days and interview days and managing the period from offer to beginning studies.

4.6.2 Areas for development in the postgraduate programmes

Increasing and improving our postgraduate offer is an area of new and sustained development for UCLMS. This will require strategic planning and a clear focus for growth. Over the next five years we have a number of target areas for improvement:

Areas for improvement
- increase the number of postgraduate research students
- increase recruitment to our own Certificate in Clinical and Professional Education
- develop this Certificate programme into a Diploma year and MSc
- Increase the diversity (of professions) of postgraduate learners at UCLMS

Actions planned to achieve these improvements
- establish a UCLMS Education Doctorate programme
- continue to advertise and recruit healthcare professionals from all disciplines to our courses

- continue to write practically relevant modules for a range of healthcare learners
- increase joint working with the Institute of Education
- to implement our new MSc in Clinical Education (due to start in 2016 in collaboration with Rila)
- increase the FTE of administrative support

4.8. Summary – Change and Opportunity

In summary, the MBBS programme at UCL remains a popular choice amongst applicants, and its graduates are a credit to the Institution. Students are satisfied with their experience overall, but tell us there are clear areas for development. While there is evidence of outstanding practice, there are other aspects that are in need of refreshment and review. Attention to improving the student experience of feedback, timetabling, assessment and IT and lobbying for better physical resources are crucial. As the landscape for undergraduate medical changes significantly over coming years we need to be strategic in our approach to these challenges and continue to include all stakeholders in our deliberations and considerations.

Our postgraduate activity is popular, successful and growing and we need to maintain our excellent student feedback and reputation as we grow by: encouraging staff to see teaching on postgraduate medical education programmes as part of their core duties; rewarding staff appropriately for their contribution; provide a more robust administrative and academic framework for these growing programs; increase the administrative support. To expand we needs to: develop new programmes relevant to contemporary professional practice; attract a broader diversity of healthcare practitioners to our programmes; develop our new for 2016 MSc in Clinical Education and establish a way of moving some students seamlessly onto doctoral studies. To be able to develop partnership models we also need to establish an effective mechanism for "permission to vary" on central UCL policy on MSc programmes finances.

CPD is an important part of our education offer. We need to grow this area mindful of the capacity of staff as well as the changing healthcare CPD landscape. We are in a favourable position to develop CPD as many of the staff in the medical school are active clinical practitioners and so bring real-world experience helping us formulate practical and inspiring courses. We plan to make better use of UCL Extend and are currently working on an online CPD programme in medical education assessments where there is identified need.

As our research activity grows so too should our numbers of PhD students. We have detailed here our approach to developing our pipeline of doctors from the MSc programmes we already run and we will need to fund a small number of PhD studentships from other divisional monies to 'pump-prime' our PhD outputs and ongoing capacity.

Our 2015-2020 Divisional Strategy needs to be a living document and to drive our development in all education activities and to encourage us to stick to a purposeful plan and

timescales measuring KPIs of success. Those who teach and learn medicine are living in interesting times - we are confident that we will be able to ensure UCLMS is in a position to seize fully the opportunities before us.

UCLMS IQR DOCUMENT REGISTER

View documents at:
https://moodle.ucl.ac.uk/course/view.php?id=35617

UCLMS Staff Handbook

- UCLMS Staff Handbook working draft

MBBS AMR and AAMR

- MBBS (A100) Phases 1, 2 & 3 Annual Monitoring Report 2010/11
- MBBS (A100) Annual Monitoring Report 2011/12
- MBBS (A100) Annual Monitoring Report 2012/13
- MBBS (A100) Annual Monitoring Report 2013/14
- MBBS (A100) Augmented Annual Monitoring Report 2009/2010 – 2013/14. Augmented Programme Organiser Report. External Scrutiniser Report.

MBBS ASER

- UCL Quality Review Framework -Annex 6.1.3: ASER Evaluative Report and Development & Enhancement Plan

MBBS Committee Minutes

- MBBS Careers and Foundation School Transition Committee meeting – 12th November 2012
- MBBS Careers and Foundation School Transition Committee meeting – 25th February 2013
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 12th December 2012
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 13th March 2013
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 29th May 2013
- Student support committee meeting – 6th Feb 2013
- Student support committee meeting – 8th May 2013
- Student support committee meeting – 17th October 2012
- MBBS Teaching Committee meeting – 1st May 2013
- MBBS Teaching Committee meeting – 6th Feb 2013
- MBBS Teaching Committee meeting – 31st Oct 2012
- MBBS Years 4, 5, 6 Staff Student Consultative Committee meeting – 11th Feb 2013
- MBBS Years 4, 5, 6 Staff Student Consultative Committee meeting – 6th June 2013
- MBBS Years 4, 5, 6 Staff Student Consultative Committee meeting – 6th Nov 2012
- Medical School Quality Management & Enhancement Committee meeting – 1st Nov 2012
- Medical School Quality Management & Enhancement Committee meeting – 23rd Jan 2013
- Medical School Quality Management & Enhancement Committee meeting – 29th May 2013
- MBBS Careers and Foundation School Transition Committee meeting – 3rd Feb 2014
- MBBS Careers and Foundation School Transition Committee meeting – 7th July 2014
- MBBS Careers and Foundation School Transition Committee meeting – 21st Oct 2013
- MBBS Careers and Foundation School Transition Committee meeting – 24th June 2013
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 11th Dec 2013
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 19th March 2014
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 4th June 2014
- MBBS Years 4, 5, 6 Staff Student Consultative Committee meeting – 26th Feb 2014
- MBBS Years 4, 5, 6 Staff Student Consultative Committee meeting – 16th June 2014
- Student support committee meeting – 9th Oct 2013
- Student support committee meeting – 12th Feb 2014
- Student support committee meeting – 30th May 2014
- MBBS Teaching Committee meeting – 5th Feb 2014
- MBBS Teaching Committee meeting – 7th May 2014

- MBBS Teaching Committee meeting – 30th Oct 2013
- Medical School Quality Management & Enhancement Committee meeting – 24th Oct 2013
- MBBS Careers and Foundation School Transition Committee meeting – 2nd March 2015
- MBBS Careers and Foundation School Transition Committee meeting – 6th Oct 2014
- MBBS Careers and Foundation School Transition Committee meeting – 13th Aug 2015
- Student support committee meeting – 27th Nov 2014
- MBBS Teaching Committee meeting – 5th Nov 2014
- MBBS Teaching Committee meeting – 4th Feb 2015
- MBBS Teaching Committee meeting – 27th May 2015
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 8th Dec 2014
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 18th March 2015
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 9th June 2015
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 17th June 2015
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 2nd March 2015
- Minutes of Years 1 and 2 Student Staff Consultative Committee – 27th Nov 2014
- Medical School Quality Management & Enhancement Committee meeting – 4th Sep 2014
- Medical School Quality Management & Enhancement Committee meeting – 21st Jan 2014
- Medical School Quality Management & Enhancement Committee meeting – 21st May 2015
- MBBS Teaching Committee meeting – 28th Oct 2015

MBBS Data set

- Medical School Data Statistics 2014-15

MBBS Exec

- MBBS Exec Archive Action Points 2012-15
- MBBS Executive Group – Terms of Reference and Membership

MBBS External Examiner Reports

- MBBS Examinations 2012/13. Summary of comments from external examiners. Yrs 4-6 with full OSCE comments
- MBBS Examinations 2012/13. Summary of comments from external examiners. All years
- MBBS Examinations 2013/14. Yrs 4-6. Summary of comments on OSCE design, content and standard from external examiners
- MBBS Examinations 2013/14. Summary of comments from external examiners
- MBBS Year 1 2014-15 Summary of department responses to external examiner recommendations
- MBBS Year 2 2014-15 Summary of department responses to external examiner recommendations
- MBBS Year 4 2014-15 Summary of department responses to external examiner recommendations
- MBBS Year 5 2014-15 Summary of department responses to external examiner recommendations
- MBBS Year 6 2014-15 Summary of department responses to external examiner recommendations
-

MBBS Format of Assessments and Mark Schemes

- Years 1 and 2 Assessments 2015/2016
- Years 1 and 2 Assessments 2015/2016. Scheme of Award including contribution to IBSc degree awards
- Year 4 Assessments 2015/2016
- Year 4 Assessments 2015/2016. Scheme of award
- Year 5 Assessments 2015/2016
- Year 5 Assessments 2015/2016. Scheme of award
- Year 6 Assessments 2015/2016
- Year 6 Assessments 2015/2016. Scheme of award

MBBS LDA AND SLAs

SES IQR MBBS 2015

- Learning and development agreement 2014-15
- Service level agreement for the provision and funding of undergraduate education for doctors
- Service level agreement for the provision and funding of undergraduate training for doctors

MBBS Learning and Teaching Strategies

- Faculty of Medical Sciences Learning and Teaching Strategy 2014-2015
- UCL Medical School Draft Strategy 2015-2020
- UCL Medical School: Divisional Strategy 2011 – 2016
- Teaching and Learning Strategy for UCL Medical School 2011-15

MBBS NSS

- NSS 2015 results report

MBBS Organograms and Management Guides

- MBBS Academic Leadership – Jul 2015
- MBBS Leadership Clinical and Professional Practice Modules – Aug 2015
- MBBS Leadership Clinical Placements – June 2015
- MBBS Student Support,   Admissions and Academic Progression – Jul 2015
- MBBS Committees - Oct 2015
- MBBS Assessments and Examination Boards – Oct 2015
- MBBS OSCE Site Organisation and Examiner Guide – Oct 2015
- MBBS Management – Jul 2015
- MBBS Integrated Module & Placements Administration – Sep 2015
- Community Based Teaching at UCLMS – Summary 2014-15
- MBBS list of Academic, Clinical & Professional services – 2015/16
- UCL Medical School - MBBS Academic Leadership – 201516
- UCL Medical School - MBBS Clinical & Professional Practice Leads – 2015/16
- UCL Medical School - MBBS 2012 Clinical and Professional Practice Support
- UCL Medical School – MBBS Clinical Placements – 2015/16
- UCL Medical School - MBBS Student Support, Admissions, Academic Progression and Foundation School Transition – 2015/16
- UCL Medical School – MBBS Teaching Committees and Chairs – 2015/16
- UCL Medical School – MBBS Assessment Leads & Chairs of Examination Boards – 2015/16
- UCL Medical School – MBBS Management – 2015/16
- Royal Free UG Centre and Placements Office – 2015/16
- UCLH Placements – 2015/16
- Organisational chart – Whittington UG Centre and Placements Office – 2015/16
- MBBS Community & GP Placements – Aug 2015

MBBS Programme specifications and regulations

- Special Regulations for Examinations Leading to the Degrees of Bachelor of Medicine and Bachelor of Surgery at university College London – 2015/16
- Programme Specification

MBBS Progression stats

- Assessment Statistics 2012/13
- Assessment Statistics 2013-14
- Assessment Statistics 2014-15
- Year 2 Assessment Statistics 2014-15
- Year 4 Assessment Statistics 2014-15

SES IQR MBBS 2015

- Year 5 Assessment Statistics 2014-15
- Year 6 Assessment Statistics 2014-15

MBBS Risk Registers

- MBBS: Clinical and Professional Practice - Risk register October 2015
- MBBS: Non curriculum Matters - Risk register June 2014
- MBBS: Student Support Matters - Risk register March 2015
- MBBS: Year 1 - Risk register October 2015
- MBBS: Year 2 - Risk Register – October 2015
- MBBS: Year 3 - Risk Register – October 2015
- MBBS: Year 4 - Risk Register – October 2015
- MBBS: Year 5 - Risk Register – October 2015
- MBBS: Year 6 - Risk Register – October 2015

MBBS SEQ Summary

- MBBS UCL Quality Review Framework – Annex 6.1.4: Student Evaluation Questionnaires Departmental Summary – 2014/15

MBBS Student Support and Personal Tutors

- Close supervision policy – Feb 2015
- Disclosure and Barring Service Checks. Information for Students – Feb 2015
- A guide to the UCLMS Personal Tutor Scheme for Personal Tutors and Students – 2015/16
- Guidance for personal tutors – 2015/16
- Attendance and engagement – 2015/16
- Concerns over professional behaviour(s) (CoPB) – 2015/16
- Concerns over professional behaviour(s) at year 6 clinical examinations – 2015/16
- Concerns over attendance and engagement – 2015/16
- Concerns over professional behaviour(s) during modules and clinical attachments – 2015/16
- Procedure for the assessment of fitness to practise in a professional capacity - Apr 2015
- Assessment of a student's fitness to practise medicine – Jul 2015
- Fitness to practise guidance for students – Jul 2015

MBBS Study Guides

- Medical student code of conduct 2015
- Year 1 study guide
- Year 2 study guide
- Year 4 student guide
- Year 5 student guide
- Year 6 student guide
- A-Z Policies and Regulations

MBBS Timetable

- MBBS Overall Timetable – Aug 2015 version

Peer observation of teaching

- Peer observation of teaching. PG Certificate in medical education 12-13
- Peer observation of teaching 13-14
- Peer Observation of Teaching – Postgraduate Taught 14-15

Postgraduate documents

PGME Handbooks

- PGME Handbook 2014/15
- PGME Handbook 2015/16

PGME Organograms and Management Guides

- UCLMS Postgraduate Medical Education
- UCLMS Postgraduate Medical Education
- UCLMS Academic Centre for Medical Education
- UCLMS PGME Management Guide

PGME Programme Specifications and Regulations

- Postgraduate Certificate/Diploma/MSc in Clinical and Professional Education programme specification
- RCP/UCL Certificate in Medical Education programme specification

PGME Prospectuses

- Copycall: Graduate Prospectus 2016/17. Research programmes – 2016/17 entry
- Copycall: Graduate Prospectus 2015. Subject areas – 2015 entry
- Copycall: Graduate Prospectus 2016/17. Taught programmes – 2016/17 entry

PGME REF 2014

- PGME REF 2014

PGME SEQ Summary

- PGME UCL Quality Review Framework – Annex 6.1.4: Student Evaluation Questionnaires Departmental Summary – 2014/15

PGME SSCCs

- Certificate (blue cohort) in Medical Education SSCC Meeting – meeting minutes 14th May 2015