

RESPONSE TO INTERNAL QUALITY REVIEW (IQR) UCL MEDICAL SCHOOL

DATE OF IQR VISIT: 7 DECEMBER 2015

DATE OF DEPARTMENT'S FIRST RESPONSE:

<i>Recommendation (as it appears in the IQR report)</i>	<i>Action taken or planned in response to the recommendation.</i>	<i>Person responsible</i>	<i>Date</i>
Necessary Action:			
There were no necessary recommendations.			
Advisable Action:			
Students interviewed by the review team reported a wide range of different experiences of Personal Tutors. The review team recognises that a certain amount of variation is inevitable, particularly in view of the fact that personal tutors for the clinical phase are usually staff of the partner NHS Trusts. Nevertheless, the Medical School is encouraged to continue to seek ways of enhancing the consistency of the student experience in respect of personal tutors across the six years of the MBBS.	<p>The UCLMS MBBS teaching committee considered the draft IQR report at its meeting in February 2016. It accepted the advisable actions concerning striving for consistency across personal tutors. Whilst this is difficult given the size of the student body (almost 2,000) and the fact that fewer than 10% of tutors are UCLMS staff and fewer than 50% are even UCL staff, it will remain on the ASER action plan.</p> <p>A new methodology for calculating the MBBS student load, which includes credit for personal tutors, has been developed in collaboration with the 4 SLMS Faculty Managers. The new methodology has been approved and is being applied by SLMS finance. It is anticipated that it will help to increase personal tutor participation rates in the SLMS faculties and divisions. The Deans of FMS and FBS have also undertaken to personally support the Medical School's recruitment initiatives, with some success already achieved in FBS in particular.</p> <p>Recent efforts in recruitment mean that the Medical School is now in the position to offer students the choice of male or female personal tutors. A new Student Support Tutor, with specific responsibility for personal tutors, was appointed in October 2016 for 1 PA per week. He will review the current scheme, in collaboration with the RUMS President, who has made this his project for his year in office. In addition, the personal tutor training materials have been revised by the Divisional Tutor for implementation in the 2016/17 academic year.</p>	<p>Head of Programme</p> <p>Divisional Tutor</p>	<p>Implementation in 2016/17.</p> <p>September 2016</p>
The review team was satisfied that electives approval procedures are robust and appropriate. The team was surprised to learn however that during their time abroad the students are expected	In a pilot in March 2016, an email was sent by the Head of Programme to all the year 6 students, prior to their departure, to encourage them to keep in touch with UCLMS whilst on their elective. The students were asked to make contact during the 3 rd /4 th week of their elective, for	Electives Head and Administrator	April 2016

<p>to make contact with UCL only if they encounter problems. Although the students concerned have by this point completed their finals and are on the point of commencing their careers, the team nevertheless took the view that so long as they are registered students of UCL engaged in an element of their course, UCL ought to be taking a proactive approach to monitoring their welfare. The Medical School is therefore advised to reconsider its arrangements in this respect.</p>	<p>welfare purposes, to confirm that everything was fine or to inform us of any concerns. 68 of the students made contact as requested. In addition, the emergency contact details and instructions on the MBBS website were reviewed and revised.</p>		
<p>The Medical School should continue to address the concerns of MBBS students in respect of assessment and feedback, as highlighted in the most recent NSS scores. The review team noted from the ASER action plan the intention to establish an NSS Assessment and Feedback Taskforce. In view of the clarity and consistency of students' comments regarding the end-of-year Single Best Answer examinations, the team would encourage the Medical School to include the question of preparation for these examinations in the remit of the Taskforce, and to consider whether the introduction of a more diverse range of assessment methods might prove beneficial. The review team would be supportive of the proposal mentioned in the Self-Evaluative Statement to introduce a practical clinical assessment element to the Year 2 examinations.</p>	<p>The Head of Programme convened an Assessment and Feedback Taskforce, which met for the first time on 13 April 2016. A briefing paper was circulated to the members of the Taskforce, prior to the meeting, to set out the aims and context of the group.</p> <p>Work by the Taskforce during the 2015/16 year resulted in:</p> <ul style="list-style-type: none"> • Increased and more targeted feedback on OSCE performance, including the introduction of individual feedback forms. • A debrief session being held with the students after each OSCE to highlight the stations they performed well in and explore those which had caused problems. • A review of the clarity and accessibility of assessment criteria. • A format for the timely and predictable release of assessment results, which was agreed with the student body. • The introduction of a mock OSCE in year 4. <p>It should be noted, however, that assessment practice and policy in MBBS programmes is overseen by the GMC and the use of SBAs and OSCEs as the main summative assessment tools is common across all medical schools and considered best practice. Indeed, the soon to be introduced GMC Medical Licencing Exam will be an SBA examination and OSCE examination common across all MBBS programmes.</p> <p>It has been confirmed that a Year 2 summative clinical examination will be held in May 2017.</p>	<p>Head of Programme</p> <p>Head of Programme</p>	<p>From April 2016</p> <p>May 2017</p>
<p>Desirable Action:</p>			
<p>The review team was struck by the fact that the Medical School is carrying out some leading research in the field of assessment in medical education when this is one of the principal sources of negative feedback from its own students. The review team would therefore encourage the Medical School to seek to develop further a 'joined</p>	<p>UCLMS is a national centre of excellence in assessment practice and research and, far from not applying this expertise and scholarship to the MBBS programme, it is this excellence that underpins the programme assessment practice and policy at UCLMS.</p> <p>The student representatives on the Assessment and Feedback Taskforce know that we are aligned to best practice internationally in</p>	<p>Head of Programme</p>	<p>From April 2016</p>

up' approach to these two aspects of its operation.	summative assessment and students are reassured as the forthcoming national medical licensing examination will be in exactly the same format. The Taskforce is now focusing on formative assessments.		
Although the review team was satisfied that the Medical School is responsive to issues raised by MBBS students, it was clear that the length of the programme presents an opportunity to demonstrate to students that concerns raised by them in previous years have been addressed for the benefit of later cohorts. The Medical School is therefore encouraged to ensure that Year 6 students in particular are aware of changes that have been made to the pre-clinical phase in response to their own feedback.	<p>The UCLMS Quality Assurance Unit (QAU) administers a 'You said, we listened' page on Moodle, where information is provided on amendments that have been made to individual modules in the MBBS programme in response to student feedback. At the end of the 2015/16 academic year, each of the Module/Year Leads was requested to submit 3 bullet points of actions taken over the year to address previous feedback. These were added to the 'You said, we listened' Moodle page and are also included in the emails inviting students to participate in the 2016/17 SEQs. The information on both will be updated, where possible, throughout the year to ensure the closure of the quality loop.</p> <p>There is student representation on both teaching and staff and student consultative committees at which updates are provided on actions that have been taken to address any issues/concerns. The student representatives are responsible for feeding this information back to their peers, although in reality this process appears to be variable. In an attempt to formalise this process, the QAU held a joint student rep induction with UCLU in November 2016, where the role and responsibilities of student reps and StARs were covered in detail.</p>	QAU	2016/17
The Medical School's options for growth in student numbers are currently restricted to the postgraduate provision, as student MBBS numbers are capped. The review Panel concurred with the Medical School/Faculty's position that if opportunities for growth became available as a result of a relaxation in the regulation of MBBS student numbers, any growth should take place at a prudent rate to avoid putting the student experience at risk.	The Head of Programme will continue to liaise with the relevant Faculty.	Head of Programme	Ongoing
Despite the high demand for provision of postgraduate qualifications in medical education, the Medical School is encouraged to take a judicious approach to any future growth of PGT and CPD provision, and to be mindful of the risks inherent in partnership with other organisations, notably the need to establish a mitigation plan in the event of withdrawal by partners.	<p>The lead for PG programmes will be mindful of this advice. All growth in PG and CPD numbers for 2016/17 and 2017/8 are 'off site' to ensure the physical faculties are not over-stretched. The Medical School has appointed a Senior Lecturer to absorb the additional workload from the MA in Clinical Education, which has transferred to UCLMS from the IOE.</p> <p>As funding pipelines and sources for clinical teacher CPD are in a state of flux, the PG team is in early discussions with local NHS trusts to review CPD provision. This is also currently being discussed at faculty/SLMS level as it is tied up with the new apprenticeship levy.</p>	PGME Lead	Ongoing
Students interviewed by the review team expressed a desire for teaching staff to make more	The use of technology in the MBBS is frustratingly impeded by the poor level of support provided by UCL IT and SLMS IT. The facilities in the	Head of Programme	Ongoing

<p>widespread use of the teaching technologies, such as the TurningPoint electronic voting system, which are available in many of the principal teaching facilities. The review team noted the difficulties arising from the unpredictable nature of venues and facilities, and from having a large proportion of teachers drawn from outside UCL. The Medical School is nevertheless encouraged to seek to ensure that lecturers are suitably trained in the use of such technologies so far as this is practicable.</p>	<p>main lecture theatre (Cruciform LT1) remain not fit for purpose and, despite recent renovation, there were numerous problems with the AV, IT and technical support through the 2015/16 academic year. The UCLMS MBBS teaching committee is pleased that the IQR team noted this issue and is keen for this issue to be foregrounded in the IQR report. The Head of Programme will continue to liaise with the relevant Faculty.</p> <p>The site sub-dean at the Royal Free has been working with UCLMS to improve the technology in the Peter Samuel Hall and £20,000 has been invested in new projection equipment. As facilities are enhanced, teachers will be made aware of the improvements and will be encouraged to use them.</p>		
---	---	--	--

Any comments you wish to make on the IQR process:

Name: Deborah Gill

Date: 13/01/17

Position: Director, UCLMS