

MBBS VISITS POLICY

Introduction

UCL Medical School (UCLMS), and, in turn, the Quality Assurance and Enhancement Unit (QAEU), have responsibilities to ensure that the General Medical Council's (GMC) standards for teaching and assessing MBBS students are maintained and the requirements of 'Promoting Excellence'¹ and Health Education England's (HEE) Quality Framework² are met. The QAEU has a comprehensive, multi-faceted approach to quality assurance, which includes the collection of feedback on the clinical placements undertaken by students in Years 4-6 of the MBBS programme.

Feedback on clinical placements

Students undertake clinical placements in NHS Trusts, private providers, community settings and GP practices. Students are encouraged to provide feedback on these placements through a variety of mechanisms:

- Student evaluation questionnaires (SEQs), which students are asked to complete at the end of each clinical placement.
- Unitu, which is an online student voice platform.
- The Medical Education Providers' Annual Return (MEPAR), which is an online self-evaluative statement completed by each of our partner NHS Trusts and the private providers of clinical placements.
- Student representation on committees, module management and working groups.
- Joint Year 6/QAEU annual visits to the District General Hospital (DGH) sites.
- Student reporting, via an online tool, of any issues with their clinical placements or experiences that have concerned them.
- Student reporting, via an online tool, of any individuals who have inspired/impressed them during their time at UCLMS.
- Student reporting, via an online tool, of any unexpected cancellation of teaching where no alternative teaching has been provided.

In addition, anecdotal evidence on the quality of individual clinical placements is shared between the students themselves and between the students and other UCLMS staff and may be fed back informally to the QAEU. Evidence of areas of concern may also be shared among relevant bodies within the London region, for example medical schools, HEE and the GMC.

GP placements

Given the large number and wide geographical distribution of undergraduate GP placement providers, the Primary Care education team independently manages the quality assurance of these placements at a local level and collects student feedback on a regular basis. Members of the team visit any new practice offering to provide a significant number of placements and practice visits are also arranged if concerns have been raised regarding

¹ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

² <https://www.hee.nhs.uk/our-work/quality>

teaching quality or practice facilities via student feedback or other sources. Feedback from GP placements is integrated with feedback collected by the QAEU for the purposes of annual reporting to UCL, the GMC and HEE.

QAEU visits

Over the past few years, the quality assurance environment in London has experienced changes with HEE taking a more proactive approach to multi-professional Trust visits, which cover both undergraduate and postgraduate education and training. The QAEU is mindful of the regulatory burden put on Trusts by these visits and those of other bodies, including the GMC and the Care and Quality Commission, and has therefore decided to adopt a visiting policy that is proportional to the visiting requirements of these other bodies and to UCLMS' other quality assurance mechanisms. As such, the QAEU does not undertake a typical, 5-yearly cycle of visits to clinical sites. It has instead chosen a more 'light touch', proactive, risk-based approach to quality assuring undergraduate clinical placements.

Types of visit

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

Frequency of visits

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

Value of visits

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

Pre-visit

- Once the QAEU has decided to visit a Trust, the undergraduate site lead will be contacted in order to arrange a mutually convenient date/time. A minimum of 10-12 weeks' notice should be given to the Trust to ensure that the key personnel will be free from any clinical commitments and available to meet the visitors.
- If a Trust wishes to invite the QAEU to undertake a visit, a request should be sent to the Quality Assurance Manager in the first instance³. A minimum of 10-12 weeks' notice will be required.
- The undergraduate site lead, in conjunction with their undergraduate administrator, will be responsible for informing key personnel within the Trust of the details of the visit. These should include the following:
 - Director of Medical Education.
 - Clinical faculty including module/specialty leads and the rota organiser.
 - All students currently undertaking a clinical placement at the Trust.
 - F1s/F2s who graduated from UCLMS.
 - Clinical teaching fellows (where applicable).
 - Clinical skills tutors (where applicable).
 - Library and IT representatives.
- An agenda will be circulated by the QAEU 6 weeks before the visit, along with a request to the Trust for the following evidence:
 - The outcomes/identified actions from any previous visit to the Trust (where applicable).
 - A summary of key developments since the submission of the Trust's last MEPAR, e.g. how any curriculum amendments have been implemented and any changes in key faculty or administrative staff.
 - The actions taken to address any issues raised via the student feedback mechanisms.
 - Examples of innovative and good practice.The Trust will submit the evidence to the QAEU at least two weeks before the visit.
- Where a joint visit is being undertaken with another body, evidence collection must be coordinated to ensure that the Trust is only required to provide one set of data.
- The QAEU will collate the most recent relevant SEQ reports and other data relating to the Trust including postgraduate level data, for example the GMC's national training survey and enhanced monitoring reports, and highlight any areas of concerns/examples of good practice to explore during the visit.
- A pack of the evidence from the Trust and the QAEU will be disseminated to the visitors one week before the visit.

Visit

- A minimal number of representatives from UCLMS, usually the Academic Lead for Quality and the Quality Assurance Manager, will undertake the visit in order to reduce the burden on the Trust. However, if a full visit is requested by the Trust, the visit team will also include the Director of UCLMS (or nominated deputy), the Head of MBBS Management, the NHS Undergraduate Tariff Manager, a student representative and a faculty representative.
- Visits will typically last for half a day.
- During the visit, the UCLMS representatives will meet key personnel at the Trust and the evidence pack will be used as the basis of the discussions in order to find out further information about the highlighted issues/areas of good practice.
- The recommendations of the London Medicine and Healthcare report "*Providing effective undergraduate medical clinical placements in London: recommendations*"

³ medsch.qaeu@ucl.ac.uk

*from the student perspective*⁴ will be used to assess the quality of the Trust's clinical placements. A copy of this report will be provided to the Trust and the visitors before the visit.

- The visitors will take contemporaneous notes to be used as the basis for the visit report. The students/foundation doctors will be reassured that any comments they make will not be attributed to them in the report and will remain confidential.
- The visit may include a tour of the facilities available to the students, for example, the clinical skills facilities, IT facilities, library and accommodation, in order to verify the availability of sufficient facilities and ease of access to the students. Residential accommodation, where applicable, must meet Section C of the standards defined in HSC 2000/036: *“Living and working conditions for hospital doctors in training”*⁵.

Post-visit

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

⁴ https://www.londonhealthhe.ac.uk/wp-content/uploads/2019/01/Proving_effective.pdf

⁵ http://allcatsrgrey.org.uk/wp/download/nhs_circulars/health-service-circular/dh_4012268.pdf