

Site:	Luton
Date:	29 <sup>th</sup> January 2018
Attendees:	Luton: UCL:

**1. Discussion points identified prior to visit:**

Good practice:

- High quality A&E placements, especially ambulance days: see below.
- Use of iPads to disseminate information and give students access to online materials: see below.
- Undergraduate newsletter, which is circulated widely to provide updates on undergraduate matters.
- Weekly clinical skills sessions for students undertaking medicine and surgery placements, followed up with a lecture-based session: see below.

Concerns:

- Quality of the LTC placements: a new lead has been appointed for LTC and feedback has improved accordingly.
- Lack of space and facilities for undergraduate teaching: there are plans to try and obtain a Portakabin to extend the available space in COMET. This will enable the OSCEs to be held on the ground floor rather than over two floors in the centre.
- The availability of consultants for undergraduate teaching due to high clinical commitments: this wasn't discussed.

Areas for discussion during visit:

- Update on plans to increase faculty at both consultant and teaching fellow levels: two CTFs are in post. Supervisors have time in their job plans for education and departments are paid for the teaching they undertake.
- Review of mock OSCE and new finals format: see below.
- Physicians Associates: see below.

**2. Issues to be discussed during the visit:**

<ul style="list-style-type: none"> <li>• SEQs</li> </ul>	<p>Rotation A SEQs: there were a small number of responses, although the undergraduate team collects informal oral feedback at the end of each rotation. Dr xx suggested hosting an end of rotation 'leavers' event', preferably with access to computers, so the students can complete the SEQs at the same time.</p> <p>Cancelled teaching: previous problems with the cancellation of teaching sessions seem to have been resolved. Tutors are now paired up so one can provide cover if the other is not available. WhatsApp groups have also helped to reduce the number of cancellations.</p>
<ul style="list-style-type: none"> <li>• Accommodation</li> </ul>	<p>yy has previously liaised with the accommodation office to try and ensure that students are placed in groups of five, although this hasn't always happened. She will contact them again.</p>
<ul style="list-style-type: none"> <li>• Library and IT facilities</li> </ul>	<p>iPads: students are able to collect an iPad from the library and use it to access teaching resources.</p> <p>IT facilities: wifi access is sporadic across the Trust, although a new system is being rolled out across the wards, which the students will be able to log onto as guests. Students are able to log-on to all clinical systems.</p>
<ul style="list-style-type: none"> <li>• Mock OSCEs &amp; New Finals format 2017-18</li> </ul>	<p>The mock OSCES had worked well. The undergraduate team had rearranged the rooms for the second exam and this layout had worked better. Dr zz will be the lead at Luton for finals.</p>
<ul style="list-style-type: none"> <li>• Any local site issues</li> </ul>	<p>Attendance and Engagement: the team highlighted issues with the attendance and engagement levels of some of the students in Rotation B,</p>

	<p>which included being late for the mock OSCE and non-engagement with some ward activities. Dr xx reminded them of the potential to issue Concerns over Attendance and Engagement and Concerns over Professional Behaviour forms.</p> <p>Merger with Bedford: the Trust's merger with Bedford will be effective from 1 April and may result in some service reorganisation in the future.</p> <p>Physicians Associates (PAs): 10 students from the University of Hertfordshire are due to start at Easter and will be placed in 5 departments. Although the PAs and students will share clinical areas, the undergraduate team do not foresee that the latter will be disadvantaged as there are lots of opportunities/clinical experiences in the Trust. The two groups will have separate supervisors. Dr xx expressed a concern about the current number of students in the Trust and queried whether there was capacity for an additional 10 students.</p>
<ul style="list-style-type: none"> <li>Curriculum update from UCL</li> </ul>	<p>Preparation for Practice: owing to amendments to the curriculum elsewhere in the MBBS programme, Care of the Older Person (COOP) and Primary Care need to become more prominent in Year 6. Most sites already base their LTC module around COOP, but the potential to get a higher level of GP engagement with the Preparation for Practice placements should be explored. Suggestions included involving GP trainees in teaching: Dr zz confirmed that a couple had expressed an interest in getting involved.</p>
<ul style="list-style-type: none"> <li>Issues raised by students</li> </ul>	<p>In general, the students were positive about their experiences at the Trust.</p> <p>Medicine: the current format of 2 weeks on a ward; 1 week of clinics; and 1 week of Cardiology wasn't popular. The week of clinics wasn't useful as the students mainly acted as observers. Some, who had the placement early in the year, had had a poor experience on Cardiology due to the absence of a consultant due to illness.</p> <p>Surgery: initial placements were disorganised, but the problems seemed to have been resolved.</p> <p>The simulation and clinical skills sessions for medicine and surgery, run by the CTFs, were of very good quality. However, the Friday teaching programme was all day, which was too long, and the pharmacology teaching included a lot of repetition.</p> <p>LTC: the placements were mainly service-based and were good preparation for being an F1, but there was little teaching. The weekly sign-offs could be stressful, especially in the weeks that students were undertaking other activities e.g. the mock OSCEs.</p> <p>Emergency Medicine: the placements were excellent, especially if the students were proactive in seeking out opportunities. The ambulance days were a particular highlight.</p> <p>Mock OSCES: this was one of the best exams the students had experienced at UCL and they appreciated the level of consultant involvement.</p> <p>iPads: the students used the iPads to store pdfs of books, but the sporadic nature of the wifi restricted their usefulness.</p> <p>Accommodation: this was good quality, but one of the students had been placed on her own for a couple of months before she moved accommodation blocks.</p>

Agreed action points

<b>Action</b>	<b>Deadline/status</b>	<b>Person responsible</b>
<b>Luton</b>		
Liaise with the accommodation office to try and ensure that students are placed in groups of five and not on their own	Planned for implementation next academic year	
Review the 1 week of clinics in the Medicine placements to maximise students' experiences	Will review and liaise with specialty leads to assess feasibility of change for next academic year	
Reduce the length of the Friday teaching programme	Friday surgical teaching to move to Thursday AM. Re-assess didactic teaching and reduce content for next academic year	
Review the Friday teaching programme to ensure there is no duplication of Pharmacology material	As above	
<b>Luton &amp; UCLMS</b>		
Monitor the impact of the Physicians Associates on the students' opportunities/experiences and the Trust's facilities	December 2018	