UCL MEDICAL SCHOOL

Quality Assurance and Enhancement Unit

# Quality Assurance visit to UCLH NHS Trust

**Thursday 30 June 2022**

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## Introduction

UCLH Trust (the Trust) is one of three central sites which provide clinical placements to UCL Medical School (UCLMS) students. The Trust provides placements in medicine, surgery, paediatrics, obstetrics and gynaecology and emergency medicine, for students in years 4 and 5 of the MBBS programme across multiple sites. In addition, the Trust hosts a number of Year 6 students on their student selected components (SSCs) and elective placements.

The visit was undertaken in line with the [UCL Medical School MBBS Visits Policy](). UCLMS has a responsibility to ensure that the General Medical Council's (GMC) standards for teaching and assessing MBBS students are maintained and the requirements of 'Promoting Excellence' and Health Education England's (HEE) Quality Framework are met. The visit structure followed the NHS Education Contract's Schedule Three 'Quality and Performance's Quality Domains'. The Service Level Agreement (SLA) was referenced to confirm adherence to agreed conditions. The Deputy Postgraduate Dean HEE London joined the visit on behalf of HEE.

The visit consisted of a series of meetings with a broad group of key personnel involved in medical education and representative medical students and foundation doctors. The meetings generated recommended actions listed below. A list of participants has been provided as Appendix 1. After the suspension of site visits due to the Covid pandemic the visit team would like to thank all of those who participated in these visit meetings, summaries of which have been provided below.

# Finance and Leadership meeting: delivering programmes and curricula

The key points of the discussion were as follows:

**Budget summary**
- There are two funding streams for Tariff money:
- 1) Money is distributed from UCL to UCLH, with quantities and a breakdown based on the curriculum and student load (specialities with more students receive more funding). The UG Lead at UCLH and Associate Director of Medical Education map the curriculum to the relevant specialty for each session and the money is distributed accordingly.
- 2) Each specialty gets a share of money for common activities such as assessments, which is also calculated pro-rata based on the student load.
- This system works reasonably well and is fair at a divisional level, but it mostly does not translate into payment, within protected teaching time, of teaching work done by individuals, and there is no mechanism to recognise individual participation in general education activities such as Assessments.
- The overall figure received by UCLH from UCL is around £7-8M, which comes with expectations around quality and quantity of teaching. Many teaching expectations are being met, but activity often cannot be correlated well with financial considerations at anything more than a divisional level.

**Transparency of financial information**
- UCLH uses the SEQ Satisfaction Scores to produce a Quality Dashboard, using a red, amber, green rating, as a summary of each specialty listing the trend in student feedback over the last few years and recording how much money is allocated for teaching. Whilst the amount of educational funding for each department is clear it is not easy to obtain exactly how this is spent towards education and if, for example, additional teaching staff (and space) are being provided and protected with this funding. Inherent in this method using SEQs are the acknowledged limitations of the SEQ system such as low completion rates. There is increasing pressure from HEE for transparency in these matters.
- The Quality Dashboard is circulated to the Chief Executive and Divisional Directors every term (or module). It is a useful tool to motivate specialty leads as they can see how they are performing compared to others, and how much money departments receive for education. However, it is high level and funding distribution to specialties is not directly linked to student satisfaction.
- The amount of money available for the Trust for undergraduate education has reduced significantly in real terms since 2014, and the Trust retains responsibility for appropriate use of the money within the SLA.

**Maintaining quality**
- The Quality Dashboard shows trends that need addressing. UCL has, albeit rarely, decommissioned persistently red specialties at other sites. The UG Lead, AD of Medical Education and the Team Leads regularly discuss specialties with red and amber scores and where a specialty has been red for a long time the UG Lead will seek to make this a priority focus. This may entail replacing educational leads.
- The Chief Executive of UCLH recognises that education is one of their three core purposes and as we emerge from the pandemic they aim to prioritise education. Although the

quality of teaching over covid was impressive, it is recognised that there is capacity to make improvements now especially regarding protected educational spaces. They are committed to transparency in this moving forward.

**Embedding educational PAs in consultant job plans**

- UCL notes that although excellent teaching is taking place, it may not be clear to departmental clinical teachers how money is allocated, and it is not often reflected appropriately in consultant job plans.
- The SLA includes a formula for calculating PAs for UG Education. The distribution of these PAs was not available and appropriate allocation may not be fully in place.
- The Finance and Performance Committee will investigate this to clarify where these PAs are allocated and whether they are properly allocated in the job plans of clinicians who undertake teaching. They will look at redistributing consultant PAs and investigate recruitment of Educational Fellows.
- Embedding paid teaching time in a job plan is only part of the picture. In order to ensure these educational PAs equate to improved teaching the time needs to be adequately protected and education needs to be included in annual appraisals as standard. Currently many staff do not have educational appraisals at all.
- It is noted that, where someone has a PA but is the only person within a "red" specialty who is involved in teaching it is hard to address this without losing goodwill and a PA alone does not create an additional 4 hours if other workloads remain high and encroach on this time. The UG Lead, AD of Medical Education and the Team Leads meet each term to try to support colleagues who are struggling to find time for teaching. There is a growing interest in educational roles amongst clinicians and consultants with educational certificates should be encouraged to take up these roles.
- In the post-pandemic landscape, many people are exhausted or no longer motivated to provide teaching that is not formally recognised, ringfenced or paid. It has been hard to hold people to account for "extra" duties but the new expectation that they will receive protected time and money for this presents an opportunity for more accountability. Investment in teaching fellows and others interested in teaching will occur.
- The Royal Free is an example that could be learned from in this area. The educational money is top sliced and some of it is redistributed to specialties based on student feedback, with appropriate change in consultant job planning. This also leaves funds to be spent on educational initiatives and the initial funding of Clinical Teaching Fellows within specialties. These have the greatest impact on student satisfaction and providing support to the departments in providing educational content.

**Identifying the promised space for 6 placements administrators to take up residence in 2023**

- The AD of Medical Education and UCL's Head of MBBS Management discussed this in advance of the visit and agreed an action plan.
- UCLH has a strong administration team on site.
- Currently some placement administration is provided by UCL and there was discussion about consolidating roles in a UCLH Placements Office to give them closer ties with the specialty leads and clinicians, and more ability to run efficient timetables. They would also have access to EPIC and Medi-Rota, which are crucial for student timetabling. HEE's education contract is clear that the cost of placement administration is covered by Tarif.

## Quality Domains and Service Level Agreement discussion

The key points of the discussion were as follows:

**Learning environment and culture**

**Estates and Facilities:**
- Teaching space is a large concern for both students and specialty leads. Dedicated student common areas are needed for students to rest, socialise and access online teaching modules. There is new social space in 250 Euston Road that seats 20-30 students. This is currently on a booking system but will return to open access as covid restrictions ease. UCLH has benefited from proximity to the main UCL campus, as many students use the UCL hub instead. However, there are 250 students based at UCLH and they need on site facilities.
- Dedicated, consistent teaching rooms are needed, and space on or near the wards for breakout teaching between bedside learning sessions.
- Teaching space has been limited and precarious for years with no Lecture Theatre on site. The pandemic exacerbated this as social distancing measures and new covid requirements saw all teaching space re-allocated for clinical purposes, staff rest areas and covid equipment. Some space is now returning as the pandemic eases but there are fears that many of the useful teaching rooms in the Tower may be permanently lost.
- The process for teachers to secure rooms is convoluted. Specialty leads are advised to book rooms through the usual hospital channels and if unsuccessful contact the AD of Medical Education for help. They have succeeded in placing all teaching requests that come to him. However, the rooms are inconsistent, often changing week to week and may not be in locations that are reasonably accessible with specialty leads reporting that they are sometimes bumped out of booked rooms. This causes stress to teachers and students. Some face-to-face teaching has been removed because there is nowhere to teach it.
- UCLH has committed to considering the importance of educational facilities as part of current and future space considerations, for example as space in the Tower is reallocated, within the new Grafton Way location, and within 250 Euston Road as new working patterns release capacity from offices. This needs to be balanced with the lack of patient beds, as patient care is the paramount concern, but education is also vital and UCLH will earnestly and avidly seek to provide dedicated UG education space. UCL recognises that providing space outside the Tower is not always helpful as educational time is lost whilst staff change clothes and relocate making shorter or impromptu sessions unfeasible.

**Eduroam and IT:**
- Eduroam has not been installed at UCLH. When EPIC was first implemented the Guest Wi-Fi worked well and students have been using this. However, students now report that their use of iPads has been disrupted by patchy Wi-Fi and that they cannot reliably access online teaching sessions on site. Most students go to the UCL campus if they want to take part in online teaching.
- UCLH is committed to providing Eduroam and has tasked the Director of IT with conducting a scoping exercise.
- Specialty Leads are encouraged to apply for UCL Accounts, which gives them access to UCL systems such as Eduroam, libraries and Moodle. However, UCL is starting to limit honorary contracts with shorter durations and stricter parameters.

- EPIC has been a success for teaching. Students have access via login and complete an online training module. UCL iPads are now pre-loaded with the app version. It enhances their learning on bedside teaching and clinics.
- Mandatory training and induction requirements have been pared down for students.

**Educational governance and commitment to quality**

### Student Evaluation Questionnaire (SEQ) reports:
- SEQs are under review by UCL Quality Assurance.
- They are very important for the UCLH Quality Dashboard.
- Low response rates are a perennial problem. A struggling specialty can rebuff the feedback.
- Specialty leads would find it useful to have qualitative feedback themed in the report. The free text comments, even with low response rates, are often useful and can directly lead to change.
- There are multiple avenues for student feedback and the QAEU will be working on streamlining and triangulating these.

### Medical Education Providers Annual Return (MEPAR)
- UCLH is happy with the MEPAR process, and it is embedded in the annual cycle. They don't feel that they hear back from it once they have completed but are aware that it is used as part of UCL's GMC return. They report that it feels like a bureaucratic exercise rather than an impetus for change.

### Raising Concerns reports
- Students appreciate the confidential nature of the system, but they also request closure where possible by receiving notification of outcomes.
- There have been few Raising Concerns reports at UCLH. Sometimes they are hard to action as there is little detail which hampers productive discussion. It is important to support both the student and the staff member.
- The general trend across the larger hospitals, not just UCLH, is complaints of uncivil behaviour, racism and sexism. This reflects the heightened awareness of these issues in wider society and is challenging to address.
- Students can also use UCLH systems, but this not widely known. UCLH will consider whether this should be advertised to the students.

**Developing and supporting learners**

### Curriculum updates
- The Medical Licensing Exam (MLA) will be implemented in 2024-25 for all graduating medical students. The written paper will be outsourced to the GMC and OSCE style exams will be run in house, but quality assured by the GMC. UCL will match our curriculum to the GMC map.

### Timetables:
- A pilot of combining a core timetable with individual timetables was run this year but has been too confusing and will not be continued.

- Timetables are made very complicated by short GP peel offs which take students out of placements in small numbers. Vascular Surgery is now taught as one week at the Royal Free and is also disruptive to scheduling, with small numbers of students taken at a time.
- Year 4 is the most difficult for teachers. It is hard to keep track of students, small numbers attend which is disheartening, sign offs are completed by consultants who have not seen the students in person.
- In response to covid, an apprenticeship model of teaching has been introduced. This has worked well in some areas but not others. Where there are job-shares and complicated shifts, students do not get to know the team that they are placed with. Supporting the apprenticeship model as an institution will be difficult, going forward.

**Pastoral care:**
- There is a new plan for Personal Tutors, which has been welcomed by UCLH.
- Teachers at UCLH do not have any pastoral duties, and students do not often come to them for pastoral care. This may change if students stay in place for a whole year and get to know staff better.

**Developing and supporting supervisors**

**Teaching time in job plans**
- Please see the section above: "Embedding educational PAs in consultant job plans" for a summary of this discussion.

**Recognition:**
- Name and Proclaim is a valuable mechanism run by UCL QAEU by which students and staff can celebrate teachers. This needs wider advertisement.
- [Name and Proclaim | UCL Medical School - UCL – University College London](#)

# Year 4 & 5 students, and FY1 and FY2 UCLMS graduates, based at UCLH

The key points of the discussion were as follows:

- Students and doctors were generally positive about their experiences at UCLH and felt pleased that they were placed here.

**Belonging:**
- Students express that UCLH can at times feel overwhelming, highly specialised, and hard to settle into. It is easy to feel lost and the specialisation can make learning the basics harder. Students sometimes need proactively to seek teaching, but when they do it is excellent.
- Depending on the specialty it can be very welcoming. The first specialty that a student is placed in can have a large impact on how they experience their year.
- Students very much appreciate specialties where they have an assigned a tutor with regular bedside teaching and a named consultant and registrar. This is how students feel part of the team and learn the most.
- Students appreciate rotating through the specialties rather than having long placements in one area. However, they also prefer to spend the whole year at one site as this helps with integration and belonging.

**Facilities:**
- Students have been affected by the lack of teaching space.
- Bedside teaching and online teaching are well received, but students are leaving the site to engage in online teaching due to patchy Wi-Fi.
- For nightshifts students do not have a dedicated area to rest. They would either stay with the team or use the Doctors' office or the canteen if they need to.
- Students very rarely come to 250 Euston Road possibly because it is not showcased as an option to them, and if leaving the main building they would naturally go to UCL campus.
- Students find EPIC very useful.
- There has been some sense that Year 6 students are prioritised over earlier years when there is a clash. Students do not know who to ask to resolve this when it happens.
- Inductions at the start of placements are variable, but good when they take place.

- **FY1 & FY2:**
- UCL Graduates in attendance at this visit felt well prepared to work as doctors.
- It is hard to get to know people due to shift patterns and much online learning.
- It is easier to engage with students in some placements than others. Where specialties are very busy it is hard to find time to give to students.
- There is a lot of variation between specialties when it comes to belonging and a sense of community.

**Raising Concerns:**
- Students feel well prepared in how to do this as it is taught in CPP. However, there is a sense that people do not feel satisfied with the resolutions or that change is achieved.

## Summary

The visit team would like to thank UCLH for making us feel welcome and contributing to an open, productive and positive visit.

It is clear that students are happy here and feel a sense of belonging, despite the large size of the hospital. Specialty leads and consultants are doing a good job at shielding students from some of the pressures that are affecting them and maintaining an excellent level of teaching. We have seen successful examples of good practice such as having assigned tutors for students to enhance learning and community.

There are three key areas that have been identified as needing improvement:

Space: There is a significant lack of teaching space and space for students to socialise and rest. A solution to this is needed for the wellbeing of students and teaching staff. We recognise that this will be challenging as space is in short supply, but we welcome the commitment given to actively explore how to provide dedicated teaching space.

Finance: We are keen to see complete transparency regarding finances, so that it can be ensured that education money is being used to enhance teaching, and so that those teaching are appropriately remunerated. Although a small number of educational PAs have been identified in some consultants' job plans, the allocation of protected paid time in consultant job plans requires urgent attention and educational appraisals should be adopted for all teachers. It may

be beneficial to consider having more Teaching Fellows who will have ringfenced time for education.

IT: Patchy Wi-Fi is impacting students' abilities to use their iPads for bedside teaching and their participation in online teaching. We are glad to hear that UCLH will be moving to implement Eduroam.

Key recommendations that have arisen out of this visit are listed below. We will arrange a follow-up meeting with the Undergraduate Site Lead within the next few months and anticipate the next in person visit to take place in two years with smaller check-in meetings in the meantime.

## Action Plan

| Actions |
|---|
| **Recommended actions for UCLH** |
| Conduct scoping exercise for installing Eduroam |
| Increase transparency of tracing where education funding is spent at a more granular level and demonstrating appropriate use of educational funds. Increasing the number of educational PAs in line with the standard formula and protecting teaching time. |
| To identify protected UG social space. |
| To identify protected teaching spaces, particularly near wards. |
| Investigate current educational PAs and redistribute if they are not placed appropriately. |
| Offer educational appraisals as part of annual appraisals system. |
| **Actions for UCL Medical School** |
| Report the change in the SEQ system |
| **Joint actions for UCL Medical School/UCLH** |
| Consider rationalising UCL funded Placement Administration in a UCLH Placements Office |
| Advertise the Name and Proclaim process more widely amongst students and staff |
| **Suggested actions for UCLH** |
| Consider increasing the number of Teaching Fellows. The Royal Free Hospital provides an example of good practice regarding how education funding can be used for this. |
| Consider whether UCLH's own raising concerns process should be more widely advertised to students |

# Appendix 1

## List of participants

### UCLMS Visit team

Director UCL Medical School
Academic Lead for Quality Assurance
Deputy Lead for MBBS Programme (Year 4-6)
MBBS Placements Manager
UCLMS NHS Tariff Manager
Head of Management QAE and CPP
Clinical Lecturer
Clinical Lecturer

### HEE Representative

Deputy Postgraduate Dean HEE London

### UCLH UGME Senior Management team

Chief Executive
Medical Director
Undergraduate Site Lead
Associate Director of Medical Education
Finance Director
Medical Education Manager
Training Programme Manager

### UCLH Specialty Leads

Rheumatology
Care of the Elderly
Hospital for Tropical Diseases and Infection
Neurology
Anaesthesia (inc Critical Care)
GI Surgery (Colorectal Surgery), GI Surgery (Gastrointestinal Surgery), GI Surgery (HPB)
Oncology
Rheumatology
Paediatrics and Adolescent
Trauma and Orthopaedics

### UCLMS students

RUMS President
6 other clinical year students

### UCLMS graduates

1 F1
2 F2