Institutional audit

The Royal Veterinary College
FEBRUARY 2003
The Quality Assurance Agency for Higher Education (the Agency) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE. To do this the Agency carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. The Agency operates similar but separate processes in Scotland and Wales.

**The purpose of institutional audit**

The aims of institutional audit are to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard; and
- exercising their legal powers to award degrees in a proper manner.

**Judgements**

Institutional audit results in judgements about the institutions being reviewed. Judgements are made about:

- the **confidence** that can reasonably be placed in the soundness of the institution’s present and likely future management of the quality of its programmes and the academic standards of its awards;
- the **reliance** that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its awards.

These judgements are expressed as either **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

**Nationally agreed standards**

Institutional audit uses a set of nationally agreed reference points, known as the ‘academic infrastructure’, to consider an institution’s standards and quality. These are published by the Agency and consist of:

- The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ), which include descriptions of different HE qualifications;
- The Code of practice for the assurance of academic quality and standards in higher education;
- subject benchmark statements, which describe the characteristics of degrees in different subjects;
- guidelines for preparing programme specifications, which are descriptions of the what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

**The audit process**

Institutional audits are carried out by teams of academics who review the way in which institutions oversee their academic quality and standards. Because they are evaluating their equals, the process is called ‘peer review’.

The main elements of institutional audit are:

- a preliminary visit by the Agency to the institution nine months before the audit visit;
- a self-evaluation document submitted by the institution four months before the audit visit;
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit;
- a detailed briefing visit to the institution by the audit team five weeks before the audit visit;
- the audit visit, which lasts five days;
- the publication of a report on the audit team’s judgements and findings 20 weeks after the audit visit.

**The evidence for the audit**

In order to obtain the evidence for its judgement, the audit team carries out a number of activities, including:

- reviewing the institution’s own internal procedures and documents, such as regulations, policy statements, codes of practice, recruitment publications and minutes of relevant meetings, as well as the self-evaluation document itself;
- reviewing the written submission from students;
- asking questions of relevant staff;
- talking to students about their experiences;
- exploring how the institution uses the academic infrastructure.

The audit team also gathers evidence by focusing on examples of the institution’s internal quality assurance processes at work using ‘audit trails’. These trails may focus on a particular programme or programmes offered at that institution, when they are known as a ‘discipline audit trail’. In addition, the audit team may focus on a particular theme that runs throughout the institution’s management of its standards and quality. This is known as a ‘thematic enquiry’.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 02/15 Information on quality and standards in higher education published by the Higher Education Funding Council for England. The audit team reviews progress towards meeting this requirement.
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Summary

Introduction
A team of auditors from the Quality Assurance Agency (the Agency) visited The Royal Veterinary College (the College) from 10 to 13 February 2003 to carry out an institutional audit. The purpose of the audit was to provide information on the quality of the opportunities available to students and on the academic standards of the awards. The College is authorised to award degrees of the University of London.

To arrive at its conclusions the audit team read a wide range of documents relating to the way the College manages the academic aspects of its provision. Members of the team also met members of staff and current students throughout the College.

The words academic standards are used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a broadly comparable level for a similar award across the UK.

Academic quality is a way of describing how well the learning opportunities available to students help them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning opportunities are provided for them.

In institutional audit both academic standards and academic quality are reviewed.

Outcome of the audit
As a result of the audit team’s investigations the Agency judges that:

- broad confidence can be placed in the soundness of the College’s current and likely future management of the quality of its academic programmes and the academic standards of its awards.

Features of good practice
The audit team identified the following areas as being good practice at the College:

- the approach to developing e-learning and distance-learning, and the supporting infrastructure that has been established;
- the College’s systems for recognising, developing and rewarding the quality of teaching;
- the Professional Studies module that the College has developed within the BVetMed curriculum, as preparation for professional practice.

Recommendations for action
The College has also been recommended to take further action in a number of areas to ensure that the academic quality and standards of the awards it offers are maintained. The Agency has advised the College to consider:

- whether its current arrangements and the procedures for collaborative provision as set out in its Quality Assurance Manual are both consistent with the Code of practice for the assurance of academic quality and standards in higher education (Code of practice) published by the Agency and sufficiently robust to support an expanding portfolio in this area;
- developing the use of statistical information at programme level in evaluating quality and standards.

BVetMed
To arrive at these conclusions, the audit team spoke to staff and students, and was given information about the College as a whole. The team also looked in detail at two strands of the BVetMed degree programme (Reproduction, and Cardiovascular and Respiratory Systems) to find out how well the College’s systems and procedures were working at that level. The College provided the team with documents, including student work and, here too, the team spoke to staff and students. As well as supporting the overall confidence statements given above, the team considered that the standard of student achievement in these two strands of the BVetMed was appropriate to the title of the award and its place in The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ). The team considered that the quality of learning opportunities available to students was suitable for a programme of study leading to the award of BVetMed.

National reference points
To provide further evidence to support its findings, the audit team also investigated the use made by the College of the academic infrastructure which the Agency has developed on behalf of the whole of UK higher education. The academic infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the audit suggest that the College is making effective use of the FHEQ and the subject benchmark statement (both elements of the Infrastructure), but its work on programme specifications is not yet complete. The College has responded appropriately to the Code of practice for
quality assurance, although it has not yet completed its consideration of the two sections of the Code relating to career education, information and guidance, and recruitment and admissions, and has yet to achieve full implementation of the section relating to collaborative provision.

From 2004, the Agency’s audit teams will comment on the reliability of the information about academic quality and standards that institutions will be required to publish in a standard format. At the time of the audit, the College was moving towards meeting this requirement, and the published information that was seen by the team about the quality of its programmes and the standards of its awards was reliable.
Findings

1 An institutional audit of the Royal Veterinary College (the College) was undertaken during the week commencing 10 February 2003. The purpose of the audit was to provide public information on the quality of the College's programmes of study and on the discharge of its responsibility for conferring degrees of the University of London. As part of the audit process, according to protocols agreed with the Higher Education Funding Council for England (HEFCE), the Standing Conference of Principals (SCOP) and Universities UK (UUK), one discipline audit trail (DAT) was conducted. This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged during the audit, and making recommendations to the College for enhancing current practice.

The effectiveness of institutional procedures for assuring the quality of programmes

2 Under the terms of Ordinances approved by the University of London in 1995, the College is authorised to confer degrees of the University and is responsible for all processes relating to undergraduate and taught postgraduate programmes. One of the perceived benefits of the greater independence it now enjoys is the opportunity to be more responsive to the external market and professional agendas in pursuit of its mission. The College acknowledges, however, that its character as a small and single discipline institution 'carries the threat of insularity and the development of an inward-looking culture'. It has sought to address this difficulty partly by expanding and diversifying its provision, and partly by developing its quality management arrangements. The latter has entailed some significant changes to management and organisational structures in order to exert greater central control over quality and standards.

3 In its self-evaluation document (SED) prepared for the audit, the College stated that its goal was 'to provide the best possible courses, and to maintain unimpeachable standards in its awards'. Its quality management procedures are detailed in a Quality Assurance Manual (the Manual). At institutional level, responsibility for quality assurance rests with the Teaching Quality Subcommittee (TQSC), a committee of the Teaching and Learning Committee (TLC). The latter reports to Academic Board.

4 The College assures the quality of its programmes through a formal approval process, the annual monitoring of modules and courses, and periodic review on a quinquennial basis. Each process is detailed in the Manual. The procedures for programme approval were introduced in 1996 following the delegation of responsibilities by the University of London. The process is undertaken in two stages, the first of which focuses on resource, market and strategic matters and the second on content and delivery. Initial consideration of proposals is the responsibility of TLC or, for taught postgraduate programmes, the Graduate School Committee (GSC), with authority for final approval resting with Academic Board. In a recent development designed to relieve the pressure of business on TLC and GSC, separate meetings of both have been convened to consider new proposals. The audit team found the College's confidence in the effectiveness of the programme approval process to be justified, particularly in respect of the first stage. This conclusion was qualified by the team's observation that the record of GSC's consideration of one proposal might lack the detail that would enable Academic Board to fulfil its responsibilities for final approval.

5 At undergraduate level, annual monitoring reports are required for modules and BSc programmes; at postgraduate level, they are required for programmes. Module review reports and programme reports are considered by the relevant committees at programme level and, as appropriate, by either TLC and GSC. The College values its monitoring procedures as a means of promoting self-reflection and stimulating staff interest in curricular and delivery matters. It was apparent to the audit team that the combined operation of the College's formal annual monitoring procedure and the continuous monitoring of feedback from students, employers and external examiners was effective. The College may wish to give further consideration to the use made in its module reviews of external examiners' comments and progression data, and to the possibility of extending the programme annual review procedure to the BVetMed, in order to generate a more holistic perspective on the quality and standards of all undergraduate programmes.

6 The quinquennial review procedure was introduced in 2000-01, and responsibility for this aspect of the College's quality management system is assigned to TQSC. Panel reports are also considered by Academic Board. Unlike the course approval procedure, quinquennial review is
undertaken by specially convened panels, the constitution of which provides for the inclusion of two external members. Although the evidence relating to the effectiveness of the quinquennial review procedure is necessarily limited, the audit team was able to confirm the College’s judgement that the process to date has been effective in enabling panels ‘to penetrate beneath the surface of (a) course’.

7 The College’s approach to managing its flexible learning (particularly e-learning and distance-learning) and its collaborative provision was the subject of a thematic enquiry during the audit. While its involvement in both types of provision is currently limited, the College regards both as strategically significant in the context of its commitment to diversification and expansion. The thematic enquiry sought to establish whether staff at all levels appreciated the quality and standards issues that might be posed by the development of flexible learning and collaborative provision, and to test the effectiveness of the College’s quality assurance arrangements. The audit team concluded that the College had established effective arrangements for ensuring the quality of e-learning and distance-learning materials. The team noted, however, that the College had no immediate plans for the coordination and support of collaborative programmes, in spite of its appreciation of the risks presented by this area of activity. The team was also unable to give full support to the College’s judgement that its current arrangements for collaborative provision were consistent with the relevant section of the Code of practice for the assurance of academic quality and standards in higher education (Code of practice) published by the Quality Assurance Agency (The Agency). These comments notwithstanding, the team noted the enthusiasm of the students enrolled on the programmes within the scope of the enquiry and the many strengths that they had identified. While there is no suggestion that the quality and standards of the College’s collaborative provision are at risk, the College is advised to consider whether its current arrangements and the procedures set out in the Manual are sufficiently robust to support an expanding portfolio.

8 The College has grown considerably since the last institutional audit in 1993, but believes that it derives continuing benefit from its relatively small size and flat structure. In its SED, the factors identified as strengths included the possession of a ‘quality culture’, the visibility throughout the College of quality and standards matters, and high levels of staff and student involvement in the quality management system. The College recognises, however, the costs for a small institution of developing and implementing formal quality assurance arrangements, and that the expansion and diversification of its provision presents a continuing challenge to the effectiveness of those arrangements. The audit team concurred with this assessment and concluded that the College has acted appropriately to maximise the benefits and manage the risks of expansion and diversification. Key to its strategy has been the increased emphasis placed on external participation in internal processes, and careful consideration of external reference points and the reports of external bodies. It was clear to the team that the College places a high value on external endorsement, but does so in a manner that is consistent with its own responsibilities for determining the quality and standards of its provision.

9 The committee structure through which the College exercises its quality management responsibilities is relatively complex for a small institution, with somewhat attenuated reporting lines between Academic Board and committees at programme level. The audit team found that the business of the academic committees tended to focus on operational matters, and the extent to which they addressed strategic issues was more limited. It was clear, however, that TQSC and the committees that reported to it were operating effectively; success due in part to the key roles played by their chairs and to the fact that key individuals were members of several committees and had more informal lines of communication. The team shared the College’s concern that TQSC could become over-burdened by the volume and range of its business, and observed that the College might wish to use the opportunity provided by a forthcoming review of the role of that body to consider its overall position within the committee structure.

10 The findings of the audit confirm that broad confidence can be placed in the soundness of the College’s current and likely future management of the quality of its programmes. Aspects of the College’s management of its collaborative provision might be strengthened.

The effectiveness of institutional procedures for securing the standards of awards

11 In the light of the College’s goal ‘to maintain unimpeachable standards in its awards’, the SED described the procedures by which the College established confidence in, and evaluated the
effectiveness of, its management of standards. These include the process of course design and approval; effective assessment schemes that test students’ learning and achievement; the work of boards of examiners; and external examiners and their reports that confirm that appropriate standards are being set and achieved.

12 The College makes extensive use of external examiners to monitor levels of student achievement and ensure that the academic and professional standards of awards are upheld. External examiners’ reports are widely circulated and appropriate responses are made, with the Chair of TQSC reading all reports and requesting immediate responses where necessary. An overview of all reports is provided for Academic Board, through TLC and TQSC, and identifies matters that require consideration at institutional level. The College is aware of the risks associated with selecting its external examiners from a small pool of similar institutions, and has taken steps to ensure that appointments are drawn from as wide a field as possible. The audit team was satisfied that the College was making strong and scrupulous use of external examiners in its assurance of standards.

13 At module and programme level, the annual review process, supplemented by student evaluations of modules and of their tutors, permits local consideration of the health of all courses, including their standards, delivery and resources. While the audit team saw evidence that the annual review procedure was working effectively, the SED acknowledged that monitoring activities at programme level made only limited use of student progression and achievement data. The capacity to use such data to judge performance and make comparisons across cohorts will be particularly important as the College diversifies both its academic profile and its student body. The College is advised to consider developing the use of statistical information at programme level in evaluating quality and standards.

14 On the basis of the evidence available to it, the audit team concluded that the College’s arrangements for securing standards were effective and that, for the BVetMed, due account was taken of the requirements of professional accreditation and registration. The findings of the audit confirm that broad confidence can be placed in the soundness of the College’s current and likely future management of the academic standards of its awards.

The effectiveness of institutional procedures for supporting learning

15 As student numbers have increased, the College has invested substantially in its learning resources. Appropriate strategies have been developed in line with the Teaching, Learning and Assessment Strategy, and care has been taken to tackle the challenges posed by the need to develop parallel resources on the Camden and Hawkshead Campuses. The SED indicated that provision had ‘largely kept pace with demands’ but that the existing strategies were currently under review, in recognition of the need for ‘constant vigilance’ in this area. In their discussions with the audit team, staff and students reported general satisfaction with learning resources. The team concluded that the College was keeping an appropriate overview of this aspect of its work and that current improvements in library and information technology (IT) facilities on both campuses would be a significant aid to its future strategies for teaching and learning. The team considered that the College’s approach to developing e-learning materials was a feature of good practice.

16 The College’s arrangements for student support are managed under the auspices of the Tutors and Welfare Subcommittee, a committee of TLC. Academic support and guidance is provided primarily through teaching staff; personal support for both undergraduates and graduates is provided through a tutor system, supplemented by services provided through the Students’ Union Society (SUS) and the University of London. The College’s surveys of the quality of this provision have revealed no significant criticisms, and students are satisfied with their access to teaching staff, and with the level of support provided. The audit team was informed that the establishment of a Graduate School was helping to create a focus for postgraduate support, the quality of which could be variable according to students, and that a system of annual appraisal had provided a means of increasing the academic support available to research students. The team was satisfied that these arrangements were appropriate, and that the College had also established effective and reliable systems for ensuring that students were able to provide feedback on their learning experience, and to contribute to quality assurance more generally.

17 The College’s approach to supporting learning is linked to its efforts to recruit high-calibre staff. In a competitive market, the recruitment of appropriately-qualified staff, particularly those with a clinical background, has posed a major challenge as
the College has expanded in size, and it has adopted a range of innovative schemes both to attract new staff and to retain them. Its staff development provision places considerable emphasis on teaching and staff are encouraged, partly through financial incentives, to seek Institute for Learning and Teaching in Higher Education (ILT) membership. A system of appraisal, currently under review, is used to identify staff training needs, and peer observation of teaching takes place through a ‘buddy’ scheme, although the latter is not employed systematically. In the view of the audit team, the College’s systems for recognising, rewarding and developing the quality of teaching were a feature of good practice.

Outcomes of discipline audit trails

Two thematic strands of the BVetMed curriculum

18 From its study of students’ assessed work, and from discussions with students and staff, the audit team formed the view that the standard of student achievement in the two thematic strands of the BVetMed programme was appropriate to the title of the award and its location within The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ). The draft programme specification sets out appropriate educational aims and learning outcomes, together with the associated teaching and learning methods, support and assessment that a student can expect to experience. Programme outcomes reflect the Subject benchmark statement for veterinary science and, where necessary, make reference to the legal and professional context of professional registration, including the ‘Day One Competencies’ of the Royal College of Veterinary Surgeons (RCVS). Student evaluation of the programme was positive, particularly in relation to the Professional Studies module; the curriculum balance between academic, clinical and experiential components; the provision of learning materials on the intranet; and the quality of pre-enrolment support for international students. The audit team concluded that the quality of the learning opportunities available to students was suitable for a programme of study leading to the award of BVetMed.

The institution’s use of the academic infrastructure

19 The SED stated that as sections of the Code of practice had been published, the College had reviewed the extent to which its practices met expectations and had proposed actions to remedy any deficiencies where this was judged necessary. The SED maintained that the College was meeting the expectations of the majority of the sections of the Code, but had yet to complete its consideration of the two sections relating to career education, information and guidance, and recruitment and admissions. The audit team saw evidence that the College had modified aspects of its quality management arrangements in the light of certain precepts of the Code, and was satisfied its overall response had been satisfactory. The College will need to ensure that its formal consideration of the two outstanding sections, particularly that relating to career education, information and guidance, is completed in the near future, not least to ensure that the obvious vocational direction of the BVetMed does not obscure the importance of careers awareness, particularly among students on other programmes. It is also advised to give further attention to the section relating to collaborative provision.

20 At programme level, the audit team was satisfied that the College had responded appropriately to the FHEQ, subject benchmark statement and the requirement for programme specifications, although its work in relation to the latter is not yet complete.

The utility of the SED as an illustration of the institution’s capacity to reflect upon its own strengths and limitations, and to act on these to enhance quality and standards

21 The SED prepared for the audit gave a clear description of the College’s procedures for assuring the quality of its provision and for securing the standards of its awards. Each section set out the College’s own evaluation of the robustness of these procedures, including reflection on potential weaknesses and the impact of recent institutional changes. The self-evaluative nature of the SED was taken into account by the audit team in determining the length and focuses of the audit visit. The minutes of TQSC made it clear that the writing of the SED had been viewed as an opportunity to undertake a thorough review of the effectiveness of the quality management framework, and to start the process of addressing any potential weaknesses. It was also clear to the team that areas identified within the SED as requiring further consideration were already under active discussion and debate. These included the incorporation of best practice (as exemplified by the guidance within the Code of practice) into current procedures, and work with external examiners to improve the summative assessment process in the BVetMed.
Commentary on the institution's intentions for the enhancement of quality and standards

22 The College has embarked on a challenging agenda for change, and this process is supported by a commitment to quality enhancement that has been advanced principally through its Teaching, Learning and Assessment Strategy, staff development and several initiatives that are designed to encourage and disseminate good practice. The Strategy is a comprehensive document that sets out a range of objectives, including the use of innovative approaches to teaching, learning and assessment. The document concludes with the statement that 'all staff must be properly equipped to deliver (these objectives)'.

23 The audit team learnt that the College viewed staff development and the encouragement and dissemination of good practice as the principal instruments for quality enhancement. The SED suggested that the College's current enhancement mechanisms had the potential to be used more creatively and effectively. Given the challenges presented by the College's Corporate Plan, the team concurred with this view. It noted that a particular strength of the College's provision for quality enhancement was the support that it provided for the development of e-learning - a possible model for the establishment of comparable arrangements in support of the institution's commitment to collaborative partnerships.

Reliability of information

24 From 2004 the audit process will include a check on the reliability of the information set published by institutions in the format recommended in HEFCE's document 02/15, Information on quality and standards in higher education. The SED included an appendix setting out the College's current position in relation to both the published information set recommended in this document and the information to be available within all higher education institutions (HEIs). The audit team found that the College was moving in an appropriate and timely manner to fulfil its responsibilities in this matter, and that the information it was publishing currently about the quality of its programmes and the standards of its awards was reliable. The majority of the information to be available within all HEIs is already available within the College in the form of documents and reports submitted to relevant committees.

Features of good practice: paragraph references relate to the main report

25 The following features of good practice were noted:

i institutional systems for recognising, developing and rewarding the quality of teaching (paragraphs 65 and 105 to 108);

ii the approach to developing e-learning and distance-learning, and the supporting infrastructure that has been established (paragraphs 66, 112 and 139);

iii the development of a Professional Studies module within the BVetMed curriculum, as preparation for professional practice (paragraph 131).

Recommendations for action: paragraph references relate to the main report

26 Recommendations for action that are advisable:

i to consider developing the use of statistical information at programme level in evaluating quality and standards (paragraphs 72 and 100);

ii to consider further whether current arrangements and the procedures for collaborative provision set out in the Manual are both consistent with the Code of practice and sufficiently robust to support an expanding portfolio of activities in this area (paragraphs 138 to 140).
**Main report**

27 An institutional audit of the College was undertaken during the week commencing 10 February 2003. The purpose of the audit was to provide public information on the quality of the College’s programmes of study and on the discharge of its responsibility for conferring degrees of the University of London.

28 The audit was carried out using a process the Agency developed in partnership with HEFCE, SCOP and UUK, and has been endorsed by the Department for Education and Skills. For institutions in England, it replaces the previous processes of continuation audit, undertaken by the Agency at the request of UUK and SCOP, and universal subject review, undertaken by the Agency on behalf of HEFCE, as part of the latter’s statutory responsibility for assessing the quality of education that it funds.

29 The audit checked the effectiveness of the College’s procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes of study leading to those awards; for publishing reliable information; and for the discharge of its responsibility for conferring degrees of the University of London. As part of the audit process, according to protocols agreed with HEFCE, SCOP and UUK, the audit included consideration of an example of institutional processes at work at the level of the programme, through a DAT, together with examples of those processes operating at the level of the institution as a whole, one of which was identified as a thematic enquiry. The scope of the audit encompassed all of the College’s provision and collaborative arrangements leading to its awards.

**Section 1: introduction: The Royal Veterinary College**

The institution and its mission

30 The College was founded in 1791 and became a constituent college of the University of London in 1949. It operates on two campuses - the Camden Campus in London and the Hawkshead Campus at Potters Bar in Hertfordshire. The former incorporates the Beaumont Animals’ Hospital, a first-opinion veterinary clinic for small animals. The latter houses the main clinical activity of the College, including the Sefton Equine Surgery Unit and Queen Mother Hospital, a Large Animal Practice, and the College’s farm, Boltons Park. Approximately 60 per cent of staff are based at Hawkshead.

31 As a constituent of the University of London, the College operates under the current Ordinances of the University adopted in 1995. It is authorised to confer degrees of the University and to appoint, and confer the titles of Professors, Readers and Teachers of the University. It undertakes the administration of all processes relating to undergraduate and postgraduate taught programmes, including the appointment of their external examiners, and its Academic Board is responsible for the development and monitoring of College regulations and procedures. It is required to lodge with the University the detailed procedures through which its delegated powers are implemented, and to make annual reports on the exercise of those powers. The University reserves the right to subject the College’s procedures to detailed investigation, and also retains responsibility for approving the establishment of joint degrees; for aspects of the quality assurance of, and the awarding body function for, distance-learning degrees offered through the University’s External Programme; for research degree examinations; and for disciplinary procedures related to examination offences.

32 The College has had an independent relationship with HEFCE since 1995 and, as such, receives direct funding and has the opportunity to bid for additional funding under appropriate HEFCE initiatives.

33 Although it is a single discipline institution, the College is the largest provider of veterinary education in the UK. At the time of the audit, around 950 full-time equivalent (FTE) students were registered on its programmes, with the student body dominated by the 759 students registered on the undergraduate BVetMed programme. This represents 61 per cent of the student headcount, but accounts for 86 per cent of the College’s teaching-related income from HEFCE.

34 The College is organised into three academic departments (Veterinary Basic Sciences; Pathology and Infectious Diseases; and Veterinary Clinical Sciences), supported by a Clinical Services Division and three administrative sections. Its governing body is the College Council, which receives advice on all academic matters from Academic Board, chaired by the Principal.
Mission statement

35 The College's Mission Statement is expressed in its Corporate Plan, 2002 to 2005:

'The Royal Veterinary College will continue to develop and promote its distinctive role as the United Kingdom's first, largest and only self-governing veterinary school. The College will strive for excellence in its undergraduate, postgraduate and other teaching, and in research and scholarship. The College will pursue these goals through its commitment to the health and welfare of animals, through its role in influencing public and animal health policy, through provision of clinical and scientific services and its strategic alliances with professional, advisory and commercial bodies and government agencies. Through its company the London BioScience Innovation Centre and other arrangements, the College will develop opportunities for the commercial exploitation of intellectual property generated within the College and elsewhere'.

36 The accompanying Vision Statement is 'to be the premier veterinary school in the United Kingdom, and among the best worldwide'.

Collaborative provision

37 The College offers two joint degree programmes - a BSc in Veterinary Nursing (with Middlesex University) and an MSc in Veterinary Epidemiology (with the London School of Hygiene and Tropical Medicine). Two further programmes - an MSc in Wild Animal Health and an MSc and Postgraduate Diploma in Veterinary Physiotherapy - are run in collaboration with other institutions, although in both cases the College carries full responsibility for quality and standards. The College also participates in the University of London's External Programme through the provision of an MSc and Postgraduate Diploma in Livestock Health and Production. The College's management of collaborative provision was audited as part of a thematic enquiry undertaken by the audit team (see below, Section 3).

Background information

38 The published information available for this audit included:

- the information on the College's web site, including its undergraduate and postgraduate prospectuses and its annual report for 2001;
- the report of a quality audit of the College by the Higher Education Quality Council (HEQC) in 1993 (January 1994);
- the report of a the Agency's subject review of Veterinary Medicine (January 2000).

The College provided the Agency with:

- an institutional SED, which included its Register of Collaborative Provision;
- a discipline self-evaluation document (DSED) for the provision selected for a DAT;

39 During the briefing and audit visits, the audit team was given ready access to the College's internal documents, many of which were provided on a CD and through the intranet. The documents available included the most recent report on the College by RCVS, published in 2001, and the accreditation report of the American Veterinary Medicine Association (AVMA), published in 1999. They also included examples of student work related to the DAT.

The audit process

40 Following a preliminary meeting at the College in July 2002, the Agency confirmed that one DAT would be conducted during the audit visit. The audit team decided that the DAT would focus on two thematic strands of the BVetMed curriculum: Reproduction; and Cardiovascular and Respiratory Systems.

41 The Agency received the College's SED and supporting documentation in October 2002, and its DSED, accompanied by a draft programme specification for the BVetMed, in November 2002. Both the SED and the DSED were written specifically for the purposes of the audit.

42 The audit team visited the College on 17 and 18 December 2002 for the purpose of exploring with the Principal, senior members of staff and student representatives matters relating to the management of quality and standards raised by the SED and other documentation provided for the team. During this briefing visit, the team signalled a number of themes for the audit visit, and identified one area of thematic enquiry at institutional level for pursuit during the audit visit:

- the College's approach to managing flexible learning and its collaborative provision.

At the close of the briefing visit a programme of meetings for the audit visit was developed by the team and agreed with the College.

43 At the preliminary meeting for the audit, the students of the College were invited, through their SUS, to submit a separate document expressing
views on the student experience at the College, and identifying any matters of concern or commendation with respect to the quality of programmes and the standard of awards. They were also invited to give their views on the level of representation afforded to them, and on the extent to which their views were taken into account. In November 2002, documents were submitted to the Agency by SUS on behalf of undergraduates and by the Postgraduate Student Society (PGSS) on behalf of postgraduates. Both societies indicated that there were no matters in the documents that would require the audit team to treat them with any level of confidentiality greater than that normally applying to the audit process. The team is grateful to the students for preparing these two documents to support the audit.

44 The audit visit took place from 11 to 13 February 2003 and included further meetings with staff and students of the College. The audit team was Mr J A Hanna, Professor J H Phillips, Professor J C P Raban and Professor M G Stewart, auditors, and Mr R A Platt, audit secretary. The audit was coordinated for the Agency by Ms S J Clark, Assistant Director, Reviews Group.

Developments since the previous academic quality audit

45 At the time of the HEQC audit visit in 1993, the College had 444 FTE students (of whom 391 were on the BVetMed course) and 75 full-time lecturing staff. The report of the audit, published in January 1994, noted 'the strength of the informal, collegial tradition' within the College, the commitment of staff and a range of good practices. The 1993 audit team was surprised, however, that there was no central body to oversee all aspects of teaching, including the reforms then being made to the BVetMed curriculum, and drew the College's attention to 'the benefits of introducing some more formal elements among its quality assurance procedures, based upon a simplified committee structure appropriate to the needs of a small institution'. This, it argued, would 'give staff and students a clearer understanding of the lines of authority and responsibility'.

46 Since that time, the College's relationship with the University of London and HEFCE has changed (see above, paragraph 31). Its strategy has focused on expansion of staff and student numbers, and diversification of its educational provision. In 2002-03, the total staff complement is 487, of which 95 are academic and 46 research staff, and the BVetMed has almost doubled in size. The 759 current BVetMed students are accompanied by 52 other undergraduate students. There are also 113 full or part-time postgraduate students on MSc programmes, and 47 full-time and 23 part-time research postgraduates.

47 This expansion has been accompanied by restructuring of the College's organisation and management, the effect of which has been stronger oversight and direction at institutional level, and the embedding of formal quality assurance practices throughout the College. The original three clinical departments have been merged to form a single Department of Veterinary Clinical Sciences. A Senior Management Group (SMG) has been established. Academic Board is now supported by TLC, and TLC's own TQSC. TQSC has taken a major role in the introduction of institution-wide quality monitoring, and reports direct to TLC on all aspects of course delivery and review. The consequence has been that there is now a stronger College-based overview of both teaching and research, with a reduction of the influence of individual departments.

48 The BVetMed curriculum has also undergone considerable development since 1993, with the key changes focusing on integration and the introduction of systems-based courses, together with a much stronger central control of their content and delivery. Oversight of the main taught elements of the BVetMed is now the responsibility of two Phase Subcommittees (covering years one and two, and years three and part of four), while the second half of year four and year five are overseen by the Practical Clinical Studies Subcommittee and the Electives Subcommittee. All report to TLC.

49 In addition to the substantial increase in student numbers on the BVetMed, a major innovation has been the introduction of science-based undergraduate courses, including intercalated honours courses (with the BSc in Veterinary Pathology) and a new three-year BSc in Veterinary Sciences (launched in 2002). These courses are overseen by a new BSc Subcommittee of TLC. The College's educational provision has further diversified with the introduction of a joint BSc in Veterinary Nursing, including a top-up course for qualified nurses, launched in 1998 in partnership with Middlesex University, and other collaborations (see above, paragraph 37). Currently, 134 students are registered with Middlesex University on the BSc in Veterinary Nursing and 17 with the College on the top-up course. In 2000, a Graduate School was established to oversee the taught postgraduate courses under the purview of MSc Course Management Committees, and research
postgraduate training and supervision. The GSC reports directly to Academic Board, but has links to TLC.

50 One of the implications of doubling the size of the BVetMed intake has been the need to expand the College's teaching infrastructure, with an investment of some £33 million in physical facilities over the past seven years. In addition, the management of the clinical caseload has been brought under the oversight of the Clinical Services Division, formed in 2001. This development has facilitated the provision of appropriate clinical material for the expanding BVetMed.

51 The College's educational provision is subject to accreditation by RCVS which reported most recently in 2001. In 1999, partly in acknowledgement of the importance of recruitment of overseas students for its courses, the College became the first UK veterinary school to seek and obtain approval (now known as accreditation) by AVMA. Both the RCVS and the AVMA reports approved the content of the training provided by the College, and matters identified within the reports (mainly relating to availability of farm animal material and to physical facilities) are being or have already been addressed. The Agency's subject review of January 2000 covered the BVetMed and three MSc programmes, and concluded that all aspects of provision made a full contribution to the attainment of the stated objectives.

52 The current audit team concluded that the changes in structure, monitoring and curriculum delivery implemented by the College since 1993 had been broadly appropriate, and were in accordance with the overall recommendations of the 1994 audit report and subsequent reports. Further comment on some detailed aspects of the College's response to the 1994 report are provided below, paragraphs 56 and 62.

Section 2: the audit investigations: institutional processes

The institution's view as expressed in the SED

53 The primary objectives governing the College's Quality Assurance and Enhancement Strategy fall into three broad groups: the delivery of 'high quality courses of study' and the assurance of 'the quality and standards of the degrees conferred by the College'; meeting the expectations of stakeholders and satisfying the requirements of external accrediting bodies and directives; and ensuring 'the implementation of good practice'. The SED described how the College had strengthened and refined its arrangements for quality assurance and enhancement since the early 1990s, in response to changes in the local and national context. The College's quality management procedures are detailed in the Manual, published annually.

54 A key role in maintaining and developing the College's quality assurance procedures is performed by TQSC, accountable through TLC to Academic Board. According to the SED, 'where feedback suggests that there may be a problem, the problem is defined; potential solutions are identified; their implementation is monitored; and interested parties, including students, (are) informed of the action taken'. The primary responsibility for ensuring that the loop is closed is taken by TQSC, a role that is essential if quality assurance processes are 'to deliver the benefits of enhancement'. Where possible, TQSC 'has sought to streamline procedures' for the purpose of securing the expeditious resolution of issues.

The institution's framework for managing quality and standards, including collaborative provision

55 Since the new Ordinances of the University of London were introduced in 1995 (see above, paragraph 31), the College has held delegated responsibility for the undergraduate and taught postgraduate programmes that it offers. The audit team was told by the Principal that the greater independence enjoyed by the College had enabled it to be more responsive to the external market and professional agendas, and to pursue its vision of being 'the premier veterinary school in the United Kingdom and among the best worldwide'. The SED drew attention both to the particular challenges confronting a small and single discipline institution in respect of quality management, and to some of the benefits. On the one hand, 'the focus of the College's academic activities on a single discipline carries the threat of insularity and the development of an inward-looking culture' and the maintenance of an effective quality management system may be costly for a small institution. The team noted that these risks might be compounded by the fact that the College was working within relatively small and possibly cohesive subject and professional communities. On the other hand, the College's 'flat structure' and 'quality culture' means that quality and standards issues are visible and there is a 'high level of student and staff involvement'.

56 The College has sought to build upon the benefits and address the potential difficulties posed by its size and nature by developing its
arrangements for assuring the quality and standards of its provision. Its quality management framework, structured around the committees described above, paragraphs 47 to 49, places considerable emphasis on the use of ‘external points of reference’ and the involvement of persons external to the College in the work of those committees and in quality assurance activities. The SED described the various changes to the College’s organisational structure since the 1993 audit as a means of strengthening its ‘ability…to exercise control over quality and standards, and to focus management responsibilities…across the full range of the College’s activities’. The College has transferred responsibility ‘for the operational management of quality from academic departments to the College centrally’ to ensure the collective ownership of courses and the awards to which they lead, and to ‘reflect changes in the College’s activities and in the external environment’.

57 This transfer has been achieved by a variety of means, including the creation of the Graduate School, the establishment of committees with responsibility for the management of taught provision, a reduction in the number of departments (see above, paragraph 47), and the evolution of SMG. SMG now comprises the Principal, Vice-Principals with responsibility for teaching, research and strategic development, an Assistant Principal responsible for academic support and development, the three heads of academic departments, and the Director of Clinical Services. The SED stated that ‘the net result of the evolution of SMG has been to increase substantially its capacity to lead the development of the College into an institution which is fully engaged with the major issues confronting a modern HEI’. Within this structure, the primary responsibilities of heads of department are for the management of the academic staff and other subject-specific teaching resources; course management responsibilities are vested in the Chairs of the Phase Subcommittees and Course Management Committees. The audit team learnt that the heads worked within a ‘matrix’ structure based on a relationship of parity between themselves, accountable to the Principal, and the committee chairs, accountable to TLC and ultimately Academic Board. The SED was frank that the transfer of responsibility from ‘departments to the centre’ was ‘still partial’ and that tensions remained between the judgements of heads of department and the ‘recommendations’ of committees within the deliberative structure.

58 The College has also attempted to address the potential difficulties posed by its size and nature through expansion and diversification (see above, paragraph 46). These developments have brought their own combination of risks and benefits. Expansion has been important in enabling the College to achieve sufficient critical mass within a range of academic specialisms to maintain and enhance the quality of its provision. Senior staff informed the audit team that widening participation and the diversification of the academic portfolio had encouraged staff to think more widely than the particular course or courses to which they contributed. The College recognises the challenge that expansion and diversification presents to the continuing effectiveness of its quality assurance processes, and acknowledges the need to keep the roles of its various committees under review as growth continues. Further comment on the College’s framework for managing the quality and standards of its collaborative provision is provided below, paragraphs 132 to 140.

59 As part of its enquiries into the effectiveness of the College’s quality management framework, the audit team explored the relationship between executive action and deliberation through the committee structure. The team considered in particular whether Academic Board and its committees were effective arenas for robust debate on institutional strategy and approaches to quality and standards, and whether there was evidence for the College’s claim that ‘a quality culture’ was one of the strengths of its quality management processes.

60 The audit team explored two aspects of the interaction between the College’s executive and deliberative structures. The first was the means by which resource issues were identified and resolved within the matrix structure. Included within the terms of reference of Course Management Committees is a requirement that they ‘advise on the resources (physical, human and financial) required by the course’, and this is matched by the general responsibility for implementing procedures ‘for the assurance and enhancement of teaching quality for all taught courses’. The team heard that when resource issues arose, the Chair of TLC acted as a ‘broker’ between heads of department and the Phase Subcommittee or Course Management Committee chairs. While the team noted the College’s commitment to achieve a closer articulation of its academic and resource planning mechanisms, the evidence available indicated that the matrix arrangement was working effectively. The second aspect explored by the team was the nature and extent of Academic Board’s engagement with the strategic development of the College and its academic portfolio. While the team observed the
way in which both the Corporate Plan 2002 to 2005 and the staff that it met addressed key strategic issues, the team felt that the Plan itself had not been subject to detailed development within Academic Board, as confirmed by the Board’s minutes. The team heard that the College’s strategy was largely driven by SMG, and that the primary role of the Board was to act as a revising chamber in overseeing the more detailed work undertaken by its subcommittees. This description appeared to be confirmed by the Board’s minutes.

61 Academic Board is served by GSC and TLC. TLC receives reports and minutes from the Phase Subcommittees, while the Course Management Committees send their minutes to the BSc Subcommittees or GSC. The Phase Subcommittees are themselves served by Staff/Student Committees (SSLCs). The SED emphasised that TQSC, a subcommittee of TLC, played a key role within the deliberative structure, maintaining the processes ‘governing all major aspects of quality assurance’. Its terms of reference are extensive, encompassing responsibilities for both quality assurance and quality enhancement; the audit team noted from its papers that it discharged a considerable volume of business and had been the primary forum for policy development in these areas. The documentary evidence confirmed the diligence of both TQSC and its chair in identifying requirements, assigning tasks and in ensuring that required actions were completed. It also demonstrated that TQSC’s work was complemented and supported by the active engagement of both staff and students in the work of the programme-level committees and the SSLCs. Within this context, the team noted that, while the membership of TLC was largely ex officio, the constitutions of both TQSC and the Phase Subcommittees provided for a higher proportion of staff representatives.

62 Overall, the audit team collected considerable evidence of staff commitment to, and engagement with, the College’s strategy for quality assurance. Its enquiries confirmed that the College was justified in its confidence in the operational effectiveness of TQSC and the committees that report to it. However, it appeared to the team that the structure within which these committees were placed was somewhat complex for a small institution working within a single discipline, a matter raised in the 1994 audit report. It also appeared that TQSC could be over-burdened by the volume of business transacted, and that the long reporting line between Academic Board and committees at course level might weaken the ultimate accountability of the latter. In discussions with staff, the team was assured that these risks were obviated by the informal exchange of information, the fact that TQSC reported direct to both TLC and Academic Board, and by the role performed by the Chair of TQSC and the Vice-Principal (Teaching) in attending meetings of the Phase Subcommittees and in ensuring that action requirements were met. The team noted that the College was conscious of the need to keep the remit of TQSC under review; in so doing, it may also wish to consider the suggestion, made by that committee’s external member, that TQSC should have the same status as TLC within the structure.

The institution’s intentions for the enhancement of quality and standards

63 Since the 1993 audit, and following its authorisation to confer degrees of the University of London, the College has embarked on a challenging agenda for change. In addition to the necessary task of developing its quality management arrangements, the College has expanded, restructured and diversified its portfolio of courses. This process has been supported by a commitment to quality enhancement that has been largely managed by TQSC, and advanced principally through the formulation and implementation of its Teaching, Learning and Assessment Strategy, staff development and several initiatives designed to encourage and disseminate good practice.

64 The College first approved a teaching and learning strategy in 1998, prior to the production of such a strategy becoming a HEFCE requirement. A revised strategy for 2002 to 2005 was submitted to HEFCE in July 2002. This is a comprehensive document which itemises several curricular objectives; describes the use of innovative approaches to teaching, learning and assessment for the purpose of promoting independent and lifelong learning; expresses an intention to develop, where appropriate, the use of e-learning; and also deals with the need to develop the College’s learning environment. The document concludes with a section on quality enhancement that makes it clear that ‘all staff must be properly equipped to deliver (the teaching and learning strategy)’.

65 The audit team learnt from its discussions with staff that the College viewed staff development and the encouragement and dissemination of good practice as the principal instruments for quality enhancement. This perspective has resulted in several initiatives: an annual curriculum review away day; a ‘buddy’ scheme for peer observation of teaching; and the ‘Educator Prize’ which recognises and rewards excellence in teaching and related areas.
(see below, paragraphs 104 and 107). These elements, together with the dedication of staff, were included in the SED’s analysis of the strengths of the College’s quality management arrangements. The team noted that the inclusion of the Human Resources Manager as a member of TQSC provided additional evidence of the importance attached by the College to staff development, and to the recognition and reward of teaching excellence. It was also consistent with the future intention, expressed in the SED, to place ‘renewed emphasis on quality enhancement’ in a manner that will ‘encompass the implementation of the Human Resource Strategy’.

66 The SED’s evaluation of the effectiveness of the College’s approach to quality enhancement stated that current mechanisms had the potential to be used more effectively. There was a possibility, for example, of using recipients of the Educator Prize as ‘catalysts for change’, and the Teaching, Learning and Assessment Strategy would benefit from ‘a plan with clear objectives’. These observations were reinforced by staff, who expressed the view that the quality enhancement strategy could be more creative and effective in stimulating future improvement, rather than simply rewarding past performance. Given the challenges presented by the College’s Corporate Plan, the audit team concurred with this view. On the basis of the evidence available to it, the team also noted that one of the strengths of the College’s provision for quality enhancement was the support it provided for the development of e-learning through the work of a dedicated unit - a possible model for the establishment of comparable arrangements in support of the institution’s commitment to collaborative partnerships (see below, paragraph 139).

Internal approval, monitoring and review processes

67 The College assures the quality of its courses through a formal programme approval process, the annual monitoring of modules and programmes of study, and periodic review on a quinquennial basis. The current process of programme approval was introduced in 1996, following the delegation of responsibilities by the University of London. The current procedure for module review and the approval of modifications to programmes was linked by staff who met the audit team with the centralisation of curricular responsibilities. Quinquennial review was introduced in 2000-01. The procedures for each process are set out in detail in the Manual.

Programme approval

68 Programme approval is undertaken in two stages. The criteria governing ‘approval in principle’ are the consistency of a proposal with the College’s mission, the demand from potential students and employers, and whether the proposed course can be adequately resourced. Initial approval requires the support of TLC or, for postgraduate courses, GSC, and the proposal must be signed off by the Assistant Principal (Academic Support and Development) and the relevant heads of department, before it is recommended for approval by Academic Board. The second stage requires a submission (which includes details of the proposed curriculum, draft regulations and a description of how generic skills will be developed and assessed) to either TLC or GSC. This process is completed by a recommendation for approval to Academic Board.

69 The SED reported that the course approval process has been ‘revised and made more explicit’ in the light of a review by TQSC of the relevant section of the Code of practice. The College’s assessment was that, while its current arrangements met the precepts of the Code, increased reference to the subject benchmark statement and the FHEQ was required. The audit team noted that these matters had been addressed in the current edition of the Manual.

70 The SED provided an evaluation of the College’s procedures for programme approval. This included the contestable assertion that the current process could be judged to be effective because none of the new courses which had been introduced had ‘subsequently been proven to have significant “design faults”’. However, on the basis of the evidence available, the audit team was satisfied that the first stage of the current procedure was effective. The SED also acknowledged the possibility that the ‘rigour of scrutiny’ of new course proposals by TLC and GSC could be compromised by the pressure exerted by the routine business of these committees. It reported that TQSC had recommended the convening of separate meetings of TLC and GSC specifically for the purposes of course approval. This recommendation had been implemented by the time of the audit visit. The team noted, however, that the record of the consideration of recent proposals by TLC and GSC differed in terms of the minuting style and, in the case of one MSc programme, might not provide sufficient detail for Academic Board to fulfil its responsibilities for final approval.

Annual monitoring

71 The SED distinguished between the ‘continuous monitoring of feedback data’ provided by students,
graduates, external examiners and boards of examiners, and 'systematic monitoring through formal reporting procedures'. The former is considered in more detail elsewhere in this report (see below, paragraphs 95 to 98). The latter comprises a module review procedure and annual course reports. The module review procedure applies specifically to undergraduate provision; postgraduate and BSc programmes are required to produce a formal course report. It is through these monitoring procedures that modifications to modules and courses are proposed and approved. Module reviews are considered by the relevant Phase Subcommittees and by TLC. The latter, together with GSC, also considers annual course reports.

72 The format for the annual report on masters programmes was revised in 2000-01 for the purpose of improving its value as an evaluative tool. The module review procedure was introduced in 1999-2000, and was described by staff as valuable in promoting self-reflection and a useful means of stimulating interest in curriculum and delivery issues. The audit team was informed by students that they were fully involved at Phase Subcommittee level in the module review procedure and in the consideration of proposed modifications. Although the SED stated that the ‘cycle of delivery-reflection-improvement for the core didactic modules...of the BVetMed...has still to achieve its maximum effect’, it was apparent to the team that the module review procedure was applied with rigour and commitment. The team concluded that the combined operation of the College’s continuous and systematic monitoring procedures was effective, and was one of several respects in which the small size of the institution and the strengths of its informal networks was a source of considerable benefit. As it continues to enhance its arrangements, the College might wish to give further consideration to the use made in its module reviews of external examiners’ comments and progression data (see below, paragraphs 100 and 128), and to the possibility of extending the annual reporting procedure to all undergraduate programmes, in order to generate a more holistic perspective on quality and standards than will be generated by a module-focused procedure.

Periodic review
73 The College introduced a formal process of quinquennial review in 2000-01. The purposes of the process are to assess the quality of a programme, and to confirm that the award to which it leads is of an appropriate standard. Responsibility for the conduct of reviews lies with TQSC. Each review is undertaken by a panel comprising two members of the College’s staff appointed by TQSC, two external members and the Head of Academic Development, who acts as secretary. Panel reports are submitted to Academic Board after they have been considered by TQSC.

74 In view of the recent introduction of quinquennial review, the SED offered only a tentative evaluation of its effectiveness. Nonetheless, it was apparent to the audit team that the procedure as described in the Manual was both comprehensive and rigorous, and made strong and scrupulous use of external persons. This impression was confirmed by the evident thoroughness with which the first quinquennial review had been conducted; the report of that event confirmed the College’s judgement that the process had enabled the panel ‘to penetrate beneath the surface of the course’.

External participation in internal review processes
75 To counteract the ‘threat of insularity’ posed by the College’s status as a small, single-discipline institution, the constitution of TQSC includes a member external to the College, currently an academic from another university, who provides ‘impartial oversight of the College’s quality assurance procedures’ and makes an independent annual report to Academic Board. The 1999-2000 annual report commented that there remained ‘few external influences operating in curriculum planning and quality assurance, other than the (significant) demands of accreditation and the Agency’. By the time of the audit visit it was apparent that the College had acted upon this observation. In addition to the inclusion of external members on TLC and Course Management Committees, the College’s programme approval and quinquennial review procedures require in each case the participation of two external specialists, and the SED detailed other means by which the College had sought to enhance external input to its quality assurance arrangements.

76 While the audit team was impressed with the College’s general approach to externality, it noted that the programme approval procedure did not require the presence of external specialists at the meetings of TLC and GSC convened to consider new course proposals. It also noted that the incorporation of course modifications within the annual review procedure effectively denied the College the benefit of external expert opinion in considering proposed modifications, albeit that there was an opportunity for external committee members to offer a opinion (in many cases non-specialist). By contrast, the provision made for the
involvement of external members in the quinquennial review process implied a greater degree of rigour. These reservations notwithstanding, the team was satisfied that the College was making appropriate use of external participation in the full range of its quality assurance procedures.

External examiners and their reports

77 The SED emphasised the 'vital role' of external examiners and the extent of their duties in assuring standards - the College 'values their contribution and encourages them to be open and full in their comments'. The SED also expressed the College's confidence in the robustness of its procedures for securing the appointment of suitably qualified external examiners and for responding to their reports. It was frank in identifying as an area of weakness some insufficient briefing of external examiners on the College's progressive approach to curriculum delivery and assessment, a matter that is now being addressed through induction (see below, paragraph 80).

78 All programmes have named external examiners. There are two external examiners appointed to each BSc and masters award, and more than 30 external examiners for the various stages of the BVetMed programme, including 19 at final level. The College and the University of London have agreed respective responsibilities for external examining on the MSc in Livestock Health and Production, which is part of the University's External Programme.

79 The audit team explored the contribution of external examiners to assuring quality and standards through meetings with staff and students, and examination of documents. External examiner nominations are considered by TQSC, where they are scrutinised against a clear set of criteria designed to ensure the independence of those appointed. Suitable nominations are forwarded to Academic Board for endorsement. The appointment of practitioners contributes to the balance between the academic and practitioner components and enables professional standards to be considered. External examiners for postgraduate research degrees are appointed by the Higher Degrees Advisory Committee of the University of London.

80 Following appointment, external examiners are provided with a briefing pack containing constructive advice on the extent, restrictions, requirements and context of their role. They are also invited to attend an induction programme on institutional policy and practice, introduced by the College in 2001 after a review of its arrangements in the light of the relevant section of the Code of practice. The audit team noted that the programme provided opportunities for discussion of current developments and any matters of concern: in 2001, for example, oral examination practice in the BVetMed was discussed, and those unable to attend the induction received presentational material and the notes of discussions. In 2002, the programme was enhanced through the attendance of internal examiners, and an effective discussion forum was generated.

81 The documentary evidence provided for the audit team indicated that external examiners commented on assessments and model answers, reviewed student work, participated in oral examinations and attended examination boards. They report to the College on a form that allows for comment on the programme and its delivery, cohort performance and assessment processes; a checklist confirms scrutiny of adequate student work and evidence of appropriate academic standards. They also make comments at examination boards. Recent reports from both postgraduate and undergraduate programmes indicated that, generally, external examiners made good use of the form to offer critical and supportive comment on the College's provision. Staff emphasised that external examiners and their reports provided a valued index for confirming academic and professional standards, and for monitoring the educational process and achievement of student outcomes. They also observed that, as external examiners were often responsible for several modules or electives, they contributed to maintaining equivalence and comparability of standards between programme components.

82 External examiners' reports are considered by the appropriate chairs of boards of examiners and module leaders, with TQSC responsible for ensuring that appropriate action is taken and its Chair intervening directly if necessary. An overview of matters raised and the responses is presented to Academic Board, through TQSC and TLC, together with a commentary drawing attention to matters that require College-wide consideration. The 2001-02 report, for example, commented on a range of issues, including external examiner appointments, examination organisation, structured oral examinations and academic standards. The minutes of Academic Board showed actions resulting from this summary. Responses to external examiners' comments on masters programmes and feedback from PhD examiners are considered by GSC. The audit team was satisfied that these procedures were working effectively.
The College is aware of the risks associated with drawing from a limited pool of potential external examiners in veterinary science, and endeavours to recruit from a wider base that includes practitioners, academics in other disciplines and from overseas. This is a strategy that it will no doubt wish to develop further, both to maintain the independent role of external examiners and to promote as wide an input of ideas and expertise as is possible. The audit team concluded that the College was making strong and scrupulous use of independent external examiners, and ensuring that their work contributed to assuring academic standards and the quality of the student experience.

**External reference points**

**The FHEQ, subject benchmark statement and programme specifications**

84 The SED stated that the College had taken a 'positive approach to the two Agency initiatives most directly concerned with standards of awards, the introduction of subject benchmarking statements and the National Qualifications Framework (FHEQ). Two members of the College's staff were members of the benchmarking group for veterinary science, and the College was active in discussing and responding formally to the draft FHEQ, to ensure that the BVetMed was properly defined.

85 The audit team explored how the FHEQ, subject benchmark statement and the requirement for programme specifications had impacted on the College. Staff indicated that these developments represented an external framework that had encouraged reflection and involvement. The criteria for course approval and review have been amended to take into account the requirements of the FHEQ and relevant subject benchmark statement, and a mechanism for preparing programme specifications has been established by TQSC. GSC is responsible for approving specifications for masters programmes and TLC for undergraduate programmes, with final approval through Academic Board (although the process has yet to be formally completed). Staff reported not untypical tensions associated with drafting documents that were required both to describe academic programmes and to enable (potential) students to make selective judgements; they remained unconvinced of their benefits. The team was satisfied that, while its work in this area is not complete, the College was responding appropriately to the FHEQ, subject benchmark statements and the requirement for programme specifications.

**The Code of practice**

86 The SED stated that one of the primary objectives of the College's Quality Assurance and Enhancement Strategy was 'to ensure the implementation of good practice' particularly as represented by the Code of practice. The audit team explored the College's approach to the Code and its implementation through discussion with staff and students, and scrutiny of documents. It heard that the Code was a 'useful reference point' but had 'not had a dramatic impact'; the impact of the FHEQ and subject benchmark statement had been greater. The SED described the approach taken towards, and the current position in respect of, each section of the Code. As sections have been published, the College has reviewed the extent to which its practice meets expectations, and has proposed actions to remedy any deficiencies. Subsequent amendments to current practices have included revisions to the course approval process to make explicit reference to relevant subject benchmark statements and the FHEQ, and changes to external examiner arrangements. The SED indicated that the College had yet to complete its consideration of two sections of the Code - those relating to career education, information and guidance; and recruitment and admissions.

87 The audit team noted that, although TQSC had overall responsibility for the College responses to the Code of practice and had responded to some sections itself, it had made good use of the committee structure and other mechanisms to ensure that each section was considered by the most appropriate body. Hence, GSC had considered the section relating to postgraduate research students, and its work had prompted the development of new guidelines and training of staff in supervision and appraisal. Similarly, the section relating to placement learning had been considered by the Practical Clinical Studies Subcommittee, and the sections relating to external examiners, student appeals and student assessment had been considered by the Examinations and Regulations Subcommittee, which had made subsequent recommendations relating to the induction of external examiners (see above, paragraph 80) and their role in assessment. The team noted, in particular, that the College had linked its response to the section relating to students with disabilities to funding received under the HEFCE disability initiative.

88 The audit team concluded that the College's response to the Code of practice had been satisfactory overall. The College will need to ensure that its formal consideration of the two outstanding
sections, particularly that relating to career education, information and guidance, is completed in the near future, not least to ensure that the obvious vocational direction of the BVetMed does not obscure the importance of careers awareness, particularly among students on other programmes. It may also wish to satisfy itself that its current arrangements for double-marking, which require that 'a minimum of two Internal Examiners must mark the questions of any one written paper' but, 'rather than two Internal Examiners marking each question', permit the marking of each paper to be 'shared between at least two Internal Examiners', are entirely consistent with the expectations of Precept 8 of the section of the Code of practice relating to assessment.

89 Detailed comment on the College’s approach to the section of the Code of practice relating to collaborative provision, and the Agency’s Distance learning guidelines, is provided below, Section 3.

Programme-level review and accreditation by external agencies

90 Since the 1993 audit, the College has been visited by RCVS, accredited by AVMA and subject to an Agency review of veterinary medicine. The outcomes of these engagements have been positive (see above, paragraph 51) and, in each case, the relevant reports were considered by Academic Board and the relevant subcommittees.

91 The SED emphasised the significance for the College of the external endorsement of the quality and standards of its provision. Satisfying the requirements of external accrediting bodies and directives is one of the primary objectives of its Quality Assurance and Enhancement Strategy, and its engagement with external agencies was interpreted by the audit team as one of several ways in which it was attempting to overcome the threat of 'insularity and the development of an inward-looking culture'. The team recognised the particular challenges that might be presented in this respect by the College’s position in relatively small and possibly cohesive subject and professional communities, and by its leading role in several national initiatives, as part of its aspiration ‘to be the premier veterinary school in the UK’. The team, therefore, sought to establish the extent to which, in these circumstances, the College was able to demonstrate its capacity for self-determination and its readiness to extend its external points of reference to bodies and standards outside the immediate field of UK veterinary education.

92 It was evident to the audit team that the College was alert to these matters. The various reports from external agencies have been given full consideration by Academic Board, TLC and TQSC, but the team was provided with convincing evidence that the College did not rely on those agencies to determine the academic standards of its provision. The team noted in particular that the College had responded to the detailed text of the Agency’s subject review report, supporting the statement in the SED that it 'did not view the achievement of 24 points as a cause for complacency'. The team also noted the ways in which the College had widened its external examiner pool beyond veterinary science and the UK (see above, paragraph 83). The team concluded that the College had engaged in an appropriate and timely fashion with the reports of external agencies and that its successful application for AVMA accreditation was evidence of its commitment to the international benchmarking of its provision.

Student representation at operational and institutional level

93 The College ‘values the role that students play in quality assurance’ and provides both formal and informal mechanisms for student representation. Formally, students have representation on a wide range of committees that have a bearing on the quality of the student experience, including the Council; Academic Board; TLC; TQSC; GSC; the Examinations and Regulations Subcommittee; the Student Selection and Progress Subcommittee; the Tutors and Welfare Subcommittee; and committees at programme level, including SSLCs (see above, paragraph 61). Training for student representatives is provided annually in collaboration with SUS.

94 The audit team was informed that undergraduate students were generally willing to volunteer for election to committees, participated actively and felt that their input was welcomed. SSLCs in particular were well-attended by both staff and students. In contrast, the team heard that most postgraduate students chose not to play an active role in the management of quality and standards through committees, but that they were satisfied with the level of representation afforded to them, and could also make their views known through the PGSS Committee. On the basis of its discussions and the documentary evidence available to it, the team was satisfied that these arrangements were operating to ensure effective and reliable representation of both undergraduate and postgraduate students, and that the College
considered student views carefully and responded to them constructively.

Feedback from students, graduates and employers

95 The SED emphasised that TQSC sought ‘to ensure that comprehensive feedback is obtained on the full range of…taught provision’, an intention that is also expressed in the Teaching, Learning and Assessment Strategy. Student feedback on the performance of individual members of staff is obtained systematically through questionnaires distributed at the end of modules, with scores assigned to detailed aspects of the staff member’s teaching. Evaluation forms are also distributed in relation to the curriculum content of modules, rotations and electives. Analyses of scores are made both for individual staff and individual course elements. The scores are available to TQSC, and students are provided with summaries. In a recent development, individual members of staff with unsatisfactory scores may receive a letter from the Chair of TQSC, requesting information about how they will address ‘any justified concerns’. More general student satisfaction surveys are carried out at the end of phases one and two of the BVetMed. The audit team saw evidence to support the SED’s claim that ‘the results of these surveys are used to enhance teaching and learning and are taken into account in curriculum development’.

96 The SED reported that, while staff encouraged students to complete feedback forms, low response rates from students in some areas indicated some evidence of survey saturation, and a review in 1999-2000 had resulted in the introduction of a system of ‘lighter touch’ evaluation of staff who had received positive feedback.

97 The audit team was informed that undergraduate students felt that their views, as expressed in both staff and module report forms, were considered seriously and could lead to alterations or additions to modules. They also felt that there were opportunities to elaborate on feedback by talking informally to relevant members of staff. They indicated that the SSLCs and Phase Subcommittees provided regular opportunities for considering matters raised in student feedback, and that this process of systematic consultation gave them a genuine feeling of ownership. The team concluded that the College’s arrangements for securing and responding to student feedback were working effectively.

98 The SED made reference to the College’s use of formal surveys to collect feedback from new graduates and those who had left the College three to five years ago, and from employers of new graduates. The audit team noted that recent surveys of employers recorded a generally high level of satisfaction with the College’s graduates, and suggested that a more practical element in the curriculum was now evident. This had been welcomed and was considered to prepare the students well for practice.

Progression and completion statistics

99 Progression and completion statistics are considered by the Student Selection and Progress Subcommittee of TLC, and, for the BVetMed, by the Phase one and two Subcommittees. BSc and MSc statistics are considered by the Course Management Committees and included in annual reports. The SED recognised that ‘the College could be considered to have made limited formal use of statistics’ in quality assurance. By way of explanation, it pointed to the College’s knowledge that its progression and completion rates were good, and to the fact that its size, limited range of courses and transparency of process enabled it to address any matters of concern directly.

100 Through the documentary evidence provided, the audit team was able to observe the ways in which the College considered and responded to statistics. The Selection and Progress Subcommittee considers applications data and determines selection criteria and application procedures. It was clear to the team that, in the words of the DSED, the student profile was ‘well-matched to the demanding nature of the BVetMed’ and that this committee was making good use of application statistics to support the effectively-managed selection process. It was less clear, however, that it was actively considering the related cohort progression statistics. Similarly, while the BVetMed Phase Subcommittees were presented with an analysis of student performance in examinations, their minutes revealed little evidence of resulting discussions or conclusions. Staff who met the team confirmed that, at module level, only limited use was made of statistical data to analyse student performance or review module effectiveness, and that module reports did not routinely contain information about the numbers of students required to resit examinations and their subsequent progression, or mark profiles for relevant examination questions. In the view of the team, this represented a lost opportunity to use performance data as a means of monitoring equivalence between programme components and making comparisons between cohorts. As the SED acknowledged, the capacity to make such comparisons will be particularly important as the College continues to
diversify both its academic profile and its student body. The College is advised to consider developing the use of statistical information at programme level in evaluating quality and standards.

Assurance of the quality of teaching staff, appointment, appraisal and reward

101 Academic staff, both clinical and non-clinical, are appointed by the College following external advertisement of posts. There has been an increase in recruitment as the student intake has expanded. All staff are subject to a nominal three-year probation period ‘during which time they are assessed annually on their teaching, research and administration’. Probationary lecturers are also required to attend an introduction to teaching course (see below, paragraph 105). New staff are protected against initial heavy teaching loads to enable them to develop their research, or are appointed to predominantly clinical contact positions. The SED reported that induction of academic staff had ‘traditionally been a departmental responsibility’, but that a new three-stage induction procedure was introduced in 2001-02. This consists of a one-to-one induction with a member of the Human Resources Office, local departmental induction and a corporate induction day.

102 As the College has expanded in size and the need has arisen for more staff, some difficulty has been experienced in recruitment, particularly in obtaining suitable clinical staff. This is in part due to salary differences between academic posts and private practice. The College has therefore developed more imaginative recruitment campaigns to attract more applicants for vacancies, and has taken a proactive approach in contacting likely suitable candidates and encouraging them to apply for positions. It also operates an innovative scheme through which clinical academic staff may supplement their salary by achieving targets in teaching, research and clinical service. The audit team heard that these practices had assisted the College in its efforts to attract high quality staff and saw evidence of that success.

103 Once confirmed in post, academic staff continue to be appraised on an annual basis according to ‘teaching responsibilities’, ‘scholastic progress’, ‘research grants and contracts applied for and awarded’, ‘scope, quantity and value of all professional services provided’, ‘administrative service and other relevant contributions to College, University, professional bodies and national affairs’, and ‘private practice’. Appraisal takes the form of an interview, at least once a year, with the relevant head of department or another senior member of staff. Staff who met the audit team offered no criticism of appraisal, and spoke of it positively as allowing for the identification of training needs. Appraisal can be used to aid promotion should appraisees agree for it to be so used. The SED reported that the current system was under review as part of the College’s Human Resources Strategy, and that a single appraisal scheme for all categories of staff would be in place by the summer of 2003.

104 A major element of the College’s Human Resources Strategy relates to the means used to reward staff for outstanding performance. One existing means is the Educator Prize scheme, which recognises and rewards excellence in teaching and related areas. Six prizes are awarded annually, with nominations made by student representatives and staff. Staff who met the audit team drew attention to the scheme, although they observed that it tended to reward past performance rather than stimulating improvement and innovation.

Assurance of the quality of teaching through staff support and development

105 The College’s Staff Development Policy, covering all categories of staff, was approved in 2001-02. The College encourages all new academic staff to become members of ILT, and has organised workshops on ILT membership. The Human Resources Strategy identifies ILT membership as an industry standard; as a sign of its importance, the College pays the processing fee and the first year’s subscription of staff who wish to join, and also makes an additional annual payment to staff who are ILT members. Probationary lecturing staff are required to attend a suitable one-year introduction to teaching course which results in ILT membership and constitutes the first year of a three-year programme leading to an MA in Academic Practice.

106 For new and other staff, the College provides staff development courses on topics ranging from the supervision of research students, project supervision for undergraduates, and the conduct of oral examinations. The SED described attendance at such events as ‘encouraging’, although the College’s analysis of attendance at workshops in 2001-02 indicated that attendance could be variable.

107 The SED stated that the College’s ‘buddy’ scheme, introduced in 1999, had ‘the potential to make a significant long-term contribution to the quality of teaching’. The scheme is based upon peer observation of teaching and constructive feedback, rather than formal assessment, and is designed to
help achieve quality enhancement. 'Buddies' are expected to observe at least two teaching sessions each year. Although the scheme is voluntary, all staff are encouraged to participate and those who do not are reminded regularly of its potential benefits. TQSC reviews periodically the scheme's development and effectiveness. The SED indicated that other opportunities for peer feedback occurred 'through more informal means', such as staff seeking comments on the exercises set for problem-solving classes, and when teaching jointly on clinical rounds.

108 On the basis of its discussions with staff and the documentary evidence available to it, the audit team was satisfied that the College gave high priority to staff support and development as a driving factor in the pursuit of excellence in teaching. Both new and established staff expressed support and enthusiasm for the available training packages and courses, and membership of ILT appeared to be highly prized, both for its educational value and the small financial reward. The buddy scheme was also viewed favourably, and the College's own surveys provided evidence that participants had found it beneficial, although the team heard that its use was somewhat haphazard and left largely to individuals rather than systematically employed. As such, it could be further developed as an aid to quality enhancement. Within this context, the team noted that the new appraisal scheme (see above, paragraph 103) would include an element of peer observation of teaching. Overall, the team concluded that the institutional systems for recognising, developing and rewarding the quality of teaching (see above, paragraph 65) were a feature of good practice.

Assurance of the quality of teaching delivered through distributed and distance methods

109 The College's approach to assuring quality of teaching delivered through distributed and distance methods was considered as part of the thematic enquiry, see below, Section 3.

Learning support resources

110 Since the 1993 audit, the College has made substantial investment in learning resources. Of most recent note is the expansion and integration of library and IT facilities at Camden in 2002, and the development of a new learning resources centre at Hawkshead, the completion of which is imminent. The College 'aims to match its learning resources with its Teaching and Learning Strategy' through a Learning Resources Management Team, and the work of the Academic Support and Development Unit, established in 2000 under the Assistant Principal.

111 In terms of library provision, the SED indicated that the expansion of student numbers on the BVetMed and the introduction of other undergraduate programmes had stretched resources and put pressure on reader spaces, which were below the Standing Conference of National University Libraries' norms. The need to develop parallel resources in Camden and Hawkshead had also resulted in considerable duplication in requirements for books and some journals. The audit team heard that, in practice, these challenges had presented no difficulties: there was an efficient system for transfer of resources between Camden and Hawkshead, with a daily van service operating between the sites. Electronic access for many types of resources, in particular journals, had also eased the problems of operating library facilities on two sites. Staff and students welcomed the Hawkshead development, and reported general satisfaction with access to learning resources, including the system for transfers.

112 The SED reported that a major external review of IT provision in 1999-2000 had resulted in several developments, including the establishment of an IT Strategy Group, reporting to Academic Board, and approval of a new IT Strategy. A range of mechanisms is in place for collecting and responding to user feedback. The audit team learnt that students had access to essential software and communication facilities, with appropriate induction and training sessions provided. Computer terminals provision had increased as student numbers had expanded. While there was some perception of variability in the assistance provided by the IT Department, no major problems were reported. The team noted that increasing use of e-learning was being made not only in support of the teaching process and for self-study, but also in assessment. Internet-based materials were accessed through the internet and intranet, which is available on 24-hour basis for students at Hawkshead, and five specialists were working on the production of multimedia materials for both computer-aided learning and also for distribution to veterinary practices: a digital image bank of over 1,000 high quality images had been created. In the view of the team, the College's approach to developing e-learning materials was a feature of good practice (see below, paragraph 139).

113 The SED summarised the College's strategies for ensuring that appropriate clinical material was, and continued to be, available as student numbers increased. Students have access to clinical material
through rotations in the hospitals associated with the College, and through its other facilities. The farm animal caseload has been enhanced by taking on work from several private practices and the development of a unique contact-based herd health service. Clinical case material is supplemented with images and video, which may be linked to clinical records. The SED stated that, unlike other learning resources, clinical caseload was 'not directly under the College's control', but that its adequacy would continue to be monitored by TLC.

114 At the time of the audit, the College's Learning Resources Strategy and the associated information, IT and e-learning strategies were under review. The SED emphasised the College's awareness that, while learning resources provision had 'largely kept pace with current demands', it was an area that required 'constant vigilance'. The audit team was satisfied that the College was keeping an appropriate overview of this aspect of its work, and the supporting management structures.

**Academic guidance, support and supervision**

115 The College's student support arrangements are managed under the auspices of the Tutors and Welfare Subcommittee, a committee of TLC. The College's aim is to provide 'a framework of support which helps students to fulfil their personal and academic potential'. The provision of support begins with induction, when students receive detailed information about their courses and social life at the College. Separate induction courses are held for new undergraduates and postgraduates and there is a special session for international students.

116 Academic support for students is available primarily through teaching staff, module leaders and course directors. Contact with staff is 'facilitated by a teaching structure which includes regular small group learning sessions'. 'Specific formal support' is offered in study skills, and the 'further development of generic skills such as IT, presentation and group work is embedded in the teaching process'. 'Specially tailored training courses' are arranged for postgraduate students. Students in years three to five of the BVetMed are assigned to a Clinical Tutor whose role is to supervise placements and 'monitor students' progress in obtaining clinical competency'. Further support is provided by practice mentors and the College's Extra Mural Studies (EMS) Coordinator. Students on the BSc in Veterinary Sciences are each allocated to a supervisor who conducts weekly tutorials.

117 The SED reported that students received feedback on their performance through a range of means, including comments on assignments and placement assessments. An Academic Progress Review Committee reviews, and arranges support for, undergraduate students whose progress is, for a variety of reasons, 'identified as being at risk'. Research students receive an annual appraisal through which their progress is assessed and actions for the following year are identified. The audit team was informed that the establishment of the Graduate School had helped to create a focus for postgraduate support and that two assessors were appointed at the outset of each research student's studies. In addition to conducting the annual appraisals, the assessors offer academic support beyond that available from the student's supervisor.

118 The SED stated that student support provision was included in student satisfaction questionnaires and that 'no significant areas of criticism' had emerged from the findings. This claim was supported by the evidence available to the audit team, including the observations of students, although there was some perception among postgraduate students that the quality of academic support could be variable, and depended on the individual supervisor. The team concluded that the College was justified in describing the work carried out under the aegis of the Tutors and Welfare Subcommittee as 'relatively effective in delivering an expanding range of quality support services at a time of rapid growth'. The College is aware that support services have, traditionally, been 'geared primarily to the BVetMed students' and will need to evolve and adapt accordingly as the College's academic provision and student body increases and diversifies. It is also aware of the particular challenge posed by providing support for students attending the College only part-time (such as those on the BSc in Veterinary Nursing and MSc in Veterinary Physiotherapy), and has taken steps to provide dedicated and efficient electronic support for such students through email and the intranet.

**Personal support and guidance**

119 Personal support for undergraduates is provided primarily through a tutor system, managed and monitored by the Tutors and Welfare Subcommittee. The system is linked to the Freshers' induction programme where tutor groups form the focus for initial interaction between students; further 'Tutors Bars' or lunches take place at regular intervals at Camden. BVetMed students transferring to Hawkshead in year three receive pastoral support.
from non-clinical tutors (as well as academic support from a Clinical Tutor). Undergraduate tutors are supported in their work by senior pre-clinical and senior clinical tutors. The remit of the Tutors and Welfare Subcommittee encompasses postgraduates, and there are also postgraduate tutors in each department. The SED indicated that 'financial support and training' were offered to tutors, 'as is extensive documentation about the scheme and a list of contact and referral options'. It reported that 'the majority of tutors have attended voluntary training sessions, indicating the seriousness with which they view this role'.

120 Other forms of personal support available to students include SUS (and the services of the University of London Union), and external counselling services. Dedicated support for international students is provided by advisers on both campuses and the 'Atlantic Bridge' - a recruitment service that seeks to find US students for UK veterinary schools, and helps to orientate US students into life at the College and in the UK. The audit team heard that the latter had provided useful and accurate pre-enrolment information and contacts for students.

121 The evidence available to the audit team confirmed the College's analysis of the general effectiveness of its arrangements for personal support and guidance. Both undergraduate and postgraduate students had favourable views of the range of services available to them, and of the quality of the personal support they received.

Collaborative provision

122 The College's approach to collaborative provision was considered as part of the thematic enquiry, see below, Section 3.

Section 3: the audit investigations: discipline audit trails and thematic enquiries

Discipline audit trails

123 For the selected DAT, two members of the audit team met staff and students to discuss the programme, studied a sample of assessed student work, saw examples of learning resource materials, and studied annual module and programme reports. The team's findings are as follows:

Two thematic strands of the BVetMed curriculum

124 The DAT was based on two thematic strands of the BVetMed curriculum: Reproduction; and Cardiovascular and Respiratory Systems. It covered the following components: year one, Cardiovascular and Respiratory Systems; year two, Reproductive System; year three, Cardiovascular and Respiratory; year four, Urogenital; three elements of the Clinical Rotation - Farm Animal and Equine Medicine and Surgery, Small Animal Medicine, and Veterinary Reproduction; and the Reproduction elective and appropriate elements of the Small Animal and Equine electives. The DAT was supported by a dedicated DSED prepared for the audit, together with a draft programme specification.

125 Although the draft programme specification for the BVetMed makes no explicit reference to the FHEQ or the Subject benchmark statement for veterinary science, the aims and intended outcomes of the programme clearly reflect the intent and substance of both documents. They also reflect the professional, legal and regulatory requirements of registration, including the 'Day One Competencies' of RCVS. Comprehensive and well thought-out week-by-week learning objectives are included in each module handbook, leaving no doubt about what students are expected to achieve. These objectives are considered by both staff and students to be crucial, but while staff had expectations that students would use these to prepare for their study, students informed the audit team that they found them to be of greatest benefit in providing a summary of the key learning outcomes after the relevant sessions, and as a general signpost to fundamental requirements and expectations.

126 The programme is delivered through lecture, seminar, small group directed learning, practical and clinical rotations, and placement. These are supported by extensive learning materials and supplementary resources provided on the intranet, with each module having its own site. Much of the material has been developed in-house. Students who met the audit team were enthusiastic about the quality of the print and electronic learning materials provided and believed they were well-served with support material, including practice oral and written examinations. The availability of clinical and other material is not, at present, a limiting factor and staff are discriminating in providing a balance of clinical and simulation material. Students enjoyed the particular advantages of the two campuses and felt that the split enabled them to make best use of the respective academic facilities. They also believed themselves to be well-supported academically and personally, both during campus study and placement, and to have adequate IT and library facilities.

127 Student feedback on modules and on staff is sought through comprehensive formal evaluations that students see as a means of directly contributing
their views and supplementing representation at meetings. They reported that they were actively encouraged to complete evaluation forms. Copies of the module evaluations are routinely sent to the SUS office and feed into the module review process. It was clear to the audit team that the latter offered an effective means of reflecting upon module content, delivery, resource needs, assessment; of identifying overlaps in the delivery of related material; and for determining the need for any modifications. The module review form allows account to be taken of student feedback, as provided on the evaluation forms; in addition, the module leader collates opinion from all staff involved. A ‘lighter touch’ has been introduced for modules where student evaluation and previous review has indicated there is no cause for concern. Module review reports are considered at the relevant Phase Subcommittee. The first quinquennial review of the BVetMed is planned for 2004-05.

128 Staff and students who met the audit team were confident that the module review reports were monitored and that any proposed changes to a module were considered carefully, with particular reference to the consequences for other parts of the programme. Examples of recent curriculum modifications included realigning the time and delivery of modules during year two, and the identification of computer-assisted learning material to supplement clinical material. Staff reported that the module review process had led them (and students) to be more interested holistically in the curriculum and its delivery, and had promoted self-reflection. The evidence available to the team supported this claim, and also the SED’s observation that module review had ‘become an established element of the cycle of delivery-reflection-improvement for the core didactic modules in years one to four of the BVetMed, but has still to achieve its maximum effect’. The team noted, for example, that module reviews often did not include formal consideration of external examiners’ comments, so that the opportunity to set those comments alongside the views of students and staff was frequently lost.

129 External examiners are routinely informed of the College’s responses to their comments (and those of their fellow externals), a useful practice given the large range of examiners involved in the BVetMed. It was evident to the audit team that the BVetMed staff engaged closely with the external examiners and valued their peer comment and judgement. In 2001, the College introduced a new structured oral examination system for year five, and changes to oral examination in years one and two. These changes had not been popular with external examiners. It was clear that the College had listened to, and engaged in dialogue with them, and had used their reaction to prompt internal debate; as a result, it had modified its approach by introducing structured orals at lower levels and adapting its approach at higher levels.

130 The audit team reviewed a range of student work, including elective projects and examination scripts from all levels. It was satisfied that the nature of the assessment and standard of student achievement in the modules contributing to the two thematic strands within the BVetMed met the expectations of the Subject benchmark statement for veterinary science and draft programme specification, and was appropriate to the title of the award and its location within the FHEQ.

131 Students who met the audit team were satisfied that the College provided them with comprehensive and accurate information about course structure and administrative matters in a mix of print and electronic forms. They considered that the curriculum offered an excellent balance between academic and professional components, they experienced clear academic and skills progression through the programme, and they believed that they were being well-prepared for professional life. The study of electives was considered a bonus opportunity for in-depth study. Students were particularly appreciative of way in which the year four Professional Studies module prepared them effectively for dealing with clients by including matters such as euthanasia and bereavement, dealing with physically disabled clients, and business and communication skills - aspects that were given further application during clinical rotations and EMS. Students also believed themselves to be well-represented on committees. The team was satisfied that the quality of learning opportunities available to students was suitable for a programme of study leading to the award of BVetMed.

Thematic enquiries

132 The objectives contained within the Corporate Plan 2002 to 2005 include the development of ‘innovative learning and teaching strategies and assessment methods, utilising e-media and distance-learning solutions where appropriate’. This objective is reflected by the emphasis placed by the Teaching, Learning and Assessment Strategy on developing ‘the use of e-learning where this is the most appropriate delivery mechanism’. The Corporate Plan also states that the College will ‘investigate the
possibilities for strategic alliances with other organisations with cognate or complementary interests'. According to the SED, the College collaborates with other organisations where this enables it to either 'enhance the quality of its provision by engaging the assistance of specialist expertise which it does not have in-house' or 'provide joint courses which it could not provide exclusively from its own resources'.

133 The College's approach to managing its flexible learning (particularly e-learning and distance-learning) and its collaborative provision were identified by the audit team as an area for thematic enquiry. The selection of these two related areas was prompted initially by the team's interest in the contribution that they could make to the diversification and expansion of the College's provision (see above, paragraphs 46 and 49). Both areas present challenges to any system that has been designed to assure the quality and standards of conventionally taught 'in-house' provision. They therefore provided the team with an opportunity to test the robustness and 'fitness for purpose' of the College's quality management system, and to comment on its capacity to support the intentions of the Corporate Plan. The team's objectives were to establish whether staff at all levels appreciated the quality and standards issues that might be posed by the development of flexible learning and collaborative provision, and to test the effectiveness of the College's current arrangements for ensuring the quality and standards of the relevant provision.

134 The extent of the College's involvement in collaborative provision and distance-learning is limited. Although the number of its collaborative programmes has increased in the past decade, it does not engage in validation, franchising, accreditation or articulation arrangements. Instead, the College's small portfolio of collaborative provision currently comprises two joint degree courses, and two College programmes to which partner organisations contribute consultancy, teaching and/or facilities. Its distance-learning provision is offered through the University of London's External Programme. However, staff confirmed the strategic significance of the College's currently limited involvement in these areas: the development of e-learning and distance-learning are regarded as crucial to the implementation of the College's strategies for both lifelong learning and the delivery of its 'in-house' provision; and the negotiation of collaborative partnerships is seen as making an important contribution to the institution's longer term corporate strategy.

135 The thematic enquiry focused on the BSc in Veterinary Nursing (a joint degree with Middlesex University), the MSc in Wild Animal Health (delivered in collaboration with the Institute of Zoology, with the College wholly responsible for quality and standards), and the Postgraduate Diploma and MSc in Livestock Health and Production (a distance-learning programme for which the College is the lead institution within the University of London's External Programme). The audit team met staff and students associated with all three programmes, and staff with College-wide responsibilities for widening participation, distance-learning and e-media production. The documentation considered by the team included the protocol governing the collaboration between the College and the University of London External Programme; the Memorandum of Cooperation, programme committee minutes, the annual report and revalidation report for the BSc in Veterinary Nursing; and the College's own assessment of its current arrangements against the precepts of the section of the Code of practice relating to collaborative provision.

136 The SED emphasised the College's recognition that 'collaboration carries risks' and requires 'especially robust quality assurance procedures'. It is for this reason that the Manual includes a separate chapter on assuring the quality and standards of courses delivered in partnership with other organisations. Although this chapter states that the course management and external examining arrangements for collaborative provision 'should normally be the same as for non-collaborative provision', it describes the College's particular requirements for the negotiation of partnerships and the drafting and approval of memoranda of collaboration. The position with respect to distance-learning and the delivery of programmes by means of e-learning is different. The Manual does not contain a separate chapter dealing with these forms of delivery, and the SED explained that 'as far as possible' the College assures the quality of its distance-learning provision 'using the same methods as it does (for) those delivered on-campus'. However, it was apparent from both the SED and the audit team's discussions with staff that these delivery modes were subject to two special requirements: draft learning materials are approved by external verifiers; and feedback from students is sought by means of postal surveys. In respect of the Postgraduate Diploma and MSc in Livestock Health and Production, the University of London is responsible for setting the general regulations governing the degree, and manages student admission, registration and assessment processes.
In 2002, TQSC considered the implications of the Agency’s Distance learning guidelines and a detailed schedule setting out their respective quality assurance responsibilities was agreed between the College and the University of London’s External Programme.

137 The SED provided only a limited evaluation of the effectiveness of the College’s arrangements for assuring the quality and standards of its distance-learning programme and collaborative provision. It stated that, because the relevant agreement between the College and the External Programme was finalised as recently as August 2002, it was too early to judge the effectiveness of the arrangements governing the Postgraduate Diploma and MSc in Livestock Health and Production. The joint degree in Veterinary Nursing draws upon existing modules from within the modular scheme of Middlesex University and, for this reason, it was decided that the programme should be subject to the University’s assessment regulations. There are, however, jointly agreed quality assurance procedures that are unique to this programme. The SED recognised that this arrangement was ‘administratively challenging’, but stated that the resulting opportunity for staff to ‘share their different practices’…can be very rewarding’. The College’s evaluation of its collaborative arrangements concluded with the statement that ‘the effectiveness of the more thoroughly codified procedures which the College has put in place will be judged if and when the College contemplates new collaborations’. No issues were identified in the College’s record of its evaluation of current practice against the precepts contained within the relevant section of the Code of practice.

138 In the course of the enquiry, the audit team sought to identify the particular ‘risks’ (see above, paragraph 136) identified by the College in relation to these areas. It heard, for example, that a risk associated with the MSc in Wild Animal Health was the extent to which delivery was dependent on a large number of guest lecturers. It also noted that the 2000-01 annual report for the BSc in Veterinary Nursing highlighted two aspects that might present a challenge to the College’s quality assurance arrangements. The first was the intention to develop a distance-learning pathway, and the second concerned matters that had arisen as a consequence of the delivery of the first year of the programme on three campuses. Staff who met the team recognised that an additional challenge was posed by the fact that the programme was built upon a partnership between two institutions with markedly different approaches to curriculum design, student assessment and quality assurance. The team’s discussion with students revealed that they had indeed experienced some problems with respect to consistency of assessment practices and to communications between the two partner organisations. The College may wish to satisfy itself that its current arrangements for the approval of partnerships would enable it to anticipate problems of this kind (see below, paragraph 140). In general, however, the team noted the enthusiasm of students enrolled on all three courses, and the many strengths of the provision that they had identified.

139 On the basis of the evidence available, the audit team concluded that the College had established robust and appropriate procedures for assuring the quality and standards of distance-learning and e-learning materials, and noted in particular the impressive arrangements for promoting and supporting the use of e-media in delivering its own courses. It was apparent, however, that the College had no immediate plans for the provision of equivalent support for the development of its collaborative provision. The team was not entirely convinced that the Manual addressed fully all of the precepts of the Code of practice and took account of the Distance learning guidelines. It noted, for example, the emphasis placed within the Manual on the ‘exchange’ of information between the College and its prospective partners, rather than on the responsibility of the former to establish the latter’s ‘fitness for partnership’; the fact that the Manual did not prescribe the procedure governing the approval of prospective partners; and an absence of any reference to the arrangements that the College had actually established to assure the quality of distance and e-learning materials.

140 In terms of the existing partnerships, the audit team noted that the Memorandum of Collaboration between the College and Middlesex University emphasised throughout the ‘joint’ responsibilities of the partners - an expression that might be unhelpful in the event of any uncertainty with respect to their various responsibilities arising between the two institutions. It also noted that the College had yet to negotiate a memorandum of collaboration with the Institute of Zoology, and was informed that such a document would be produced as an outcome of the forthcoming quinquennial review of the MSc in Wild Animal Health. The team was particularly concerned at this deficiency, given that some ‘unacceptable’ clinical facilities at the Institute were one of the very few areas of concern identified in the Agency’s subject review report of January 2000. In the view of the team, the College’s ability to address this concern could have been impaired by the absence of a memorandum of collaboration setting out its
expectations of the Institute. It also emerged that students on this programme had not been provided with a course handbook. When these matters were discussed with both staff and students, the team derived some reassurance from the evidence it obtained of the effectiveness of the formal and informal arrangements that had been established by the various course teams in ensuring that student issues were registered and addressed. However, given the strategic significance of the partnerships that it might establish in the future, the College is advised to consider whether both its current arrangements and the procedures set out in the Manual are sufficiently robust to support an expanding portfolio of collaborative provision.

Section 4: the audit investigations: published information

The students’ experience of published information and other information available to them

141 The SED summarised the College’s approach to providing information for students and prospective students, and for ensuring the accuracy of that information. The audit team discussed access to course and institution-level information with student representatives through the thematic enquiry (which included collaborative provision) and through the DAT (which focused on areas of the BVetMed). As part of the latter, the College provided the team with printed versions of the syllabuses, learning objectives and reading lists of all relevant modules, together with handbooks and access to internet-based information and teaching materials.

142 All students emphasised the reliance that they placed on electronic sources of information, and the audit team was able to confirm that this appeared to be readily accessible, accurate and regularly updated. In respect of the BVetMed, the printed handbook on electives and clinical rotations also provided clear information about the organisation and timetabling of this complex programme. The team noted in particular the high quality and comprehensive coverage of the supporting material made available to students on the College’s intranet. Learning objectives for modules and for individual lectures were particularly comprehensive and clear, and both staff and students indicated that these were an important source of reference on the curriculum, and for determining the emphasis placed on individual topics. In addition to the use they made of this material, students were clear about how they would access information about appeals and complaints, although they emphasised that the ready accessibility of staff meant that any problems could be addressed rapidly on an informal basis.

143 The College has established mechanisms for ensuring the accuracy of its published prospectuses through consultation with relevant staff. Students explained that they had felt well-informed about what to expect from their courses before commencing study, and that the material sent to them had been accurate and comprehensive. The quality of the information made available to overseas students was particularly highly praised. The audit team concluded that the SED gave an accurate account of materials made available for students, and that this material was comprehensive and of high quality.

Reliability, accuracy and completeness of published information

144 The SED presented an analysis of the College’s approach to the collection of the information sets outlined in HEFCE’s document 02/15. The audit team was able to confirm the accuracy of the position as outlined, and found that the relevant information published currently by the College was accurate and complete. The majority of the information expected to be available within all institutions is already available within the College, mostly in the form of documents and reports submitted to committees.

145 The audit team noted, in particular, the helpful summary of the large number of BVetMed external examiners’ reports for 2001-02. The summary was accurate and drew out all the major points that had been made; it had been used to inform discussions in the College at the highest level. Other summary documents prepared for internal use - for example, summaries of student feedback - also appeared to accurately reflect the submissions that had been made.

146 In general, the audit team was satisfied that the College was engaging constructively with the recommendations in HEFCE’s document 02/15 and was well-placed to fulfil its responsibilities in this matter. The team was also satisfied that the information that the College was publishing currently about the quality of its programmes and the standards of its awards was reliable.
Appendix

Statement of actions taken in response to the report of the Agency’s institutional audit of the College, February 2003

The College welcomes the report of its the Agency’s institutional audit. The audit was conducted courteously and sensitively, and the report demonstrates that the audit team achieved a commendable understanding of the College and the ways in which we manage the quality of our courses and the standards of our awards.

We welcome, in particular, the recognition of features of good practice, in particular:

- our approach to supporting e-learning and distance-learning;
- our systems for recognising, developing and rewarding the quality of teaching; and
- the development of the professional studies module in the BVetMed curriculum.

We will continue to build on these strengths, while addressing vigorously areas in which the team identified scope for improvement as set out in the following paragraphs.

Collaborative provision: we accept the paramount importance of embedding robust and appropriately supported processes to guarantee the quality and standards of collaborative provision. We have established a working party to revisit the relevant section of the Code of practice.

Statistical information: our SED recognised the limitations of the College's current approach to using statistical information to monitor quality and standards. As part of our response to the HEFCE 02/15 proposals on the provision of information about quality and standards, we are already defining the components of a consistent and comprehensive data set, and in this context we will identify how these data can most effectively be fed into our course monitoring processes.

The Code of practice: we will, by December 2003, have completed our consideration of the sections of the Code relating to career education and student recruitment and admissions.

Approval of new courses: we share the concern that there may be instances when the Academic Board or other senior committees might usefully receive more detailed information concerning new course proposals. This will be addressed by making a wider range of supporting documentation available electronically. TQSC will also consider a proposal that it should receive the minutes of TLC and GSC meetings approving new course proposals, in order more effectively to monitor the thoroughness of the process.

Annual course monitoring: while accepting the reasoning behind the suggestion that the annual course monitoring process might be extended to the BVetMed course, we are not immediately convinced that this would yield added-value. TQSC will, however, reconsider the merits of this idea.

External Examiners’ comments: while welcoming the audit team's recognition that we make full and scrupulous use of External Examiners’ reports, we accept that their comments could be fed more effectively into the module review process; in the next year we will pilot a means of doing this.

Double-marking: we accept that it may be timely to review our approach to double-marking, and the Examinations & Regulations Subcommittee has been asked to do this.

Peer observation of teaching: we accept that, as the audit team notes, the ‘buddy’ scheme for peer observation of teaching is applied inconsistently. TQSC will review the scheme’s effectiveness this year.