Institute of Cancer Research

JUNE 2008

Preface

The Quality Assurance Agency for Higher Education's (QAA) mission is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out institutional audits of higher education institutions.

In England and Northern Ireland, QAA conducts institutional audits on behalf of the higher education sector, to provide public information about the maintenance of academic standards and assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council for England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations to assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the Department for Education and Skills (now the Department for Innovation, Universities and Skills). It was revised in 2006 following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and evaluate the work of QAA.

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002 following revisions to the United Kingdom's approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the revised institutional audit process is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in *The framework for higher education qualifications in England, Wales and Northern Ireland* and are, where relevant, exercising their powers as degree-awarding bodies in a proper manner

- providing learning opportunities of a quality that enables students, whether on taught or research programmes, to achieve those higher education awards and qualifications

- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

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 academic standards of awards

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and quality of provision of postgraduate research programmes

- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research

- the reliance that can reasonably be placed on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards.

If the audit includes the institution's collaborative provision, the judgements and comments also apply unless the audit team considers that any of its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment on 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.

Explanatory note on the format for the report and the annex

The reports of quality audits have to be useful to several audiences. The revised institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students

- the **report** is an overview of the findings of the audit for both lay and external professional audiences

- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary and the report, without the annex, are published in hard copy. The summary, the report and the annex are published on QAA's website. The institution will receive the summary, report and annex in hard copy (*Institutional audit handbook: England and Northern Ireland 2006* - Annexes B and C refer).

Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the Institute of Cancer Research (the Institute) from 9 to 12 June 2008 to carry out an institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards that the Institute offers.

To arrive at its conclusions, the audit team spoke to members of staff throughout the institution and to current students, and read a wide range of documents about the ways in which the institution manages the academic aspects of its provision.

In institutional audit, the institution's management of both academic standards and the quality of learning opportunities are audited. The term 'academic standards' is 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 similar level across the United Kingdom (UK). The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve the awards. It is about the provision of appropriate teaching, support and assessment for the students.

Outcomes of the institutional audit

As a result of its investigations, the audit team's view of the Institute is that:

- confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of postgraduate research awards; limited confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of postgraduate taught awards

- confidence can be placed in the soundness of the institution's current and likely future management of the quality of the learning opportunities available to students.

Institutional approach to quality enhancement

The audit team found that, in respect of its postgraduate research programmes, the institution had a well-articulated and strategic approach to quality enhancement. For taught programmes, the team found a less developed institutional approach to quality enhancement.

Postgraduate research students

The audit team found that the arrangements for postgraduate research students were appropriate and satisfactory and met the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes.*

Published information

The audit found that reliance could reasonably be placed on the accuracy and completeness of the information that the Institute publishes about the quality of its educational provision and the standards of its awards.

Features of good practice

The audit team identified the following areas as being good practice:

- the revised postgraduate research student application and recruitment process, matching students to projects and supervisors

- the arrangements for ensuring that postgraduate research students are well supported in their research programme, thereby contributing to successful completion of their studies within four years

- the annual conference that provides an excellent opportunity for postgraduate research students to present their work to staff and fellow students.

Recommendations for action

The audit team recommends that the Institute consider further action in some areas in respect of its postgraduate taught awards.

The audit team considers it essential for the Institute to:

- review the operation of delegation within its committee structure to ensure that all committees operate within their terms of reference, decisions are appropriately recorded, and that the academic board can exercise its full responsibilities for the security of academic standards and the quality of students' learning opportunities

- communicate and implement a formal and comprehensive routine programme monitoring process

- develop a formal mechanism to ensure that full consideration is given to external examiners' reports; the outcomes of the consideration, including action taken is recorded; and that external examiners are provided with a formal considered response to their comments and recommendations and the actions taken

- develop an assessment policy that clearly specifies assessment principles, procedures and processes and disseminate this to staff, students and external examiners.

The audit team considers it advisable for the Institute to:

- review and update the procedures by which taught provision is validated and periodically reviewed

- review its engagement with the *Code of practice* and other external reference points

- review and update procedures for extenuating circumstances submitted by students to examination boards to ensure appropriate student confidentiality and equity of treatment

- ensure appropriate attendance by internal examiners at examination boards to enable a full and comprehensive discussion of the modules under consideration

- develop systems for the monitoring of admissions, retention, progression and completion data for taught provision to inform internal monitoring and enhancement processes

- ensure that postgraduate taught students are issued with information about complaints procedures and reconsider the amount of time in which students can make an appeal.

Recommendation for action that the audit team considers desirable:

- to consider the benefits of increasing student participation in the monitoring and review of taught provision.

Reference points

To provide further evidence to support its findings, the audit team investigated the use made by the Institute of the Academic Infrastructure which provides a means of describing academic standards in UK higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which are:

● the *Code of practice*

● frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland

● subject benchmark statements

● programme specifications.

The audit found that the Institute took due account of the elements of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to postgraduate research students, but that it should increase its engagement with the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to postgraduate taught students.

Report

1   An institutional audit of the Institute of Cancer Research (the Institute) was undertaken during the week commencing 9 June 2008. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards that the institution offers.

2   The audit team comprised Dr R Griffith Jones, Dr K Gwilym, Dr A Read, auditors, and Mr J White, audit secretary. The audit was coordinated for QAA by Mr M Cott, Assistant Director, Reviews Group.

Section 1:   Introduction and background

3   The Institute of Cancer Research is a specialist postgraduate medical school, training approximately 50 per cent of the UK's oncologists, and is the only National Institute of Health Research Specialist Biomedical Research Centre dedicated to cancer. The Institute has a long history with the Royal Marsden National Health Service (NHS) Foundation Trust and the Institute's research and academic objectives remain closely aligned with those of the Royal Marsden. Both institutions continue to share campus facilities in Chelsea and Sutton. The Institute has over 1,000 staff and the Royal Marsden over 2,300. Together the two institutions form the largest concentration of cancer care in Europe. For research purposes, the Institute is organised into 18 'sections' (the equivalent of academic units or departments).

4   In 2003 the Institute was admitted to full college status of the University of London (the University), operating under its Statutes and Ordinances and awarding the University's degrees. At the time of the audit there were 128 full-time and 14 part-time MPhil/PhD students, 21 MD (Res) students, 10 MD students and 103 Postgraduate Certificate/Diploma and MSc Oncology students.

5   The Institute's vision, mission and values, which are set out in its Strategic Plan, fully inform and guide its work. The Institute's mission is 'to relieve human suffering by pursuing excellence in the fight against cancer through:

●   research into the causes, prevention, diagnosis and methods of treatment of cancer

●   education and advanced training of medical and scientific staff

●   treatment and care of the highest quality for cancer patients

●   attraction and development of resources to the optimum effect'.

6   The last audit in 2004 found that broad confidence could be placed in the soundness of the institution's current and likely future management of the quality of its academic programmes and the academic standards of its awards. The present audit team found that the institution had responded positively to most of the recommendations from the last audit.

7   Since the last audit the Institute has developed its first postgraduate taught awards: the part-time Postgraduate Certificate/Diploma and MSc in Oncology (the oncology course). The Postgraduate Certificate/Diploma awards have been designed to prepare doctors for the Royal College of Radiologists' examinations and students may also opt to complete the full award to achieve the MSc. The first intake of students started the course in March 2006 and no cohort had, at the time of the audit, completed the full programme. These taught awards required the development of new processes and procedures. The audit team found that many of these processes and procedures, critical to the management of academic quality and standards, were not yet fully developed or embedded.

8   Since the last audit, the academic board's committee structure has been reviewed and the terms of reference have been refined to clarify the responsibility of each committee. The audit team found that, on paper, the structure looked fit for purpose, albeit somewhat complex in

respect of the taught provision given the scale of provision. In practice, however, the team identified operational shortcomings with the committee structure that need to be addressed.

9   Primary and ultimate responsibility for the management of academic standards and quality lies with the academic board, chaired by the academic dean. Fundamental to the academic board's ability to exercise its responsibility for the oversight of academic standards is the proper operation of its committees and subcommittees and the appropriate recording of their deliberations. Central to this is that each committee acts only within its delegated authority as described within its terms of reference. The audit team found that this basic practice is not fully embedded in the operation of the committee structure.

10   In respect of the taught provision, the audit team identified some significant areas which require attention and which, in the team's view, should have been identified and dealt with by the academic board and its committees (see sections 2 and 3). The team therefore formed the view that the operation of the academic board's committee structure, in respect of its taught postgraduate provision, was putting academic standards at risk. The team recommends that it is essential that the Institute reviews the operation of delegation within its committee structure to ensure that all committees operate within their terms of reference, decisions are appropriately recorded, and that the academic board can exercise its full responsibilities for the security of academic standards and the quality of students' learning opportunities.

Section 2:   Institutional management of academic standards

11   The Institute describes its deliberative and executive committee structures as the main mechanisms for assuring the academic standards of its awards, based on the monitoring of submission and completion rates for research degrees and annual monitoring of taught awards. The Institute's approach to the management of academic standards is detailed in its regulations, postgraduate research codes of practice, and its learning and teaching strategy. Section 6 (paragraphs 40-50) of this report covers the institutional management of the academic standards of postgraduate research awards. With few exceptions, the remainder of this section of the report deals exclusively with the institutional management of the academic standards of taught provision.

12   The Institute has a policy and procedure for the validation of taught programmes although, with the updating of the terms of reference for quality assurance for learning and teaching committee, these are now out-of-date. The audit team was surprised that the Postgraduate Certificate/Diploma and MSc Oncology validation panel recommended approval of the full MSc (as opposed to the Postgraduate Certificate and Diploma only), since the dissertation module descriptor was not presented to the validation panel, nor were several other significant pieces of information relating to the research phase and its supervision and assessment. It was, therefore, unclear how the panel could have fulfilled its responsibility adequately for ensuring academic rigour for the full programme and verifying that appropriate and sufficient resources would be available; nor was it clear how such significant shortcomings could be considered as only minor modifications, requiring only the academic dean's approval, before the full programme could go to the academic board for formal approval.

13   Although students were due to start the dissertation stage of the MSc in September 2008, the arrangements for the assessment of the dissertation were yet to be resolved at the time of the audit. While there was no evidence that these shortcomings had affected the academic standards of the awards or the quality of students' current learning opportunities, the audit team was concerned about the potential risks due to the lack of rigour of the current validation policy and procedure. The team, therefore, recommends that it is advisable that the Institute review and update the procedures by which taught provision is validated and periodically reviewed.

14   The audit team found frequent references by the Institute to the need to develop annual monitoring and review of its taught postgraduate programme. There was evidence that the oncology course has been subject to feedback, however, the Institute has yet to implement

a formal routine programme monitoring process. Consequently, the Institute is entering its third year of running the oncology course and still has no formal mechanism for judging the effectiveness of the programme in achieving its stated aims, and/or the success of students in attaining the intended learning outcomes. A comprehensive draft policy and procedure were, at the time of the audit, going through the committee structure and were due for implementation in the 2008-09 academic year. The team formed the view that the lack of formal monitoring was putting the academic standards of the taught postgraduate course at risk and recommend that it is essential for the Institute to communicate and implement a formal and comprehensive routine programme monitoring process.

15   Given the expertise of the teaching staff, the enthusiasm and commitment shown by key members of the teaching team and confirmation of standards by the external examiner, the audit team had no cause to doubt the academic standards achieved by students or the quality of learning opportunities available to students. The team recognised that the Institute had plans to address some of the issues identified above, although the team also found evidence that previous plans, for example, updating of the oncology course student handbook and an integrated, systematic and coherent approach to quality enhancement processes, while well considered and intentioned, were not always implemented within a reasonable timescale.

16   The Institute has fully reviewed and embraced the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*. In respect of its taught provision, while the Institute's general regulations claim to reflect the *Code of practice*, the lack of institutional oversight, non-implementation of formal annual course monitoring after two years of course delivery, and the lack of a formal process for considering and responding to external examiner reports (see paragraph 17), all suggested to the audit team that the institution has not fully engaged with the *Code of practice* in respect of its taught provision. The team concluded that the Institute's lack of engagement with these important external reference points for the management of academic quality and standards of its taught awards has the potential to put academic standards at risk. It is therefore advisable that the Institute reviews its engagement with the *Code of practice* and other external reference points.

17   For the taught course, there is no clearly articulated and followed process to ensure that external examiners' reports are considered fully by a committee or shared with students. Actions proposed in response to external examiners' reports are not formally considered, approved and recorded; there is no overview report drawing out themes and recurring recommendations considered by a key committee, and there is no formal response provided to external examiners. The audit team found that an issue that external examiners had identified with a module (which had also been identified as a concern at validation) remained unresolved for over two years. The team recommends that it is essential for the Institute to develop a formal mechanism to ensure that full consideration is given to external examiners' reports; the outcomes of the consideration, including action taken is recorded; and that external examiners are provided with a formal considered response to their comments and recommendations and the actions taken.

18   The Institute has a number of effective practices to support the assessment of taught postgraduate students, including double blind-marking of assessments; anonymous examination boards; clear assessment criteria for presentations and written work; clear instructions to fractional lecturers on the preparation of multiple choice questions, and discussions on assessment at the course team's away days.

19   However, the audit team found the Institute's current approach to taught postgraduate assessment to be underdeveloped and insufficiently articulated and publicised. The Institute does not currently have an assessment policy, examination boards are poorly attended by module leaders and the rules for condonement are poorly understood. There are no formal procedures to deal with confidential and/or sensitive extenuating circumstances. The procedures for developing, approving and marking assessments were explained to the team but are not documented, and no evidence was provided that the Institute monitored these processes to ensure they are

operated fairly and consistently. The team concluded that the institution's approach to assessment is currently putting the academic standards of the taught awards at risk and therefore recommends that it is essential that the Institute develop an assessment policy that clearly specifies assessment principles, procedures and processes and disseminates this to staff, students and external examiners. In addition, the team formed the view that the lack of attendance by module leaders at examination boards reduces the quality of the board's decision-making and has the potential to put academic standards at risk. The team recommends that it is advisable that the Institute ensures appropriate attendance by internal examiners at examination boards to enable a full and comprehensive discussion of the modules under consideration.

20   Students whose assessment performance is affected by illness, death of a near relative or other cause judged sufficient by the examination board, may apply within seven days of the assessment deadline to the chair of the board of examiners, with evidence, requesting without penalty to resit the examination or to resubmit the assessment. These requests are discussed at the full examination board but there are no formal procedures to deal with confidential and/or sensitive issues, or easily accessible written guidance for students. The audit team concluded that this approach does not protect the privacy of students nor promote consistency and transparency in the treatment of students. The team therefore recommends that it is advisable for the Institute to review and update its procedures for extenuating circumstances submitted by students to examination boards to ensure appropriate student confidentiality and equity of treatment.

21   The audit team found evidence of close monitoring of the progression of research degree students and the use of statistical management information to assure the academic standards of its research degree awards. However, the Institute had some difficulty in providing the team with clear, unambiguous information relating to students on the taught awards, and student data is not used routinely by the course team to monitor either standards or the quality taught postgraduate students' learning opportunities. The team concluded that the institution is not using statistical management information effectively to assure the academic standards of its postgraduate taught awards and therefore recommends that it is advisable that the Institute develop systems for the monitoring of admissions, retention, progression and completion data for taught provision to inform internal monitoring and enhancement processes.

22   The audit team found that confidence can reasonably be placed in the soundness of the Institute's current and likely future management of the academic standards of the postgraduate research awards; limited confidence can be placed in the soundness of the Institute's current and likely future management of the academic standards of postgraduate taught awards.

Section 3:   Institutional management of learning opportunities

23   The Institute has made good use of external reference points to shape the curriculum to meet the requirements of clinical and medical oncologists, and the *Code of practice, Section 1: Postgraduate research programmes* to shape the support and supervisory arrangements for research degree students. However, as already noted, the audit team found that there has been more limited engagement with the Academic Infrastructure to support and enhance students' learning opportunities on the oncology course.

24   Despite these shortcomings, the Institute is clearly committed to gathering feedback from its students and this is demonstrated by communications to staff and the range of activities in place to gather feedback. In order to capture a more holistic view of the research degree provision, the Institute is introducing another type of questionnaire. Two questionnaires, one for MPhil/PhD and one for MD (Res) have been approved by the research degrees committee. However, following discussions with the students, who have expressed a preference for using the questionnaire developed for the student written submission, the Institute is reconsidering the exact nature of the questionnaire. The audit team viewed this as an example of the Institute's responsiveness to student feedback.

25   The audit team formed the view that the Institute considers student involvement to be an essential element in the decision-making processes. Students are represented on most of the Institute's committees with representatives elected to these committees on an annual basis by the student body. The team observed that there was generally a good attendance at committee meetings by student representatives and that they had made significant contributions at all levels. Supplementing these formal committees are a number of more informal arrangements for consulting the student body.

26   The oncology course is the Institute's first taught course and the original validation of the course was, understandably, designed without student involvement. The audit team formed the view, however, that the Institute should give serious consideration to increasing student involvement in any future periodic review or revalidation of the MSc course. The team therefore recommends that it is desirable that the Institute considers the benefits of increasing student participation in the monitoring and review of taught provision.

27   Operating at the cutting edge of world-class cancer research, the Institute necessarily provides a rich and stimulating research environment for its students. Its relationship with the Royal Marsden NHS Foundation Trust and various other health trusts offers a number of benefits for students' learning opportunities.

28   Resources to support student learning are comprehensive. There are libraries on both sites which are considered excellent by the student body. By the end of 2008 it is intended that 96 per cent of the Institute's estate will have been fully refurbished or newly built within the last 10 years, thereby ensuring that research is conducted in modern, fit-for-purpose, efficient, open-plan and interactive laboratories. Recognising that the oncology course requires additional teaching space, the Institute was, at the time of the audit, acquiring new teaching and office space in a building adjacent to its existing accommodation in Chelsea.

29   A key component of the Institute's learning and teaching strategy has been the use of technology to support learning. To support, for example, the recently launched oncology course, a virtual learning environment has been set up and is overseen by a designated administrator. The audit team found a high degree of student satisfaction with learning resources and formed the view that the Institute's approach to learning resources makes a strong contribution to the management of the quality of students' learning opportunities.

30   Course documents seen by the audit team made it clear that the joint oncology course leaders and, as appropriate, the joint module leaders have responsibility for the day-to-day academic and personal welfare of their students. The students, as employees of the NHS or equivalent, also have access to support services in their organisations and can consult an educational adviser at their place of work should the need arise. The student written submission recorded that pastoral, academic and administrative support were generally considered satisfactory to good, with administrative support seen as particularly good. This view was confirmed in discussions between the students and the team.

31   The Institute seeks to recruit, motivate and retain the very best academic and support staff. Key features of its approach are generous relocation packages, competitive salaries, pump-priming for research projects and the availability of academic titles. In addition to individual assessments, the corporate management group conducts an annual review of career development which places the work of individuals and teams within the strategic context of the Institute. The Institute has developed a 'Learning Site' which includes internal courses, other training events, learning resources and online training packages. The extensive series of online training packages cover a wide range of topics, some of which form the core part of the mandatory training that staff must complete during their probationary period. Staff who met the audit team reported that they had used the site and valued the information it contained. The human resources database holds details of all Institute-provided training attended by staff.

32   Institute support for the training and development of research staff is well embedded: specific support for teaching and learning is, however, embryonic. There is a budget to support such specific activity but the audit team formed the view that the size of the budget would preclude any significant activity being taken up by staff and, at the time of audit, it had not been extensively used.

33   Overall, the audit team found that confidence can reasonably be placed in the soundness of the Institute's present and likely future management of the quality of the learning opportunities available to students.

Section 4:   Institutional approach to quality enhancement

34   In developing its quality assurance processes the Institute seeks to achieve an integrated, systematic, and coherent approach to quality enhancement, making effective use of data gathered from a variety of internal and external sources. Particular attention is paid to the recruitment and completion rates of MPhil/PhD students. The Institute benchmarks itself against other research-intensive universities with a view to determining best practice across the sector. The audit team found that for its research degrees this information was effectively used to improve the research programmes.

35   As noted above, the Institute seeks to recruit and reward appropriately the very best academic and support staff. Exceptional performance is financially rewarded and other tangible benefits include funding of particular research projects and the award of appropriate academic titles.

36   The Institute espouses the principle of continuous improvement in the learning environment, management, and curriculum development of its programmes. It was evident to the audit team that this approach, embedded at all levels of the Institute, was being effectively used to enhance its research degree programmes, and a number of positive developments, some of which were identified in this audit as features of good practice, had resulted.

37   The audit team found that the same practice was not being applied to the Institute's taught awards, where a lack of formal annual monitoring made it impossible for a clear enhancement approach to be implemented.

38   Overall, the audit team found that, in respect of its postgraduate research programmes, the Institute had a well articulated and strategic approach to quality enhancement. For taught programmes, the team found a less developed institutional approach to quality enhancement.

Section 5:   Collaborative arrangements

39   Apart from close links with the Royal Marsden NHS Foundation Trust and the University of London, the Institute has little in the way of formal educational collaborative activity. The audit team learnt that over the years there has been a steady trickle of one to two new enrolments from the Marie Curie Research Institute every year and that there was desire now on the part of both institutions to adopt a more formal collaborative approach for this research training for an anticipated seven to eight students per year. The team discussed with senior staff of the Institute the processes by which this collaborative activity was being taken forward and, based on this, recommends that while reviewing its engagement with the *Code of practice* and other external reference points, the Institute should review its policies and procedures for collaborative partnerships against the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

Section 6:   Institutional arrangements for postgraduate research students

40   At the time of the last Research Assessment Exercise in 2001, all of the Institute's research was judged to be of 'international excellence', scoring 5 or 5*. The majority of that work was subsequently upgraded to 6/5** due to its long-term consistently high standard. Not surprisingly, the Institute has a consistently good record of generating successful grant applications to support its work. The Institute has been ranked fourth internationally (and first outside the USA) for publishing scientific papers with the biggest impact on basic and clinical cancer research between 1994 and 2003, and led all UK higher education institutions in the impact of its research papers on biomedical science between 2001 and 2005.

41   Operating at the cutting edge of world-class cancer research, the Institute provides a rich and stimulating research environment for its postgraduate research students. Its relationship with the Royal Marsden and various other health trusts fosters its 'Bench to bed and back again' philosophy - signifying the interdependent relationship between laboratory-based research and patient treatment - that permeates the work of the Institute.

42   Research degrees are examined under the University's regulations. The procedures for submission of a thesis, appointment of examiners and the conduct of the examination are clearly laid out. From June 2008, the Institute took over responsibility for the nomination and approval of research degree examiners, while the administrative arrangements will continue through the University's Research Degrees Examinations Office.

43   Over recent years the Institute has consistently achieved a 100 per cent pass rate for PhD submissions and the percentage of students submitting within four years from first registration averaged over the five years to 2005 at 70.6 per cent and a rate of 68 per cent was achieved in 2006. These figures compare well with comparable UK national averages. In 2007 the Institute was third highest in England in the Higher Education Funding Council for England's report on research degree qualification rates.

44   The Institute has recently revised its admissions processes to focus on a discrete and concentrated interview period underpinned by a newly developed online application process. It was clear from the documentation seen by the audit team that the Institute monitored all these changes very carefully. Lessons have clearly been learnt by the institution that will undoubtedly improve the process in future years, and it is clear from the detailed and comprehensive review of the process undertaken by staff, using feedback from applicants and staff, that the new arrangements were very positively received and the admissions event deemed entirely successful. The team considered the revised postgraduate research student application and recruitment process, matching students to projects and supervisors, to be a feature of good practice.

45   The Institute has a well-developed structure for the induction and supervision of MPhil/PhD students. All recognised supervisors must have undertaken training, one day initially then half-day refresher courses every five years, and must have seen a student through from start to completion within four years. Though varying from discipline to discipline, students meet with their primary supervisor on average every six weeks. The audit team recognised, as confirmed by students, that research students are assigned to research teams and that support and oversight is given on an almost daily basis by the post-doctoral staff within the team. Students who met the team expressed satisfaction with both the nature and level of supervisory support offered, although none perceived any significant value from the institution's backup supervisor arrangement.

46   Progress of students is closely monitored to ensure the maximum opportunity to complete within the four year period. Since the last audit the Institute has also sought to bring the supervision and monitoring of MD (Res) students more in line with that of the MPhil/PhD students. The audit team found the arrangements for ensuring that postgraduate research students are well supported in their research programme, thereby contributing to successful completion of their studies within four years, to be a feature of good practice.

47   As part of the supervisory process, the Institute introduced portfolios for MPhil/PhD students in 2003 and for MD (Res) students in 2008. The portfolio, to be renamed the personal development plan, is intended to provide a comprehensive record of the learning and achievement during the student's programme of study. The portfolio is formally reviewed on an annual basis with the back-up supervisor.

48   At the end of the first year, students are expected to prepare a transfer report as part of the MPhil to PhD transfer process and to be orally examined by a panel. The student receives written feedback from an independent assessor before the viva and, in addition to a recommendation to transfer or not, feedback from the panel afterwards in the form of broad comments and a score sheet addressing different aspects of the written report and viva performance. At the end of the second year a further report is prepared in addition to a detailed plan of proposed work. At the end of the third year a further report on progress is produced, with details of the thesis structure and planned submission date. During the fourth year, students are required to submit a quarterly report on progress with their thesis to their supervisor and the dean's team. During the final year, students meet quarterly with the deputy dean/senior tutor to review submission plans. Students are also required to give a poster or a talk about their research in their final year at the Institute's annual conference.

49   All research students are provided with a hardback version of Study Skills: A Student Survival Guide produced by the Institute's interactive education unit and with a training and information booklet produced by the Institute's learning and development unit outlining the learning and development resources provided centrally by the Institute for staff and students. The audit team learnt during its discussions with students that these materials and courses were highly regarded. The Institute has also developed in collaboration with leading scientists and clinicians of the Institute and the Royal Marsden, a cancer science website entitled 'Perspectives in Oncology' aimed particularly at new MPhil/PhD students.

50   A highlight of the Institute's academic year is the annual conference - a two day event which aims to share knowledge and expertise across the Institute and the Royal Marsden and to encourage collaboration in research. The audit team considered the annual conference, which provides an excellent opportunity for postgraduate research students to present their work to staff and fellow students, to be a feature of good practice.

Section 7:   Published information

51   The Institute, through its website, publishes a substantial range of material covering details of every aspect of its work. Postgraduate research students can apply online and postgraduate taught students can download application forms: in both cases detailed material is available to inform their decision-making. At the time of the audit the Registry web pages were being redesigned, as part of an overall intranet redesign, to provide better information to staff and students.

52   The Institute makes considerable use of its website to disseminate its scientific work and as a vehicle for engaging both prospective and current students in its activities. The Institute also actively uses online learning to support both staff and students.

53   All students who met the audit team were of the view that the information available to them prior to enrolling as a student was an accurate reflection of their experience of the Institute post-enrolment.

54   Postgraduate taught students receive a single handbook which contains a section on academic regulations, including appeals, and the audit team noted that taught postgraduate students wishing to make an appeal must request a review of an examination board decision within two working days of the results having been declared. This is in contrast to the 10 working days, following receipt of their results, accorded to research students. The team formed the view that the information available to postgraduate taught students, in respect of representations,

complaints and appeals, could be considerably enhanced. The team therefore recommends that it is advisable that the Institute ensures that postgraduate taught students are issued with information about complaints procedures and reconsiders the amount of time in which students can make an appeal.

55   Overall, the audit team regarded the information available to potential students to be of a high standard with regard to accuracy, clarity and presentation. The audit found that reliance could reasonably be placed on the accuracy and completeness of the information that the Institute publishes about the quality of its educational provision and the standards of its awards.

Section 8: Features of good practice and recommendations

Features of good practice

56   The audit team identified the following areas as being good practice:

- the revised postgraduate research student application and recruitment process, matching students to projects and supervisors (paragraph 44)

- the arrangements for ensuring that postgraduate research students are well supported in their research programme, thereby contributing to successful completion of their studies within four years (paragraph 46)

- the annual conference that provides an excellent opportunity for postgraduate research students to present their work to staff and fellow students (paragraph 50).

Recommendations for action

57   The audit team recommends that the Institute consider further action in some areas in respect of the postgraduate taught awards.

Recommendations for action that the audit team considers essential:

- review the operation of delegation within its committee structure to ensure that all committees operate within their terms of reference, decisions are appropriately recorded, and that Academic Board can exercise its full responsibilities for the security of academic standards and the quality of students' learning opportunities (paragraph 10)

- communicate and implement a formal and comprehensive routine programme monitoring process (paragraph 14)

- develop a formal mechanism to ensure that full consideration is given to external examiners' reports; the outcomes of the consideration, including action taken is recorded; and that external examiners are provided with a formal considered response to their comments and recommendations and the actions taken (paragraph 17)

- develop an assessment policy that clearly specifies assessment principles, procedures and processes and disseminate this to staff, students and external examiners (paragraph 19).

Recommendations for action that the audit team considers advisable:

- review and update the procedures by which taught provision is validated and periodically reviewed (paragraph 13)

- review its engagement with the *Code of practice* and other external reference points (paragraph 16)

- ensure appropriate attendance by internal examiners at examination boards to enable a full and comprehensive discussion of the modules under consideration (paragraph 19)

- review and update procedures for extenuating circumstances submitted by students to examination boards to ensure appropriate student confidentiality and equity of treatment (paragraph 20)

- develop systems for the monitoring of admissions, retention, progression and completion data for taught provision to inform internal monitoring and enhancement processes (paragraph 21)

- ensure that postgraduate taught students are issued with information about complaints procedures and reconsider the amount of time in which students can make an appeal (paragraph 54).

Recommendation for action that the audit team considers desirable:

- consider the benefits of increasing student participation in the monitoring and review of taught provision (paragraph 26).

Appendix

The Institute of Cancer Research's response to the institutional audit report

We are satisfied with the outcome of our Institutional audit and delighted by the confidence placed by the auditors in our management of academic standards and the quality of learning opportunities we offer to our research students. We were especially pleased that our strengths in this area of provision were recognised and that outcomes of recent work to review our recruitment process and support for students to submit within four years were identified as examples of good practice.

The audit process has been extremely helpful in refining and focusing the development of our institutional processes to support the introduction of taught degree programmes. We wish to confirm that all the recommendations will be addressed in our post-audit implementation plan and as part of our ongoing commitment to continuous improvement. Some of the recommendations relate directly to work we were already undertaking and the majority of actions are already completed.

We particularly wish to thank the audit team for the courteous and constructive approach they adopted to our audit. This was appreciated by all staff and students who participated.

October 2008