Higher Education Review (Plus) of Medipathways Ltd t/a Medipathways College

March 2015

Contents

About this review

This is a report of a Higher Education Review (Plus) conducted by the Quality Assurance Agency for Higher Education (QAA) at Medipathways Ltd t/a Medipathways College, which took place from 16 to 19 March 2015 and was conducted by a team of two reviewers, as follows:

- Ms Ann Hill
- Revd Professor Kenneth Newport.

The main purpose of the review was to investigate the higher education provided by Medipathways and to make judgements as to whether or not its academic standards and quality meet UK expectations. These expectations are the statements in the UK Quality Code for Higher Education (the Quality Code)[1] setting out what all UK higher education providers expect of themselves and of each other, and what the general public can therefore expect of them.

In Higher Education Review (Plus) the QAA review team:

- makes judgements on
  - the setting and maintenance of academic standards
  - the quality of student learning opportunities
  - the information provided about higher education provision
  - the enhancement of student learning opportunities
- provides a commentary on the selected theme
- makes recommendations
- identifies features of good practice
- affirms action that the provider is taking or plans to take.

In Higher Education Review (Plus) there is also a check on the provider's financial sustainability, management and governance (FSMG). This check has the aim of giving students reasonable confidence that they should not be at risk of being unable to complete their course as a result of financial failure of their education provider.

A summary of the findings can be found in the section starting on page 2. Explanations of the findings are given in numbered paragraphs in the section starting on page 5.

In reviewing Medipathways Ltd t/a Medipathways College the review team has also considered a theme selected for particular focus across higher education in England and Northern Ireland. The themes for the academic year 2014-15 are Student Involvement in Quality Assurance and Enhancement, and Student Employability,[2] and the provider is required to select, in consultation with student representatives, one of these themes to be explored through the review process.

The QAA website gives more information about QAA and its mission.[3] A dedicated section explains the method for Higher Education Review (Plus).[4] For an explanation of terms see the glossary at the end of this report.

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[1] The UK Quality Code for Higher Education is published at:
www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code.
[2] Higher Education Review themes:
www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=106.
[3] QAA website: www.qaa.ac.uk/about-us.
[4] Higher Education Review (Plus): www.qaa.ac.uk/en/ReviewsAndReports/Pages/Educational-Oversight-.aspx

Key findings

QAA's judgements about Medipathways Ltd t/a Medipathways College

The QAA review team formed the following judgements about the higher education provision at Medipathways Ltd t/a Medipathways College.

- The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies **does not meet** UK expectations.
- The quality of student learning opportunities **does not meet** UK expectations.
- The quality of the information about learning opportunities **requires improvement to meet** UK expectations.
- The enhancement of student learning opportunities **does not meet** UK expectations.

Good practice

The QAA review team identified the following features of **good practice** at Medipathways Ltd t/a Medipathways College.

- The appointment and retention of strongly motivated, well-qualified and dedicated staff (Expectation B3).
- The support for students in achieving their career goals, including the promotion of external extracurricular learning opportunities (Expectation B4).
- The high level of academic and IT support for all students and in particular the Medimentors scheme (Expectation B4).

Recommendations

The QAA review team makes the following **recommendations** to Medipathways Ltd t/a Medipathways College.

By July 2015:

- assure the accuracy of the information that the College produces, so that all information is trustworthy and accurately reflects the College's higher education provision and progression opportunities (Expectation C).

By September 2015:

- ensure that success indicators are clearly defined for all action points relating to the findings of the QAA HER (Plus) report in 2014 (Expectation A2.1)
- revise the terms of reference, membership and reporting lines within the deliberative framework to clarify alignment with the Quality Code, and to ensure coherent underpinning of quality assurance systems, the communication of committee decisions to all staff, and increased staff awareness of the Quality Code (Expectations A2.1, B3)
- ensure that the College strategic plan articulates clearly the College's priorities for the next five years, including projected growth (Expectations B3, A2.1)

- ensure that the current Course Design and Approval Processes are coherent with the reporting lines in the deliberative structure, consistent in their application, and assure adequate oversight of the maintenance of academic standards and quality (Expectations A3.1, B1)
- develop a strategic and systematic approach to the consideration of staffing and learning resources infrastructure to meet current and future requirements (Expectations B3, B10)
- formalise existing processes so that there is a clear, comprehensive annual staff development plan, which is mapped against the College's strategic plan and is regularly monitored and evaluated (Expectation B3)
- implement the recommendation of the QAA HER (Plus) report in 2014 in respect of the draft Teaching Ethos statement and produce an action plan with defined responsibilities, which is regularly reviewed (Expectation B3)
- measure and monitor the effectiveness of the Equality and Diversity Policy (Expectations B4, C)
- formalise student contributions to the College's strategic plan and develop a systematic and consistent approach to student membership of committees (Expectation B5)
- strengthen the process for annual monitoring to provide a greater level of analysis to facilitate enhancement and inform wider developments relating to employability, including specific dates for action and the allocation of responsibilities (Expectations B8, A3.3).

By December 2015:

- continue to monitor formal agreements with off-site providers to ensure that managed growth of the College does not outpace the availability of sustainable resources to support student learning (Expectations B10, B3)
- forge links with potential employers and institutions to promote opportunities for student employability (Expectations B4, B10, Enhancement, Theme)
- ensure a strategic approach is taken to enhancement, which clearly links to strategic priorities and effectively captures enhancement opportunities arising from quality assurance monitoring processes (Enhancement).

Theme: Student Employability

The principal aim of the College is to help students gain places on medical and dental degree courses. The College intends to strengthen its focus on employability and it now has an employability strategy in place. A number of initiatives have already been introduced and are described within this report.

Further explanation of the key findings can be found in the handbook available on the QAA webpage explaining Higher Education Review (Plus).

About Medipathways Ltd t/a Medipathways College

Medipathways Ltd t/a Medipathways College (the College) is a small, independent, specialist higher education provider, which has been offering university-level courses for aspiring medical and dental students since it was established in 2011. All current programmes and qualifications offered are validated by the University of Buckingham (the University).

The College has its origins in an associated organisation, the M&D Group, which ran a Pre-Med course, validated by the University of Sussex, for over 10 years, and which was designed primarily for entry to overseas medical and dental schools. The M&D Group continues as a recruiting agency.

The mission statement of the College is:

> At Medipathways we recognise that the inspiration to study medicine or dentistry of students who have the focus and aptitude should not be hindered merely by competition for places. We understand that a secure progression pathway for our students is just as crucial as achieving academic excellence. Medipathways strives to perfect in both these areas, putting the needs of students first. Our courses not only provide innovative progression routes but also enable students to become competitive.

The College is based in the Bloomsbury district of London; since 2012 all teaching has been undertaken primarily using University of London teaching and laboratory facilities at Birkbeck, University of London. All provision is full-time and there are currently three courses offered: one at level 3, one at level 4 and one at level 6. Enrolments on higher education courses at the time of the review totalled 20, all being home students.

Higher education programmes at the College are validated by the University, which therefore has ultimate responsibility for the academic provision at the College.

The College's current enrolment comprises seven Medical Foundation students, five Pre-Med students, 13 students following the first year of a BSc programme, and 17 students following the second year; all are full-time.

The College was previously reviewed in May 2014, and produced an action plan following that review. The review team considered progress made on the recommendations arising from that review; this is recorded under the relevant Expectations.

Explanation of the findings about Medipathways Ltd t/a Medipathways College

This section explains the review findings in more detail.

Terms that may be unfamiliar to some readers have been included in a brief glossary at the end of this report. A fuller glossary of terms is available on the QAA website, and formal definitions of certain terms may be found in the operational description and handbook for the review method, also on the QAA website.

Explanation of the findings about Medipathways Ltd t/a Medipathways College

1 Judgement: The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies

Expectation (A1): In order to secure threshold academic standards, degree-awarding bodies:

a) ensure that the requirements of _The Framework for Higher Education Qualifications in England, Wales and Northern Ireland_ are met by:

- **positioning their qualifications at the appropriate level of the relevant framework for higher education qualifications**
- **ensuring that programme learning outcomes align with the relevant qualification descriptor in the relevant framework for higher education qualifications**
- **naming qualifications in accordance with the titling conventions specified in the frameworks for higher education qualifications**
- **awarding qualifications to mark the achievement of positively defined programme learning outcomes**

b) consider and take account of QAA's guidance on qualification characteristics

c) where they award UK credit, assign credit values and design programmes that align with the specifications of the relevant national credit framework

d) consider and take account of relevant Subject Benchmark Statements.

Quality Code, _Chapter A1: UK and European Reference Points for Academic Standards_

Findings

1.1 Ultimate responsibility for the academic standards of programmes offered by the College lies with the University. The academic affiliation agreement clearly outlines the relationship, and the University provides explicit statements of responsibility and processes for the management and assurance of the academic quality of the programmes offered within its Collaborations Handbook.

1.2 The University's processes for new provision require that programme proposals are formally considered by external reviewers, who comment upon the programme content in respect of the _The Framework for Higher Education Qualifications in England, Wales and Northern Ireland_ (FHEQ) and relevant Subject Benchmark Statements.

1.3 A periodic review by the University is due to be undertaken in 2016. There is no internal validation process set up as yet. The University maintains a record of validation documents, and approved programmes are recorded in the relevant committee minutes. Changes to validated programmes are recorded in the same way. This information is made available to all students of the College.

1.4   The review team met staff and also scrutinised the partnership agreement, approval and review documentation, external examiner reports, and records of meetings. The team confirms that qualifications are allocated and delivered at the appropriate level of the FHEQ, and that effective arrangements are in place to ensure that this is so, and that the College discharges its obligations appropriately.

1.5   The College meets respective quality assurance requirements, and the informal arrangements relating to Expectation A1, which were commented upon in the previous HER (Plus) report in May 2014, have been, to some extent, strengthened. For example, programme specifications now contain aims and learning outcomes for all levels, and there has been evidence of some increased emphasis on strengthening the recording and deliberation of processes, such as putting into place a new governance structure. However, reference should be made to Expectation A3.1 and B1 regarding the overall effectiveness of these arrangements.

1.6   The review team concludes that the higher education programmes offered by the College are allocated to the appropriate level of the FHEQ. As such, Expectation A1 is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A2.1): In order to secure their academic standards, degree-awarding bodies establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications.

Quality Code, *Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards*

Findings

1.7   The College works with the University to develop systems to assure academic standards. The College operates procedures according to the University's Handbook of Academic Regulations, Governance Handbook and Collaborations Handbook. The Collaborations Handbook defines the responsibilities of the University and its partner institutions for the management and quality assurance of academic standards and standards of the awards conferred by the University.

1.8   Responsibilities are clearly understood, and a meeting with the University's Academic Link Tutor takes place four times a year. The primary role of the Academic Link Tutor is to report regularly on College activities, and provide continuity of contact and advice relating to an overview of academic standards and the quality of learning opportunities. Currently, this key position is vacant and the most recent report of the Academic Link Tutor, reported as having no issues, was not available to the review team. While the College and the University are aware of this situation, it should be kept under close review, as there is potential to affect the maintenance of academic standards.

1.9   Following the previous QAA review in 2014, the College produced an action plan to address the review's 11 recommendations. The review team considered the processes effected by the College to prosecute that plan and noted that some action points were not underpinned by success indicators and staff were unsure as to how the plan was being monitored or by whom. For example, although it was clear that the College was addressing the need to take deliberate steps to facilitate student representation at all relevant levels in the deliberative structure, it was not clear what the outcome and impact would be. The review team **recommends**, therefore, that by September 2015 the College should ensure that success indicators are clearly defined for all action points relating to the findings of the 2014 QAA report.

1.10   It was not clear to the review team which committee specifically considers and monitors the action plan arising from 2014 QAA report. The team tested this at staff meetings. Staff gave the impression of being confused regarding remits of committees and their place within the overarching quality assurance framework of the College. Although some senior staff demonstrated an awareness of the Quality Code, teaching staff were unable to relate it to their teaching practice.

1.11   Through testing the minutes of the College's deliberative structures, the review team found that there is no provision for the consideration of the action plan from the previous QAA review as part of the College's annual programme review reporting processes. In addition, the team found that there is no specific consideration of the Quality Code, although there is some recording of good practice, such as the Medimentoring scheme. The team also examined a variety of committee minutes, noted the brevity of the minutes and observed that the latest Annual Programme Review Report had not been signed off. The review team **recommends** that by September 2015 the College revise the terms of reference, membership and reporting lines within the deliberative framework to clarify alignment with the Quality Code, and to ensure coherent underpinning of quality assurance

systems, the communication of committee decisions to all staff, and increased staff awareness of the Quality Code.

1.12   The College has addressed a previous recommendation from the HER (Plus) report in 2014 in relation to Expectation A2, which was to develop an explicit framework to facilitate progression into medicine, dentistry and other scientific careers, taking into account relevant benchmarks and including closer relationships with a wider range of professional, statutory and regulatory bodies (PSRBs) (see also Expectation B4).

1.13   The College considers that employability skills have been more actively embedded within teaching and learning processes. Following discussions with staff, students and a Medimentor, the review team agreed with this view. The introduction of the Medimentors scheme provides each student with a dedicated academic student mentor. The impact of this initiative has been significant and is discussed in more detail under Expectation B4.

1.14   The College has produced a five-year strategic plan, which has recently been approved by the Board of Directors. The plan articulates in broad terms, through five main aims, the future plans for the College, including aspirations regarding student academic and professional pathways, and general growth. However, the plan does not contain any kind of framework for defined responsibilities, action regarding implementation, relationship to teaching practice, or process for evaluation.

1.15   Although there are plans to introduce an MSc programme, there is no mention of this in the strategic plan. Moreover, the review team was unable to gain a view of projected student numbers for the next five years, hearing contradictory evidence from staff. The review team also noted that, although the strategic plan clearly states that students were involved in reviewing the College strategy, the students with whom the team met were unable to confirm the veracity of this statement. The review team **recommends** that by September 2015 the College should ensure that the College strategic plan articulates clearly the College's priorities for the next five years, including projected growth (see also Expectation B3).

1.16   On the basis of the evidence assessed, and, in particular, the views expressed by a range of senior staff, teaching staff and an external examiner, the review team concludes that Expectation A2.1 is not met owing to continuing shortcomings in the transparency and comprehensiveness of the College's frameworks for assuring academic standards. The associated level of risk is judged to be moderate, rather than serious, in light of the progress which the College has made since the previous QAA review.

Expectation: **Not met**
Level of risk: **Moderate**

Expectation (A2.2): Degree-awarding bodies maintain a definitive record of each programme and qualification that they approve (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

Quality Code, *Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards*

Findings

1.17 The College takes responsibility for using pro formas from the University to develop programme and module specifications. These are aligned to the FHEQ and take consideration of the relevant Subject Benchmark Statements to place the awards at the appropriate level.

1.18 Programme specifications are available in hard copy and through the College's virtual learning environment (VLE). They provide a definitive record and follow a consistent approach. They are detailed and contain clear information regarding stated aims, intended learning outcomes and up-to-date reading lists. The review team confirmed in discussions with College staff that there is no appropriate PSRB engagement in this instance, although the College is working towards more extensive engagement with PSRBs, including the Royal Society of Medicine and the National Health Service (NHS).

1.19 Students confirmed that they have a good understanding of their programmes prior to entry, although some thought that their expectations may have been too high (see Expectation C). Students confirmed that they are familiar with their programme and module specifications, and demonstrated that they have a clear understanding of assessment and grading criteria.

1.20 The University holds a record of validation documents and approved programmes are recorded in the relevant committee minutes. Changes to validated programmes are recorded in the same way; there is a process in place for periodic view by the University, although this is not due until 2016.

1.21 Any changes or amendment to the external reference points for threshold standards are communicated to the College by the University. Students and staff confirmed that they have a definitive record, which is used to provide students with their records of study.

1.22 The review team found that this approach enables the College to meet Expectation A2.2, and that the College understands its responsibilities for maintaining a definitive record of each programme. The team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.1): Degree-awarding bodies establish and consistently implement processes for the approval of taught programmes and research degrees that ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

Quality Code, *Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards*

Findings

1.23   While the University is ultimately responsible for ensuring that the characteristics, learning outcomes and assessment levels are set at the appropriate level, according to its self-evaluation the College, '…is responsible for the design of new programmes and review of existing programmes'. There is an approval checklist from the University which asks for information regarding FHEQ levels, ethical issues, teaching expertise, and compliance with the Quality Code and Subject Benchmark Statements. There is a Course Design and Approval Process, as well as a Flow Chart. The College is in the process of developing new provision in the form of an MSc programme to run from September 2016. Externality in the process comes via external advisers who, according to the Flow Chart, feed in at an early stage.

1.24   The review team concludes that these processes are, in principle, such that adherence to UK threshold standards could be assured. It did note, however, the relative brevity of the documents governing the processes and, moreover, the absence in those documents of a clear description of who in the College is responsible for doing what. The team also found that the Course Design and Approval Process document contained some inconsistencies and repetitive activity (see also Expectation B1).

1.25   To test the Expectation, the review team examined a range of documentation provided by the College and spoke with a number of staff. The range of evidence taken into consideration is outlined under Expectation B1.

1.26   The review team found that the operation of the process for the approval of academic provision within the College was inconsistent, and that there were examples of breaches by the College of its own quality assurance management procedures. The team also noted examples of ineffective operation of parts of the College's governance structure as it relates to quality assurance. These examples are described in section B1.

1.27   The review team **recommends** that by September 2015 the College ensure that the current Course Design and Approval Processes are coherent with the reporting lines in the deliberative structure, consistent in their application, and assure adequate oversight of the maintenance of academic standards and quality.

1.28   The review team concludes that, in light of the breaches of its own quality assurance management procedures, as well as examples of ineffective operation of those procedures, the College is failing to discharge its responsibilities under this Expectation for the setting of academic standards at the appropriate level. The Expectation is, therefore, not met and presents a serious risk to the assurance and maintenance of academic standards, as well as to the quality of student learning opportunities.

Expectation: Not met
Level of risk: Serious

Expectation (A3.2): Degree-awarding bodies ensure that credit and qualifications are awarded only where:

- **the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment**
- **both UK threshold standards and their own academic standards have been satisfied.**

Quality Code, *Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards*

Findings

1.29   The College works to the framework for the assurance of academic standards prescribed by the University. Appropriate levels of study are ensured through explicit alignment with the FHEQ and Subject Benchmark Statements via programme design and approval, the input of external examiners, and the University's requirements for annual monitoring of provision. Credit is awarded only when the achievement of learning outcomes has been demonstrated via assessment. A Standardisation Committee and Exam Board, which are attended by the external examiner as well as University staff, assure that marks are properly and accurately recorded.

1.30   The review team found that the arrangements outlined above are, in theory, likely to provide appropriate levels of assurance about the maintenance of academic standards, and with respect to ensuring that credit is awarded on the basis of assessment against appropriately levelled learning outcomes.

1.31   To test this Expectation the review team examined a range of documentation provided by the College, and discussed arrangements with staff and with the external examiner. Documents examined included external examiner reports, particularly the most recent, and the BSc programme specification (October 2013).

1.32   The review team found that, overall, the arrangements for the award of credit were effective and underpinned by an appropriate range of assessment that gave students the opportunity to demonstrate that learning outcomes had been achieved. It noted the comments of the external examiner, and that the documentation relating to modules and programmes evidenced an academic framework that provides assurance regarding the award of credit and confirmation of awards, as related to the achievement of learning outcomes and programme aims.

1.33   The review team noted the contribution of an external examiner, who confirmed that he was routinely consulted on assignments and also confirmed that the arrangements within the College for marking, including second marking and moderation, were appropriate. There is a Pre-Exam Board, and both a University representative and the external examiner attend Exam Boards.

1.34   The review team noted that in the QAA report of May 2014, attention was drawn to issues relating to possible over-assessment. This matter has now been addressed, and the student submission comments favourably on matters relating to assessment. Students also commented very favourably on the way in which the College had consulted with them with regard to assessment deadlines, which were now being coordinated across all modules.

1.35   On the basis of the evidence above, the review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.3): Degree-awarding bodies ensure that processes for the monitoring and review of programmes are implemented which explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree-awarding body are being maintained.

Quality Code, *Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards*

Findings

1.36   The College is subject to the framework for monitoring and reviewing programmes prescribed the University. Annual monitoring includes review of external examiner reports, which themselves make explicit reference to external reference points relating to threshold academic standards. The Course Committees are central to the process of gathering a range of data relating to this area, although the Teaching, Learning and Assessment Committee (TLA) carries responsibility for ensuring that the overall process is conducted appropriately. Results of annual monitoring are communicated to the University.

1.37   The review team found that, in principle, the arrangements for the monitoring and review of programmes provide for the maintenance of threshold academic standards. As noted further under Expectation B8, however, the team found ambiguities in the College's documentation, which may lead to a lack of clarity of responsibilities. It also noted that the Course Review and Monitoring Process document provides a brief outline of that process rather than full guidance. This supports the recommendation set out in section B8 for the strengthening of annual monitoring.

1.38   To test this Expectation the review team examined a range of documentation provided by the College, and discussed arrangements with College and University staff and with students. Details of the documentary evidence considered and meetings held are given under Expectation B8.

1.39   The review team also explored preparations for periodic review, and learned that since no review was due until 2016 no process had been established. The team noted, however, that there was reasonably clear evidence that the College wished to engage in a review sooner than originally planned. For example, the team noted that in the Annual Programme Review Report 2013-14 that, '…the Director of Teaching and Learning (DTL) will propose a programme review to bring about the desired changes,' and that, 'Approval of revised BSc programme' will be sought. Staff also spoke of the 'new' BSc being in place for September 2015, although the senior team indicated that the timescale may not permit this. The team concludes, therefore, that while no detailed process for periodic review was in place, such a review was being planned.

1.40   On the basis of the evidence cited above, and further evidence set out under Expectation B8, the review team concludes that the Expectation is met and the associated level of risk is moderate owing to the need to strengthen the rigour with which annual monitoring is conducted.

Expectation: Met
Level of risk: Moderate

Expectation (A3.4): In order to be transparent and publicly accountable, degree-awarding bodies use external and independent expertise at key stages of setting and maintaining academic standards to advise on whether:

- **UK threshold academic standards are set, delivered and achieved**
- **the academic standards of the degree-awarding body are appropriately set and maintained.**

Quality Code, *Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards*

Findings

1.41   The College has systems in place to ensure levels of externality in the setting and maintaining of academic standards. Part of this externality is in the form of support and guidance provided by the University. External examiners are appointed by the University and complete the standard University report form. There are regular meetings with the University's Director of Collaborations, and there is also an Academic Link Tutor, although that post is currently vacant. The College has recently moved from having an External Advisory Board to incorporating externality into other committees within the College. It has also taken steps to ensure the continuity of external examining support.

1.42   To test this Expectation the review team examined a range of documentation provided by the College, and discussed arrangements with College and University staff.

1.43   The review team considered that arrangements for external examining were appropriate (see also Expectation B7). However, the team did not regard the level of externality in the College's committee membership as being consistent with the assertion in its self-evaluation that externality in its governance structures had been strengthened. The team noted that external members are not listed for most committees, including the Course Committee and the Quality Management and Advisory Team (QMAT), both of which have quality-related responsibilities. It also noted no external participation in the meetings of TLA in 2014-15 (10 September 2014, 13 November 2014 (where the four 'consultants' listed are members of College staff), 8 December 2015 or 11 February 2015).

1.44   External 'advisers' may be invited to meetings of the Board of Directors, although only those from the University were present on 17 November 2014. An external was present at the meeting of the Board of Directors on 10 December 2014. The College suggested to the review team that an external was invited to each meeting of the Board of Directors, although attended only when the agenda contained an item of particular relevance.

1.45   The review team noted, however, that at key points, for example, in the arrangements for assessment and programme monitoring, the College has ensured externality, mainly via the external examiner and the University. It also noted that the College had the opportunity to draw on external expertise at the TLA and by invitation, and at the Board of Directors (again by invitation). The team also noted that the link with the University provided a wider level of external support, the current absence of a Link Tutor notwithstanding. Effective arrangements for external examining are in force. Overall, therefore, the review team concludes that the Expectation is met but there is a residual moderate risk related to inconsistencies in the involvement of external members in the College's governance structures.

Expectation: Met
Level of risk: Moderate

The maintenance of the academic standards of awards offered on behalf of degree-awarding bodies: Summary of findings

1.46   In reaching its judgement about the maintenance of academic standards of awards offered on behalf of degree-awarding bodies, the review team matched its findings against the criteria specified in Annex 2 of the published handbook.

1.47   Of the seven Expectations in this area, five are met. Three of these five Expectations are deemed to carry a low risk while two have moderate risks relating primarily in both cases to weaknesses in the operation of part of the College's governance structure.

1.48   The two remaining Expectations, A2.1 and A3.1 are not met. A2.1 carries a moderate risk and A3.1 a serious risk. The recommendations made by the review team against these two Expectations relate to significant gaps in the College's policy, structures and procedures relating to quality assurance and evidence that existing policies and procedures are not being followed. The team also considers that the College has not implement effectively several of the recommendations of the previous QAA review in this area, indicating a failure on the part of the College to take appropriate action in response to external review activities.

1.49   In aggregate the review team has made five recommendations related in whole or part to this judgement area and not identified any examples of good practice.

1.50   Overall, therefore, the review team concludes that the maintenance of the academic standards of awards offered on behalf of awarding bodies does not meet UK expectations.

2 Judgement: The quality of student learning opportunities

Expectation (B1): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective processes for the design, development and approval of programmes

Quality Code, *Chapter B1: Programme Design, Development and Approval*

Findings

2.1 The College recognises the need for a process of programme design and approval that is rigorous and wide-ranging, and considers the views of academic and professional support staff, students, external advisers and the degree-awarding body. To achieve this, the College has designed a Course Design and Approval Process, drafted a Course Design Flow Chart, and takes into account the University checklist. Consideration of a new programme begins with the Board of Directors, which considers such things as resource implications. The Board of Directors creates a report for discussion by QMAT. These later stages of the process relate to learning outcomes, transferable skills, graduate attributes, employability and opportunities for enhancement. Externality is included throughout the process, as is the student perspective, and 'student representatives are given training to maximise the effectiveness of their contributions'.

2.2 The review team concludes that while the above processes are, in principle, such that the quality of learning opportunities could be assured and enhanced, documentation governing the processes was relatively brief and, in particular, levels of responsibility are not fully clear. The team also found that the Course Design and Approval Process document contained some inconsistencies and repetitive activity.

2.3 To test adherence to the Expectation in practice, the review team examined documentation provided by the College and spoke with a number of staff. Key evidence included the Course Design and Approval Process, the Course Design Flow Chart, minutes of the Board of Directors, minutes of the TLA, minutes of the Resources Committee, minutes of the QMAT, minutes of Course Committees, the document 'MSc Proposal Discussions', and the 'Short Proposal' for the new MSc that was prepared for the Board of Directors in December 2014.

2.4 In discussion with College staff the review team came to the view that the process for the design of new courses was not widely understood. Staff were generally uncertain about, for example, the relationship between QMAT and TLA, and also the relative responsibilities of the Course Committees and at what stage in the process the responsibilities of the various committees come into focus.

2.5 The team noted that the new Course Design and Approval Process had been designed in the context of the development of the new MSc programme. Staff confirmed that the proposal for a new MSc programme had been announced at the meeting of the Board of Directors on 17 November 2014, when two members of the University were present. However, staff not present at that meeting were unable to confirm that any substantial discussion of the new proposal had taken place. The review team also reviewed the minutes of the Board of Directors dated 10 December 2014, and noted that discussion had taken place about the proposed MSc programme, although appeared rather limited from the minutes. One of the action points arising from the 10 December 2014 meeting was to begin the course design with an initial meeting of the Board of Directors in January 2015. However,

according to a list of committee meetings that had taken place the Board of Directors did not meet in January or the first part of February.

2.6   According to the Course Design and Approval Process document, no further action on the MSc programme should have been taken before the Board of Directors had met and considered a Short Proposal and Course Outline document, the contents of which are prescribed in the Course Design and Approval Process document. The document there described is wide-ranging and captures such things as QAA benchmarks and subject-related codes of practice; assessment of teaching and physical resources required; feedback from students; feedback from staff; and input of external advisers. In this context, the review team was aware of a document titled Outline Proposal for a New MSc in Preclinical Medicine: For Medipathways Board of Directors, dated 3 December 2014. However, the team took the view that this was not the Short Proposal and Course Outline document since it pre-dates the Board of Directors meeting on 10 December 2014, at which no knowledge of it is suggested by the minutes, and the level of detail found in the document is not commensurate with the requirements of the Course Design and Approval Process document.

2.7   Despite the fact that the Board of Directors had not yet given consideration to a Short Proposal and Course Outline document, in what would appear to be a clear breach of the College's own quality assurance processes the proposed MSc programme was considered at a meeting of the Course Committee on 3 December 2014. The review team noted evidence of discussion, including disagreement over the content. It was agreed that external advice would be sought, which, according to the process, should have been gathered ahead of the Board of Directors meeting. The Resources Committee discussed the MSc programme on 7 January 2015, and it was taken to the TLA on 11 February 2015. The team was presented with a document titled MSc Proposal Discussions, which was consistent with what the team read in other documentation in terms of the route that the proposal had so far taken through the College's deliberative structure.

2.8   At a meeting with staff, clarification on the process through which the MSc programme had so far gone was sought, and it was clear to the review team that staff did not have a consistent understanding of it. At a later meeting, senior staff confirmed that the MSc programme had gone to the Resources Committee; been discussed with academic staff, students and the external adviser; been to meetings of the Board of Directors; been discussed by the QMAT; and went to the TLA in the week before the review visit, and that the TLA had now given authority for the Director of Teaching and Learning to form a 'development team'. The team took the view that this chain of events was not aligned to the Course Design and Approval Process or the Course Design Flow Chart.

2.9   The review team noted a number of further concerns. No evidence could be located for the existence of a Short Proposal and Course Outline document of the kind envisaged in the Course Design and Approval Process. No evidence was located to indicate that the Board created a report for discussion at QMAT. There is no evidence that the QMAT was substantially involved in the process prior to it going to the TLA or during other parts of the process; this contradicts both the Flow Chart and the Course Design and Approval Process document. This is particularly problematic in that it was the QMAT's role to take an overview in bringing together the views of student representatives, external advisers and members of academic staff. The only involvement of the QMAT appears to be at a meeting on 14 January 2015 where the discussion of the new MSc programme was limited to, '…look at the marketing case and commercial case for the course'. Since the QMAT did not discuss the proposal it could not send a report to TLA with its recommendations. Finally, there is no evidence from the approval of MSc to support the requirement in the approval process for student representatives to receive instruction on how to contribute effectively to the design

process, or indeed that they had been significantly involved in the process in a structured way.

2.10   Overall, the review team found that the College's processes for the design of new programmes had not been followed consistently in the development of the new MSc, and that important aspects of the process had not been completed. The College is, therefore, not meeting the Expectation of operating effective processes for the design, development and approval of programmes. This creates a serious risk of fundamental issues of academic standards and quality not being considered properly in programme design. A recommendation to address these issues is set out under Expectation A3.1.

Expectation: Not met
Level of risk: Serious

Expectation (B2): Recruitment, selection and admission policies and procedures adhere to the principles of fair admission. They are transparent, reliable, valid, inclusive and underpinned by appropriate organisational structures and processes. They support higher education providers in the selection of students who are able to complete their programme.

Quality Code, *Chapter B2: Recruitment, Selection and Admission to Higher Education*

Findings

2.11   The College's previous QAA review in 2014 led to three recommendations touching on admissions, as follows:

- provide applicants with detailed and specific information regarding the institutions that admit international students who are referred via the Medipathways website
- ensure that all recruitment and admissions-related information and services are transparent to all applicants, home and international
- embed the equality and diversity, and disability policies in relevant staff and student-facing policies and materials.

2.12   Following meetings with staff and students, and examination of the College's website, the review team was satisfied that the College has satisfactorily addressed the first two of these. With regard to the third recommendation, however, there remains no effective system for monitoring and evaluation of the impact of the Equality and Diversity Policy in the admissions process. The review team concludes, therefore, that this recommendation has not yet been addressed (see also Expectation B4).

2.13   The Collaborations Handbook requires collaborative provision to conform to the University's general admissions requirements. The selection and recruitment of students is undertaken by the College, using criteria laid down by the University. As part of the admissions process, prospective students are able to meet admissions staff with a prior appointment. Students confirmed that they were either interviewed in person, by internet live video or by telephone. There are strict admissions criteria, which are specified in the programme specifications, and students are considered on a case-by-case basis. Applicants may apply through UCAS or through the College's main recruitment agency, the M&D Group, on payment of a fee.

2.14   Oversight of the admissions process within the College is the responsibility of the Academic Registrar. Decisions on applications are generally made by the College. It was clear to the review team that there is a close relationship between the teaching team at the College, who understand the requirements of the programmes, and the professional support staff. Students confirmed that they were provided with sufficient information for them to make an informed choice regarding their study choices and that staff were very helpful.

2.15   The review team tested the College's approach to admissions in meetings with staff and students involved in the process, asking students about their experiences during the admissions process. The team also scrutinised information on the College website, and documentation provided by the College and the University relating to admissions, including the new Admissions and Recruitment Policy and Processes produced by the College. Although the version control statement cites that this document was approved by the TLA in November 2014, the team was unable to locate the formal record of approval in the relevant minutes (see also Expectation C).

2.16   Information regarding programmes and applications procedures is made available to students through the College prospectus and website. Students confirmed that they were satisfied with the pre-enrolment information they receive, and that they are able to provide feedback on the admissions processes through an induction survey and through the website. They also confirmed that they are aware of the accreditation of prior learning process provided by the University, although they had not needed to access the service, and they were also clear about access to any additional support, such as assistance with identified learning needs, should they require it.

2.17   Students benefit from an induction programme on arrival at the College and are provided with a useful handbook providing information about their courses.

2.18   The evidence confirms that admissions processes are clear, fair and effective, and that the additional needs of applicants are identified and addressed during the process. The review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B3): Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.

Quality Code, *Chapter B3: Learning and Teaching*

Findings

2.19   The College's previous QAA review in 2014 led to two recommendations touching on learning and teaching, as follows:

- establish a process within the development and monitoring of programmes to ensure that sufficient resources are secured to enable the provision of a high quality learning environment
- further develop and formally implement the draft Teaching Ethos in order to facilitate a more strategic and comprehensive approach to teaching, learning, assessment and professional development.

2.20   Although the College has a three-stage process for identifying the demands for learning resources represented by new courses, the review team found that the new course approval process was not being applied properly. For example, the team scrutinised minutes from the Resources Committee, which considered, in general, resourcing implications for the proposed development of the MSc programme; there is no record, however, of action to be taken with regard to the identification of specific costs or revenue spending necessary to support the programme. This supports the findings under Expectation B1 and the recommendation about course approval in section A3.1.

2.21   Management of learning resources is the responsibility of senior staff. All teaching is undertaken in the facilities provided by Birkbeck, University of London, including specialist laboratories. The College has recently also made provision available for students at premises owned by London Metropolitan University, should Birkbeck's facilities no longer be available. Memoranda of Understanding are in place to secure these arrangements (see also Expectation B10).

2.22   The review team noted that support services and curriculum staff work together to support the students' learning experience. This is explained more fully under Expectation B4.

2.23   The self-evaluation document asserts that students are reminded that they may join the British Library. The review team considered that this statement is ambiguous at best, as there are stringent conditions in place that determine membership of the British Library. These do not extend to the routine borrowing of materials, although undergraduates do gain access to resources on-site and use the facilities as an attractive study space. Access is determined on specific criteria being met and this should be made clear to students.

2.24   Subscription-based access to borrowing rights and relevant e-resources has been secured at the Royal Society of Medicine, and both staff and students confirm that they are satisfied with these arrangements.

2.25   In view of the fact that arrangements to guarantee access to teaching and learning facilities are not permanently fixed with off-site providers, the team has recommended that, by December 2015, the College should continue to monitor formal agreements with off-site

providers and ensure that managed growth of the College does not outpace the availability of sustainable resources to support student learning (see Expectation B10).

2.26   The review team formed the view that teaching and learning is good, and that the high rate of staff turnover has been addressed through the appointment of a more stable teaching team. The review team tested the evidence by speaking with academic staff, professional support staff and students, and by reviewing documentation, including teaching staff CVs and external examiner reports. Staff CVs confirm that teaching staff are academically well qualified and active in research. Currently, two members of staff are Fellows of the Higher Education Academy and two applications are in progress. Students spoke positively about the specialist subject knowledge and research experience of their lecturers. Feedback from students also indicated that they appreciate and benefit from the College's student-centred approach to learning, which has led to the introduction of problem-based learning case studies within programmes. For example, a module on Pathology includes a case study approach, involving the interpretation of X-rays to identify actual pathology.

2.27   The review team considers that the appointment and retention of strongly motivated, well-qualified and dedicated staff is **good practice**.

2.28   Job descriptions are prepared and contain clear responsibilities for all staff. However, the review team found that one member of staff currently undertakes three roles (Vice-Chairman, Academic Registrar, Welfare Officer), and although the teaching cohort is more stable, there are few full-time teaching contracts. The current small number of students has not raised complaints about the support provided by the small group of staff. However, in order to manage and assure succession planning in the context of current and future growth, and to ensure that the quality of learning opportunities is secure, the review team **recommends** that, by September 2015, the College should develop a strategic and systematic approach to the consideration of staffing and learning resources infrastructure to meet current and future requirements (see also Expectation B10).

2.29   Through discussions with teaching staff and an external examiner, and consideration of external examiner reports, the review team confirmed that staff demonstrated a clear differentiation in their approaches to learning and teaching. There is an academic Staff Handbook for course and module leaders, which details responsibilities, and each teaching module has its own module site on the College's VLE. However, staff who met the review team demonstrated little awareness or understanding of the Quality Code and its relevance to teaching and learning and this supports the recommendation set out in Expectation A2.1.

2.30   The review team considered the support and encouragement provided to staff to support their professional development. Staff confirmed that they take part in external activities such as conferences, and share good practice through the discussion board on the VLE. The College has introduced a formal process of peer observation and appraisal, but it is not clear how or when issues from peer observation are carried through to staff development planning, or how these processes inform a strategic approach to staff development.

2.31   The College has produced an annual training plan, which is a statement of intent, comprising an eight-point list. Although the College strategic plan refers to an annual staff development action plan, it has no underpinning coherent or contextual framework. The review team was unable to discern a College-level drive to ensure that identified staff training needs are incorporated into the plan or how they have been incrementally developed in respect of teaching and learning priorities. There is no associated framework that considers action to be taken or timeframes for monitoring and evaluation. The team

recommends that, by September 2015, the College should formalise existing processes so that there is a clear, comprehensive annual staff development plan, which is mapped against the College's strategic plan and is regularly monitored and evaluated.

2.32   The second recommendation from the previous QAA report was to further develop and formally implement the draft Teaching Ethos by January 2015. The review team considers that the Teaching Ethos is not a strategy, though it is useful as a statement of intent, which is based on the four pillars of the College ethos related to teaching and learning, the student experience, employability and staff development. The Teaching Ethos states that, '…assessment for learning lies at the heart of our ethos', but there is no defined action or reference to an underpinning framework that clearly defines action, responsibility and timescales for implementation. The team concludes that there is an absence of an overall strategic approach to teaching and learning, defined responsibility and impact measurement. The team tested the evidence by speaking to senior and academic staff, and professional support staff, and by scrutinising relevant policies, including the College's strategic plan and HER Action Plan, and found little evidence of an overall strategic approach to learning and teaching beyond the statement of intent.

2.33   The review team therefore **recommends** that, by September 2015, the College should implement the recommendation of the QAA HER (Plus) report in 2014 in respect of the draft Teaching Ethos statement and produce an action plan with defined responsibilities, which is regularly reviewed.

2.34   Similarly, the review team considered that the College's five-year strategic plan is not strategic in the conventional sense, and that there is no accompanying action plan. It is not clear how the plan was developed. The team gained no sense of how it was being systematically monitored, how it explicitly informs teaching and learning practice, how student growth is determined and how alternative career pathways will be supported. The plan states that students are involved in the contribution and review of the strategic plan, but students with whom the team met were unable to confirm this assertion.

2.35   The review team has recommended that, by September 2015, the College should ensure that the College strategic plan articulates clearly the College's priorities for the next five years, including projected growth (see Expectation A2.1).

2.36   Overall, the review team concludes that the Expectation is not met and the associated level of risk is moderate. Although staff are manifestly committed to the student learning experience and there is some good teaching, the team found insufficient evidence of the systematic review and enhancement of the provision of learning opportunities and teaching practices called for by the Expectation. The risk is considered to be moderate, rather than serious, in light of the evidence of the commitment and effectiveness of teaching staff.

Expectation: Not met
Level of risk: Moderate

Expectation (B4): Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

Quality Code, *Chapter B4: Enabling Student Development and Achievement*

Findings

2.37   In discussions with the review team, the College considered that it has addressed the recommendation from the previous HER (Plus) report in 2014 regarding embedding equality and diversity, and disability policies, in relevant staff and student-facing policies and procedures in respect of Expectations B2 and B4. The College has made some progress in this area with regard to the admissions process and induction feedback processes, but the review team was unclear as to the College's measurement of impact.

2.38   The review team noted the brevity of the College's Equality and Diversity Policies, including the separate Disability Policy, and tested the stated arrangements for monitoring the policies through the TLA. The team found that the monitoring of the policies is not articulated within the remit or terms of reference of the TLA, and that equality and diversity issues are not routinely discussed or monitored at the TLA. In addition, there is no scope for the analysis of equality and diversity matters within the annual programme review processes.

2.39   The review team considered that there is a lack of equality and diversity impact assessment, and therefore **recommends** that, by September 2015, the College should measure and monitor the effectiveness of the Equality and Diversity Policy (see also Expectation C).

2.40   The College considers that it has addressed the recommendation from the previous review in respect of the development of an explicit support framework to facilitate progression into medicine, dentistry and other scientific careers, taking into account relevant benchmarks and including closer relationships with a wider range of PSRBs (see also Expectation A2.1).

2.41   The review team tested this in staff meetings and concludes that a support framework is in the process of development, and that staff are more aware of the requirements to engage with students at an earlier stage of their degree studies to prepare them for interviews at medical schools and other careers. There are plans to incorporate a Public Health module in the revised BSc curriculum planning process and increase opportunities to engage with PSRBs within the planned MSc programme; the College aspires to emphasise more pathways into dentistry. There is consideration of the relevant external benchmarks relating to Biomedical Sciences, but the College recognises that more needs to be done regarding the benchmarks for Medicine.

2.42   Action relating to the explicit development of an articulated framework is not routinely monitored. This contributes to the recommendation set out in section B8 about the strengthening of annual monitoring.

2.43   The review team tested the arrangements to ensure support for students, in respect of Expectation B4, and found clear evidence that the College encourages students to develop their employability skills through a variety of mechanisms. Students value the introduction of problem-based learning into the curriculum, which provides real case studies, and the College has introduced specific modules to assist students with employability, such as 3D digital imaging of X-rays, modules on statistical methods, and applied IT skills.

2.44   Additionally, study materials are provided to support students with essay planning. Students who may require support with IT or e-learning skills are provided with individual support by the Learning Technologist. Additional learning support is provided on an individual basis to upskill physics and chemistry, and is structured into modules, as applied IT skills and statistical methods.

2.45   Students confirmed that they undertake a wide range of voluntary work experience outside the College, such as working with St John's Ambulance or shadowing doctors in Africa. They also attend lectures at the Royal Society of Medicine, study at the Wellcome Institute, and one student has introduced a debating society. In recognition of these activities, the review team considers that the support for students in achieving their career goals, including the promotion of external extracurricular learning opportunities, is **good practice**.

2.46   The College has introduced a mentoring scheme, which provides 'Medimentors'. Staff and students spoke very highly of the support offered by Medimentors to prepare them for their future careers. All students are allocated a Medimentor, who provides assistance with personal statements; mock interviews; specific admissions tests, such as UKCAT; and CV production, and they encourage students to undertake work experience. The review team considers the high level of academic and IT support for all students and in particular the Medimentors scheme as **good practice**.

2.47   Links with employers are underdeveloped and not intrinsic to the development of the explicit support framework to facilitate students' progression into careers, and there are no specific opportunities for work placements organised by the College. Therefore, the review team **recommends** that, by December 2015, the College should forge links with potential employers and institutions to promote employability.

2.48   The College's VLE (Medimoodle) is well structured and contains up-to-date, relevant content, including access to external examiner reports; an e-portfolio product, which some students use; and a plagiarism detection tool. Students and staff rate Medimoodle highly as an effective major learning and teaching tool, and also as a repository for course and student-facing information materials, including assessment calendars. Students confirmed that they find it easy to navigate and use it regularly. Although the student submission reported that the success of the VLE was dependent upon the synergy between students and teachers regarding the uploading of programme content and tutorial materials, the review team found that teachers were active in uploading their teaching and learning materials, and that there was consistency in content.

2.49   The BSc Course Leader monitors the VLE for compliance regarding the timely uploading of teaching materials. Overall monitoring is undertaken by the Learning Technologist (see also Expectation C) and is effectively managed. Students are aware of plagiarism issues, but are not aware of legal copyright restrictions regarding the photocopying of hard copy materials, which the College may wish to address.

2.50   On balance, the review team concludes that the Expectation is met, as the College has established arrangements and resources which enable students to develop their potential. However, given that the College has not as yet had the opportunity to evaluate these arrangements and resources, the level of risk remains moderate.

Expectation: Met
Level of risk: Moderate

Expectation (B5): Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.

Quality Code, *Chapter B5: Student Engagement*

Findings

2.51   The College considers that student engagement 'is a vital part of decision-making processes in all aspects of quality assurance and quality enhancement'. It has 'informal channels of communication which supplement more formal processes'. Student feedback is gathered and analysed from an early point, including feedback on pre-admission support and recruitment procedures. The College has a system for student representation whereby two students are appointed for each level of study. These students are provided with a handbook and training. Students are invited to attend all committee meetings with the exception of closed items. There is student representation at the Course Committee and at the TLA. Minutes of meetings are sent to student representatives. There is a specific Student Representative Committee, and training for student representatives is provided. There is the opportunity for students to provide early feedback in modules and also at a later stage. The Executive Chairman has a fortnightly slot in his diary where students may speak directly with him about any matters.

2.52   To test this Expectation the review team examined a range of documentation provided by the College, and discussed arrangements with College and University staff, and with students.

2.53   The review team explored the training of student representatives, and noted, in particular, the Student Representative Handbook 2014-15 and the Student Representative Training Plan. The team learned from students that training for students had not previously taken place at the College, but was now a feature.

2.54   The review team learned of the importance placed by staff and students on 'Kal's Corner', where there is an opportunity for any student to speak directly to the Executive Chairman about any matter. The minutes of these meetings were noted. These suggest that the meetings focus largely on student support, for example, preparation for medical school interview, progression to MSc and the payment of fees, although some other issues are in evidence, for example, those relating to the possibility of additional study space. The College sees this as a student-led communication channel playing a significant role in student engagement. Nevertheless, the team found that, although Kal's Corner was valued by students, the opportunity it presented was not centrally related to the engagement of students in aspects of educational enhancement (as defined by the Quality Code) or in quality assurance.

2.55   When questioned, students showed no knowledge of the College's enhancement strategy.

2.56   The review team noted that students are not included in membership for the principal committee for the assurance of quality, the QMAT, and were not in attendance at the 24 November 2014, 4 December 2014 or 14 January 2015 meetings, although students were present on 5 November 2014. Students confirmed that they are not routinely represented at the QMAT. The team also noted that students are not members of the Resources Committee or the Board of Directors. Conversation on the morning of 19 February 2015 indicated that student representatives are specifically 'invited' to the QMAT and that all students are permitted to attend any committee. This was consistent with what the team learned from students, where there was the view that students could attend

meetings at the College if they so wished (also shown in the self-evaluation document). The team took the view, however, that this informal arrangement was unlikely to lead to the full integration of students into deliberative structures of the College; and that, in particular, the fact that the minutes of these committees indicate that students are not attending suggests that the informal approach is not effective. The team did, however, note that student representation is evident in a number of other committees, most notably the Course Committee and TLA, although representation is sometimes minimal.

2.57   The review team **recommends** that the College formalise student contributions to its strategic plan and develop a systematic and consistent approach to the membership of committees.

2.58   On the basis of the evidence above, the review team concluded that the College's arrangements for engaging students as partners in quality assurance and enhancement are not systematic or effective. It therefore concludes that the Expectation is not met. The associated level of risk is moderate, as the College's structures, while currently ineffective, are such that students do, in principle, have representation.

Expectation: Not met
Level of risk: Moderate

Expectation (B6): Higher education providers operate equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

Quality Code, *Chapter B6: Assessment of Students and the Recognition of Prior Learning*

Findings

2.59   The College has a variety of assessment methods, and care is taken to ensure that module learning outcomes are matched to overall programme outcomes. The Director of Teaching and Learning, or his appointee, scrutinises all assessed material before it is issued. Terminal exams are approved by the external examiner at draft stage. Module pro formas list intended learning outcomes, and these form the basis for feedback to students. Feedback to students is an item of continuing professional development for College staff. Marking is carried out by staff who have either a PhD or MD, and are experienced tertiary-level teachers. Assessments that are worth more than 25 per cent of the module mark are double-marked, with a third marker adjudicating in cases of a disagreement. Exam Boards are chaired by the Director of Teaching and Learning, and attended by the external examiner and a representative of the University. There is a Pre-Exam Board in the form of the Standardisation Board, which checks the data relating to assessment. Applications for the accreditation of prior learning are dealt with by the University's collaborations office.

2.60   To test the Expectation, the review team examined a range of documentation provided by the College, and discussed assessment with College staff and the external examiner. Key documents included external examiner reports, Exam Board minutes and pre-board minutes, the College's Assessment Process Summary, and the Assessment - Guiding Principles document.

2.61   Arrangements for setting and marking assessments at the College include the external examiner, who is involved throughout the process. Arrangements for double-marking and wider moderation are in place (see also Expectation B7). The documentation relating to the principles of assessment and the summary provide a clear outline of the arrangements at the College. A previous issue regarding possible over-assessment has been addressed. Students expressed satisfaction with the way in which the College had responded to a concern over assignment deadlines. Similarly, students were aware of the College's move towards ensuring that in setting assessment deadlines there is a cross-programme perspective, so that assignment submission dates are not unnecessarily bunched. The TLA minutes and Course Committee minutes provide evidence that the College is engaged in regular discussion on assessment and marking. The review team also noted the extensive discussions in the College regarding problem-based learning and its link to assessment and higher-level skills.

2.62   The review team was unable to confirm that the arrangements for assessment at the College include structured mechanisms for the enhancement of learning opportunities. Nevertheless, overall, the review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B7): Higher education providers make scrupulous use of external examiners.

Quality Code, *Chapter B7: External Examining*

Findings

2.63   The College uses the framework for external examiners set out in the University's Collaborations Handbook. There is currently only one external examiner employed, but this will shortly be extended to two. Examiners are nominated by the College in consultation with the University. Examiners are briefed by the University, which also issues the contract. Responses to external examiner reports are drafted jointly by the Director of Teaching and Learning, and the University. External examiner reports are considered by the Course Committee prior to annual programme review. Students may access external examiner reports via the VLE, and student representatives have the opportunity to comment on external examiner reports at the Course Committee.

2.64   The review team found that the arrangements set out by the College for the scrupulous use of external examiners are, in principle, likely to provide an appropriate level of assurance.

2.65   To test the Expectation the review team considered a range of documentation provided by the College, and also discussed arrangements with a range of College and University staff, and with students. The review team also spoke to the current external examiner. The team took particular note of the external examiner's reports, the very latest of which was provided during the review visit itself.

2.66   The review team formed the view that the use of the external examiners at the College was consistent with Expectation B7. There is evidence that arrangements are in place to appoint and induct examiners. In particular, the team found that the reports were full and provided very good feedback to the College on standards and learning opportunities. The team also learned from the external examiner that the College was prompt in dealing with any points that had been raised. The team was also able to confirm that the external examiner was provided with draft examination questions and had been involved in the discussions around the development of the curriculum. It was confirmed also that the examiner had the opportunity to meet students and had attended an event where students had been presenting work. During a demonstration of the VLE, the team noted that there was the facility to provide access to external examiner reports for students. The present external examiner confirmed that he attended the College approximately three times a year. The team noted that feedback from the external examiner was discussed at the Course Committee. There is evidence that the College provides informed responses to external examiner reports. There is evidence too that the College consulted with the external examiner with reference to the development of a three-year version of the present BSc programme.

2.67   The external examiner indicated to the team that the processes for assessing students in the College were appropriate. In particular, he noted that there was clear evidence of second marking and, where necessary, third marking (for example, where the first and second marks were significantly different). He confirmed that his role included being a final adjudicator if the need arose.

2.68   The review team explored the arrangements for the appointment of new examiners, given that the present external examiner is due to retire. The team learned of the plan to appoint a new examiner very soon to work alongside the present examiner for a period to ensure continuity; this was also set out in the self-evaluation document. The team noted the

discussion on this point that had taken place at the Board of Directors on 17 November 2014.

2.69   On the basis of the evidence set out above, the review team concludes that the Expectation is met. However, the team is aware that the present examiner has been extremely diligent in undertaking his duties and that the level of reporting was exemplary. The team therefore ascribes a moderate level of associated risk, as the University and College have not as yet appointed a replacement examiner who would provide continuity upon the retirement of the present appointee.

Expectation: Met
Level of risk: Moderate

Expectation (B8): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes.

Quality Code, *Chapter B8: Programme Monitoring and Review*

Findings

2.70   The College has established a system of programme monitoring designed to facilitate timely and effective action. Central to this process is the Course Committee, which has the responsibility for gathering a variety of relevant data. The TLA has responsibility for annual review and for ensuring that the relevant Course Committee has discharged its responsibilities fully. The process itself includes input from the Course Committee, student representatives and the College registry, which supplies data. Externality is seen as a part of this process. Course Committees and the TLA also draw on module-level data via individual module reports. There is also a Course Representative Committee. Part of the process is to identify good practice and encourage its dissemination. Results of annual monitoring are communicated to the University.

2.71   The review team found that the arrangements for monitoring and review of programmes were such that they were likely to lead to the Expectation being met. However, it did note an ambiguity in the process as set out in the self-evaluation document, which appears to suggest that 'proposals for programme amendments are considered in the first instance by the Quality Management Assurance Team' but also that 'changes to content, delivery, tutorial/support arrangements, or assessment are considered by Course Committee and Teaching and Learning Committee'. It is not clear how these two processes relate to one another and so the College may wish to consider whether the precise roles and responsibilities in this area are completely clear. The team also noted that the Course Review and Monitoring Process is rather terse and provides only a basic outline of the processes to which it relates, rather than providing an authoritative guide to staff involved.

2.72   To test this Expectation, the review team considered a range of documentation, including the College's Course Review and Monitoring Process, module reports, Course Committee and TLA minutes, and the Annual Programme Review Report for the Academic Year 2013-14. The team also spoke to staff and students.

2.73   The review team found that the processes for the monitoring and review of its academic provision were functional. The team considered that the annual report provided an adequate level of assurance and had the potential to identify any serious issues, should they arise. The report includes the requirement for reporting progress on any actions resulting from the previous report, and identifies lines of accountability. Similarly, there is an action plan for the following year. The team noted the progression and achievement data in the report but noted that the level of analysis of this data was slight. It also noted that the report contained examples of what the College considers to be enhancements but that the report did not itself provide the opportunity for the College to plan systematically for further enhancement to take place consistent with the wider expectations of the Quality Code (see also Enhancement). The team also came to the view that the report lacked full integration with the College's employability agenda.

2.74   In the view of the review team, action relating to the explicit development of an articulated framework is not routinely monitored; the review team **recommends** that, by September 2015, the College should strengthen the process for annual monitoring to provide a greater level of analysis to facilitate enhancement and inform wider developments

relating to employability, including specific dates for action and the allocation of responsibilities (see also Expectations A3.3 and B4 and Enhancement).

2.75   The review team explored preparations for periodic review. However, the College indicated that no such review was due until 2016, and hence no preparations were as yet underway and no process had been developed. The team noted, however, that in the Annual Programme Review Report 2013-14 it was stated that 'the Director of Teaching and Learning will propose a programme review to bring about the desired changes' and a proposal for a 'new' BSc programme was presented to the Board of Directors on 10 December 2014. The team also became aware of other discussions that had taken place within the College regarding the current BSc programme and the possibility of it being overhauled, perhaps replaced, by September 2015, although the senior team indicated that the timescale may not permit this. The team took the view, therefore, that while there was clearly some uncertainty with regards to a periodic review of the BSc programme taking place before 2016, the possibility of a major overhaul in time for a 2015 entry was being discussed, including at the Board of Directors and the TLA (via the programme review report). The College may wish to consider what processes it would put in place to govern such a review if the Director of Teaching and Learning's proposals are advanced further, and how speedily these processes need to be determined.

2.76   On the basis of the above evidence, the review team concludes that the Expectation is met but that the need to strengthen annual monitoring reflects a moderate level of risk.

Expectation: Met
Level of risk: Moderate

Expectation (B9): Higher education providers have procedures for handling academic appeals and student complaints about the quality of learning opportunities; these procedures are fair, accessible and timely, and enable enhancement.

Quality Code, *Chapter B9: Academic Appeals and Student Complaints*

Findings

2.77   The College's complaints and appeals process is aligned to that of the University. There are two separate policies governing complaints and appeals, and mitigating circumstances. The College recognises that the right of students to appeal to the University was not previously made clear. This has now been corrected by ensuring that students have clarity on this issue via induction, documentation and the web. A 'SCAR' log is now kept (Suggestions, Complaints, Appeals and Resolutions), however, no formal appeals or complaints have as yet been received by the College and the register is hence blank. The College has considered the possibility that the absence of formal complaints could be due to a lack of transparency, but feels, rather, that it is due to the way in which any issues can be dealt with quickly and informally. The review team found that the arrangements for complaints and appeals were in principle likely to lead to the Expectation being met.

2.78   To test the Expectation, the review team examined a range of documentation supplied by the College. The team also discussed arrangements for appeals and the way in which this information was communicated in a number of meetings, including with students.

2.79   The review team noted that there was some conflation in students' minds of arrangements for mitigating circumstances, and those for appeals and complaints. However, it took the view that the information supplied to students was clear. In particular, the team found that the College had acted upon the recommendation of the previous review, namely that the College 'fully describe the arrangements for complaints and appeals and ensure that these arrangements are communicated effectively to students' and that the actions are likely to prove effective'. The team did note that the Induction Handbook for level 5 does not contain information relating to appeals. However, the Student Charter steers students towards the Academic Regulations Handbook, and it was clear from a meeting with students that they had a good awareness of where to find information about appeals and complaints should they wish to access it. Staff are aware of the appeals process through the Academic Regulations Handbook, and students are aware of the system via induction and the Academic Regulations Handbook.

2.80   On the basis of the above evidence, the review team concludes that the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B10): Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

Quality Code, *Chapter B10: Managing Higher Education Provision with Others*

Findings

2.81   The College is a delivery organisation for programmes validated by the University. It has responsibility for the effective management of its arrangements with Birkbeck, University of London for the provision of general teaching rooms and specialist laboratory facilities, and MWB Business Exchange for the provision of office and tutorial rooms. The College has arranged for secured library access for all their students from the Royal Society of Medicine. The review team heard that students are very satisfied with these arrangements. The subscription arrangement provides a library induction, access to full borrowing rights, study space and facilities for photocopying. Student transcripts and certificates are provided by the University in line with its policies and procedures, and students are aware of this process.

2.82   Access to the resources facilities at Birkbeck, University of London can be terminated with three months' notice by either party. Should the facilities be withdrawn, the College confirmed that it has plans in place to hire laboratory facilities at London Metropolitan University.

2.83   The review team explored and tested the arrangements for the delivery of learning opportunities with other organisations. This included desk-based analysis of documentation relating to Memoranda of Understanding, provider contracts, the College's employability strategy, and testing of website links. The team also tested the Expectation in the associated context of Expectations B2, B3 and B4, and the student employability theme and enhancement of learning opportunities.

2.84   The outcome from the previous HER (Plus) report in 2014 was that Expectation B10 was not met, and that the level of risk was serious due to the lack of effective management in this area. There were two recommendations relating to the effective management of secure access to learning resources provided by others.

2.85   The review team considers that the recommendation to establish and monitor formal agreements with its support providers to safeguard the quality of learning opportunities has been addressed. The College has a risk register in place to monitor these arrangements, and the team was satisfied that it has made progress in this area. In discussions with staff, and the testing of relevant documentation, the team was told that the off-site facilities at Birkbeck are monitored monthly by the Academic Registrar. The team considers that the strengthened arrangements for monitoring contracts appear to be effective, and access arrangements to specialised laboratories and library provision have improved. Students confirmed that they are very satisfied with the off-site arrangements for the provision of learning resources. In addition, resources have been identified at King's College for access to a cadaver laboratory.

2.86   From an academic standards perspective, overall monitoring of the quality assurance arrangements is undertaken by the TLA and the Resources Committee, and the review team was satisfied that contingencies were in place should facilities be withdrawn from Birkbeck, and that all staff were aware of this. However, the team was less clear

regarding the strategic and operational arrangements for the allocation of learning resources.

2.87   The College has plans to increase student numbers within the next five years, and the review team explored this topic in meetings and through documentation. In view of this proposal, and to safeguard the quality of students' learning opportunities, the team **recommends** that, by December 2015, the College should continue to monitor formal agreements with off-site providers to ensure that managed growth of the College does not outpace the availability of sustainable resources to support student learning (see also Expectation B3).

2.88   The review team considers that the second recommendation from the previous review (to establish a process within the development and monitoring of programmes to ensure that sufficient resources are secured to enable the provision of a high-quality learning environment) has not been effectively addressed in relation to safeguarding the quality of learning opportunities. The reasons for this are discussed more fully under Expectations B1 and B3. The team has recommended that by December 2015, the College should develop a strategic and systematic approach to the consideration of the learning resources infrastructure to assure current and future requirements (see Expectation B3).

2.89   The College does not provide work placements for students, and through discussions with staff and students, and testing of the documentation, the review team found that engagement with PSRBs is very limited. The College acknowledges this, and is planning to involve more PSRBs and employers, such as the NHS and the Royal College of Surgeons, in the teaching and learning activities of the College (see also Expectation B4 and Theme).

2.90   The review team concludes that the Expectation is met, and that the current arrangements for delivering learning opportunities with other organisations are implemented securely and managed effectively. The associated level of risk is moderate. The level of risk reflects the need to continue to address the issues identified regarding the College's plans to expand the provision, and in light of initiating contingency arrangements effectively should any provider withdraw its facilities.

Expectation: Met
Level of risk: Moderate

Expectation (B11): Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols.
This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.

Quality Code, *Chapter B11: Research Degrees*

Findings

2.91   The College does not offer research degrees.

The quality of student learning opportunities: Summary of findings

2.92   In reaching its judgement about the quality of learning opportunities, the review team matched its findings against the criteria specified in Annex 2 of the published handbook.

2.93   Of the 10 applicable Expectations in this area, seven are met. Three of these seven Expectations are deemed to carry a low risk, while four have moderate risks due to weaknesses in the operation of part of the College's governance structure, the need for further development of processes or a lack of clarity about responsibilities.

2.94   The three remaining Expectations, B1, B3 and B5 are not met. The review team considered B3 and B5 to carry moderate risks, whereas the breaches of the College's own quality assurance processes identified in B1 create a serious risk of fundamental issues of academic standards and quality not being considered properly in programme design.

2.95   The review team has made nine recommendations for action in this area, some of which relate to significant gaps in the College's policy, structures and procedures relating to quality assurance and evidence that existing policies and procedures are not being followed. There is also evidence, particularly against Expectations B2 and B3, that the College has failed to failed to take appropriate action in response to external review activities. The team has identified three examples of good practice.

2.96   Overall, therefore, the review team concludes that the quality of learning opportunities **does not meet** UK expectations.

3 Judgement: The quality of the information about learning opportunities

Expectation (C): UK higher education providers produce information for their intended audiences about the higher education they offer that is fit for purpose, accessible and trustworthy.

Quality Code, Part C: Information about Higher Education Provision

Findings

3.1 There were four recommendations from the previous QAA review touching in whole or in part on the provision of information by the College, as follows:

- provide applicants with detailed and specific information regarding the institutions that admit international students who are referred via the Medipathways website
- ensure that all recruitment and admissions-related information and services are transparent to all applicants, home and international
- establish an overall policy for the production and monitoring of Medipathways' information about its higher education provision
- further develop Medipathways' deliberative structures and terms of reference to ensure sufficient oversight and recording of key decisions relating to academic quality, and the quality of the student learning experience, enhancement and information.

3.2 The review team found through a desk-based analysis of documentation, and in meetings with staff, that the College has responded effectively to the first two of these recommendations. Recruitment and admissions information has been reviewed and updated, and it is clear in all the published information the College produces about itself that the College admits EU students only (see also Expectation B2).

3.3 In respect of the second recommendation, the review team found through testing of the website, and in meetings with staff and students, that the College has also responded effectively, ensuring that all recruitment and admissions-led information and services are transparent to all applicants. Students confirmed that they were satisfied that the information they accessed, and that they were provided with, was accurate regarding admissions processes.

3.4 Admissions information is provided on the website. The website outlines the qualifications expected of applicants, and there is a comprehensive admissions policy (this is considered in more detail under Expectation B2). However, there is no information provided to encourage mature applicants without formal qualifications, but with sufficient work experience and life experience, to make an application, which the College may wish to address.

3.5 Applicants requiring accreditation of prior learning applications are processed for consideration through the University, and students confirmed that they were aware of this process.

3.6 In relation to the third recommendation from the previous review, the review team considered a new Information Policy and processes document, which clearly lays out roles and responsibilities for monitoring information, subject to annual review. The Academic Registrar has overall responsibility for coordination of all processes to assure the accuracy of information provided by the College. The team considered that the recommendation has

been partially met, but that it is too soon to measure the impact of the policy for assuring the accuracy of the information about the College's higher education provision. The team also noted that, although the policy is helpful, it does not provide any equality and diversity impact measures related to the College's Equality and Diversity and Disability Policies, and public-facing information. Although senior staff stated that the College website contains the Disability, and Equality and Diversity, Policy on the website, the team was unable to locate this, and it is not included in the new hard copy College prospectus. This is discussed more fully in Expectation B4, where the team recommends that, by September 2015, the College should measure and monitor the effectiveness of the Equality and Diversity Policy. Furthermore, some of the students who met the team thought that, fellow students may have had higher expectations relating to the information provided about their programmes (see Expectation A2.2); the College may wish to consider its potential impact as students progress through their programmes.

3.7   The overarching responsibility for, and oversight of, information about higher education provision lies with the College Chairman, who signs off information prior to its publication. Operational responsibility lies with the Academic Registrar, and the Information Committee decides which platform will be used for information content.

3.8   As part of the College's response to the fourth recommendation from the previous review, the College has established an Information Committee as a subcommittee of the TLA, to ensure the accuracy and consistency of information. However, it is too soon to measure the impact of the work of the committee, particularly as the review team was unable to track through agenda items from the Information Committee to the TLA, which is its parent committee. Moreover, the team was unable to track through agenda items related to changes to information, which are considered by the QMAT, as stated in the Information Policy.

3.9   The review team noted that website changes were discussed and agreed at a meeting of the TLA, but that the Information Committee, which is a subcommittee of the TLA, had not yet had the opportunity to recommend for approval the proposed changes. The team considered that the College was in breach of its own quality assurance processes, in that agenda items from subcommittees are not routinely referred to the higher reporting committee, as specified in the College's own deliberative committee structure. The reporting protocol is undertaken in reverse. This is discussed more fully in Expectation A2.1, where the team recommends that, by September 2015, the College should revise the terms of reference, membership and reporting lines within the deliberative framework.

3.10   Information for the public and prospective students is supplied through the College website, with specific pages relating to the College's origins, location, approach to study, programme-related information, student testimonials, programme fees and contact details. The College uses the University's logo appropriately, and the University confirmed that publicity material relating to the University is submitted for its approval before it is distributed by the College.

3.11   The review team tested the channels of communication available, including published information available on the public-facing website, the VLE, the programme-related publications, the College prospectus and the student submission. Meetings were also held with the Principal, College staff and students.

3.12   The website is managed locally, and despite the College stating that the website is checked monthly by the Chairman for inaccuracies, the review team identified some ambiguous claims, minor errors and out-of-date information on it, some relating to claims regarding the College's success and facilities. For example, the College claims to have 'exceptional facilities' and 'a first class learning and teaching environment based on the

University of London campus', and to have 'assisted several thousand students in optimising their chances to successfully apply to medical/dental school'. The assertion that the College itself has assisted such a large number of students, and that it offers the 'world's first 2 year programme for BSc Biomedical Science' could not be substantiated in meetings with senior staff, although the team was advised that the latter statement had been agreed with the University.

3.13   The first search engine click-through categorises the College as a private university, which is misleading to students who are making informed choices about their place of study, particularly as this is the first page displayed on mobile devices. In discussions, senior staff stated that there is a system in place to ameliorate issues of inaccuracy but that these are subject to fixing by third parties. However, through testing documentation, the team evidenced that in November 2014, although changes to the website were agreed by the TLA, the inaccuracy was not identified, although the College had advised Google subsequently.

3.14   The website and prospectus contain a statement regarding academic progression routes, which is misleading and inaccurate. The information is ambiguous in that it could lead potential students to assume that an advertised articulation route of two plus four years of study at articulation partner medical schools applies to the Royal College of Surgeons in Ireland, when in fact it only applies to Poznan University, Poland, and Ross University, Dominica. Students are able to apply to the Royal College of Surgeons in Ireland but there is no articulated formal partnership with the College.

3.15   In view of the inaccuracies identified, the review team recommends that, by July 2015, the College should assure the accuracy of the information that the College produces, so that all information is trustworthy and accurately reflects the College's higher education provision and progression opportunities.

3.16   Basic hard copy information, including a student handbook, is provided for students, which they find useful. Students told the review team that they accessed most of their programme information through the College's VLE, including programme specifications, up-to-date booklists, assignment schedules and marking grids. Meetings with students confirmed their awareness of programme-related information, including external examiners, and that it is accurate.

3.17   The student submission indicates that the College's complaints procedure is contained within the student course handbook. During meetings with the review team, students demonstrated an awareness of informal processes and that they could appeal to the University. The team found that on testing documentation, the Student Charter does not contain the complaints or appeals procedure (see also Expectation B9). Although senior staff stated that the appeals process was lodged on the College's website, the team was unable to locate it.

3.18   The College's VLE is accessible and well-used, and populated with relevant programme materials and student support materials. Students use it routinely for teaching and learning, and make use of a discussion board. Information is placed there by teaching and support staff, and the quality of information is overseen by a Course Leader and Learning Technologist.

3.19   The review team found that the information produced by the College about the higher education it offers is not fit for purpose, accessible and trustworthy. There is a lack of senior management oversight and rigour in assuring and applying the quality systems that ensure the accuracy of information and prevent ambiguity of information that the College publishes about its higher education provision. The team therefore concludes that the

Expectation is not met and that the associated level of risk is moderate. A moderate risk exists because without action there could be serious problems over time.

Expectation: **Not met**
Level of risk: **Moderate**

The quality of the information about learning opportunities: Summary of findings

3.20   In reaching a judgement on the quality of information, the review team matched its findings against the criteria specified in Annex 2 of the published Handbook.

3.21   The College has made progress in clarifying admissions criteria, in the development of an Information Policy and a structure for monitoring the accuracy of information. The College's VLE is accessible and appropriately populated, and appreciated by students.

3.22   However, the Expectation is not met due to inaccuracies and ambiguities in the College's published information, and the need to measure the impact of the new Information Policy and the work of the new Information Committee. The risk is moderate given the shortcomings in terms of the rigour with which quality assurance procedures are applied.

3.23   The review team therefore concludes that the quality of the information about learning opportunities at the College requires improvement to meet UK expectations.

4 Judgement: The enhancement of student learning opportunities

Expectation (Enhancement): Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

Findings

4.1 The first recommendation from the previous QAA review mentioned enhancement as one of the areas that should be included in the review of the College's deliberative structures. This is noted in the self-evaluation document, which states that the review has resulted in a structure that, '…seeks to remedy previous shortcoming allowing a greater flow of communication between senior management, other staff, and the student body'. It is through this structure that the College seeks to increase the awareness of all staff regarding the nature of enhancement, and maximise opportunities for spreading good practice. An enhancement Task and Finish Group has been established, which will present a final report in April 2015. The College has a draft enhancement strategy. An Enhancement Flow Chart was also provided to the review team. The College has a Staff Handbook, which contains a definition of enhancement, and senior staff confirmed that this definition is the one in operation.

4.2 The review team came to the view that the arrangements described in the self-evaluation document, and associated documentation, indicate that the College has taken action to address the recommendation from the previous QAA review. However, overall, the team found that the College's approach, as evidenced in much of the documentation examined, indicates that the College's understanding of enhancement is not consistent with the Quality Code. The review team therefore concludes that the actions taken with regard to enhancement were not likely to lead to the Expectation being met.

4.3 In testing the Expectation, the review team examined a range of documentation, particularly the enhancement strategy and Flow Chart, and the terms of reference for the enhancement Task and Finish Group, and looked carefully for evidence of enhancement activity in the minutes of the relevant committees, the enhancement Task and Finish Group, and in reports. It also discussed enhancement with members of the senior team.

4.4 The origin of the Task and Finish Group can be traced to the meeting of the TLA on 13 November 2014. Having reviewed subsequent minutes of the TLA, however, the review team was unable to confirm that discussion regarding enhancement was a significant part of the committee's business. The team also found that, given that both the TLA and QMAT have a remit for quality-related matters, the balance of responsibility was unclear. The draft enhancement strategy itself locates responsibility for 'coordinating the enhancement strategy' with the TLA, which is reflected in the terms of reference of the TLA.

4.5 The review team noted that the enhancement Task and Finish Group was not listed among the 'various committees' that had been established by the TLA. The review team also noted that the 'final' report of this group was due in April 2015 and that it had drafted the enhancement strategy. Records indicate that the Task and Finish Group had met twice by the time of the review visit: on 20 November 2014 and 28 November 2014. Other documentation provided to the team indicates that these were the only two meetings that had taken place. Examination of the minutes of these meetings indicates that the definition of enhancement found in the Staff Handbook is largely operative, although there was evidence of discussion on such matters as staff development and sharing of good practice. However, the team was unable to locate specific actions coming from this group, other than

the writing of the draft strategy and drawing up a summary of Personal Development Planning and Medimentoring.

4.6   It is stated that the draft strategy, '…is for discussion and feedback from all staff and the general student body'. However, at the time of the review visit, the review team was unable to find significant evidence that such discussion had to date taken place. For example, at a meeting with student representatives there appeared to be no knowledge of the draft enhancement document. Similarly, while it was reported at the meeting of the TLA on 11 February 2015 that the Task and Finish Group was working to develop a strategy, the team took the view that the minutes of this meeting reflect the preliminary stage that this process had reached.

4.7   The review team was unable to come to a view on the actual, as opposed to potential, effectiveness of the draft enhancement strategy. One reason for this was that by the time of the review visit there had been very little time for the strategy to be embedded, and the first report on enhancement activities is not due until June 2015. Similarly, it was noted that the strategy was a draft. The team did note, however, that success indicators are not part of the document, and that, while the draft strategy contains a clear indication of what the strategy is designed to achieve, there is little detail of how its aims will be achieved or its success measured. The team concludes that the strategy does not align with the principles of the operation of enhancement as set out in the Quality Code.

4.8   The review team therefore **recommends** that the College ensure a strategic approach is taken to enhancement, which clearly links to strategic priorities and effectively captures enhancement opportunities arising from quality assurance monitoring processes.

4.9   On the basis of the above evidence, the review team came to the view that the College's approach to enhancement was not consistent with the definition published by QAA. Therefore, the Expectation is not met and there is a serious risk that the College's approach will not lead to deliberate and systematic enhancements to student learning opportunities.

Expectation: Not met
Level of risk: Serious

The enhancement of student learning opportunities: Summary of findings

4.10   In reaching its judgement, the review team matched its findings against the criteria specified in Annex 2 of the published handbook. The review team considered that the College's draft enhancement strategy being delivered by a Task and Finish Group, and produced in the context of the College's own definition of enhancement, does not reflect the concept of deliberate steps being taken to improve the quality of students' learning opportunities, as defined by the published handbook. The draft strategy document did not give an indication of how the College's approach to enhancement would be carried out and monitored.

4.11   The review team concluded that the Expectation is not met, and there is a serious risk that the College's approach will not lead to deliberate and systematic enhancements to student learning opportunities. The review team therefore concludes that the enhancement of student learning opportunities at the College **does not meet** UK expectations.

5   Commentary on the Theme: Student Employability

Findings

5.1   The principal aim of the College is to help students gain places on medical and dental degree courses. The strategic plan outlines the aim to provide innovative and secure progression routes, and offer more pathways to students. The curriculum mainly focuses on preparing students for medical and dental schools, rather than for careers as biomedical scientists.

5.2   The College also states in its strategic plan that it intends to further strengthen its focus on employability, coupled with 'excellent teaching and continuous mentoring'. The College has not produced an accompanying action plan that demonstrates how the strategic plan will be implemented or evaluated. However, since the previous HER (Plus) report in 2014, the College has a useful employability strategy in place.

5.3   In discussion with teaching staff, it was clear that the theme of student employability is considered very seriously within the curriculum, but the employability strategy is not mapped against a specific targeted action plan. Although the self-evaluation document states that the employability strategy is considered by the TLA, the team could not locate any reference to this within the specific committee terms of reference, or within the reporting minutes of the TLA.

5.4   The theme of employability is not an element for consideration within the College's annual programme review process, although it is seen as an important aspect of the College's curriculum. The College may wish to consider including the theme explicitly within its quality assurance processes relating to the quality of learning opportunities, including annual monitoring processes (see also Expectation B8).

5.5   At meetings, teaching staff and students confirmed that employability skills are embedded within some modules, including Pathology. There were also good examples of how staff ensure that students are prepared for employment, by the introduction of modules in respect of applied IT, digital literacy skills and statistical methods.

5.6   In the furtherance of developing students' employability skills and enabling entry to medical school, teaching staff have introduced the concept of problem-based learning into the curriculum. This development has been successful, particularly in the History of Medicine module, consolidated by the current expertise of teaching staff in promoting various progression routes, including the NHS.

5.7   Additional skills development support is provided by Medimentors, including assisting students with CVs and their medical school applications, and the Learning Technologist provides e-learning support for students. The high level of academic and IT support for all students, and, in particular, the Medimentors scheme, are features of good practice that the review team considers make a positive contribution to the students' learning experience (see also Expectation B4).

5.8   Students are encouraged by their tutors to attend external talks and events, and the review team heard that students take advantage of these opportunities and find them valuable. Students attend events at the Royal Society of Medicine on topics related to, for example, careers planning, and relevant events are posted on the VLE. Students at level 4 must attend an external lecture at the Royal Society of Medicine or another scientific institution and report back on the event to initiate their reflective e-portfolio.

5.9   Students who met the review team gave good examples of professional development, which included meeting with renowned clinicians and cardiologists. There are also informal opportunities for students at the College to meet colleagues at other institutions, such as the Wellcome Institute.

5.10   The support for students in achieving their career goals, including the promotion of external extracurricular learning opportunities, is **good practice**, which the review team considers makes a positive contribution to the students' learning experience.

5.11   The College does not provide support for additional qualifications, and programmes do not provide work placements. However, students are encouraged to undertake voluntary work and many take up this opportunity, for example, with St John's Ambulance.

5.12   The College acknowledges that it does not have strong links with employers and that its provision in not accredited by any PSRB, although students have access to lectures and some facilities of specialist institutions. Also, the College does not specifically seek feedback from employers to ensure that the employability skills taught are current and relevant, but the teaching staff all have recent medical experience and are well qualified, with links to professional bodies, such as the Institute of Endocrinology. A recommendation to forge links with potential employers and institutions has been provided for consideration by the College, which is identified in relation to Expectations B4 and B10.

5.13   Students know what is expected of them and there is evidence of successful progression to medical schools, either in the UK or overseas. Examples of progression and student destinations are provided through the College's website.

Glossary

This glossary is a quick-reference guide to terms in this report that may be unfamiliar to some readers. Definitions of key operational terms are also given on pages 25 to 28 of the Higher Education Review (Plus) handbook.

If you require formal definitions of other terms please refer to the section on assuring standards and quality: www.qaa.ac.uk/assuring-standards-and-quality.

User-friendly explanations of a wide range of terms can be found in the longer **Glossary** on the QAA website: www.qaa.ac.uk/Pages/GlossaryEN.aspx.

Academic standards
The standards set by **degree-awarding bodies** for their courses (programmes and modules) and expected for their awards. See also **threshold academic standard**.

Award
A qualification, or academic credit, conferred in formal recognition that a student has achieved the intended **learning outcomes** and passed the assessments required to meet the academic standards set for a **programme** or unit of study.

Blended learning
Learning delivered by a number of different methods, usually including face-to-face and e-learning (see **technology enhanced or enabled learning**).

Credit(s)
A means of quantifying and recognising learning, used by most institutions that provide higher education **programmes of study**, expressed as numbers of credits at a specific level.

Degree-awarding body
A UK higher education provider (typically a university) with the power to award degrees, conferred by Royal Charter, or under Section 76 of the Further and Higher Education Act 1992, or under Section 48 of the Further and Higher Education (Scotland) Act 1992, or by Papal Bull, or, since 1999, granted by the Privy Council on advice from QAA (in response to applications for taught degree awarding powers, research degree awarding powers or university title).

Distance learning
A course of study that does not involve face-to-face contact between students and tutors but instead uses technology such as the internet, intranets, broadcast media, CD-ROM and video, or traditional methods of correspondence - learning 'at a distance'.
See also **blended learning**.

Dual award or double award
The granting of separate awards (and certificates) for the same **programme** by two **degree-awarding bodies** who have jointly delivered the programme of study leading to them. See also **multiple award**.

e-learning
See technology enhanced or enabled learning

Enhancement
The process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported. It is used as a technical term in our review processes.

Expectations
Statements in the **Quality Code** that set out what all UK higher education providers expect of themselves and each other, and what the general public can therefore expect of them.

Flexible and distributed learning
A programme or module that does not require the student to attend classes or events at particular times and locations.
See also **distance learning**.

Framework
A published formal structure. See also **framework for higher education qualifications**.

Framework for higher education qualifications
A published formal structure that identifies a hierarchy of national qualification levels and describes the general achievement expected of holders of the main qualification types at each level, thus assisting higher education providers in maintaining academic standards. QAA publishes the following frameworks: *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and *The Framework for Qualifications of Higher Education Institutions in Scotland* (FQHEIS).

Good practice
A process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to a higher education provider's management of academic standards and the quality of its educational provision. It is used as a technical term in QAA's audit and review processes.

Learning opportunities
The provision made for students' learning, including planned study, teaching, assessment, academic and personal support, and resources (such as libraries and information systems, laboratories or studios).

Learning outcomes
What a learner is expected to know, understand and/or be able to demonstrate after completing a process of learning.

Multiple awards
An arrangement where three or more **degree-awarding bodies** together provide a single jointly delivered **programme** (or programmes) leading to a separate **award** (and separate certification) of each awarding body. The arrangement is the same as for **dual/double awards**, but with three or more awarding bodies being involved.

Operational definition
A formal definition of a term, establishing exactly what QAA means when using it in reviews and reports.

Programme (of study)
An approved course of study that provides a coherent learning experience and normally leads to a qualification.

Programme specifications
Published statements about the intended **learning outcomes** of programmes of study, containing information about teaching and learning methods, support and assessment methods, and how individual units relate to levels of achievement.

Public information
Information that is freely available to the public (sometimes referred to as being 'in the public domain').

Quality Code
Short term for the UK Quality Code for Higher Education, which is the UK-wide set of **reference points** for higher education providers (agreed through consultation with the higher education community, and published by QAA), which states the **Expectations** that all providers are required to meet.

Reference points
Statements and other publications that establish criteria against which performance can be measured.

Subject Benchmark Statement
A published statement that sets out what knowledge, understanding, abilities and skills are expected of those graduating in each of the main subject areas (mostly applying to Bachelor's degrees), and explains what gives that particular discipline its coherence and identity.

Technology enhanced or enabled learning (or **e-learning**)
Learning that is delivered or supported through the use of technology.

Threshold academic standard
The minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic **award**. Threshold academic standards are set out in the national **frameworks** and **Subject Benchmark Statements**.

Virtual learning environment (VLE)
An intranet or password-only interactive website (also referred to as a platform or user interface) giving access to **learning opportunities** electronically. These might include such resources as course handbooks, information and reading lists; blogs, message boards and forums; recorded lectures; and/or facilities for online seminars (webinars).

Widening participation
Increasing the involvement in higher education of people from a wider range of backgrounds.