St George's Hospital Medical School

MAY 2005

Preface

The Quality Assurance Agency for Higher Education (QAA) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE.

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales.

The purpose of institutional audit

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

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

Judgements

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

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

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

Nationally agreed standards

Institutional audit uses a set of nationally agreed reference points, known as the 'Academic Infrastructure', to consider an institution's standards and quality. These are published by QAA and consist of:

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

The audit process

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

The main elements of institutional audit are:

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

The evidence for the audit

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

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

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

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance,* published by the Higher Education Funding Council for England. The audit team reviews progress towards meeting this requirement.

All QAA's publications are available on our website www.qaa.ac.uk

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Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the St George's Hospital Medical School (St George's) from 31 May to 3 June 2005 to carry out an institutional audit. The purpose of the audit was to provide public information on the quality of the opportunities available to students and on the academic standards of the awards that St George's offers.

To arrive at its conclusions the audit team spoke to members of staff throughout the institution, to current students, and read a wide range of documents relating to the way St George's manages the academic aspects of its provision.

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

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

In institutional audit, both academic standards and academic quality are reviewed. Provision and awards offered by St George's and its collaborative partners were included in the audit.

Outcome of the audit

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

- broad confidence can be placed in the soundness of St George's current and likely future management of the quality of its academic programmes and the academic standards of its awards

- broad confidence can be placed in St George's capacity to manage effectively the academic standards of its awards offered on its behalf by collaborative partners.

Features of good practice

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

- the joint venture with Kingston University which allows transfer of good practice in quality assurance through joint membership of committees and shared procedures and practice

- the cohesive and comprehensive approach to staff development through: the linking of departmental staff development co-ordinators with the Staff Development Officer in Human Resources; the linking of staff development to strategic objectives; the participation of St George's senior staff in collaborative activities such as the Sunningdale Action Learning Programme and the Coaching, Action Learning and Mentoring Network for Higher Education

- the provision of the inter-professional programme in year one of all degree programmes with the use of personal tutors to lead case-based learning.

Recommendations for action

The audit team also recommends that St George's should consider further action in a number of areas to ensure that the academic quality and standards of the awards it offers are maintained.

The team advises St George's to:

- consider how the wider institution can be assured through the validation and review reports of the Validation Committee that it is discharging its duties with regard to confirming alignment of programmes with the Academic Infrastructure

- consider whether the standard procedures and arrangements for validation are adequate for making judgements on non-standard programmes such as those delivered wholly by distance learning and those demanding a high level of technical support

- set time limits for conditions arising during the validation and periodic review of programmes

- consider ways of ensuring that the institution's intention, that all modules are evaluated by students, is fulfilled

- consider ways of ensuring that the institution's requirement, that students on all programmes must receive feedback on assessed work, is fulfilled

- ensure that agreements are in place for all collaborative provision arrangements prior to recruitment of students.

It would also be desirable for St George's to:

- find appropriate ways of increasing the circulation of the full version of review reports produced by the Validation Committee in order to capture the enhancement potential of periodic review

- consider ways in which the institution can assure itself that all visiting (external) examiners are receiving suitable briefing and induction upon appointment

- reflect on ways of enhancing the use of progression and achievement data to allow cross-institutional and inter-institutional comparisons of student performance

- ensure that the guidelines given in the Quality Manual on information to be provided to students through module handbooks are: applied consistently across programmes; sufficient to meet student needs; and subject to regular monitoring.

Outcome of the discipline audit trail

The standard of student achievement in the Intercalated BSc is appropriate to the title of the award and its location within *The framework for higher education qualifications in England, Wales and Northern Ireland*. The quality of learning opportunities available to students is suitable for a programme of study leading to the award.

National reference points

To provide further evidence to support its findings the audit team also investigated the use made by St George's of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education.

The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the audit suggest that St George's response to all aspects of the Academic Infrastructure has been appropriate.

From 2005, the published information set will include the recommended summaries of external examiners' reports and of feedback from current students for each programme. The evidence provided for the audit shows that St George's has taken the necessary steps to be able to meet the requirements of the Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance.*

Main report

Main report

1   An institutional audit of St George's Hospital Medical School (St George's) was undertaken during the week from 31 May 2005. The purpose of the audit was to provide public information on the quality of the institution's programmes of study and on the discharge of its responsibility for its awards.

2   The audit was carried out using a process developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with the Higher Education Funding Council for England (HEFCE), the Standing Conference of Principals (SCOP) and Universities UK (UUK), and has been endorsed by the Department for Education and Skills. For institutions in England, it replaces the previous processes of continuation audit, undertaken by QAA at the request of UUK and SCOP, and universal subject review, undertaken by QAA on behalf of HEFCE, as part of the latter's statutory responsibility for assessing the quality of education that it funds.

3   The audit checked the effectiveness of St George's procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes of study leading to those awards; and for publishing reliable information. As part of the audit process, according to protocols agreed with HEFCE, SCOP and UUK, the audit included consideration of examples of institutional processes at work at the level of the programme, through a discipline audit trail (DAT), together with examples of those processes operating at the level of the institution as a whole. The scope of the audit encompassed all of St George's provision, including collaborative arrangements.

Section 1: Introduction: St George's Hospital Medical School

St George's and its mission

4   St George's Hospital was founded in 1733 and began registration of 'apprentice doctors'

in 1752. Building upon links established in the early part of the nineteenth century it became a constituent school of the University of London in 1900. It moved to the present purpose-built site in Tooting in 1976 and, since the early 1990s, has been the only independently governed medical school in London. A joint venture agreement with Kingston University, to provide the Faculty of Health and Social Care Sciences (FHSS), began in 1995.

5   St George's is within the University of London federation and, as with other colleges within the federation, it has considerable academic autonomy. Overall, it is bound by the Academic Framework developed by the University of London following revision of its statutes in 1994. The Framework stipulates what the constituent colleges should include in their quality assurance procedures and it gives authorisation for the colleges to award University of London degrees. Teaching and research focus exclusively on medicine, biomedical science and health and social care and the institution operates from a number of sites in the southwest London region. These include the main campus site at St George's Hospital in Tooting with some provision at Epsom and St Helier hospital sites (medicine, biomedical science, physiotherapy, midwifery, nursing, Foundation Degree (FD) in health and medical sciences and postgraduate courses). The Kingston University sites are at Penrhyn Road (radiography) and Kingston Hill (midwifery, nursing, social work). A large proportion of the St George's undergraduate provision is accredited by professional or statutory bodies (PSBs).

6   St George's offers a wide range of programmes that includes: FDs; undergraduate degrees; postgraduate certificates (PgCert) and diplomas (PgDip); master's programmes and doctoral research degrees. In terms of student numbers, it is a small institution with a little over 3,900 students registered in December 2004, of whom around 88 per cent were undergraduates and 12 per cent were postgraduates studying taught programmes or undertaking research degrees. There has been a

modest growth, about 7 per cent, in student numbers since the institutional review in 2002. Principally this reflects achievement of cohorts in all years of recently introduced four-year Bachelor of Medicine Bachelor of Surgery (MBBS) Graduate Entry Programme (GEP), increases in students studying for higher degrees in medicine, greater intakes into physiotherapy and radiography and increased numbers on continuing professional development (CPD) programmes.

7   Senior management consists of the Principal assisted by three vice principals and six deans with responsibilities for undergraduate medicine, postgraduate studies, pre-registration studies, clinical affairs, research and development and the FHSS. The academic structure is based around seven departments at St George's in Tooting and five schools within the FHSS.

8   The School Council is the governing body and the Senate is the senior academic committee with reporting lines from other committees with responsibilities for quality and standards. An Executive Committee, which includes the Principal and other senior officers, develops and advises on strategy, policy and priorities, resource allocation and reports to both the Council and Senate.

Mission statement

9   St George's mission is 'to promote excellence in teaching, clinical practice and research in the prevention, treatment and understanding of disease'.

Collaborative provision

10   The principal collaborative arrangement at St George's is the joint venture with Kingston University to establish the combined FHSS. The Faculty delivers programmes in nursing, midwifery, radiography, physiotherapy and social work. The two institutions have also formed a Cross-Institutional Strategy and Planning Group to seek further development of the partnership. At the time of the audit a foundation studies certificate programme, offered as a University of London award, was

being delivered by the Faculty of Science at Kingston.

11   St George's also has an arrangement with the London Ambulance Service and further education (FE) college, Merton college to provide an FD in Health and Medical Sciences (see paragraphs 28 and 134). In the recent past it also had collaborative programmes with London South Bank University and the University of Brunei Darussalem but ownership of the programmes has passed wholly to these institutions. In addition, there are two suspended programmes with the Jarvis Centre and the National Respiratory Training Centre (NRTC) (see paragraph 133).

12   The general management of the collaborative provision with Kingston University was considered in the audit; however, detailed investigation was not carried out as the healthcare provision (nursing and midwifery), provided through the joint venture, was the subject of major review by QAA in 2004. In addition, the joint venture with Kingston University is an arrangement that is more inclusive than simply providing collaborative programmes (see paragraph 27).

Background information

13   The published information available at the time of audit included:

- information available on the institution's website

- the prospectus and course information

- the QAA institutional review report of March 2003

- the Higher Education Quality Council Academic Audit of September 1994

- subject review reports: other subjects allied to medicine (May 1999); medicine (January 2000); and nursing (June 2000).

14   The institution also provided QAA with the:

- institutional self-evaluation document (SED)

- discipline self-evaluation document (DSED) for the Intercalated BSc

- Quality Manual 5th edition (March 2002)
- BSc Handbook 2004-05
- Strategic Plan 2000-2003
- Annual Monitoring Statement 2004
- Corporate Planning Statement 2004
- Teaching and Learning Strategy
- Widening Participation Strategy
- three-year Quality Strategy
- Human Resources Strategy
- School Scheme
- School Statutes
- General Regulations for Students and programmes of Study.

The audit process

15   Following a meeting at St George's in September 2004, QAA confirmed that one DAT, the Intercalated BSc, would be conducted during the audit visit. In selecting the DAT QAA and the audit team had taken into consideration the currency of review and monitoring carried out by the General Medical Council (GMC), the Institute of Biomedical Science and QAA itself through the major review procedures for healthcare provision.

16   QAA received the institutional SED and supporting documentation in January 2005 and the DSED in April 2005. The SED and the DSED were compiled specifically for the audit.

17   The audit team visited St George's from 25 to 27 April 2005 for the purpose of exploring, with the Principal, senior members of staff with institutional responsibility and student representatives, matters relating to the management of quality and standards raised by the SED and other documentation provided for the team. During this briefing visit, the team identified a number of matters for further consideration during the audit visit. At the close of the briefing visit, a programme of meetings for the audit visit was developed by the team and agreed with St George's.

18   At the preliminary meeting for the audit in September 2004, the Students' Union (SU)

officers were invited to submit a students' written submission (SWS) expressing views of the student body on their experience at St George's and identifying any matters of concern or commendation with respect to the quality of programmes and the standard of awards. They were also invited to give their views on the level of representation afforded to them and on the extent to which their views were taken into account. In February 2005 the student body submitted a detailed document to QAA. The submission had been prepared on the basis of a range of activities initiated by the SU, which included responses to a questionnaire distributed in December 2004, a student open forum and informal contact between students and the SU Executive.

19   The audit visit took place from 31 May to 3 June 2005, and included further meetings with staff and students who were representative of both institutional constituencies and the selected DAT. The audit team comprised Dr D Timms, Professor M Dunning, Dr D Edwards, Dr J Scott, auditors, and Mr R Ronnpage, audit secretary. The audit was coordinated by Professor H Colley, an Assistant Director in the Reviews Group at QAA.

Developments since the previous academic quality audit

20   At the time of the institutional review in 2002, departmental restructuring was taking place and this was completed in January 2003, with 25 departments reduced to six academic departments plus a Department of Medical and Healthcare Education. The last provides educational development expertise and contributes to course design, teaching, research, assessment, community-orientation and staff development.

21   Reduction in the number of departments reporting to senior managers has allowed a reconfiguration of the management structure. Deans are now supported by teaching coordinators who form a link into departments. In December 2004 the institution also established two new vice principal posts to provide leadership in research and teaching

alongside leadership of student affairs provided by the existing vice principal post. Since November 2004 a Senate, with approximately 40 members, has been the senior academic body serving the governance and accountability requirements within the institution (see paragraphs 24 and 29). It replaces partly the former Academic Board although the advisory function of that body is now largely provided by the new Academic Forum, whose 400 or more members provide a wide representation (see paragraph 29).

22   At the time of the last review St George's faced financial challenge and five task groups were formed to consider where savings could be made, how research priorities could be focused and how the staff profile could be aligned with proposed change. Subsequently two internal strategy groups, for education and research, have progressed the work and proposed developments include: flexible entry to a single MBBS; a common framework for postgraduate awards; and focus for research on the four most successful areas. As a consequence of these actions the institution is now financially stable. However, in considering the financial challenge, HEFCE invited the institution to review its strategic options. An external organisation, JM Consulting, has provided a review and the main outcome from phase one was to consider a tripartite venture with Kingston University and Royal Holloway and Bedford New College. All three institutions have welcomed the recommendation and phase two of the review, which is due for submission in mid-2005, will highlight specific areas of benefit arising from closer links.

Section 2: The audit investigations: institutional processes

The institution's view as expressed in the SED

23   The SED stated that Senate is the senior academic body in St George's with responsibility for the control of all matters

relating to teaching and programmes of study (see paragraph 24). Senate delegates quality assurance matters to subcommittees, and separates responsibility for devising and monitoring procedure from responsibility for implementing it. These committees are considered to be widely representative, and to include students, with the intention of facilitating their active involvement in the maintenance of quality. Senate's procedures are published in a Quality Manual that is kept under review and periodically updated. The SED stated that St George's has adopted a flexible quality framework in recognition of the variety in scale and complexity of its programmes, and the differing needs of the PSBs taking oversight of many of them. However, the procedures as a system are designed to encourage open and realistic reflection by staff on the programmes they deliver, and to allow the institution to know whether it is meeting its responsibilities for their quality and standards. The SED expressed confidence in the quality of St George's programmes and the standards of its awards, and in the effectiveness of its arrangements for maintaining them.

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

24   Senate is the body with overall responsibility for quality and standards of programmes at St George's and has delegated to several committees responsibilities for defined quality assurance procedures and/or aspects of provision. The SED stated that typically these committees include members of Senate among their members, so that Senate has strong links with the detailed work carried out on its behalf. The SED in particular drew attention to the Academic Quality Assurance Committee (AQAC), which devises procedure for quality assurance on behalf of Senate. Responsibility for implementing the procedures is vested in the 'monitoring committees' of specific programme areas: the Undergraduate Medicine and Bioscience Education Committee (UMBEC), the Taught Postgraduate Courses

Committee, the Faculty Quality Committee (FQC: for all St George's programmes administered by FHSS), and the Research Degrees Committee (RDC). In addition, the Validation Committee (ValC) oversees mechanisms for the procedures indicated by its title.

25   Executive responsibility for strategic matters affecting provision lies with the Principal, who is advised by his Executive Committee. This body, for example, takes decisions on whether proposed new provision can be resourced and is in the strategic interests of the institution. Executive responsibility for the quality of programmes in operation is vested in the deans, and the SED stated that since heads of department have line-management responsibility for staff, the maintenance of quality and standards is a matter of partnership between deans and heads. There is no single office-holder responsible to the Principal for overall management of procedures for quality and standards. The Academic Registrar and his staff are also closely engaged in operational matters including, for instance, managing the logistics of validation and review, writing reports, minuting meetings, and in the first instance, determining within established procedure how an individual external examiner's report should be handled. There is a Quality Manual, last approved in 2002, and due for reissue as the sixth edition in the present academic year.

26   Institutional level consideration of programme standards takes place at validation and review where individual programmes are evaluated to ensure that the standards set are appropriate to the level of the award, taking account of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and appropriate subject benchmark statements. The institution has adopted the precepts in the *Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*), published by QAA, relating to standards. For example, in relation to assessment St George's has established generic marking criteria for the

programmes. Student performance and standards are considered by the boards of examiners and reported through the Annual Programme Monitoring Reports. External confirmation of standards is derived from the visiting (external) examiners (see paragraph 51) who are required to confirm that the standards are appropriate to the level of the award and are comparable to those found in other higher education institutions (HEIs).

27   St George's has a range of quality assurance activities in which it collaborates closely with Kingston University. As indicated above (see paragraph 5), FHSS is practically as much an entity of St George's as of the University owing to the joint management. Faculty programmes may be validated by Kingston University, St George's or the University of London, and there is a joint approval by the two institutions to both resource and academic planning in the Faculty. The FQC is recognised by both institutions, and forms part of the quality assurance reporting structure for each. Although the partnership between St George's and Kingston is 'collaborative' at the strategic level, at programme level the two institutions are virtually inseparable. The partnership is therefore not considered to fall under the provisions of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

28   Since the institutional review in 2002, St George's has suspended or withdrawn from all the overseas partnerships then in place. Other UK collaborative partnerships have ceased to operate, although some partnerships currently not recruiting do have continuing students. Since 2002 a new FD in Health and Medical Sciences has recruited, and is offered in partnership with the London Ambulance Service and Merton College. There is also a Certificate in Foundation Studies in Medicine, a University of London award for which St George's is responsible, but for which the majority of teaching is delivered by the Faculty of Science at Kingston University. The audit team noted, however, that while St George's

has no explicit policy decision in place preventing or encouraging the development of new partnerships, some new pathways in the FD, likely to involve partnerships of various kinds, have recently been validated and are planned to come on stream in the near future. Arrangements for the quality management of collaborative programmes are essentially the same as those in place for in-house programmes.

29   At the time of the institutional review an Academic Board with some 250 members had overall responsibility for quality assurance. Senate, which replaced it, is a body of some 40 ex officio and elected members, chaired by the Principal (who was explicitly excluded from the Chair in the Academic Board's constitution). Its members generally regard Senate to be more effective in taking academic decisions, while the usefulness of the former Academic Board as a wide consultative body is felt to be adequately performed by the new Academic Forum. Senate met for the first time only in the present academic session, and so its effectiveness in practice is yet to be tested; however, it seems very likely that a body of this size, chaired by the person with executive responsibility for the institution as a whole, will be more efficient and effective.

30   St George's has reviewed the relationships between committees following the report of the last audit and, while the distinction between committees remains functional rather than formally hierarchical, the monitoring committees and ValC now make periodic reports to AQAC. AQAC receives the minutes of the monitoring committees, with the intention of enabling it to check that its procedures have been operated. Although in structural terms the arrangements for the distribution of responsibilities between committees appears to be effective, some aspects of procedures and their reporting, especially for validation, makes it difficult for AQAC to carry out its monitoring role fully (see paragraphs 39 and 48).

31   The Quality Manual is comprehensive, and includes, inter alia, sections on institutional aims, roles and responsibilities of staff, the regulatory framework, student involvement, the contents of programme and module handbooks, and detailed outlines for key procedures such as development, approval, monitoring and review of programmes of study. The draft of the sixth edition was provided to the audit team. Changes from the fifth edition appeared relatively minor, but positive: tidying up some anachronisms, removing some ambiguities, and making some small improvements, such as the reduction of the planned review cycle from every six to nine years to every six years.

32   Setting apart the joint venture, collaborative programmes are a very minor part of St George's provision. However, the audit team noted that in at least one instance, through lack of an agreement, arrangements to meet the residual needs of continuing students in a partnership being phased out were not in place (see paragraph 133). The team noted also that new partnership arrangements may involve learning methods with technical requirements that the current St George's standard validation procedures, which do not require input from technical services staff, are not designed to consider and evaluate (see paragraph 40).

33   In respect of the relationship with Kingston University, the audit team considered that clear arrangements exist to determine who is responsible for which programmes. Moreover, FHSS staff, who have a joint contract of employment and work under terms and conditions of Kingston University, play a very active role in the quality assurance of St George's programmes. Senior members of St George's suggested that the person who in practice had the role that most closely approximated to having overall charge of quality assurance was the Chair of AQAC, who is also the Dean of FHSS. The team took the view that University has added considerably to the body of expertise available for St George's to evaluate itself and to manage its quality and standards, and the joint venture with Kingston University, which allows transfer of good practice in quality assurance through joint membership of committees and shared procedures, is a feature of good practice.

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

34   St George's plans for enhancement are to capitalise on the lessons learned from the operation of its key quality assurance procedures for annual monitoring, validation and review; to develop opportunities for inter-professional relations, especially those with inter-institutional aspects; and to facilitate the transfer of expertise across disciplines within St George's.

35   St George's has clearly made considerable progress since the 2002 institutional review in rolling out the procedures formalised in fifth edition of the Quality Manual, although it may be that some opportunities for enhancement are still being missed by the relatively narrow circulation of some reports deriving from the processes (see paragraphs 39 and 48). The opportunities offered by the Kingston partnership had clearly resulted in useful formalisation of some quality assurance practices and the continuing availability of an external view from a critical friend is highly valued in St George's. The SED and meetings with staff provided many examples of the ways in which lessons learned in innovative programmes such as the GEP were being disseminated across the institution. The audit team took the view that St George's intentions were appropriate and timely.

Internal approval, monitoring and review processes

Programme approval

36   The principles and procedures for programme approval were devised by AQAC and are essentially unchanged since 2002. They are documented in the Quality Manual. Policy and resource issues are addressed centrally by the Executive Committee before detailed development work. The responsible monitoring committee then considers the proposal, at which stage improvements may be introduced before formal scrutiny. The ValC approves new programmes with powers delegated from Senate. The ValC is a standing committee with a fixed membership, supplemented as needed by external and internal members with specialist experience. The SED stated that ValC considers issues of standards, and ensures that programmes have clearly stated aims and outcomes that take into account the expectations of the wider academic and professional communities. The committee is also expected to ensure that new programmes reflect the expectations of the FHEQ, and benchmark statements where relevant. It is also charged with assuring the institution that arrangements for the delivery of programmes will enable them to meet their intended outcomes. Meetings of ValC typically deal with more than one validation, and records of its deliberations are kept in the form of extended minutes for each meeting. The ValC keeps Senate informed by providing a summary of approval decisions, and makes an annual report to AQAC.

37   The SED stated that following the 2002 institutional review, St George's has been careful to ensure that each new programme has been fully validated before the first student intake. St George's takes the view that its validation and review arrangements continue to draw strength from its partnership with Kingston University. Among the achievements of the ValC, the SED listed its effectiveness in ensuring comparability between programmes, for example, in terms of amount of student effort required to achieve the learning outcomes for each programme. The ValC's annual report enables AQAC to monitor validation and to keep the procedure under review.

38   The audit team considered that the ValC uses the expertise of Kingston staff actively. Minutes of meetings showed that matters of level are typically discussed by the committee, although not always in relation to national standards as expressed in FHEQ or benchmarks. All minutes of the ValC seen by the team indicated that external members with appropriate subject expertise are used in validations. The annual report made by ValC to AQAC is sketchy, but does comment on how far conditions have been fulfilled, and gives

assurance to AQAC on the number and home institutions of external advisers.

39   However, the audit team noted that where conditions are set at validation, there are instances when no time limit is set for fulfillment, and others when the time taken to fulfill them is protracted. Although the SED claimed that validation is intended to give the institution assurance on the relationship between proposed programmes, the FHEQ and benchmarks, minutes of meetings do not always include reference to the FHEQ or benchmark statements, even in relation to more prescribed types of programmes such as FDs. The minutes of the ValC have very limited circulation, and are not routinely sent to AQAC or the monitoring committees. The team took the view that these minutes, in terms of their content and their limited circulation, did not give the institution full assurance that it is discharging its duties with regard to confirming alignment of programmes with the Academic Infrastructure.

40   The audit team noted that recently a new pathway in the FD Applied Blood and Tissues had been validated. The existing pathway is delivered in partnership with local institutions, and modules typically have 50 per cent face-to-face teaching. The new pathway is intended as a distance-learning programme with a national market; its delivery will be largely computer-based with some print support; and only one meeting per module is envisaged as face to face. Other interactions with tutors and fellow students are intended to be through on-line meetings, interactive sessions based on problem solving, and through tutor-led, on-line discussion rooms. The minute of the meeting indicated acceptance with little reference to technical challenges posed by this mode of delivery; no conditions or recommendations relating to technical needs were set. No pathway leader or identified module leaders were in place, and while a condition was set that an 'appropriate' pathway leader was to be appointed before start of delivery, no indication of what would be 'appropriate' was made, so there was no guarantee that staff with expertise

in on-line distance modes would be available, though the pathway was set to start within months. The validation included two external subject professionals, however, the minutes did not indicate that either had specific expertise in the special learning and teaching requirements of courses of this kind. There were only two internal members of the panel. The team was assured that considerable discussion had gone on prior to validation about the technical needs of the new programme through consideration of the established FD Health and Medical Sciences (paramedic pathway) which has partial delivery through a virtual learning environment (VLE). However, library staff met by the team asserted that distance learning at St George's was very limited, and even senior library and information services staff showed no knowledge of the FD already in place, or of the new pathway to be delivered largely on-line.

41   The audit team took the view that prior discussion of technical needs by staff involved in delivery, although important, does not substitute for informed judgment by a body charged by Senate with determining approval. The team considered that the proposed programme made demands at, and probably beyond, the limits of the learning technology requirements currently in place at St George's, and that the standard validation procedure, although it had been followed conscientiously, did not give assurance about a programme with needs that departed significantly from standard provision. The team would advise the institution to consider whether the non-standard procedures and arrangements for validation are adequate for making judgements on standard programmes such as those delivered wholly by distance learning and those demanding a high level of technical support.

Annual evaluation and monitoring

42   Programmes are monitored annually, using a standard programme monitoring form, supplemented by guidance notes in the Quality Manual. The forms require completion of a standard range of data on, for instance, applications, qualifications and ethnicity of entrants, and progression. There is also a

qualitative section providing a narrative that analyses the operation of the programme over the year past. This is used flexibly according to the needs of particular programmes. The forms are also a mechanism for noting action taken in response to visiting examiners' reports. Annual monitoring reports conclude with action plans. Completed forms are received by monitoring committees which prepare overview reports of the outcomes of monitoring for AQAC, which in turn reports on outcomes to Senate.

43   The SED suggested that St George's is using annual monitoring positively, permitting examples of good practice to be highlighted in successive reports to Senate. The SED stated also that St George's is continually refining the process in the light of experience, and lists a number of areas in which developments are being carried forward. For example, it is intended to amend the guidance to ensure that feedback from students is given a higher profile. The SED acknowledged that some parts of the process could be implemented more rapidly, referring to delay in the production of summary reports from monitoring committees, and consequent delays in reports from committees at institutional level. The SED also recognised that a more imaginative approach to the dissemination of areas of good practice identified during monitoring would contribute more directly to the enhancement of the quality of learning opportunities. Improvements are also intended in the way in which information is collected at module level, including looking for opportunities to learn from Kingston University practice already in use in FHSS.

44   Consideration of a number of completed annual monitoring forms and reports at successive levels suggested to the audit team that St George's intentions in its annual monitoring procedures are being fulfilled. The reports are typically analytical and informative, and provide an effective mechanism for continuous improvement at programme level. However, the team noted that there were no plans to vary the requirements for annual monitoring for potential new programmes delivered by distance and on-line learning. With this caveat, St George's self-analysis of desirable improvements appeared sound. The team noted that monitoring committees took monitoring reports from programmes as and when they were submitted and, while receipt of these was annual, there appeared to be no set cycle within the year dictating submission of monitoring reports. This has inevitable consequences for the ability of monitoring committees to produce summative material. Evidence from the DAT suggested that St George's intention to make improvements in gathering information at module level and its reference to the opportunity for learning lessons from Kingston practice was timely. The SED stated that of the *Code of practice, Section 7: Programme approval, monitoring and review* was an important reference point in the design of their annual monitoring and review procedures. The team found that the precepts of the *Code* were reflected in practice.

Periodic review

45   St George's procedure for periodic programme review has a number of aims including assurance that standards set are appropriate to the award by reference to the FHEQ and subject benchmark statements; ensuring that programmes are supported by adequate physical and human resources; and ensuring that other procedural and material requirements of the institution are met. Review is also intended to identify and disseminate good practice. The procedure is undertaken by the ValC, and always includes additional internal and external peers. Reviews make use of existing documents, plus a specifically prepared SED, and include meetings with staff and students. Reports of reviews take the form of minutes of the ValC. The institution stated that it has consciously taken a flexible approach to periodic review, permitting variation between reviews in timescales, numbers of externals invited to participate, range of supporting documents, and scope and format of the SED. No distinction is made between home and collaborative provision for the purposes of review.

46   St George's considers that it is now successfully implementing its review schedule,

and has improved it by taking a more proactive role in considering the financial viability of programmes as part of the process. It considers that retaining the ability to vary the scale and requirements of a review in relation to the needs of a particular programme is worthwhile. It has also decided that a former provision for 'light touch' in review, which was rarely used, is not worth preserving. On the basis of its experience of review, it does not consider that other significant changes are needed, although it is working to ensure that the procedure secures 'ownership' by staff.

47   In general, St George's procedure for review has many points of similarity with its procedure for validation, including management by the ValC and use of external panel members. The nature of the ValC's minutes for reporting a review is similar, but includes aspects of good practice identified by the review. The audit team took the view that, in general, as with validation, the procedure is working well for St George's standard programmes. The ValC's minutes are used to keep AQAC informed at institutional level of the security of the process. The team noted that in the sixth edition of the Quality Manual, shortly to be approved, there was a reduction in the planned period between reviews from '6-9 years' to six years, a move that brings the institution into line with common practice across the higher education (HE) sector.

48   However, as with validation, the audit team questioned the efficacy of the arrangements for reporting reviews in fulfilling the intentions of the institution. It is difficult to see how good practice can be disseminated when the minutes of the ValC have such limited circulation. In the case of review minutes, the team commonly found instances when no timescale was set for fulfilment of conditions. Sometimes consideration of resources in review appears to deal only with the ability of a course to cover its costs, rather than the adequacy of the resources to meet a programme's intended outcomes. Therefore, the team would recommend the consideration of time limits for the fulfilment of conditions and the desirability

of wider circulation of ValC minutes to capture more effectively the enhancement potential of periodic review.

External participation in internal review processes

49   St George's appoints external members for the approval process for new programmes and when programmes are periodically reviewed. The main criterion for selecting externals is that they have relevant academic or professional expertise in the subject area and they must also have an appropriate degree of objectivity. Nominations are made by subject teams, and scrutinised by the secretary to the ValC to ensure that the criteria are met. External members are briefed on their roles and feedback obtained from them is used to give the institution assurance that they have been able to contribute fully and effectively to procedures. On the basis of the annual reporting of the operations by ValC to AQAC, St George's expresses confidence that external involvement in its quality assurance procedures is appropriate.

50   Papers seen by the audit team showed that ValC meetings considering validations or reviews have had one or more external members. The review of the five-year MBBS, for instance, involved three external members with a range of academic, clinical and professional backgrounds, focused on the consideration of a detailed and wide-ranging SED and included periods over two days in which members of the review panel were given the opportunity to consider background documents. The team can therefore confirm that St George's does take pains to appoint external members with relevant academic or professional expertise in the subject area. However, St George's does not always appoint external members with experience of the relevant pedagogic context in relation to programmes to be delivered in non-conventional ways (see paragraph 40). With this caveat, the team can confirm that strong and scrupulous use is made of external peers in the review process.

External examiners and their reports

51   St George's operates a system of 'visiting examiners' which it sees as being 'an important part of its approach to the maintenance and enhancement of standards and to ensuring comparability of awards with similar awards across the HE sector'. The visiting examiner system encompasses two groups of examiners: 'intercollegiate examiners' who are examiners from other London colleges and 'external examiners' who are from outside the University of London. Each Board of Examiners must include at least one external examiner. Nomination of visiting examiners is initially on recommendation by the member of staff responsible for the programme. The curricula vitae of nominees are then scrutinised by the appropriate monitoring committee and subsequently passed to Senate for approval. The Chair of the Board of Examiners, or in the case of postgraduate programmes and those in FHSS, the Course Director, have responsibility for briefing the visiting examiners including defining the role, explaining the assessment rationale and regulatory frameworks and reporting responsibilities. Discussions with staff indicated that, in practice, the induction and briefing were predominantly paper-based exercises undertaken by correspondence, and were variable in extent. There was no formal training or induction procedure. The duties of the visiting examiners are also summarised for reference on St George's website.

52   The Quality Manual sets out the procedures for processing the reports from visiting examiners. The reports are initially addressed to the Principal and, on receipt, are forwarded to a nominated officer in the Registry. The officer then classifies each report according to the nature of the recommendations made by the examiner. This classification ranges from 'Category A', which is defined as 'a complimentary report without criticism that does not raise issues requiring a formal response', through to 'Category E', defined as 'a report that raises fundamental concerns about a course in its entirety or calls into question the standards of the course,

which requires discussion at AQAC'. All reports are also routinely circulated to the Course Director and Chair of the Board of Examiners or to the Dean of Undergraduate Medicine, the Sub-Dean and the Chief Examiner for the MBBS programme. In FHSS, these responsibilities are taken by the Chair of the Faculty Quality Committee. This level of circulation enables dissemination of the reports and confirmation of the grading.

53   According to the categorisation of the report, there is a set procedure for processing the response ranging from a factual statement made by a registry officer in response to a request for factual information (Category B) to full consideration by AQAC. Tracking of the responses to reports is the responsibility of the registry officer and the copies of the reports and tracking information are appended to the annual programme monitoring reports for consideration by AQAC and form part of the documentation for periodic review. As part of the requirements of the ordinances of the University of London, the Academic Registrar also compiles an annual report on the external examiner process for submission to the University. This includes a summary of the significant issues raised and the resulting action points.

54   On the basis of reviewing the visiting examiners' reports for the last two academic years, the annual programme monitoring report documentation, tracking reports and minutes of the monitoring committees, as well as from meetings with staff, the audit team was able to conclude that the visiting examiners' reports form a significant element in the assurance of quality and standards and that they are dealt with in a rigorous and timely manner by the institution. The team would, however, see the desirability of St George's considering a mechanism for ensuring that all visiting examiners receive suitable induction and briefing.

External reference points

55   In the SED, St George's set out its explicit approach to the utilisation of external reference points in establishing the standards and quality of its programmes, stating that '...the School has sought to make use of all the key elements of the QAA's academic infrastructure, including benchmarks, and the policy and procedural documents issued by professional and statutory bodies'. In specific regard to the *Code of practice*, the stated approach has been that 'as each section of the *Code* was published, a systematic review has been undertaken to ensure that the School is compliant with the precepts' and the SED expressed the institution's confidence that the expectations of the *Code* are met. The AQAC has a key role in ensuring that the expectations are met and it has reviewed, or delegated a subgroup to review, each of the sections of the *Code*. The 2003 institutional review report noted that St George's aimed to bring its procedures fully into line with the *Code* but also that there remained some work to be completed and that the implementations were not always timely. This was addressed in the action points in the institution's response and confirmation of compliance with the appropriate sections of the *Code*, for example, assessment and external examining is required as part of the annual monitoring return.

56   St George's has made explicit its mapping of programmes against the level descriptors of the FHEQ and these are summarised in the 'General Regulations for Students and Programmes of Study'. This mapping is monitored at subject level through the monitoring committees. St George's has now adopted a standard programme specification format and specifications have been published for all programmes admitting students from 2004. Links to these specifications are available on the institution's websites.

57   Following the publication of benchmark statements, the subject teams have reviewed their programmes to ensure consistency with the statements and these have been incorporated as reference points into the programme specifications. Furthermore, the matching of programmes against the FHEQ levels and against benchmark statements has been incorporated into the processes of internal periodic review and programme validation, as well as being confirmed through the external reviews, such as the recent QAA reviews of radiography and physiotherapy.

58   In meetings with staff and through reviewing documentation, the audit team was able to confirm that all the relevant sections of the *Code of practice* had been considered by AQAC or by delegated subcommittees, and that amendments to policy had been incorporated into St George's procedures as appropriate.

Programme-level review and accreditation by external agencies

59   The majority of the undergraduate programmes offered by St George's are subject to accreditation by PSBs, these include medicine, which was last reviewed in 2000, and is due to be reviewed by means of the GMC's new methodology for Quality Assurance of Basic Medical Education in 2005-06, radiography and physiotherapy, nursing and midwifery and biomedical science. As a result, the institution's provision derives benefit from extensive external scrutiny in addition to that afforded by QAA's institutional audit process.

60   Since the QAA institutional review in 2002 (published in 2003), the School has been subject to two reviews of National Health Service (NHS) funded provision: a prototype review of other subjects allied to medicine (radiography and physiotherapy) in 2002 and a major review of nursing and midwifery (2004). Also in 2002, the BSc in Biomedical Sciences successfully underwent accreditation by the Institute of Biomedical Sciences, and there was a successful joint revalidation of the physiotherapy programme incorporating approval by the Chartered Society of Physiotherapy and the Health Professions Council. In 2004, the FD in Health and Medical Sciences (Paramedic) was approved by the Health Professions Council.

61   Through discussions with staff and examination of the documentation, the audit team was able to follow the procedures for considering and responding to the two major reviews. Both reviews incorporated consideration of programmes leading to awards of both St George's and of Kingston University. These reviews resulted in statements of confidence in the academic and practitioner standards of the programmes and commendations for learning and teaching, student progression and learning resources.

62   These two reviews were considered by the relevant course teams and by the FQC and the monitoring committee responsible for these provisions, and reports were produced that identified the strengths and weaknesses highlighted in the reviews and set out action plans for progressing these issues. The appropriate monitoring committee reported on these action plans to AQAC and had responsibility for monitoring their progression to completion. On the basis of this documentation and meetings with staff, the audit team was able to conclude that the institution's procedures for dealing with review reports enabled these to be considered in a timely and effective manner and that appropriate mechanisms were in place for ensuring that action points were identified and their implementation followed up.

Student representation at operational and institutional level

63   The institution seeks to 'involve its students in its academic governance and quality assurance arrangements' and engage them fully in the development of all policies and procedures relating to the programmes they study. The institution has a Student Charter that sets out the pledges from the institution to its students and the students' responsibilities to the institution. This reinforces St George's commitment to encouraging students to give the institution their views and comments and to involve students in decision-making. The Student Charter was published in April 1999 and all students receive this at the

time of entry to St George's. Students met by the team appear to give little value to the Charter and some appeared to not know of its existence until recently. The audit team considers the Charter to be a useful document in supporting the institutional aims and values in its relationship with its students and it supports the institution's intention to review and re-energise this document.

64   Students are represented at the institutional level on School Council, Senate and AQAC plus ad hoc task groups, mainly by officers of the SU. Students are involved in periodic review and meet with the review panel but students met by the audit team appeared to be unsure of their role. The DAT confirmed that the periodic review process is thorough and accords with the institution's procedures, however, the team would suggest further communication with students to clarify their role in this process.

65   The Quality Manual is the key document that specifies student involvement at course level. Each programme of study is responsible for setting up a forum in which staff and students are able to discuss issues about the programme. Programme handbooks had differing levels of information, from clear and concise information to very little. The audit team felt that students would benefit from consistent information in all programme handbooks in order to reinforce their involvement in course matters. Training for the role of student officers is offered from the University of London and members of the student executive have made use of this and other support that is available from being members of the larger University of London student body.

66   Representation at course committee is usually from the course or year student representatives and training for this role is provided by the SU. The audit team found ample evidence of student involvement at this level. The SED recognised the difficulty of representation from part-time students and stated this is a problem the institution still has to resolve. However, the small number of

students on part-time postgraduate programmes, met by the team, stated that they were actively involved in the process.

67   Students' feelings about representation are outlined in the SWS questionnaire with 77 per cent of students expressing varying levels of positive satisfaction on the way the institution enquires about their views, on its responsiveness to student opinion and comment, and how students may influence change. In contrast the SWS written commentary and feedback to the team in student meetings referred to some difficulties with the 'attitudes and principles' of some senior staff to student involvement.

68   The institution has been and is still going through a period of change which has affected its student profile. The partnership with Kingston University, along with growth in student numbers and an active widening participation strategy has led to a more diverse student body. This has led, as acknowledged in the SED, to a 'change in the relationship between the Students Union and the senior staff of the School'. In particular the SU is taking a greater interest in academic and welfare issues rather than focusing on social activities. The shift has been reflected in the change of the name in late 2004 of the Student Club to the SU. This change of culture has caused the institution to re-evaluate its formal methods of engaging students. There was evidence that this is occurring at the time of the visit, although students expressed in the SWS and at meetings that there is still 'a need for a shift from paternalism to partnership in the relationship between staff and students at St George's'.

69   The audit team found evidence of effective student representation at institutional and operational levels across the institution and formed the view that the institution does have mechanisms for involving students in the maintenance of quality assurance processes as outlined in its stated aims. The institution recognises the change to the student body and is responding to this, for example, with the introduction of a student forum.

Feedback from students, graduates and employers

70   The institution recognises 'the value of the feedback that students can provide about the quality of the Institution's programmes of study and the effectiveness of the learning environment'. At an operational level mechanisms are in place to ensure that the views of students regarding the quality of the student experience are 'actively and systematically sought' through course committees, module evaluations and informal contact with staff.

71   Module evaluation is one of the key methods for collecting student feedback. The Quality Manual states that all modules should be evaluated by a questionnaire and provides guidelines on the information required. Students do not have to complete a questionnaire for all modules they take but the programme team must ensure that if sampling is used that it is sufficient for each module to be evaluated effectively. A universal questionnaire is not used and examples of questionnaires are available from Academic Registry.

72   The institution continues to seek improvement in feedback and the audit team noted that following comments on consistency of student feedback arising from the periodic review of medicine the institution has been trialling an on-line questionnaire 'Question Mark' within its common foundation programme. This foundation programme runs for a term and involves students on the MBBS, biomedical science, physiotherapy, radiography and nursing degrees. This questionnaire achieved a very high response rate of 88 per cent owing to the active encouragement of students to complete it. The institution is planning to use the on-line approach with other years in medical and bioscience programmes.

73   Students receive information on the outcome of their feedback in a variety of ways. Formally through course handbooks, course committees, email and student course representatives plus through informal contact

with academic staff. However, remarks in the SWS and meetings with students in the DAT (see paragraph 143) reveal that some students do not receive information on outcomes arising from their comments.

74   The audit team found evidence of effective module evaluation, however, this was not consistent across the institution. There was evidence from the DAT that although some modules were effectively evaluated others had no evaluation (see paragraph 138). This was confirmed in a meeting with the students. The institution was therefore not able to demonstrate that all its modules are evaluated according to its own procedures as stated in the SED and Quality Manual. Programme evaluation takes place at the course committees and generally students informed the team that their views are listened to and acted upon in a timely manner.

75   Although the audit team did see examples of effective collection of student feedback and of informing students of outcomes, the team recommends that the institution consider ways of ensuring that its intentions that all modules are evaluated is fulfilled and that the good practice evident in some programmes in giving feedback to the students is used across the institution.

76   A variety of methods are used to collect information from graduates and employers. These include surveys, NHS contract monitoring meetings, informal contact with graduates and incidental meetings with employers. Many of the programmes of the institution are subject to curriculum standards and reviewed by professional and statutory bodies. The institution stated in the SED and during the visit that professional body involvement, the close relationships with the employers and educational supervisors within medical education, and the contractual arrangements with the Strategic Health Authority ensure that the requirements of the employers are integral to their programmes. Through the study of documentation and meetings with staff the audit team found this to be the case.

77   Graduates are followed up six months after completing the biomedical, radiography and physiotherapy courses. Medical students are closely monitored in their pre-registration house officer year. These mechanisms enable the institution to consider issues on 'fitness to practice' and employment skills in the curriculum development process.

Progression and completion statistics

78   In the SED, St George's described the mechanisms in place by which it 'encourages the use of progression and completion data to support the maintenance of quality and standards'. This section of the SED is descriptive and does not provide an indication of the perceived effectiveness of these procedures in monitoring quality or enhancing standards. Likewise, the SED gave no information on actual admissions, progression and completion data for the institution's programmes, and does not indicate consideration of any trends in any of these data.

79   In line with the processes described in the SED, the regular quality assurance procedures in place in the institution, such as annual monitoring and periodic review, require the production of statistical information regarding applications, enrolment, progression and completion. This information is employed as part of the annual monitoring of quality and standards. Longer-term trends are examined at periodic review. Information is also made available at module level in relation to the operation of the boards of examiners. At this local level, this information has been employed to enable useful consideration of issues relating to assessment standards and cohort progression. For example, this data was employed to enable comparison of the performance of the third-year biomedical science students and the intercalating medical students taking the same modules.

80   The annual programme monitoring reports that the audit team viewed did include the required statistical information regarding enrolment, progression and award. These reports generally included some analysis of the

statistics, although this was not always adequate and was commonly focused on enrolment. The reports were received by the appropriate monitoring committee and some consideration of underlying trends was evident in the summary returns to AQAC and thence Senate. It was not evident, however, that St George's takes an institutional overview of aggregated progression and award data or makes comparison with such data from comparable institutions.

81 At the time of the visit, St George's was in the process of developing usage of the SITS (Student Information & Transcript System) system, which it anticipates will 'enhance the School's capacity for the production of management information' and will enable more extensive evaluation of the progression statistics. Notwithstanding this development the audit recommends the desirability of enhancing the use of progression and award data to inform comparison of student performance across and beyond the institution.

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

82 The main committees for overseeing teaching staff appraisal, appointment and reward are the Staff Strategy and Policy Committee and the Employment Committee. The first is a committee of School Council and the second is accountable to the Executive Committee. The Staff Strategy and Policy Committee considers proposals and makes recommendations on all staffing matters including recruitment, development, employment and remuneration. The Employment Committee remit is for contractual issues and promotion. The institution's Personnel Department advises on all policy development and implementation.

83 The institution has a clear and concise Human Resource Strategy which is reviewed annually against agreed targets. The audit team found effective procedures in place for appointment and reward.

84 Appointment criteria for new staff, which are agreed by the executive, include agreed job descriptions, person specifications and performance criteria. There is mandatory training for chairs and members of selection panels. External representation on interview panels is achieved through a member of staff from another division or department and if it is a senior post, a member external to the institution.

85 Many of the institution's staff are joint appointments with NHS Trusts and the institution also utilises staff appointed under Kingston University conditions of employment. The success of the partnerships with Kingston and NHS Trusts ensures that these are effective appointments.

86 The institution has had an appraisal system for some years; it recognises that staff are crucial to its current and future success and it is committed to the development of all its employees. The appraisal procedure was reviewed and a system of performance development review (PDR) was rolled out across St George's in 2003. The scheme was specifically designed 'to ensure that staff are supported and developed in line with its mission and aims'. Training is given both for appraiser and appraisee. The system is now embedded within the institution and the HR strategy target, to have a monitoring system in place by March 2004, has been achieved. All staff have to undergo PDR with their line manager on a yearly basis. The Staff Development Officer (SDO) monitors the implementation on a monthly basis and liaises with managers and individuals if there is slippage in completion. A task group also assesses implementation and the team can confirm that monitoring is working effectively. The standard review form includes a personal development plan (PDP) which is completed at the time of review. PDP returns from across the institution are collated by the SDO. The aim was to have all staff with a PDP by 2004. Considerable progress has been made but the SED identified that it will take time to embed PDP for all staff.

87 Peer review is not a formal requirement for the institution and only happens on an individual or local basis. Monitoring committees are expected to design and publish their own local policies. There is training for peer review but only a few members of staff have as yet participated. The institution recognises good practice where peer review is taking place and is developing approaches and tools to roll out the system across the institution. The audit team encourages the institution to progress its aim to extend the peer review system to all staff.

88 Promotion is handled by the Academic Promotions Committee and the institution has established criteria for promotion for excellence in research and clinical activity and recently has developed and refined, in accordance with its learning and teaching strategy, criteria for promotion based on excellence in teaching. Staff apply for promotion and are informed of the timetable for application. In meetings with staff the audit team was told that the system is perceived as fair and equitable.

89 The Human Resources Strategy of the institution and the SED have identified the need to improve recruitment from minority ethnic groups and women to senior academic posts and there are ambitious targets with an end date of 2008. The wish for more senior women is linked, along with the structural changes the institution has implemented, to management and leadership developments.

90 The audit team found the appointment, appraisal and reward systems of the institution to be robust, enabling the institution to assure itself of the quality of teaching staff and their ability to maintain high standards in teaching, research and clinical activity.

Assurance of the quality of teaching through staff support and development

91 The institution has a Staff Development, Philosophy, Strategy and Process which sets out the commitments to staff training and development. Funds to support staff development are held centrally in the Personnel Department and by the heads of departments. Individuals can apply for funding from the central budget mainly, but not exclusively, for externally delivered accredited programmes.

92 Staff support and development is a key aim of the institution's Human Resources Strategy and the strategic plan states that as a 'people driven' organisation it is essential that it recruits and retains quality staff who are equipped with the appropriate skills or have the potential to develop those skills if it is to meet future challenges successfully. This key aim is linked to the institution's Learning and Teaching and Research Strategies.

93 The SDO provides the link between the Personnel Department and the staff development coordinators in academic departments and FHSS. There are formal meetings twice a year to coordinate staff development. The audit team found this relationship was working very effectively and that reducing the number of departments had aided communication as stated in the SED. The Personnel Department organises a programme of development which addresses both institutional strategies, for example teaching skills courses, and the generic requirements of PDPs identified during the collation exercise. This cycle starts in July and allows the programme of staff development to be available for the next academic year. The audit team noted that short courses which enhance teaching skills (for example, advanced assessment, presentation skills, introduction to action learning and coaching) are well attended.

94 Newly appointed staff are given a short welcome seminar and job specific inductions are organised by the departments who encourage staff to attend the three-day teaching skills course. Mentor support is also organised by the departments. New staff met by the audit team commented on the 'very useful' induction procedures.

95 The three-day teaching skill and techniques course, along with a PgCert in Health Care Education, allows staff to register

with the Higher Education Academy (HEA). The PgCert is a new endeavour for St George's and the first cohort finished in 2004 with six successful students, all of whom evaluated the programme positively. Apart from FHSS appointments the PgCert is not mandatory for all new staff but the three-day programme is, and this can give advanced standing at later entry to the PgCert. St George's is encouraging all new staff to undertake the full programme and 12 staff are registered for the current academic year. Members of staff in the FHSS have to take the PgCert offered by Kingston University as part of their contractual obligations. St George's encourages its staff to take up membership of the HEA and the team noted that this is slowly increasing as staff complete the PgCert. The institution does use a small number of its graduate research students to teach case-based learning and clinical skills. These individuals are prepared for their role and observed before being allowed to undertake teaching; this ensures they can be effective in supporting student learning.

96   The Department of Medical and Healthcare Education has played a key role in enhancing learning and teaching. Initially it was involved with the development of innovative four-year medical curriculum for the GEP. The learning, teaching and support styles (for example, an inter-professional programme, case-based learning, student support models, peer review) used in this course have been introduced to other courses. The audit team found that the enthusiastic staff from the Department continue to act as change agents within the institution playing an active role in the three-day teaching skills programme and PgCert. They have been instrumental in developing course design, approaches to teaching, research assessment methodologies and community-orientated medical education, and have also produced a range of clinical skills videos.

97   Changes to the institution's structure prompted the senior staff to implement a management and leadership programme to support its strategic plan and the Human Resource Strategy. A variety of leadership development programmes have been established and staff informed the team of the value of the programmes. The 'SGHMS Leadership' programme has run twice for senior mangers and it is complemented by a collaborative programme, the Sunningdale Action-Learning Programme (SALP), which has learning sets with eight other HEIs. St George's was also involved in setting up another cross-university initiative, the Coaching Action Learning and Mentoring Network (CALM) for Higher Education.

98   The audit team, through meetings with staff and study of documentation, noted the strong commitment the institution gives to supporting and developing staff. The team identified this as an area of good practice with a cohesive and comprehensive approach to staff development through: the linking of departmental staff development coordinators with the SDO in the Human Resources; the linking of staff development to strategic objectives; and the participation of St George's senior staff in collaborative activities such as SALP and CALM.

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

99   At the time of the audit St George's did not offer any significant part of its provision through distributed or distance learning. However with the development of FDs, the institution foresees growth in this type of provision. In the one established programme; the PgDip in Addictive Behaviour, the institution's standard quality assurance procedures are followed with respect to programme approval, monitoring and review. The audit team noted that recently a new pathway in the FD Applied Blood and Tissues had been validated as a distance-learning programme with a national market; its delivery will be largely computer-based with some print support; and only one meeting per module is envisaged as face-to-face. The team was concerned that the institution's standard validation procedures did not provide adequate

assessment of distance learning requiring extensive electronic technical support (see paragraphs 40 and 41).

100 St George's is in the early stages of deploying VLEs as a potential vehicle for distance-learning programmes and as means of providing learning support for students. A Sub-Dean for e-learning and information technology (IT) has been appointed to lead developments in this area. Current use of the VLE is restricted to providing supporting materials for courses, although the FD Applied Blood and Tissues envisages significant use of the VLE for its delivery. Material is rigorously checked, prior to placing on the intranet, by the course teams. The Learning and Teaching Strategy envisages further development of web-based learning facilities to support cycle 1 and 2 of the five-year MBBS programme and the use of blended learning in a number of programmes. The audit team noted that St George's saw this initiative as a means to enhancing the student learning experience, rather than replacing face-to-face teaching. This situation was confirmed by staff who met the team.

Learning support resources

101 St Georges does not have an overarching strategy to support learning resources. Three specialist departments - Library Services, Computing Services and Academic Services support teaching and learning within the institution. The work of these three departments is overseen by the Academic Computer and Library Services Committee (ACLS), chaired by a Vice Principal, which reports to the Executive Committee and agrees policy and strategy for the services. Minutes of ACLS are also considered by Senate. St George's presented a draft Information Strategy to ACLS in February 2005 which, when adopted, will provide a framework for future policies and procedures.

102 The library has a Collection Development Policy that details its aims, purpose and mission and an annual operational strategy which details objectives and targets for the year. It was refurbished in 2003-04 to incorporate a silent study area, group study rooms and a working

environment more suitable to student needs. Library Services has developed a virtual library; a comprehensive on-line facility for use by both staff and students. From this website students can access a wide range of full-text on-line journals, information skills materials and seek the advice of a librarian through the 'Ask a Librarian' service. There are liaison librarians for medicine and bioscience who work with the course teams to meet their specific needs.

103 The library is proactive in discovering the wishes of its users. A Library User Survey was conducted in 2004 to discover views on current services and facilities in relation to both the library and computing. A number of issues were identified for action and the audit team saw evidence of progress in achieving some of these. The SWS identified some dissatisfaction with library provision, notably opening hours and out-of-hours study space. The library is moving towards addressing these issues within its action plan but at the time of the audit visit students still expressed concerns over opening hours and out-of-hours study space. With these exceptions, students who met the team were generally satisfied with library provision. The library informs its users of its work through a newsletter and notice board, both available on the intranet.

104 St George's computing service is also responsive to the needs of its users. Student views are sought though student participation in course committees and fed back to Computing Services by staff. As a result of such feedback St George's has installed wireless networks on campus sites and in the halls of residence, provided free wireless cards for students with laptops. Both of these initiatives should help address the concern raised in the SWS over lack of availability of computers. Computing Services also provides general information and communications technology (ITC) training programmes for students and staff in conjunction with Library Services. Students who met the audit team expressed satisfaction with the IT provision at St George's.

105 The SWS states that student comments regarding teaching space are generally positive

and this was confirmed by the auditors in their meetings with students. Staff, however, highlighted concerns over the availability of teaching space in light of increasing student numbers. Academic Services provides support for teaching and is actively involved in planning processes for teaching resources, including space, through involvement in the institutional review procedures. There is close liaison with the NHS Trusts on teaching space issues with the result that many teaching and training areas are now shared between St George's and Kingston University. The institution is currently reviewing its space provision with the aim of ensuring adequate teaching space as student numbers increase.

106 Resource needs for current courses are identified in the annual monitoring reports. Issues raised are then considered by the appropriate course committee, monitoring committee and ultimately AQAC. Any resource requirements are then considered by either the Executive Committee or Senate, depending upon their magnitude, and allocations are agreed. Resource requirements for new programmes are initially considered by the appropriate monitoring committee and any needs identified are then considered by the Executive Committee. The audit team noted that the ValC does not have a formal mechanism for assessing whether a programme being considered for approval is, or will be, adequately resourced, for example, if it has a high demand for technical support (see paragraphs 40 and 41), and would advise the institution to consider how this might be achieved within its current framework for the approval of new programmes.

107 The audit team considered that St George's library and ICT support services are well resourced and responsive to the needs and preferences of users. However they were of the opinion that there was a heavy reliance on the annual monitoring report at programme level to identify resource needs and that a more streamlined system for resource consideration and allocation at departmental level may be advantageous.

Academic guidance, support and supervision

108 Arrangements for academic support are determined by the programme team and are outlined in course documentation. The institution does not have an overall model for academic support but stated in the SED that it 'seeks to ensure that each student has a tutor who is able to provide academic and pastoral support'. The Quality Manual states that a description of the arrangements for pastoral and academic support should be in the programme handbooks and should indicate who has responsibility for coordinating the tutorial support system.

109 The SWS survey stated that 78 per cent of students knew who their personal tutor was and 71 per cent understood the purpose of the role. The benefits perceived of having a personal tutor had a more mixed response with 48 per cent agreeing there was a benefit, 30 per cent neutral and 21 per cent disagreeing. At a meeting with students they stated that they had many positive experiences of academic support and found academic staff 'friendly and helpful', however this was dependent on the individual member of staff and varied across programmes; this was also noted in the SWS. On postgraduate taught programmes the course director and/or the module tutors give academic support. The students the audit team met confirmed that this works well.

110 The institution had identified issues with tutorial support in its programmes, especially the five-year medical course. In order to address some of these concerns it instigated a model of personal student support around a Case-Based Learning Tutor, who sees the students on a weekly basis both for academic and pastoral support. Personal tutors are prepared for this role. This appears to be working well across the first two years and particularly in term one of year one through the common foundation programme which covers all degree programmes. However, the audit team heard that there is still variability across the following three years. The institution has

appointed sub-deans for the NHS Trust placements and has four site tutors at both St George's and St Helier's who have a role in providing academic and pastoral support in the later years of the course. The audit team identified as good practice the intensive support given in the early stage of the programme by Case-Based Learning Tutors and support the institution's stated aim to develop the model and continue to address issues within the later years.

111 The students reported satisfaction with the strong and timely support for the radiography and physiotherapy course confirmed by the teaching staff and the information in the programme handbook. However, the picture was mixed from the meeting with students from the DAT (see paragraph 142). For example, the audit team was concerned about the apparent lack of guidance and support, and health and safety training for laboratory-based projects on the Intercalated BSc.

112 The institution's policy is that feedback on student module assignments and examination should be such 'that students receive sufficient feedback to allow them to recognise and enhance their achievements and the areas in which they might be deficient'. The arrangements may vary across programmes and mode of assessment. The Quality Manual states that programme handbooks should publish the procedure for feedback, however, this is not consistent across the institution with examples of both clear and poor information. Monitoring the implementation of this policy on feedback to students is through course committees and the annual monitoring process.

113 The programmes in the institution use different models for giving feedback on student work. The audit team found, or were told of, examples in the five-year MBBS of feedback in timetabled sessions as well as individually by the student's personal tutor. In the Allied Health and CPD Health Care Practice programmes feedback is provided on assessed work in a timely manner with visiting examiners commenting that this is to be commended. Feedback on practical skills is given at the time

of examination or in specifically designed documents. The institution recognises there are various practices across programmes but states through the Quality Manual that all students should receive feedback.

114 The audit team looked at written work provided for the single DAT. The sample reviewed revealed a lack of written feedback to students on assessment and no transparency in the derivation of marks in both in course assessment and the final examination (see paragraph 141). In a meeting with the team some DAT students stated that they do not receive marks for first semester examinations.

115 The audit team therefore found that the institution was not able to demonstrate consistent practice across its programmes that students receive timely feedback that enables them to 'recognise and enhance achievements and areas of deficiency'. The team recommends that St George's consider ways of ensuring that its own requirements, that all students on all programmes must receive feedback on assessed work, is fulfilled (see also paragraph 141).

116 PDPs are not presently used for undergraduate students. The institution is investigating an electronic form of PDP for implementation in September 2005 and sees a link between this and its personal tutor system. PDPs are to be in place for all commencing students for the academic year 2005-06. The audit team would suggest the institution consider introducing PDP for all students in September 2005.

117 At the last institutional review in 2002 the team was concerned about the support for research students. The present audit team found that St George's has taken these concerns seriously. Responsibility for research students rests with the newly appointed Vice Principal for Research. Monitoring of this process is by the RDC, and by postgraduate coordinators. They have, utilising the appropriate section of the *Code of practice*, published by QAA, developed: an internal code of practice for research students; a training programme for research supervisors (2003); a robust model of matching supervisor with

research topic; improved procedures for monitoring student progress. A logbook (a type of PDP) was introduced in 2004 for research students. Students update this on a continuous basis and it is checked regularly by the supervisor. Both the student and academic supervisor sign it off biannually and it is reviewed at the MPhil/PhD transfer stage. The team found that the institution now has robust mechanisms for supporting its research students which was confirmed by student comment to the team.

118 St George's has a diverse student population and an extensive widening participation strategy which is steered through a Widening Participation Group plus a dedicated Widening Participation Officer (WPO) who is supported by a large number of student volunteers. The aims of this strategy are to: raise the aspirations of potential applicants; facilitate progression; ensure all students have relevant academic and pastoral support. The WPO is responsible for coordinating fair access. There are currently 19 projects dealing with widening participation activity. Examples include: the Foundation to Medicine course; the five-year MBBS admission criteria; and 'Widening Access to Health Care Education' in London. Students who lack a strong scientific base can take up additional study with a local comprehensive school with special scientific status.

119 Students coming through the various Access programmes are now enrolled onto mainstream programmes at St George's. The institution acknowledges that these students may require additional support but do not wish to treat them any differently from traditional students. A Senior Lecturer in Medical Education: Academic Progression has recently been appointed for 20 hours a week with a remit to identify and give remedial support to students.

120 The audit team recognised the amount of effort and commitment the institution has given to widening participation. However, it did note that there were no specific performance data monitoring the progression for widening participation students, and would encourage the institution to consider how this could be achieved.

121 The institution has a set of policies and procedures for students who wish to raise academic appeals and complaints on academic matters. They have been approved by the Academic Board and relate to the 'General Regulations for Students and Programmes of Study' and incorporate student discipline and fitness for practise. The monitoring of these procedures, and actions arising, is through Senate and School Council. They are compliant with the relevant section of the *Code of practice* published by QAA, and other professional guidelines. The audit team reviewed minutes from a sample of relevant meetings and is satisfied that the institution follows due process and procedure.

Personal support and guidance

122 Personal support at St George's is a shared responsibility between the Registry, the deans and individual academic tutorial staff. A Vice Principal has the remit for overseeing all aspects of student affairs. A Student Support and Welfare Committee, which was established at the time of the previous institutional review, is the body responsible for overseeing all aspects of student affairs and is chaired by the Vice Principal Student Affairs. The team noted, through minutes, that the Committee is functioning effectively and is a key component in overseeing student well-being. The institution also encouraged the appointment by the SU of a full-time sabbatical Vice President for Education and Welfare.

123 Other recent initiatives to enhance student support are drop-in sessions within the Registry. These were implemented by the Registry following a student survey in November 2004 to ascertain views on the effectiveness of their services. The relationship between the Registry and students was one of the concerns raised in the SWS. The survey provided useful insights to improving working practices and this has resulted in better relationships with students.

124 The institution does not have a standard model of pastoral support across programmes but has a consistent approach within programmes. The pastoral role can be linked to

the support role of personal tutor or the role is invested in specified academic staff. A majority of students feel they are able to get personal support and see some benefit in the system. Internal and external review processes have found this support to students to be satisfactory. The audit team found this positive view to be supported in meetings with students where appreciation of the help and support of individual staff was evident.

125   The institution has assessed its policies on recruitment and admission against the relevant section of the *Code of practice*. Students entering St George's are given relevant and useful information prior to arrival and this is coordinated through the Undergraduate Admissions, Faculty Admissions and Postgraduate Offices. Induction for undergraduate students is organised by the SU and individual programme teams. The common foundation programme has caused some logistical problems, however, the audit team recognises and supports the on-going efforts to overcome problems for this innovative inter-professional programme.

126   International students make up an increasing proportion of St George's student numbers. A senior member of staff has, as part of her role, responsibility for the well-being of international students and she is supported by named academics with experience in supporting international students. An International Students Society facilitates student networking to enhance pastoral support and recently it has been instrumental in getting the institution to set up a dedicated hardship fund. Support for students for whom English is a second language was not found to be an issue for professional entry programmes due to the English admission criteria. However, the institution acknowledges that this is an issue for some postgraduate students. The team would suggest the exploration of ways in which, as postgraduate activities expand and change, support for English studies is strengthened.

127   Careers advice services are obtained from the University of London. Students have expressed a wish to have more dedicated time

on careers advice and St George's is presently reviewing this student request. The institution has a dedicated counselling service that is well used by students and the team heard from staff that this service is playing a more active role in the policies and procedures for student welfare and well-being.

128   Following the recent resignation of the Disability Officer, St George's is linking with the Disability Co-ordinator at Kingston University and a permanent jointly-funded post with Kingston is being considered. Other support includes: students and staff access to the extensive occupational health services; and student access to a dyslexia self-diagnosis software package. The institution has used the relevant section of the *Code of Practice* to assess its services for students with disabilities and the audit team would encourage the institution to continue to look for innovative ways in which a small institution can provide adequate support for this group of students.

129   Placements have been reviewed against the relevant section of the *Code of Practice* and this has led to recent enhancements. The developing role of clinical sub-deans, in conjunction with the undergraduate coordinators, is seen as vital by the institution for supporting students in placement on the medical programmes. The institution has also introduced community support for those medical students undertaking community placements within the graduate programme, an innovation that will be rolled out to the five-year MBBS. Placement evaluation picks up issues in relation to clinical learning and student support and feeds into the review processes. Information about placements and contacts is found in programme handbooks.

130   The Equality and Diversity Committee deals with all issues regarding equal opportunities for both staff and students, and is accountable to Senate. The audit team noted that the institution had a range of appropriate policies on these matters.

131   Overall the audit team formed a positive view of the institution's efforts to be responsive and give support to its diverse student body.

There is a commitment to enhancement of the student learning experience through student support and the students the team met were generally positive of the support they receive and the services available.

Collaborative provision

132 Although the 'joint venture' between St George's and Kingston University is a very extensive 'collaboration', for the purposes of the present audit it is not considered to fall under the programme-orientated provisions of the 2004 revised *Code of Practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* although matters relating to general management of the joint venture are dealt with elsewhere in this report (see paragraphs 33, 35, 38, 43 and 85).

133 St George's does not identify a reduction of collaborative activity as policy, but it has in fact suspended recruitment or withdrawn from all but one of the small number of collaborative partnerships in place at the time of the institutional review in 2002. A single PgCert/PgDip award, Respiratory Medicine, offered in partnership with the NRTC, still has a small number of continuing students, although according to the SED, recruitment has been suspended while NRTC explores future options. This partnership was recorded in St George's register of collaborative activity as having started in 1998, but it appears that no formal agreement exists. Moreover, St George's present plan appeared to be to wait until the next periodic review to put an agreement in place. Particularly in view of the uncertain future of the programme, the audit team considered that the interests of the students were at risk due to this omission, and recommends for their protection that St George's should move without delay to conclude an agreement.

134 Since 2002, a FD in Health and Medical Sciences has been validated, although at the time of submission of the SED it had only 13 students, who joined the programme in May 2004. The programme is offered in partnership with the London Ambulance Service and with an FE partner, Merton College, contributing to teaching and student support. The audit team examined the documentation produced in connection with this validation, and the resultant reports made by the ValC, and considered that the programme had been given thorough scrutiny prior to the start of its operation, and that full consideration had been given to the relationship with the partners. Agreements covering the partnership were in place, and in general the precepts of the relevant section of the *Code of practice* had been met.

Section 3: The audit investigations: discipline audit trail

Discipline audit trail

Intercalated BSc

135 A DAT was conducted for the Intercalated BSc. It was supported by a DSED prepared for the purposes of the audit which was brief and largely descriptive in nature. The Intercalated BSc is a one-year full-time programme that builds on the knowledge, skills and attributes that students have acquired in successfully completing the first two years of St George's five-year MBBS programme. It is not an integral part of the MBBS degree programme and the modules are common to the final year of the BSc Biomedical Science programme. Students have the opportunity to take 1.5 out of a total of 3.5 modules from another institution within the University of London Confederation. Students may also choose an 0.5 module from an unrelated discipline; this adds a significant dimension to the learning experience for the students. Providing the opportunity for students to take the Intercalated BSc enhances their career prospects in a highly competitive arena.

136 The DSED included a programme specification that made reference to the appropriate levels of the FHEQ and the relevant subject benchmark statement. Although students met by the audit team had not seen

the programme specification they were aware of it and knew it was available on the intranet. Discussions with staff confirmed the view expressed in the DSED that teaching is firmly underpinned by staff research and professional practice.

137 Descriptive data was presented in the DSED on student applications, admission and achievement, with further information being available at the audit visit. Not all MBBS students intercalate as resources are currently not sufficient at St George's to support this. In 2004-05, 44 students intercalated from a total student cohort of 187. The DSED reported no acute issues relating to retention and completion in the programme owing to its short duration and the high demand for places. This was confirmed by the audit team from the documentation made available to them. The intercalated students achieve slightly higher average marks than the BSc Biomedical Science students with the majority achieving an Upper Second class degree. While being presented in the Annual Report, the team saw no evidence of analysis of student performance data and could not therefore draw conclusions as to whether it is used at either the programme or institutional level to monitor quality and standards.

138 The programme follows St George's annual monitoring procedures and uses the standard template. Both staff opinion and student feedback inform this process along with the data on student performance and the comments of external examiners. Student feedback is elicited from module evaluation questionnaires. However, in their meeting with students and from the documentation provided it was apparent that not all modules in the programme are evaluated, contrary to institutional policy. The audit team was particularly concerned that a new module had not been evaluated. In light of this the audit team strongly advises the programme team to follow institutional procedures with respect to evaluation of its modules. The team saw the previous year's annual programme monitoring report form and noted that it followed the

institution's standard template with the exception that it did not highlight good practice or contain an action plan for the coming year. The annual monitoring report form is considered at a Course Committee meeting and through the monitoring committee, UMBEC, where key themes from the programme are highlighted and addressed.

139 The programme was validated by the University of London and underwent a periodic review in 2004. This was undertaken by a panel comprising an external academic advisor, Assistant Academic Secretary, Chair of AQAC, a member of St George's Trust and internal members. From the subsequent report the audit team was able to confirm that the review had been a thorough exercise that provided the institution with information that would further enhance quality and standards. The report also confirmed the programme had been rigorously reviewed in accordance with the institution's guidelines. Monitoring of progress on meeting the conditions set in the course review by the ValC was evident from the minutes of subsequent meetings. However, it was observed that at the time of the audit visit some of the conditions laid down by the panel had not been addressed by the programme team. The team would advise the programme team to address these in a timely manner to ensure the continued rigor of the programme and quality assurance within it.

140 Visiting examiners have reported that student achievement is in line with national standards and that assessment methods are appropriate. Where issues were raised by visiting examiners, the audit team saw evidence that they were responded to in a timely and appropriate manner by the Course Director and Chair of the Examination Board in accordance with procedures laid down by the institution.

141 The programme's assessment strategy follows St George's guidelines and therefore the *Code of practice*, published by QAA. Details are provided for staff in the Quality Manual, supplemented by additional, programme specific guidelines. Students are made aware of

assessment requirements in the programme scheme of assessment and module handbooks. Summative assessment is used within the programme comprising in-course assessment and a final written examination at the end of the year. Examination of assessment papers by the audit team revealed variability in the depth, difficulty and complexity of the questions to the extent that some were not considered to be appropriately challenging or aligned with the learning outcomes in some modules. However, from the student work seen and visiting examiner reports, the team was able to assure itself that the assessed work matched the expectations of the programme specification, was appropriate to location of the award within the FHEQ, and that visiting examiners regarded the standards as appropriate. The student work provided for the team revealed a lack of written feedback to students on some in-course assessment and limited transparency in the derivation of marks in both in-course assessment and the final examinations. Furthermore, students commented that in some cases they do not receive a mark for their in-course assessments in the first semester. The Quality Manual states that arrangements for providing feedback to students 'should ensure that students receive sufficient feedback to allow them to recognise and enhance their achievements and the areas in which they may be deficient'. From both the work seen and meetings with students the team found this not to be the case for the Intercalated BSc and therefore strongly advise the programme team to address this issue as a matter of priority (see also paragraph 115).

142   The programme has a number of mechanisms through which it offers support and guidance to students. All applicants have the opportunity of attending an open day where introductory talks are given by the Course Director and student representatives. Students also receive the BSc prospectus and an 'Alternative BSc Handbook', written by students, both of which provide useful information on the programme. No formal induction is provided to the programme as students are, in effect, in their third year. However the Course Director and

module tutors provide guidance on the programme structure and advice on modules. Students retain the personal tutor allocated to them in their MBBS programme. The BSc prospectus serves as the Student Handbook for the programme and is a reasonably comprehensive document. It is institutional policy that students are provided with a handbook for all modules, guidelines for which are provided in the Quality Manual. However, the audit team noted that this policy was not implemented within the Intercalated degree with module handbooks ranging from a comprehensive guide to one sheet. The programme team are therefore advised of the desirability of following institutional guidelines in the Quality Manual with respect to providing module guides. The audit team was also concerned about the variable support offered to students for their research project. Some students stated in a meeting with the team that they received no induction into laboratory procedures or health and safety training; others in the meeting reported they were fully supported. The team would suggest that the programme team review support and training for students in their research projects, particularly with regard to health and safety training.

143   Students are engaged with quality assurance and enhancement through formal and informal means within the programme. Formally, student opinion is sought through module evaluation questionnaires (MEQ). The audit team saw a range of individual and summarised MEQs and noted the general high level of student satisfaction. However, as discussed above the use of these is not uniform across all the modules offered on the Intercalated BSc. Where issues of concern are raised at the module level, students generally do not feel they are acted upon; a view also expressed in the SWS. At the programme level, a student representative sits on the Intercalated Degree Course Committee which meets twice a year. Students felt that their views are heard and acted upon in an appropriate and timely manner through this forum. Student concerns are also discussed more informally at open meetings, but these are not programme specific

and are sporadic. In light of the above, the team would suggest that the programme team adopt a more transparent and open approach to gaining, considering and acting upon feedback from students, particularly at module level.

144 With respect to the provision of learning support resources, the Course Director reviews resources on an annual basis in liaison with the programme team as part of the annual monitoring process. Any requirements are then discussed at UMBEC and forwarded to either Executive Committee or Senate, depending on their magnitude. The BSc Biomedical Science has a liaison librarian who also considers the Intercalated BSc programme needs and forwards them to the Head of Library Services for discussion at ACLS. Students were happy with the level of provision with respect to resources including books and journals, but commented on problems with out-of-hours study space and the opening hours of the library. The DSED also acknowledged that there are some issues relating to teaching rooms, but this was not endorsed by the students who were satisfied with the teaching space used for the programme.

145 From the documentation made available to the audit team and from discussions with students and staff, the team confirmed that the standard of student achievement in the programmes was appropriate to the title of the award and its location within the FHEQ. The curriculum for the programme links closely to the appropriate subject benchmark statements, and despite the wide range of modules available, meets the programme's stated learning outcomes. Visiting examiners are complimentary about both the quality and currency of provision and the standards achieved by students. With respect to assessment of student work, the audit team noted a lack of feedback provided to students and were of the opinion that this could have a detrimental effect on the student learning experience. The audit team strongly advises that the programme addresses this issue, for in-course assessment. Inconsistency was also observed in the provision of, and detail in

module handbooks and the team would advise the programme team of the desirability of following the guidelines in the Quality Manual regarding the provision and content of module guides.

146 Students who met the audit team were satisfied with the learning resources available to support them and complimented the support given to them by their tutors in some modules. Learning resources and facilities are fit for purpose and enhance the student experience. Feedback to students at module level was observed to be inconsistent across the programme, and students were concerned that comments made were not acted upon. The team recommends that the programme team consider ways of ensuring feedback is gained in a consistent and fitting manner across all the modules offered on the programme, and that issues raised by students are dealt with in an appropriate and timely way.

147 Overall, the audit team found the quality of learning opportunities to be suitable for the programme of study leading to the named award.

Section 4: The audit investigations: published information

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

148 In the SED, St George's identified the prospectus, the intranet and internet sites and the handbooks as the main sources of information for students and these were made available to the audit team. A further key source of information was identified as St George's General Regulations for Students and Programmes of Study.

149 The single prospectus, which is published on St George's website as well as in hard copy, contains information about all the undergraduate and postgraduate programmes offered by the institution, including those validated by

Kingston University. The production of the prospectus is overseen by the Media and Publications Office which 'checks on the validity of the evidence base used to support the claims made in the prospectus', and it is signed off by the Principal. The Quality Manual further emphasises that the admissions policies and procedures should ensure that 'promotional materials are relevant, accurate at the time of publication…and provide information that will enable applicants to make informed decisions about their options'. The findings of the SWS indicated that students generally found publicity materials to be helpful in guiding their decision to study at St George's and 70 per cent of the students sampled in the SWS questionnaire agreed that their experience at St George's matched their expectations. This was further confirmed in meetings with the students. The Quality Manual identifies the responsibility for preparation and checking of these promotional materials as resting with the appropriate course and monitoring committees. This was confirmed through meetings with staff, though the materials are signed off by the Course Director rather than Chairs of committees.

150 St George's requires handbooks to be prepared for all programmes and the institution's expectations regarding the content of the programme and module handbooks are set out in the Quality Manual. Programme and module handbooks form part of the documentation set required for periodic review, enabling their verification to be incorporated in the review process. The audit team noted that there was a small amount of variability in the information set within the programme handbooks, for example in terms of guidance regarding complaints and appeals. Module handbooks are also produced within each programme. Within the MBBS and GEP programmes and those offered by the FHSS, the content of these handbooks was consistent and the team was informed that this content was reviewed by the relevant monitoring committee. The student survey in the SWS indicated that, across the institution, 70 per cent of the students found their handbooks to be up-to-date and useful, although 29 per cent of

students considered that they were not provided on time. However, the team did note variability in the content of the module handbooks for the Intercalated BSc degree programme (see paragraph 142), and this variability was commented on during meetings with students in terms of the value they could derive from these handbooks. For example, although the module handbooks made available to the team all contained a listing of the module's intended learning outcomes, as had been required by the report of the periodic review, these were sometimes highly generic and had been copied directly from one module to another without the addition of any module specific guidance relating to intended outcomes.

151 While the promotional material, such as the prospectus and course information, provided on the websites was found to be current, the audit team found that operational information, such as the minutes of key committees, was often several years out of date.

Reliability, accuracy and completeness of published information

152 St George's has responded to the requirements of HEFCE's document 03/51, *Information on quality and standards in higher education: Final guidance*, to meet the deadlines published by Higher Education Research Opportunities in the UK (HERO) and has taken reasonable steps to make publicly available the necessary Teaching Quality Information (TQI). Prior to the audit AQAC had taken the lead in ensuring that the institution had published: the summary of its Learning and Teaching Strategy; the summary of links to employers and a description of the structure of the external examiner system.

153 In the case of the internal periodic reviews, these had normally been drafted in the form of minutes and therefore required re-drafting to conform with the requirements of HERO site. By the time of the audit visit, reviews for the BSc Biomedical Sciences, Intercalated BSc and the five-year MBBS programme were available on the HERO site.

Comparison of the reports as published on the TQI site with the internal documentation enabled the audit team to conclude that the published reviews represented an accurate summary of the periodic reviews' findings. In future, St George's proposes to employ the HERO template as the format for reporting the periodic reviews in order to facilitate this process. Publication of programme specifications has been achieved by creating a link from the HERO site to the institution's external website and programme specifications for all programmes have thus been made accessible.

154 With respect to the quantitative information set, the data has been drawn from that held by the Higher Education Statistics Agency for the academic year 2002-03 and is representative of the admission, progression and award statistics for the programmes that are presented within the annual programme monitoring reports.

155 St. George's has published summaries of visiting examiner reports that confirm that the standards of all the programmes are appropriate for the awards being made, that the students' performance is comparable to that of other HEIs and that the assessment and awards procedures are sound and fair. The institution has not taken the opportunity to publish any information regarding special features or qualities of the programmes that have been identified from the visiting examiners' reports.

Findings

Findings

156 An institutional audit of St George's Hospital Medical School (St George's) was undertaken during the week 31 May to 3 June 2005. The purpose of the audit was to provide public information on the quality of the institution's programmes of study and on the discharge of its responsibility as a UK degree-awarding body. As part of the audit process, according to protocols agreed with Higher Education Funding Council for England (HEFCE), the Standing Committee of Principals and Universities UK, one discipline audit trail (DAT) was selected for scrutiny. This section of the report of the audit summarises the findings of the audit. It concludes by identifying features of good practice that emerged from the audit and recommendations to St George's for enhancing current practice.

The effectiveness of institutional procedures for assuring the quality of programmes

157 The self-evaluation document (SED) stated that a primary aim of St George's was to move towards more systematic and tightly defined quality assurance procedures through the rigorous implementation of requirements outlined in the newly revised sixth edition of the Quality Manual. To achieve this the institution has recently established a Senate, restructured its senior management, and recognised that all staff share responsibility for maintaining and enhancing the quality of learning opportunities available to students. It has also acknowledged that staff development activities are crucial in preparing staff to accept this responsibility.

158 The Academic Quality Assurance Committee (AQAC) devises procedure for quality assurance on behalf of Senate. Responsibility for implementing the procedures is vested in monitoring committees representing specific programme areas: the Undergraduate Medicine and Bioscience Education Committee, the Taught Postgraduate Courses Committee, and the Faculty Quality Committee. The last is part of the Faculty of Health and Social Care Sciences shared by St George's and Kingston University as the principal element in a long-standing joint venture agreement. The audit team noted that the joint venture had led to the transfer of good practice in quality assurance between the institutions (see paragraph 188).

159 Principles and procedures for programme approval are documented in the Quality Manual. Policy and resource issues are addressed centrally by the Executive Committee before detailed development work. The responsible monitoring committee then considers the proposal, at which stage improvements may be introduced before formal scrutiny. The Validation Committee (ValC) approves new programmes with powers delegated from Senate. The SED stated that ValC considers issues of standards and ensures that programmes have clearly stated aims and outcomes that take into account the expectations of the wider academic and professional communities. The ValC keeps Senate informed by providing a summary of approval decisions, and makes an annual report to AQAC. While acknowledging the rigour of the procedures for assessing programmes with traditional delivery, the audit team noted that there were no plans to vary the requirements for annual monitoring for potential new programmes delivered by distance learning or in on-line mode (see paragraph 189).

160 The annual programme monitoring process uses a standard form, supplemented by guidance notes in the Quality Manual. The forms require submission of a range of data on, for instance, applications, qualifications, ethnicity of entrants, and progression. There is also a qualitative section providing a narrative that analyses the operation of the programme over the year. Annual monitoring reports conclude with action plans which take into account the comments of visiting (external) examiners. Completed forms are received by monitoring committees which prepare overview reports for AQAC, which in turn reports on outcomes to Senate. External confirmation of standards is derived from the visiting examiners

who are required to confirm that the standards are appropriate to the level of the award and are comparable to those in other higher education institutions (HEIs).

161 St George's procedures for periodic programme review include assurance that standards set are appropriate to the award by reference to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmark statements, and that programmes are supported by adequate physical and human resources. The procedure is undertaken by ValC, and always includes internal and external reviewers. Reviews make use of existing documents, an SED prepared specifically for the purpose, and include meetings with staff and students. The institution states that it has consciously taken a flexible approach to periodic review, permitting variation between reviews in time taken, numbers of externals invited to participate, range of supporting documents, and scope and format of the SED. Reviews are also intended to identify and disseminate good practice, however, the limited circulation of the ValC minutes is inhibiting the potential to fully derive enhancement (see paragraph 190).

162 Arrangements for the quality management of collaborative programmes are essentially the same as those for in-house programmes. In the one established programme still recruiting, the PgDip in Addictive Behaviour, the institution's standard quality assurance procedures are followed with respect to programme approval, monitoring and review. In the suspended PgCert/PgDip award, Respiratory Medicine, offered in partnership with the National Respiratory Training Centre and started in 1998, the audit team were concerned that no formal agreement was in place and potentially this put the small number of continuing students at risk (see paragraph 189).

163 The institution recognises 'the value of the feedback that students can provide about the quality of the Institution's programmes of study and the effectiveness of the learning environment'. At operational level mechanisms are in place to ensure that the views of students regarding the quality of the student experience are 'actively and systematically sought' through for example, course committees, module evaluation and informal meetings with staff. Module evaluation is regarded as a key method for collecting student feedback. The Quality Manual states that all modules should be evaluated by a means of a modular questionnaire, however, as noted earlier (paragraph 138) the audit team found a number of modules that had not been evaluated (see paragraph 189). A single style student questionnaire is not used, although a range of examples are available from Academic Registry. A variety of methods are used to collect information from graduates and employers. These include surveys of recent graduates, National Health Service Trust contract monitoring meetings, informal contact with graduates and incidental meetings with employers.

164 The SED stated that following the 2002 institutional review, St George's has been careful to ensure that each new programme is fully validated before the first student intake. St George's takes the view that its validation and review arrangements continue to draw strength from its partnership with Kingston University. The SED noted the effectiveness of the ValC in: ensuring comparability between programmes; keeping Senate informed of approval decisions; enabling AQAC to monitor validation and to keep the procedure under review. The SED also suggested that St George's is using annual monitoring positively, permitting examples of good practice to be highlighted in successive reports to Senate. However, the SED stated that St George's is continually refining the process in the light of experience, and lists a number of areas in which developments are being carried forward. For example, it is intended to amend the guidance to ensure that feedback from students is given a higher profile. The SED acknowledged that some parts of the process could be implemented more rapidly, referring to delay in the production of summary reports from monitoring committees, and consequent knock-on delays in reports from committees at

institutional level. With regard to periodic review St George's considers that it is now successfully implementing its review schedule, and has improved it by taking a more proactive role in considering the financial viability of programmes as part of the process.

165 The audit team considered that the ValC was generally effective. However, the team noted that where conditions are set at validation, there are instances when no time limit is set for fulfillment, and others when the time taken to fulfill them is protracted (see paragraph 189). Although the SED claims that validation is intended to give St George's assurance on the relationship between proposed programmes, the FHEQ and benchmarks, minutes of meetings do not always include reference to these, even in relation to more prescribed types of programmes such as Foundation Degrees (see paragraph 189). The minutes of ValC have very limited circulation, and are not routinely sent to AQAC or the monitoring committees. The team took the view that the minutes of ValC, in terms of their contents and their limited circulation, did not give the institution full assurance that it is discharging its duties with regard to confirming alignment of programmes with the Academic Infrastructure (see paragraph 189).

166 Consideration of a number of completed annual monitoring forms and reports at successive levels suggested to the audit team that St George's intentions in its annual monitoring procedures are being fulfilled. The reports are typically analytical and informative, and provide an effective mechanism for continuous improvement at programme level. The SED stated that the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 7: Programme approval, monitoring and review* published by QAA, was an important reference point in the design of their annual monitoring procedure. The audit team found that the precepts of the *Code of practice* were reflected in practice.

167 With regard to periodic review the audit team took the view that, in general, as with validation, that apart from a lack of rigour regarding timely fulfilment of conditions the procedure is working well for St George's standard programmes. The team can confirm in particular that strong and scrupulous use is made of external peers in the review process. The team noted that in the sixth edition of the Quality Manual, shortly to be approved, there was a reduction in the planned period between reviews from '6-9 years' to 6 years, a move that would mirror common practice across the sector. However, as with validation, the team has doubts about the efficacy of the arrangements for reporting reviews in fulfilling the intentions of the institution with regard to enhancement. In particular it is difficult to see how good practice can be disseminated when the minutes of ValC have such limited circulation (see paragraph 190).

The effectiveness of institutional procedures for securing the standards of awards

168 Institutional level consideration of programme standards first takes place at validation where individual programmes are evaluated by ValC to ensure that the standards set are appropriate to the level of the award, taking account of the FHEQ and subject benchmark statements. The institution's approach to assuring standards of assessment includes: providing assessment rationales and methods for programmes; establishing a rigorous regulatory framework for assessment and the operation of boards of examiners; and providing assessment procedures in the Quality Manual. The ongoing monitoring of student performance and standards are considered by the boards of examiners and reported through the annual programme monitoring process. St George's sees visiting (external) examiners as playing 'an important part of its approach to the maintenance and enhancement of standards and to ensuring comparability of awards with similar awards across the HE sector'. The team noted that although induction and briefing procedures were in place, there was no formal manner in which the institution could assure itself that the

visiting examiners were receiving suitable briefing on appointment (see paragraph 190). Visiting examiner reports are initially addressed to the Principal and routinely circulated to the Course Director and senior academic managers. Statistical information is also made available at module level for the boards of examiners. At this local level, the information has been employed to enable useful consideration of issues relating to assessment standards and cohort progression.

169 On the basis of reviewing the visiting examiners' reports for the last three academic years, the annual programme monitoring report documentation, tracking reports and minutes of the monitoring committees, as well as from meetings with staff, the audit team was able to conclude that the visiting examiners' reports form a significant element in the maintenance of standards and that they are dealt with in a rigorous and timely manner by the institution. Student work reviewed by the team in the DAT also shows standards of performance appropriate to the award level. It was not evident to the team, however, that St George's takes an institutional overview of aggregated progression and award data or makes comparison with similar data from comparable institutions, the use of which could inform the consideration of quality and enhancement issues across the institution as a whole (see paragraph 190).

The effectiveness of institutional procedures for supporting learning

170 St George's does not have an overarching strategy to support learning resources. Three specialist departments - Library Services, Computing Services and Academic Services support teaching and learning within the Institution. The work of these three departments is overseen by the Academic Computer and Library Services Committee, chaired by a Vice Principal. The library and computing services are proactive in discovering the wishes of its users.

171 Arrangements for academic support are determined by the programme team and are

outlined in course documentation. The institution does not have an overall model for academic support but states in the SED that it 'seeks to ensure that each student has a tutor who is able to provide academic and pastoral support'. The institution had identified issues with tutorial support in its programmes especially the five-year MBBS. In order to address some of these concerns it instigated a model of personal student support based around a Case-Based Learning Tutor who sees the students on a weekly basis both for academic and pastoral support. The team regarded this arrangement as good practice in the way it supported learning on the inter-professional programme provided in year one of all programmes (see paragraph 188). The institution stated that it is investigating an electronic form of Personal Development Planning for implementation in September 2005.

172 St George's has a diverse student population and an extensive widening participation strategy which is steered through a Widening Participation Group plus a dedicated Widening Participation Officer. The aims of this strategy are to raise the aspirations of potential applicants to facilitate their progression and to ensure all students have relevant academic and pastoral support.

173 Personal support at St George's is a shared responsibility between the Registry, the Deans and individual academic tutorial staff. A Vice Principal has the remit for overseeing all aspects of student affairs. A Student Support and Welfare Committee is responsible for overseeing all aspects of student affairs and is chaired by the Vice Principal with that responsibility. The audit team noted that this Committee is functioning effectively and is a key component in overseeing student well-being.

174 The SED describes the breadth of learning support resource but does not comment on the effectiveness of the services, however, it does indicate that user surveys are regularly conducted. Changes to tutoring arrangements are described in the SED and it is stated that recent internal and external reviews have not identified problems with the arrangements.

175 The audit team considered that St George's library and information and communications technology support services, which are well resourced, meet the needs and preferences of users. Overall the team formed a positive view of the institution's efforts to be responsive and give support to its diverse student body. There is a commitment to quality enhancement of the student learning experience through student support and the students the team met were generally positive about the support they receive and the services available.

Outcome of the discipline audit trail

176 A DAT was conducted for the Intercalated BSc. It was supported by a discipline self-evaluation document (DSED) prepared for the purposes of the audit which was brief and largely descriptive. The DSED included a programme specification for the programme that made reference to the appropriate levels of the FHEQ and the relevant subject benchmark statement. The Intercalated BSc is a one-year full-time programme that builds on the knowledge, skills and attributes that students have acquired in successfully completing the first two years of St George's five-year MBBS programme.

177 The programme follows St George's annual monitoring procedure utilising the standard template. Both staff opinion and student feedback inform this process in addition to data on standards achieved by students and the comments of visiting (external) examiners. Student feedback is elicited from module evaluation questionnaires. However, in their meeting with students and from the documentation provided it was apparent that not all modules in the programme are evaluated, contrary to institutional policy (see paragraph 138). Also contrary to institutional policy the team noted that written feedback to students on assessment in some modules was not provided and there was limited transparency in the derivation of marks in both in-course assessment and the final examinations (see paragraph 141). The audit team strongly advise the programme team for the Intercalated BSc

to address these issues as a matter of priority (see paragraph 189).

178 Visiting examiners have reported that student achievement is in line with national standards and that there are appropriate assessment methods. Where issues were raised by visiting examiners, the audit team saw evidence that they were responded to in a timely and appropriate manner by the Course Director and Chair of the Examination Board in accordance with procedures laid down by the institution.

179 From the documentation made available to the audit team and from discussions with students and staff, the team confirmed that the standard of student achievement in the programme was appropriate to the title of the award and its location within the FHEQ. Overall, the team found the quality of learning opportunities to be suitable for the programme of study leading to the named award.

The use made by the institution of the Academic Infrastructure

180 In the SED, St George's set out its explicit approach to the utilisation of external reference points in establishing the standards and quality of its programmes, stating that '…the School has sought to make use of all the key elements of the Academic Infrastructure, including benchmarks, and the policy and procedural documents issued by professional and statutory bodies'. In specific regard to the *Code of practice*, published by QAA, the stated approach has been that 'as each section of the *Code* was published, a systematic review has been undertaken to ensure that the School is compliant with the precepts' and the SED expressed the institution's confidence that the expectations of the *Code* are met.

181 From the evidence available for a selection of programmes the audit team can confirm matching of programmes against the FHEQ levels and against appropriate subject benchmark statements through the processes of internal periodic review and programme validation. The mapping of the Academic

Infrastructure is made explicit through the standard programme specification format and specifications have been published for all programmes admitting students from 2004.

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

182 The audit team considered the SED to be well structured although largely descriptive in providing detail on key assurance and enhancement procedures. It was particularly informative with regard to developments since the last Institutional Review in 2002. In some areas, for example, on progression and completion, the information provided was very limited and this required the team to seek further documentation and led to a consequent delay in closing off lines of enquiry. While some sections of the SED were evaluative, overall the team felt it lacked sufficient analysis and evaluation. In this respect it did not do full justice to the analytical and evaluative approach to quality issues which was revealed to the team through discussions with staff and students.

Commentary on the institution's intentions for the enhancement of quality and standards

183 St George's plans for enhancement are to capitalise on the lessons learned from the operation of its key quality assurance procedures for annual monitoring, validation and review; to develop opportunities for inter-professional relations, especially those with inter-institutional aspects; and to facilitate the transfer of expertise across disciplines within St George's. The audit team regarded the cohesive and comprehensive approach to staff development supported the intentions for enhancement and was an area of good practice in the institution (see paragraph 188).

184 The audit team recognises that St George's has clearly made considerable progress since the 2002 institutional review in deriving enhancement benefits from quality assurance

procedures although it may be that some opportunities for enhancement are still being missed by the relatively narrow circulation of some reports, for example, from the ValC (see paragraph 190). The opportunities offered by the Kingston University partnership have clearly resulted in enhancement of some quality assurance practices and the continuing availability of Kingston to act as a critical friend is valued highly at St George's. The SED and meetings with staff provided many examples of the ways in which lessons learned in innovative programmes such as the Graduate Entry Programme were being disseminated across the institution. The team took the view that St George's intentions were appropriate and timely.

Reliability of information

185 St George's has responded to the requirements of HEFCE's document 03/51 *Information on quality and standards in higher education: Final guidance* and taken reasonable steps to make publicly available the necessary Teaching Quality Information (TQI) through the Higher Education Research Opportunities in the UK (HERO) website. Prior to the audit, AQAC had taken the lead in ensuring that the institution had published the summary of its Learning and Teaching Strategy; the summary of links to employers; and a review of the structure of the visiting (external) examiner system. For internal periodic reviews St George's proposes to employ the HERO template as the format for reporting. Publication of programme specifications has been achieved by creating a link from the HERO site to St George's external website and programme specifications for all programmes have been made accessible. Published summaries of visiting examiner reports are available on the HERO-TQI site and these confirm that standards of all programmes are appropriate for the awards being made, that the students' performance was comparable to that in other HEIs, and that assessment and awards procedures are sound and fair.

186 In the SED, St George's identified the prospectus, the intranet and internet sites and

the handbooks as the main sources of information for students and these were made available to the audit team. A further key source of information was identified as the General Regulations for Students and Programmes of Study. Promotional material, such as the prospectus and course information, loaded onto the websites and provided in hard copy, was found by the team to be current and regarded as accurate and helpful by students. However, the team found that the operational information on the website, such as the minutes of key committees, was often several years out of date.

187 At module level the audit team noted variability in handbooks and that in some instances the information provided did not meet the guidelines set out in the Quality Manual (see paragraph 190).

Features of good practice

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

i   the joint venture with Kingston University which allows transfer of good practice in quality assurance through joint membership of committees and shared procedures and practice (see paragraphs 33, 35, 38, 43, 85 and 158)

ii   the cohesive and comprehensive approach to staff development through: the linking of departmental staff development coordinators with the Staff Development Officer in Human Resources; the linking of staff development to strategic objectives; the participation of St George's senior staff in collaborative activities such as the Sunningdale Action Learning Programme and the Coaching, Action Learning and Mentoring Network for Higher Education (see paragraphs 93, 97, 98 and 183)

iii   the provision of the inter-professional programme in year one of all degree programmes with the use of personal tutors to lead case-based learning (see paragraphs 96, 110 and 171).

Recommendations for action

189 The audit team advises St George's to:

i   consider whether the standard procedures and arrangements for validation are adequate for making judgements on non-standard programmes such as those delivered wholly by distance learning and those demanding a high level of technical support (see paragraphs 32, 41, 50 and 159)

ii   ensure that agreements are in place for all collaborative provision arrangements prior to recruitment of students (see paragraphs 32, 133 and 162).

iii   consider how the wider institution can be assured through the validation and review reports of the Validation Committee (ValC) that it is discharging its duties with regard to confirming alignment of programmes with the Academic Infrastructure (see paragraphs 39 and 165)

iv   set time limits for conditions arising during the validation and periodic review of programmes (see paragraphs 39, 48, 139 and 165)

v   consider ways of ensuring that the institution's intention, that all modules are evaluated by students, is fulfilled (see paragraphs 74, 75, 138 and 177)

vi   consider ways of ensuring that the institution's requirement, that students on all programmes must receive feedback on assessed work, is fulfilled (see paragraphs 114, 115, 141, 145 and 177).

190 It would also be desirable for St George's to:

i   find appropriate ways of increasing the circulation of the full version of review reports produced by the ValC in order to capture the enhancement potential of periodic review (see paragraphs 35, 48, 161, 165, 167 and 184)

ii   consider ways in which the institution can assure itself that all visiting (external) examiners are receiving suitable briefing and induction upon appointment (see paragraphs 54 and 168)

iii   reflect on ways of enhancing the use of progression and achievement data to allow cross-institutional and inter-institutional comparisons of student performance (see paragraphs 81 and 169)

iv   ensure that the guidelines given in the Quality Manual on information to be provided to students through module handbooks are: applied consistently across programmes; sufficient to meet student needs; and subject to regular monitoring (see paragraphs 142, 145, 146, 150 and 187).

Appendix

St George's Hospital Medical School's response to the audit report

St George's, University of London welcomes the outcomes of the institutional audit report and the audit team's judgement of broad confidence in the soundness of our current and likely future management of the quality of our programmes and the standards of our awards. We also note the positive outcome to the Discipline Audit Trail carried out by the audit team.

We appreciate the professional and courteous manner in which the audit team conducted its meetings with staff and students. We are also grateful to the team for its efforts to understand and appreciate the culture, traditions and structures of St George's. We consider the report to be a fair and balanced analysis of the structures and procedures that we have in place to assure the quality and standards of our programmes. In our view, the outcome of the review is a positive endorsement of those structures and procedures.

We are pleased that the team has recognised the progress that has been made since the institutional review of 2002 and are gratified that the team was able to commend as good practice, inter alia, our joint venture with Kingston University as a vehicle for the sharing of good practice and our commitment to inter-professional learning. We also welcome the positive view formed by the audit team of our efforts to be responsive to, and give support to, our students.

We have noted that the audit team made a number of recommendations for action. Although none of these recommendations was classified as 'essential' by the team, it is our intention to respond carefully to each action point, and to other suggestions made by the team that relate to the effectiveness of our quality assurance processes. Throughout 2005-06, we will be updating and reissuing our Quality Enhancement Strategy for publication on our external website. In this context, the audit report contains much that will be of value to us as we seek to enhance the structures and procedures that we have in place to assure the quality and standards of our courses.