

# **Institute of Cancer Research**

**June 2008**

## **Annex to the report**

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## Introduction

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

### Outcomes of the institutional audit

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

- confidence can be placed in the soundness of the Institute's current and likely future management of the academic standards of postgraduate research awards; limited confidence can be placed in the soundness of the Institute's current and likely future management of the academic standards of postgraduate taught awards
- confidence can be placed in the soundness of the Institute's current and likely future management of the quality of the learning opportunities available to students.

### Institutional approach to quality enhancement

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

### Institutional arrangements for postgraduate research students

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

### Published information

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

### Features of good practice

The audit team identified the following areas of good practice:

- the revised postgraduate research student application and recruitment process, matching students to projects and supervisors (paragraph 115)
- the arrangements for ensuring that postgraduate research students are well supported in their research programme, thereby contributing to successful completion of their studies within four years (paragraph 119)
- the annual conference, which provides an excellent opportunity for postgraduate research students to present their work to staff and fellow students (paragraph 133).

## Recommendations for action

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

Recommendations for action that the audit team considers essential:

- to review the operation of delegation within its committee structure, to ensure that all committees operate within their terms of reference, decisions are appropriately recorded, and that the academic board can exercise its full responsibilities for the security of academic standards and the quality of students' learning opportunities (paragraphs 10, 24, 35, 136)
- to communicate and implement a formal and comprehensive routine programme monitoring process (paragraph 33)
- to develop a formal mechanism, to ensure that full consideration is given to external examiners' reports; the outcomes of the consideration, including action taken is recorded; and that external examiners are provided with a formal considered response to their comments and recommendations and the actions taken (paragraph 43)
- to develop an assessment policy that clearly specifies assessment principles, procedures and processes and disseminate this to staff, students and external examiners (paragraph 54).

Recommendations for action that the audit team considers advisable:

- to review and update the procedures by which taught provision is validated and periodically reviewed (paragraph 31)
- to review its engagement with the *Code of practice* and other external reference points (paragraphs 13, 31, 43, 45, 47, 48, 54, 105)
- to review and update procedures for extenuating circumstances submitted by students to examination boards, to ensure appropriate student confidentiality and equity of treatment (paragraph 51)
- to ensure appropriate attendance by internal examiners at examination boards, to enable a full and comprehensive discussion of the modules under consideration (paragraph 53)
- to develop systems for the monitoring of admissions, retention, progression and completion data for taught provision, to inform internal monitoring and enhancement processes (paragraph 56)
- to ensure that postgraduate taught students are issued with information about complaints procedures and reconsider the amount of time in which students can make an appeal (paragraph 144).

Recommendation for action that the audit team considers desirable:

- to consider the benefits of increasing student participation in the monitoring and review of taught provision (paragraph 71).

## Section 1: Introduction and background

### The institution and its mission

1 The Institute began as a branch of the Cancer Free Hospital, founded in 1851. The Hospital was subsequently renamed the Royal Marsden Hospital and latterly The Royal Marsden National Health Service (NHS) Foundation Trust. The Cancer Hospital Research Institute was formally established in 1909, and in 1927 the University of London (the University) granted recognition to the Hospital and Research Institute as a centre for postgraduate medical teaching and training. With the advent of the NHS, the Hospital and the Institute became separate legal entities and the Institute became the Institute of Cancer Research: Royal Cancer Hospital and was a member of the British Postgraduate Medical Federation from 1951 until the Federation's dissolution in 1995. Thereafter, until its admission as a college in its own right, the Institute operated as an associate institution of the University. In 2003, the Institute was admitted to full college status of the University, operating under its statutes and ordinances and awarding the University's degrees.

2 As a leading specialist postgraduate medical school, training approximately 50 per cent of the UK's oncologists, the Institute's research and academic objectives continue to remain closely aligned with those of the Royal Marsden NHS Foundation Trust. Both institutions continue to share campus facilities in Chelsea and Sutton. The Institute has over 1,000 staff and the Royal Marsden NHS Foundation Trust over 2,300. Together the two institutions form the largest concentration of cancer care in Europe and in 2006 were designated by the Department of Health as one of six National Institute of Health Research Specialist Biomedical Research Centres and the only one dedicated to cancer.

3 At the time of the audit, there were 128 full-time and 14 part-time MPhil/PhD students, 21 MD (Res) students, 10 MD students and 103 Postgraduate Certificate/Diploma students. For research purposes, the Institute is organised into 18 'sections' (the equivalent of academic units or departments).

4 The Institute's vision, mission and values are set out in its Strategic Plan 2007 to 2012 and fully inform and guide its work. The Institute's mission is 'to relieve human suffering by pursuing excellence in the fight against cancer through:

- research into the causes, prevention, diagnosis and methods of treatment of cancer
- education and advanced training of medical and scientific staff
- treatment and care of the highest quality for cancer patients
- attraction and development of resources to the optimum effect'.

### The information base for the audit

5 The Institute provided the audit team with a briefing paper and supporting documentation. The index to the briefing paper was referenced to sources of evidence to illustrate the Institute's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The audit team had a hard copy of all documents referenced in the briefing paper; in addition the team had access to the Institute's intranet.

6 The student committee (elected representatives of the student body) produced a student written submission setting out students' views on the accuracy of information provided to them, the experience of students as learners and their role in quality management.

7 In addition, the audit team had access to the Institute's internal documents; the report of a Review of research degree programmes, conducted by QAA in July 2006; and the report of the Institutional audit, March 2004.

## Developments since the last audit

8 The last audit in 2004 found that broad confidence could be placed in the soundness of the Institute's current and likely future management of the quality of its academic programmes and the academic standards of its awards. A number of features of good practice were identified.

9 The present audit team found that the Institute had responded positively to most of the recommendations from the last audit. The recommendations together with the Institute's response and the team's view are now considered in turn. The Institute was advised as follows:

- to review the terms of reference of key committees concerned with quality assurance and enhancement, both to reflect more accurately the educational activities of the Institute and to ensure an appropriate mechanism for evaluating the effectiveness of quality assurance systems.

10 The academic board's committee structure has been reviewed and the terms of reference have been refined to clarify the responsibility of each committee. The audit team found that, on paper, the structure looked fit for purpose, albeit somewhat complex, in respect of the small scale of taught provision. In practice, however, the team identified operational shortcomings with the committee structure that need to be addressed (see below paragraph 23).

- to indicate the source of authority and date of all key documents.

11 Academic services has developed a new and comprehensive operating procedure for the review and approval of all documents. This was in the process of being fully implemented at the time of the audit.

- to review the Institute's action planning for the implementation of specific enhancement initiatives, to include reference to timescale, individual responsibilities and institutional oversight.

12 The Institute's action plans for enhancement now include timescales and appropriate ownership. However, the audit team could find no evidence that the action plan had become a rolling agenda item of the quality assurance for learning and teaching committee, as stated in the Institute's response to the audit report.

- to review the Institute's policies and procedures in the light of all relevant sections of the *Code of practice*.

13 The audit team could find no evidence that the Institute's policies and procedures, other than for postgraduate research programmes and academic appeals and student complaints, had been reviewed in the light of the relevant sections of the *Code of practice* (see also paragraph 47). The team did find a number of areas where the Institute's management of academic quality and standards would be strengthened through increased engagement with the *Code of practice*.

14 The last audit recommended that it was desirable:

- to review the student handbook and associated materials, to make them more informative and appropriate to all postgraduate students.

15 The postgraduate research students' handbook has been revised and now fulfils a distinctly different purpose to the MPhil/PhD and MD (Res) codes of practice. Together, these publications provide an informative and appropriate set of student information.

16 The Review of research degree programmes in 2006 found that the Institute's ability to secure and enhance the quality and standards of its research degree provision was appropriate and satisfactory.

17 Since the last audit, the Institute has developed its first postgraduate taught awards: the part-time Postgraduate Certificate, Postgraduate Diploma and MSc in Oncology (the oncology course). The Postgraduate Certificate/Diploma awards have been designed to prepare doctors for the Royal College of Radiologists' examinations and students may also opt to complete the full

award to achieve the MSc. The first intake of students started the course in March 2006 and no cohort had, at the time of the audit, completed the full programme. These taught awards required the development of new processes and procedures. The audit team found that many of these processes and procedures, critical to the management of academic quality and standards, were not yet fully developed or embedded.

18 To help improve postgraduate research degree completion rates, the Institute decided in 2005 that all full-time MPhil/PhD students would be fully funded for a period of four years after which no further extensions would be provided. The progress of postgraduate research students is closely monitored throughout their studies, and every three months in the final year, to ensure that students remain on track to complete in the funded period (see also paragraph 118).

### **The institution's framework for managing academic standards and the quality of learning opportunities**

19 The Institute operates under the statutes and ordinances of the University of London. The Institute has chosen, for its research degrees, to use the comprehensive regulations written and managed by the University. The Institute has authority delegated from the University for the review and validation of taught programmes. The Institute's regulations for taught awards are managed, maintained and published under the authority of the academic board.

20 The Institute's key mechanisms for setting, confirmation and maintenance of academic standards are alignment with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ); the University's academic framework as laid down in its ordinances and regulations; the Institute's own regulations, policies and procedures; and engagement with NHS trusts and professional bodies. The Institute's approach to the management of academic standards is detailed in the general regulations; academic regulations; examination regulations for taught courses; postgraduate research codes of practice learning and teaching strategy, and the draft academic quality assurance and enhancement overview.

21 Primary and ultimate responsibility for the management of academic standards and quality lies with the academic board, chaired by the academic dean. In practice, this responsibility is delegated to the quality assurance for learning and teaching committee, which exercises this responsibility through its three subcommittees: the research degrees committee, taught courses committee and collaborative partners liaison committee, although the latter has never met and, at the time of the audit, there was no intention to activate it.

22 Two informal management groups, the academic dean's team and the Registry management team manage the day-to-day operational detail of the Institute's higher education provision.

23 The academic board's ability to exercise its responsibility for the oversight of academic standards depends on its committees and subcommittees acting within the authority delegated to them, as described in their terms of reference. There is evidence, however, that this practice is not embedded in the operation of the academic board's committee structure. The audit team found a number of examples, particularly between the quality assurance for learning and teaching committee and the taught courses committee, where the requirement to refer a substantial matter to a senior committee for a final decision was not being followed, despite being in its terms of reference. The team also noted that, in these examples, there was evidence of the matter simply being noted by the senior committee, without further debate or questioning of the junior committee's authority to make such decisions. In meetings with the team, the Institute acknowledged that there was an issue to be dealt with and, at the time of the audit, had just appointed a senior committee secretary with considerable experience to support the committee structure. The team formed the view, however, that the changes required are not simply confined to the way meetings are minuted, as outlined below.



24 In respect of the taught provision, the audit team identified some significant areas which require attention and which, in the team's view, should have been identified and dealt with by the academic board and its committees (see paragraphs 30, 32, 42-43, 54 and 56). From this evidence, the team formed the view that the operation of the academic board's committee structure, in respect of its taught postgraduate provision, was putting academic standards at risk. The team recommends that it is essential that the Institute reviews the operation of delegation within its committee structure, to ensure that all committees operate within their terms of reference, decisions are appropriately recorded, and that academic board can exercise its full responsibilities for the security of academic standards and the quality of students' learning opportunities.

## **Section 2: Institutional management of academic standards**

### **Approval, monitoring and review of award standards**

25 This section of the annex deals exclusively with the Institute's processes for approval, monitoring and review of the taught awards. Section 6 provides details of the quality assurance processes associated with the postgraduate research awards.

26 The Institute's processes for approval, monitoring and review deal with both the academic standards of the taught awards, as well as the quality of students' learning opportunities. For simplicity, description of these processes, together with the audit team's analysis and findings, is presented under this heading only.

27 The Institute has three postgraduate taught awards in oncology. The audit team heard that no additional provision was currently planned, although this will be kept under review and the Institute is looking at other possibilities.

### **Development and approval**

28 The Institute has a policy and procedure for the validation of taught programmes although, with the updating of the terms of reference for the quality assurance for learning and teaching committee, these are now out of date. Originally, responsibility for the validation process, which included monitoring, approval of changes and periodic review, was devolved to a 'validation panel', convened by the academic dean. This panel oversaw the life cycle of the programme and included two external expert advisers (and a senior member of a partnership institution and/or professional body, where appropriate). This has now been changed, such that the quality assurance for learning and teaching committee is responsible for monitoring, approving changes and for periodic review. The validation panel will in future only consider course proposals. This change is more aligned with practice elsewhere in higher education and was welcomed by the audit team.

29 The development process for new courses is articulated in the validation policy, such that the academic dean presents the proposal to the academic board for academic approval and to the executive committee for approval of resources. The section proposing the new course is responsible for producing the validation documentation, using the prescribed headings, which address the proposed management and delivery of the programme. The validation meeting follows a set agenda. Deadlines are set for meeting any conditions. Minor modifications can be signed off by the academic dean using the chair's action, but for more substantial modifications all panel members, including externals, must be consulted. The recommendation of the validation panel is reported to the next academic board meeting for formal approval to start delivery of the course.

30 The audit team was surprised that the Postgraduate Certificate/Diploma and MSc Oncology validation panel had recommended approval of the full MSc (as opposed to the Postgraduate Certificate and Diploma only), with key elements missing. The dissertation module descriptor, worth 60 credits, was not presented to the validation panel; the aims of the research phase, the framework for supervision, and the means by which published papers could be substituted and assessed



instead of a dissertation were also not documented or clearly articulated. It was therefore unclear how the panel could have adequately fulfilled its responsibility for ensuring academic rigour for the full programme and verifying that appropriate and sufficient resources would be available; nor was it clear how such significant shortcomings could be considered as only minor modifications, requiring only the academic dean's approval before the full programme could go to the academic board for formal approval. These 'minor conditions' related to the dissertation were subsequently signed off on the basis that 'the research phase has been set out on a module pro forma'.

31 While students were not due to start the dissertation stage until September 2008, the arrangements for the assessment of the dissertation were yet to be resolved at the time of the audit. Although there was no evidence that these shortcomings had at present affected the academic standards of the awards or the quality of students' learning opportunities, the audit team was concerned about the potential risks due to the lack of rigour of the current validation policy and procedure. The team therefore recommends that it is advisable that the Institute review and update the procedures by which taught provision is validated and periodically reviewed.

### **Monitoring**

32 The audit team found frequent references by the Institute to the need to develop annual monitoring and review of its taught postgraduate programme. Although there is evidence that the oncology course had been subject to feedback from external stakeholders in June 2007, with a further planned session for July 2008, from student feedback, and from internal discussion at the course team's awayday in June 2007 with a further awayday planned for July 2008, the Institute has yet to implement a formal routine programme monitoring process. Consequently, the Institute is entering its third year of running the oncology course and still has no formal mechanism for judging the effectiveness of the programme in achieving its stated aims, and/or the success of students in attaining the intended learning outcomes. The academic board does receive details of the number of students registered on the Postgraduate Certificate and the Postgraduate Diploma at its October meeting, but the team formed the view that this information is insufficient for the board to exercise its responsibilities for the monitoring of the academic quality and standards of the taught course.

33 A comprehensive draft policy and procedure were, at the time of the audit, being considered through the committee structure and were due for implementation in the 2008-09 academic year. Retrospective annual monitoring is planned for 2005-06 and 2006-07 and was planned to be discussed at the quality assurance for learning and teaching committee in October 2008. However, it was not clear how valid or reliable the evidence for this retrospective monitoring would be, since data was not collected at the time. The audit team formed the view that the lack of formal monitoring was, in particular, putting the academic standards of the taught postgraduate course at risk and recommends that it is essential for the Institute to communicate and implement a formal and comprehensive routine programme-monitoring process.

34 The Institute reported to the University under its ordinances on the first year of the taught programme and summarised the regulations for the appointment of external examiners and assessment arrangements. A further report was to be provided to the University by September 2008.

### **Modification**

35 The process for making modifications to courses is also currently being considered through the committee structure approval cycle. The proposed template clearly articulates who is responsible for initiation and approval of changes. Evidence from the forms completed as a pilot for the recent taught courses committee in April 2008 suggested to the audit team that the process may be effective in the future. However, the team found that modifications, for example, the assessment requirements of the Radiation Sciences for the Clinical and Medical Oncologist

module, had been made and were then being approved post hoc or at an inappropriate level within the committee structure.

## **Review**

36 The original policy and procedures for the validation panel cover the policy for revalidation of programmes after five years. While the responsibility for periodic review has now been added to the quality assurance for learning and teaching committee's responsibilities, the policy has not been updated or the procedures clearly articulated.

37 Responsibility for course withdrawal has also been transferred to the quality assurance for learning and teaching committee. However, procedures for course withdrawal, which are essential to ensure the interests of students are protected, have not yet been produced.

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

39 The audit team concluded that the Institute's policies and procedures for approval, monitoring and review of postgraduate taught programmes were underdeveloped. As a result, the team formed the view that academic standards, in particular, of the postgraduate taught awards were being put at risk. These matters contributed to the team's view that limited confidence could be placed in the Institute's management of academic standards.

## **External examiners**

40 The process for the appointment and the responsibilities of external examiners for the oncology course are clearly stated in the Institute's regulations and the audit team found from documentation provided that these have been followed. Although there is no formal induction, external examiners are provided with a documentation pack, which includes contact details, regulations (but see paragraph 52), a clear, comprehensive report template and a request for declarations of conflicts of interest. In line with the Institute's regulations, the team found that external examiners approve all the assessments, including multiple-choice questions, prior to assessments being given to students and are provided with student work so they can make judgements about levels of achievement in respect of academic standards. External examiners are also expected to confirm, and may comment on, whether the overall assessment procedures, administration support and quality assurance structures have safeguarded academic standards.

41 While it was reported by staff that there is frequent communication with external examiners, processes are informal and external examiners are not required to be consulted about changes to assessment or major course alterations, nor is there yet a formal scrutiny and feedback mechanism for responding to external examiners' reports; however, the briefing paper proposed to include such a mechanism in the proposed annual course monitoring process. Currently, external examiners submit their report to the Institute, where it is subject to scrutiny by the academic dean, who requests the course leader to take action, but the audit team found from the example provided that the requested action, handwritten on the cover sheet, did not cover all points raised by the external examiner.

42 As the Institute currently does not have a formal routine course monitoring process (see paragraphs 32 to 34), there is no clearly articulated and followed process to ensure that external examiners' reports are considered fully by a committee or shared with students. The audit

team could find no evidence that external examiners' reports had been considered by any committee. Actions proposed in response to external examiners' reports are not formally considered, approved and recorded, there is no overview report drawing out themes and recurring recommendations considered by a key committee, and there is no formal response provided to external examiners. The team found that, consequently, issues that external examiners had identified with modules, which had also been identified as a concern at validation, remained unresolved for two years until the Institute responded to concerns raised directly by students.

43 The matters described above indicated to the audit team that a strong and scrupulous use of external examiners, fundamental to institutional management of academic standards, was lacking and was consequently putting academic standards at risk. The Institute should therefore take corrective action to bring its processes in line with the *Code of practice, Section 4: External examining*. The team recommends it is essential for the Institute to develop a formal mechanism to ensure that full consideration is given to external examiners' reports; the outcomes of the consideration including action taken is recorded; and that external examiners are provided with a formal considered response to their comments and recommendations and the actions taken.

## **Academic Infrastructure and other external reference points - standards**

### **Programme specifications and subject benchmarks**

44 As part of the validation process for the Postgraduate Certificate/Diploma and MSc in Oncology, a programme specification was prepared which defines the awards, learning outcomes, units and classification rules. The programme has been especially designed to equip students to sit the part 1 and 2 examinations for the Fellowship of the Royal College of Radiologists and to improve the theoretical basis for medical oncologists during their training programme. Since this is a specialist master's level course there was no appropriate subject benchmark statement available. Assessment details, in terms of type and weighting, are included in the module descriptor.

### **FHEQ and credit**

45 There is limited evidence that the Institute has fully engaged with the other components of the Academic Infrastructure. Reference was made to the FHEQ as part of the validation process and the Institute has developed its own M-level descriptor, which is fully aligned with the FHEQ. The FHEQ was, at the time of the audit, being revised to include the use of credit, but the audit team found that the concept of credit, in terms of notional learning hours, was poorly understood by the course team and the current practice of assigning seven notional learning hours per credit is not aligned with the proposed UK norm of 10 hours per credit. The Institute may wish to consider further staff development in this area.

### ***Code of practice***

46 The Institute has clearly demonstrated full engagement with the *Code of practice, Section 1: Postgraduate research programmes*. The Institute has reflected on the quality arrangements for research degrees programmes and has satisfied itself and the audit team that its procedures and practices fully meet the expectations of the precepts of the *Code*.

47 While the Institute's general regulations claim to reflect the *Code of practice*, the lack of institutional oversight (see paragraph 24), non-implementation of formal annual course monitoring after two years of course delivery, (see paragraph 33), and the lack of a formal process for considering reports and responding to external examiners (see paragraph 43), all suggested to the audit team that the Institute has not fully engaged with the *Code of practice* in respect of its taught provision. In addition, there was no evidence from committee papers of a formal mechanism for keeping up to date or engaging with revisions to the Academic

Infrastructure as a whole. This lack of institutional engagement was confirmed by senior staff, who stated that they tended to benchmark their practice against peer institutions.

48 The audit team concluded that the institution's lack of engagement with these important external reference points for the management of academic quality and standards of its taught awards has the potential to put academic standards at risk. It is therefore advisable that the Institute reviews its engagement with *Code of practice* and other external reference points.

### **Assessment policies and regulations**

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

50 Although a draft procedure is under development, the Institute does not yet have formal course/unit modification procedures. Consequently, the audit team found from the minutes of the April 2008 taught courses committee and the examination board that changes to assessments have occurred in an ad hoc manner and it was not clear how all students had been informed of such changes formally. While the Institute is considering innovative and challenging assessment tasks, and the team welcomed this, some assessment tasks, for example, the dissertation unit, have been approved without fully considering how they are to be assessed in practice (see paragraph 13).

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

52 Taught postgraduate students and external examiners are provided with copies of the academic and course regulations, but the audit team found these regulations to be incomplete. For example, the rules for condonement used by the examination board are not clearly articulated in the regulations or taught postgraduate student handbook, nor were they understood by the course team.

53 The examination regulations for taught courses contain clear information about the conduct, remit and membership of examinations boards and the role of the external examiners. Minutes of the examination board are clear and show that the regulations have been followed, including attendance by external examiners and consideration and confirmation of results. The step taken by the Institute for the 2008 examination board, to appoint a chair independent of the course team, in line with sector practice, was welcomed by the audit team as a means of improving objectivity. The team considered that the quorum for the board, comprising the chair, one external and two internals, is low, if full consideration of all units and assessments is to be achieved. Boards have been quorate but attendance by modules leaders has been poor. The Institute has recognised this issue and staff were encouraged to attend the 2008 board by the academic dean. The team formed the view that the lack of attendance by module leaders at examination boards reduces the quality of the board's decision-making and has the potential to

put academic standards at risk. The team therefore recommends that it is advisable that the Institute ensures appropriate attendance by internal examiners at examination boards to enable a full and comprehensive discussion of the modules under consideration.

54 The audit team found the Institute's current approach to assessment to be underdeveloped and insufficiently articulated and publicised. The Institute does not currently have an assessment policy, as recommended by the *Code of practice, Section 6: Assessment of students*, but plans to address this by updating the learning and teaching strategy into the learning, teaching and assessment strategy. The course team leader explained the procedures for developing, approving and marking assessments to the audit team, and these seemed appropriate, but they are not documented. No evidence was provided that the institution monitored these procedures to ensure they are operated fairly and consistently. Based on the evidence above, the team concluded that the Institute's approach to assessment is currently putting the academic standards of the taught awards at risk, and therefore recommends that it is essential that the Institute develop an assessment policy that clearly specifies assessment principles, procedures and processes and disseminates this to staff, students and external examiners.

### **Management information - statistics**

55 The Institute uses, as key performance indicators, recruitment and completion rates of its research students. The audit team found evidence of close monitoring of the progression of research degree students. The collection, monitoring and active use of this information to inform decision-making is embedded across the Institute. This data is regularly reviewed by the research degrees committee, corporate management group and the board of trustees. The analysis of this data, along with other measures, has been used as a catalyst for enhancement (see paragraph 98). The team found that the Institute uses statistical management information effectively to assure the academic standards of its research degree awards.

56 For the taught postgraduate awards, the Registry collects data on recruitment, progression and completion rates. At the time of the audit, 62 students were enrolled on the Postgraduate Certificate and 41 students on the Postgraduate Diploma. During the audit, however, the Institute had some difficulty in providing the audit team with clear, unambiguous information relating to students on the taught awards. Student data is not used routinely by the course team, although the Institute stated in its briefing paper that it will be an integral part of the annual monitoring process once it is implemented. No data was provided to show how successful students were completing the oncology course, or in passing their professional examinations after studying for the Postgraduate Certificate/Diploma, although students who met the team reported being satisfied that it had adequately prepared them. The team concluded that the Institute is not using statistical management information effectively to assure the academic standards of its postgraduate taught awards and therefore recommends that it is advisable that the Institute develops systems for the monitoring of admissions, retention, progression and completion data for taught provision, to inform internal monitoring and enhancement processes.

## **Section 3: Institutional management of learning opportunities**

### **Academic Infrastructure and other external reference points**

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



## **Approval, monitoring and review of programmes**

58 The Institute's processes for the approval, monitoring and review of programmes, together with the audit team's analysis and findings are set out above in paragraphs 25 to 39. In respect of the management of students' learning opportunities, the team considers that the Institute's processes require further development.

## **Management information - feedback from students**

59 The Institute is committed to gathering feedback from its students and this is demonstrated by communications to staff and the range of activities in place to gather feedback.

60 For MPhil/PhD students there is an individual questionnaire after periods of six months, two and three years. This is a substantive, confidential questionnaire covering both personal and academic matters. The questionnaire is followed up by an individual meeting with either the deputy dean or the senior tutor at which matters raised on the questionnaire are discussed. Generic issues that arise through this process are then discussed at the research degrees committee and, if appropriate, at the corporate management group. The Institute has recently introduced a similar mechanism for its MD (Res) students. The audit team saw examples of issues raised by the students and the responses by the Institute.

61 In order to capture a more holistic view of the research degree provision the Institute is introducing another type of questionnaire. Two questionnaires, one for MPhil/PhD and one for MD (Res) have been approved by the research degrees committee. However, following discussions with the students, who have expressed a preference for using the questionnaire developed for the student written submission, the Institute is reconsidering the exact nature of the questionnaire. The audit team viewed this as an example of the Institute's responsiveness to student feedback.

62 Taught postgraduate students have an opportunity to provide feedback at the end of every module through an online questionnaire. Staff actively encourage students to complete the questionnaire during face-to-face discussions and through online reminders. To date, however, the response rate has been poor and the Institute is taking steps to address this. Three stages are being introduced: students will be given the opportunity to comment upon the quality of each individual lecture; at the end of a module, time will be set aside during the session for the module questionnaire to be filled in; and at the end of each year, students will have an opportunity to comment upon their experience of the year as a whole. The audit team concluded that the Institute was taking a proactive stance on this matter.

63 Apart from individual questionnaires, students have a range of collective activities in which their voice can be heard. These include the student liaison committee, open student forums and student representation on the Institute's main committees (see below paragraph 66).

64 The student liaison committee meets quarterly to discuss student concerns and is the main portal between the Registry and students. Matters raised may subsequently be discussed by the academic dean's team, at the appropriate academic committee or followed up at the student awayday. Open student forums, introduced for research students by the academic dean in 2003, meet biannually on each campus. The audit team saw examples of matters raised at the forums which were subsequently dealt with by the institution.

65 Students who met the audit team were satisfied that their views were listened to and that changes resulted as a consequence. The team concluded that the Institute has appropriate structures in place to gather feedback from students and takes a positive attitude to receiving and responding to students' views.

## **Role of students in quality assurance**

66 The Institute considers student involvement to be an essential element in the decision-making processes of the Institute. As noted, students are represented on most of the Institute's

committees with representatives elected to these committees on an annual basis by the student body. Representation is from both postgraduate taught and research students and includes (number of representatives): board of trustees (1); academic board (2); quality assurance for learning and teaching committee (2); taught courses committee (3); research degrees committee (4); library committee (2); disability working group (2); IT user committee (2); and the e-learning group (2). There is also a student committee, which students themselves manage.

67 To date, no formal training has been given to these representatives to enable them to prepare fully for the role but the audit team learnt, in discussions with students and staff, that training was to be provided in future by the Institute, supplementing the existing tradition of newly elected representatives shadowing existing representatives as their term of appointment draws to a close.

68 The audit team observed that there was generally a good attendance at committee meetings by student representatives and that they had made significant contributions at all levels and at various times. Students who met the team and who sit on these committees confirmed that they felt that their voice is listened to. This accorded with the view in the student written submission. However, the student written submission also made it clear that MSc students were less content than PhD students with how well their voice is heard. The student written submission stated that the MSc course coordinators had received a large amount of student feedback regarding course structure and coursework, and the team found this reflected in the minutes of the taught courses committee. Representation of MD (Res) students was also an area of concern for students, but the Institute was aware of this issue and is trying to address it.

69 Supplementing these formal committees are a number of more informal arrangements for consulting the student body (see above paragraph 64); for example, postgraduate research students are integrated into supervisory teams and it is often the research team that facilitates appropriate consultation and quality assurance.

70 The audit team was somewhat surprised to learn that there was no evidence available to them to demonstrate that oncology course students had seen external examiners' reports. The normal process for discussion of these reports is through the formal annual monitoring and evaluation cycle, but as this process had not yet been implemented at the Institute (see above paragraph 32), there was no evidence of these reports being considered at meetings where students would be present. The more thorough annual monitoring and evaluation process that the Institute is developing will allow students to view and discuss future external examiner reports.

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

### **Links between research or scholarly activity and learning opportunities**

72 As indicated in paragraph 106, the Institute provides a rich and stimulating research environment for its students. Its relationship with the Royal Marsden NHS Foundation Trust and various other health trusts fosters a philosophy and approach encapsulated in the phrase 'From bench to bed and back again, signifying the interdependent relationship between laboratory-based research and patient treatment. For a fuller account of the research environment, see also paragraphs 106 to 110.

73 The oncology course spans a wide range of related disciplines and is taught by up to 100 leading researchers and practitioners who are able to draw upon their clinical and/or research expertise. This provides a very strong link between world renowned expertise and students' learning opportunities.



## Other modes of study

74 The Institute does not offer any provision through flexible and distributed learning.

## Resources for learning

75 In the purpose-built Chester Beatty Laboratories in Chelsea, all laboratory space is either new, refurbished from 2001, or is being refurbished. On the Sutton Campus, 81 per cent of the laboratories have been refurbished or incorporated into new-build developments since 2001. By the end of 2008 it is intended that 96 per cent of the Institute's estate will have been fully refurbished or newly built within the last 10 years, thereby ensuring that research is conducted in modern, efficient, open-plan and interactive laboratories. New-build projects have included the incorporation of library, IT, lecture/meeting rooms and refectory facilities into a single central location that promotes collaborative interactions between research staff in the Institute and the Royal Marsden NHS Foundation Trust. Equipment needs are diverse across the groups. Each section has an ongoing replacement programme for core equipment, maintained by staff who are also responsible for running laboratories, ensuring good practice and promoting cross-fertilisation of research methodologies. Recognising that the oncology course requires additional teaching space, the Institute was, at the time of the audit, acquiring new teaching and office space in a building adjacent to its existing accommodation in Chelsea. This new space will also include a dedicated computer training facility, which will be used by the oncology course students on course days and for computer-based staff training on non course days, thereby greatly improving the Institute's IT-based training capacity.

76 There are libraries on both sites, which are considered excellent by the student body. The library at Sutton is housed in purpose-built accommodation and the library at Chelsea has recently undergone refurbishment. Between them, the libraries hold over 5,000 specialist books and subscribe to another 5,000 e-journals, covering relevant scientific and clinical fields. The e-journals can be accessed offsite as well as through the internal network, and subscriptions are reviewed annually to reflect relevance and usage. Staff and students can also access other specialist collections such as those held at Cancer Research UK and the British Medical Library.

77 A key component of the Institute's learning and teaching strategy has been the use of technology to support learning. In 1999, the Institute established the interactive education unit to promote and disseminate educational, research and clinical activities of the Institute. The unit develops educational materials about cancer in interactive formats (web-based and CD-Rom), and also uses media such as print, video and audio to support interactive resources. To support the recently launched oncology course, a virtual learning environment has been set up and is overseen by a designated administrator. It enables day-release students who travel from across the UK to study on the taught course, to access study materials off-site and it facilitates communication between students, and between students and teaching staff. The audit team learnt in its meeting with students that NHS firewalls sometimes prevent students from accessing the material at their place of work, but students were able to access the materials from their home computers. In addition to providing general course information, the virtual learning environment enables students to access presentations, lectures and handouts for each of the 15 modules constituting the MSc and to undertake multiple-choice assessments online.

78 The audit team had online access to the virtual learning environment and found much online material available to students. The team was informed that earlier copyright problems had now been overcome and an increasing amount of material was beginning to populate the learning platform. Most of the material seen by the team was of a good standard, and this view was confirmed by students who met the team.

79 The audit team found a high degree of student satisfaction with learning resources. The team formed the view that the Institute's approach to learning resources makes a strong contribution to the management of the quality of students' learning opportunities.

## Admissions policy

80 The criteria for student entry are contained in an admissions policy and procedure approved by the quality assurance for learning and teaching committee in 2005. The audit team was informed that this is currently being updated to reflect recent changes to procedures for full-time research students and the revisions to arrangements for clinical fellows and part-time students, introduced following consideration by the research degrees committee of the conclusions of the Review of postgraduate research degree programmes in 2006. These changes first came into force in January 2008 and are described in some detail below (see below paragraphs 113 to 116).

81 In the case of the oncology course, the academic regulations concerning admissions are supplemented by a standard set of specific programme regulations for the course. The course is designed for medically qualified candidates who intend to pursue a career in the field of clinical or medical oncology, either as a clinical academic or a clinician. They are likely to be currently working in the NHS (or similar clinical service provider) and planning to complete specialist registrar training. In the case of NHS personnel, staff undertake the course on a day-release basis.

82 All applications are considered by the course director(s) and one other member of the academic staff. Application forms are available online and students submit written or typed forms together with other relevant supporting materials.

83 The audit team concluded that the Institute's admissions policy and procedures for the taught courses are appropriate and fit for purpose but, due to a lack of student progression information, the team was unable to assess their effectiveness in practice.

## Student support

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

85 Current and prospective students can also seek advice from the Institute's diversity and disability adviser, whose responsibilities include student welfare and student disability support. The adviser provides a variety of information on welfare issues to staff and students, coordinates contact with external agencies, publishes a student guide to disability services, raises awareness of the requirements of the *Disability Discrimination Act*, and highlights any special educational needs that may be applicable to the Institute's students.

86 Owing to its size and specialist nature, the Institute does not have its own careers service but relies instead on the University's careers service. As the part-time students are already in employment in medical organisations, the call for such a service is likely to be limited to the full-time research students, who can also rely on their primary supervisor and other members of their supervisory team for career advice and guidance.

87 Students also make use of the services of the Institute's student association. This is an association run by students for students, operates on both campuses and runs a range of social activities. The student association is affiliated to the National Union of Students and also has representation on the University's student union committees.

88 The audit team concluded that the level and extent of services provided by the Institute are appropriate and contribute to the management of the quality of learning opportunities available to students.

## **Staff support (including staff development)**

89 The Institute seeks to recruit, motivate and retain the very best academic and support staff. Key features of its approach are generous relocation packages, competitive salaries, pump-priming for research projects and the availability of academic titles.

90 The current individual performance management system was introduced in 2004. Skills templates have been developed and these are used as a basis for accessing both performance and development needs at the annual appraisal meeting. Feedback from staff in 2005 indicated that the paper-based system is seen as overly bureaucratic and a further review of the system is planned before 2010. The Institute's pay system is linked to performance, with exceptional performance normally leading to enhanced salary progression. The metrics used to measure exceptional performance are, however, wholly research-related. If the Institute decides to expand its taught provision, criteria for the reward of exceptional performance related to teaching may need to be considered.

91 In addition to individual assessments, the corporate management group conducts an annual review of career development, which places the work of individuals and teams within the strategic context of the Institute. The Institute has developed an organisational training and development policy, approved in 2006, which sets out the details relating to staff training and development. The Institute acknowledged in the introduction to the policy that there was work to do before it was fully implemented and the audit team encourages this implementation.

92 The Institute has developed a 'Learning Site', which includes internal courses, other training events, learning resources and online training packages. The extensive series of online training packages cover a wide range of topics, some of which form the core part of the mandatory training that staff must complete during their probationary period. Staff who met the audit team reported that they had used the site and valued the information it contained. The human resources database holds details of all Institute-provided training attended by staff.

93 Institute support for the training and development of research staff is well embedded: specific support for teaching and learning is, however, embryonic. The Institute's interactive education unit produces an online newsletter, InterACT, which purports to provide news within the field of teaching and learning. The two issues shown as exemplars to the audit team, although very professionally produced, contained little that could be directly related to pedagogy. The Registry also holds a budget specifically to support staff engaged in the teaching of the oncology course; the budget is designed to enable staff to attend external courses or to study for a formal qualification in medical education. The team formed the view that the size of the budget would preclude any significant activity being taken up by staff and, at the time of audit, it had not been extensively used.

## **Section 4: Institutional approach to quality enhancement**

### **Management information**

94 In the briefing paper the Institute stated that 'In the ongoing development of The Institute's quality assurance processes we seek to achieve an integrated, systematic, and coherent approach to quality enhancement...Our approach involves the systematic collation, analysis and use of management information (quantitative and qualitative) from a variety of internal and external sources ...'. For its research degrees, the audit team found this statement to be an accurate reflection of the Institute's practice.

95 The Institute benchmarks itself against other research-intensive universities with a view to determining best practice across the sector. These reviews, together with internal data on recruitment and completion rates, and student feedback, have led to a number of enhancements for postgraduate research provision since the last audit.

96 For research provision, the audit team concluded that the Institute makes good use of management information to inform its quality enhancement processes. The same is not true of its taught programmes, and the team concluded that the Institute would need to develop its capacity in the area of data analysis (see above paragraph 56) in order for it to be used as management information for the enhancement of taught provision.

### **Good practice**

97 Some of the key principles underpinning the Institute's approach to quality and enhancement, as stated in the briefing paper, are:

- a commitment to promote an ethos of continuous improvement in curriculum delivery and management and the learning environment
- engagement with students and, where possible, employers through appropriate representation, consultation and feedback mechanisms
- the use of appropriate external and internal reference points, including the Academic Infrastructure, and for research degrees, the Research Assessment Exercise outcome and other measures of quality of the research environment.

98 The audit team found that this ethos of continuous improvement was evident in the operation of research degree programmes and was embedded at all levels in the Institute. The use of external reference points, together with extensive internal discussion across the Institute led to the change in the recruitment methodology for MPhil/PhD students. Importantly for enhancement, this process is being actively monitored to see how it might be further improved. Similarly, the Institute has changed the way it funds and supports its MPhil/PhD students, based on a desire to have among the best completion rates in the sector. This has been achieved through both benchmarking against external sources and actively listening to student feedback.

99 The audit team found some evidence that this ethos is also operating within the taught programme, for example, the stakeholders meeting and the attitude towards the use of feedback from students.

### **Staff development and reward**

100 The Institute seeks to recruit and appropriately reward the very best academic and support staff. As described above (see paragraph 90), exceptional performance is financially rewarded. Other tangible benefits include funding of particular research projects and the award of appropriate academic titles.

101 The audit team concluded that the Institute's reputation and recruitment/reward policies allowed it to recruit world-leading researchers who make a positive contribution to the enhancement of the learning environment.

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

## **Section 5: Collaborative arrangements**

103 Apart from close links with the Royal Marsden NHS Foundation Trust and the University, the Institute has little in the way of formal educational collaborative activity. This is set to change as the Institute begins to formalise the arrangements for PhD students from the Marie Curie Research Institute. Until now, successful individual PhD applications from the Marie Curie Research Institute have been registered with, and through, the Institute and have been assigned backup supervisors from among staff from the Institute. The audit team learnt that over the years there has been a steady trickle of one to two new enrolments from the Marie Curie Research Institute every year and

that there was desire now on the part of both institutions to adopt a more formal collaborative approach for this research training for an anticipated seven to eight students per year.

104 The Institute had originally set up the collaborative partners liaison committee, as a subcommittee of the academic board, to process such activity, but the audit team was informed that this committee had yet to meet and that consideration and approval of the Marie Curie link was now being handled differently. The team was shown a brief document detailing procedures for formal collaborative agreements for research degree programmes and general criteria for approval of off-campus institutions, which puts the onus on the Institute's sections and the research degrees committee to consider a proposal before eventual endorsement by the academic board. It was not clear to the team what form that proposal would take as only a number of headings had been outlined in the documentation provided, and there was no evidence of any substantial proposal having been written at the time of the audit. The team noted that, despite this lack of clarity, the two institutions had almost completed their negotiations and that an agreement seen by the team was about to be signed off by the academic dean and Institute secretary on behalf of the Institute.

105 While the audit team had no cause to question the value of the proposed partnership, the team formed the view that a more extensive and thorough consideration of this collaborative activity should have been undertaken within the Institute. The team therefore recommends that, in reviewing its engagement with the *Code of practice* and other external reference points, the Institute should review its policies and procedures for collaborative partnerships against the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

## **Section 6: Institutional arrangements for postgraduate research students**

### **The research environment**

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

107 The Institute has a number of stakeholders to satisfy, including the NHS Trusts with whom it works on a day-to-day basis. Various UK charitable institutions also have a significant influence, as a number of the Institute's sections are core funded by competitive programme grants from such bodies as Cancer Research UK, Breakthrough Breast Cancer, and Leukaemia Research. These research programmes tend to follow a five-year cycle of funding, with each one undergoing an international review process (or site visit) at renewal.

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

109 The audit team saw evidence in committee papers that the Institute actively benchmarked itself against the *Code of practice, Section 1: Postgraduate research programmes* and learnt from staff



and students that the Institute regards all of its research degree programme students as working scientific professionals and treats them, for all intents and purposes, as scientific and/or clinical employees. Individual research students and their supervisors are encouraged to work closely together in teams of researchers. This team approach lends itself to providing the appropriate academic and pastoral support for students while allowing a very high degree of independent responsibility for their own learning and development as research scientists and/or clinicians.

110 The student written submission portrayed the Institute as a friendly environment, facilitating access to approachable and supportive people with a huge amount of expertise. The academic support was generally found to be good with most students rating it as excellent. PhD students generally consider that their experience of working in the Institute has either met or exceeded their expectations.

### **Selection, admission and induction of students**

111 As indicated above (see paragraph 80), the Institute recently revised its admission policies and procedures following an internal review and implemented the changes in January 2008.

112 During meetings with senior staff, the audit team learnt that the admission process had been changed from a continuous year-long cycle, with applications considered as and when individual applications were made and/or when studentships became available, to a discrete and concentrated interview period underpinned by a newly developed online application process. The Institute had engaged in extensive internal discussions prior to instigating the changes and had also benefited from discussions with another research organisation that had adopted the same process in the previous year.

113 The new process entails the Registry screening out unqualified applicants and the deputy dean and senior tutors then categorising the rest into three broad categories 'must consider', 'should consider' and 'could consider' based on scientific potential. Potential supervisors are then asked to shortlist up to six candidates who are then asked to attend an interviewing event.

114 The interview event is split into three days: day one is centred around presenting the Institute and the projects on offer, with an informal get-together of staff and students in the evening; day two consists of general laboratory/site tours and panel interviews, with each student attending an interview panel comprising at least two prospective supervisors and a chair, at which time some short-listing takes place. Day three, for those short-listed on day two, consists of visits to the laboratories of their potential supervisors and individual discussions with these supervisors. The process concludes with offers being made to successful candidates on the basis of a specific project and supervisor pairing.

115 One month after the January 2008 recruitment event, 26 studentships had been offered of which 24 had been accepted. It was clear from the documentation seen by the audit team that the Institute monitored all these changes very carefully. Lessons have been learnt that will undoubtedly improve the process in future years, and it is clear from the detailed and comprehensive review of the process undertaken by staff, using feedback from applicants and staff, that the new arrangements were very positively received and the admissions event deemed entirely successful. Proposed suggested changes to the process, detailed in the February 2008 review, if implemented, should enhance the process in future years, in the view of the team. The team considered the revised postgraduate research student application and recruitment process, matching students to projects and supervisors to be a feature of good practice. The team also considered this to be a clear example of the Institute's approach to quality enhancement.

116 The induction of new research students reflects common practice found at other comparable institutions. Having received an offer of a place, the successful applicant attends a one-day research degrees induction day during which relevant documentation is provided and presentations are made by a number of staff. These presentations include general welcomes by

senior staff, an overview of the research degree programme, what is expected of students, an introduction to the interactive education unit's tools for research students, courses provided by training and development staff, various research-related issues, and concludes with a talk by existing students. The induction process was considered a success by students who met the audit team.

## **Supervision**

117 The Institute has a well-developed structure for the supervision of MPhil/PhD students. All students have a supervisory team which, as a minimum, includes a primary supervisor and a back-up supervisor, both of whom must be Institute-recognised. All recognised supervisors must have undertaken training, one day initially then half-day refresher courses every five years, and have seen a student through from start to completion within four years. In addition to the mandatory supervisors, the team may also include a senior associate supervisor and an associate supervisor, with a recommendation that at least one associate supervisor is part of the team. Though varying from discipline to discipline, students meet with their primary supervisor on average every six weeks. The audit team recognised, as confirmed by students, that research students are assigned to research teams and that support and oversight is given on an almost daily basis by the post doctoral staff within the team. Students who met the team expressed satisfaction with both the nature and level of supervisory support offered, although none perceived any significant value from having a back up supervisor.

118 As part of the supervisory process the Institute introduced portfolios for MPhil/PhD students in 2003 and for MD (Res) students in 2008. The portfolio, to be renamed the personal development plan, is intended to provide a comprehensive record of the learning and achievement during the student's programme of study. The audit team found that there were both staff and students who neither understood the purpose of the portfolio nor welcomed its introduction. The review of research degree programmes in 2006 recommended that the Institute give further consideration to the operation of student portfolios in order to ensure consistency in supervisory practices across teams and sections. The Institute is actively seeking to address this matter, which has been raised in a number of student forums. The Institute has recognised that students, often because of their discipline, will engage with personal development planning in different ways. It has set up mandatory training for all research supervisors, with a view to removing misconceptions which have exacerbated the lack of engagement with the portfolio by some staff. Several meetings have also been held with students, both to explain more clearly the importance of the portfolio and to inform them of the action taken to address their concerns.

119 Progress of students is closely monitored, to ensure the maximum opportunity to complete within the four-year period. At six months, a questionnaire is completed, which gives the student the opportunity to comment on a number of matters and it is also used to check completion of the Institute's mandatory training courses and progress more generally. A meeting with the deputy dean or senior tutor follows completion of the questionnaire. This monitoring process is repeated at the end of the second and third years and every three months during the fourth year. A major component of this continuous monitoring is the transfer viva that takes place at the end of the first year. This is the oral examination that confirms progress from MPhil to PhD registration. This was seen as a rigorous but demanding process by the students whom the audit team met and was, for many, the first meeting with their back up supervisor who is a member of the review committee. The team found the arrangements for ensuring that postgraduate research students are well supported in their research programme, thereby contributing to successful completion of their studies within four years, to be a feature of good practice.

120 Since the last audit, the Institute has sought to bring the supervision and monitoring of MD (Res) students more in line with that of the MPhil/PhD students. However, the MD (Res) students are a relatively small group of experienced clinicians with different requirements from



the traditional MPhil/PhD student. The audit team therefore considered it reasonable that there should be some variation in supervisory arrangements between the two student groups.

### **Progress and review arrangements**

121 Progress and review arrangements are fully documented in the Institute's Code of Practice. The student portfolio is the key document in logging student progress, providing a comprehensive record of the learning and achievements during the programme of study. At the outset of their studentship, students agree a development plan and learning contract with their supervisory team that forms part of their portfolio. Students are expected to keep diary reports in their portfolios outlining their progress and these reports should inform tutorial discussion with their supervisors. In addition, attendance at various academic events, training undertaken, prizes awarded, etc are also expected to be recorded. The portfolio is formally reviewed on an annual basis with the back up supervisor. As noted above (paragraph 118), students who met the audit team reported a mixed experience of the use of portfolios and questioned their value.

122 After the first six months, students are required to have a meeting with the deputy dean or senior tutor to discuss progress and completion of the Institute's mandatory training courses. Prior to the meeting, students should complete a questionnaire, which should be signed off by the student's supervisor. Supervisors are also expected to submit a short report on their students' progress with any potential problems identified. Feedback from students suggests there may be some variation in practice, but these meetings are generally perceived positively and enable the Institute to identify potential difficulties well before the transfer stage.

123 At the end of the first year, students are expected to prepare a transfer report as part of the MPhil to PhD transfer process and to be orally examined by a panel. The panel is composed of a senior member of academic staff, an independent assessor and the supervisory team. The student receives written feedback from an independent assessor before the viva and in addition to a recommendation to transfer or not, feedback from the panel afterwards in the form of broad comments and a score sheet addressing different aspects of the written report and viva performance. Successful transfer is contingent upon a satisfactory critical appraisal of the student's capabilities and progress by the supervisor, evidence of the completion of the study skills and perspectives in oncology modules, and a satisfactory portfolio. Students reported some dissatisfaction with how long the process took, from submission of the transfer report to receiving feedback, but generally found the experience very helpful.

124 At the end of the second year a further report is prepared, in addition to a detailed plan of proposed work. This is reviewed by a panel, including one person independent of the supervisory team. At the end of the third year, a further report on progress is produced, with details of the thesis structure and planned submission date. After review and consultation with students, it has now been proposed that a student need only produce one report after two and a half years, with a thesis plan submitted at the end of the third year.

125 During the fourth year, students are required to submit a quarterly report on progress with their thesis to their supervisor and the dean's team. At three and a half years, a review meeting is held with the deputy dean/senior tutor to review written material and submission plans.

126 In addition to the formal reports, students have an annual discussion, also referred to as a 'chat', with a member of the academic dean's team and are requested to complete the student questionnaire to inform the discussion.

127 As noted above, submission and completion rates for research degrees are key performance indicators and are monitored closely at various levels within the Institute. The audit team found that the Institute has a comprehensive and robust system for monitoring and reviewing research degree students' progress.

## **Development of research and other skills**

128 The need for developing research and related study skills is introduced by staff during the three-day admission event and then enlarged upon during the research degrees induction day. All research students are provided with a hardback version of Study Skills: A Student Survival Guide, an introductory study guide written by staff of the Institute and edited by the interactive education unit for research students, and now published more widely by a major international publishing house.

129 The study-skills website contains advice and guidance on a range of transferable skills, including how to write a thesis/paper, time management, preparing and presenting seminars and understanding intellectual property.

130 The interactive education unit has also developed in collaboration with leading scientists and clinicians of the Institute and the Royal Marsden NHS Foundation Trust, a cancer science website entitled 'Perspectives in Oncology' aimed particularly at new MPhil/PhD students. The website seeks to give a thorough and connected grounding in all aspects of cancer research and treatment and a number of modules are beginning to populate the site. Before starting a module, students have the option of attempting a pre-module test and achieving a test score. After progressing through the online module, students undertake a post-module review test and if a score of 75 per cent or more in the review test is achieved, credit is awarded for the module and is duly certificated. Success in six of the designated modules is judged as a prerequisite for progress from the MPhil to the PhD at the end of the first year.

131 Research students are also provided with a training and information booklet produced by the Institute's learning and development unit, outlining the learning and development resources provided centrally to staff and students at the Institute and categorised under the seven categories for researcher development used by the Research Councils. The booklet is available online and regularly updated as new programmes are added, with the intranet website and monthly emails keeping students informed of the updates. The latest version of the booklet seen by the audit team offers an impressive list of academic and clinically-based courses, appropriate for the needs of the Institute's research students. The team learnt during its discussions with students that these courses were highly regarded, but that demand for some of the optional taught courses can be high and that there were sometimes long waiting lists for these particular courses.

132 Students are required to document the online modules they complete and the courses they attend in their portfolio. This is then reviewed on an annual basis by the back up supervisor thereby allowing the supervisors the opportunity to undertake a thorough training needs analysis with the student.

133 A highlight of the Institute's academic year is the annual conference, a two-day event that aims to share knowledge and expertise across the Institute and the Royal Marsden NHS Foundation Trust, and to encourage collaboration in research. Staff and students contribute in a variety of ways and the mix of lectures, student presentations of their research and team poster presentations demonstrate the breadth of the research undertaken within the Institute. Typically, some 240 participants attend, comprising academic, clinical and other staff of the Institute and Hospital, and third and fourth-year students. The audit team considered the annual conference, which provides an excellent opportunity for postgraduate research students to present their work to staff and fellow students, to be a feature of good practice.

## **Feedback mechanisms**

134 The Institute's feedback mechanisms for postgraduate research students are covered above (see paragraphs 59 to 65).

## Assessment

135 Research degrees are examined under the University's regulations. The procedures for submission of a thesis, appointment of examiners and the conduct of the examination are clearly laid out.

136 From June 2008, the Institute took over responsibility for the nomination and approval of research degree examiners, while the administrative arrangements will continue through the University's research degrees examinations office. Appointment of examiners involves two stages: assessment and approval of nominees' expertise in the field of study and their fit with the criteria set out in the regulations, now to be undertaken by the relevant section chair, and then approval by the academic dean or deputy dean. External examiner appointments are a standing item for report and review at the research degrees committee. The current process does not allow the academic board visibility of the appointment of external examiners. In reviewing its committee structure, the Institute will wish to consider the academic board's oversight of the nomination and approval of research degree examiners.

137 The current and proposed regulations for research degree assessment meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes*, with a minimum of two independent examiners: one internal and one external. The University has not adopted the practice of using an independent chair for the viva voce, but the Institute intends to keep this idea under review.

## Representations, complaints and appeals arrangements

138 For MPhil/PhD and MD (Res) students, the Institute details the arrangements for representations, complaints and appeals in the MPhil/PhD and MD (Res) codes of practice, respectively. Students also receive a postgraduate research student handbook. Since the last audit the handbook has been revised to make it more relevant to MD (Res) students and, rather than incorporate the same information in the codes of practice and the handbook, the Institute has clearly delineated between them so that the codes are regulatory and the handbook supportive.

139 The University is responsible for appeals made concerning the final award of research degrees and for examination offences; the Institute is responsible for all other matters including appeals against the transfer viva process. For research students, the procedures for appeals, complaints and student discipline are set out in full in the codes of practice. For fraud and misconduct in research, students are referred to the regulations held by the Registry, and for examination offences and plagiarism to the University's regulations. The Institute makes the point that the formal complaints procedures have never been invoked and neither have the formal procedures for appeal, either to the Institute in respect of the transfer viva or the University in respect of the final examination. The audit team concluded that there are appropriate procedures in place for appeals, complaints and student discipline.

140 The audit team found that the arrangements for postgraduate research students were appropriate and satisfactory and met the expectations of the precepts of the *Code of practice, Section 1: Postgraduate research programmes*.

## Section 7: Published information

141 The Institute, through its website, publishes a substantial range of material covering details of every aspect of its work. Postgraduate research students can apply online and postgraduate taught students can download application forms: in both cases detailed material is available to inform their decision-making. For research students, the online postgraduate prospectus provides a concise introduction to the research activities of the Institute, a description of its facilities and locations and brief descriptions of life and studying there. For students on the oncology course, a full description of the course down to module level is available. The interactive education unit elements of the website are reviewed and updated twice a year. At the time of the audit the Registry web pages were being redesigned, as part of an overall intranet redesign, to provide better information to staff and students.

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

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

144 Postgraduate taught students receive a single handbook. The 2005-06 version provided to the audit team was confirmed by staff as being the most current. The handbook contains a section on academic regulations that covers appeals, and the team noted that taught postgraduate students wishing to make an appeal must request a review of an examination board decision within two working days of the results having been declared. This is in contrast to the 10 working days, following receipt of their results, accorded to research students. The team considered that it is questionable whether this could be considered fair and in line with the *Code of practice, Section 5: Academic appeals and student complaints on academic matters*. The handbook makes no mention of student complaints or disciplinary procedures. Furthermore, the team noted that when the taught courses committee discussed the contents of the taught postgraduate handbook in September 2006, a number of new sections, including complaints ~ and disciplinary procedures, were proposed and discussed. To date, no changes have resulted, although the team was informed that a new online version would be available for September 2008 entry. The team formed the view that the information available to postgraduate taught students, in respect of representations, complaints and appeals, could be considerably enhanced. The team therefore recommends that it is advisable that the Institute ensures that postgraduate taught students are issued with information about complaints procedures and reconsiders the amount of time in which students can make an appeal.

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

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