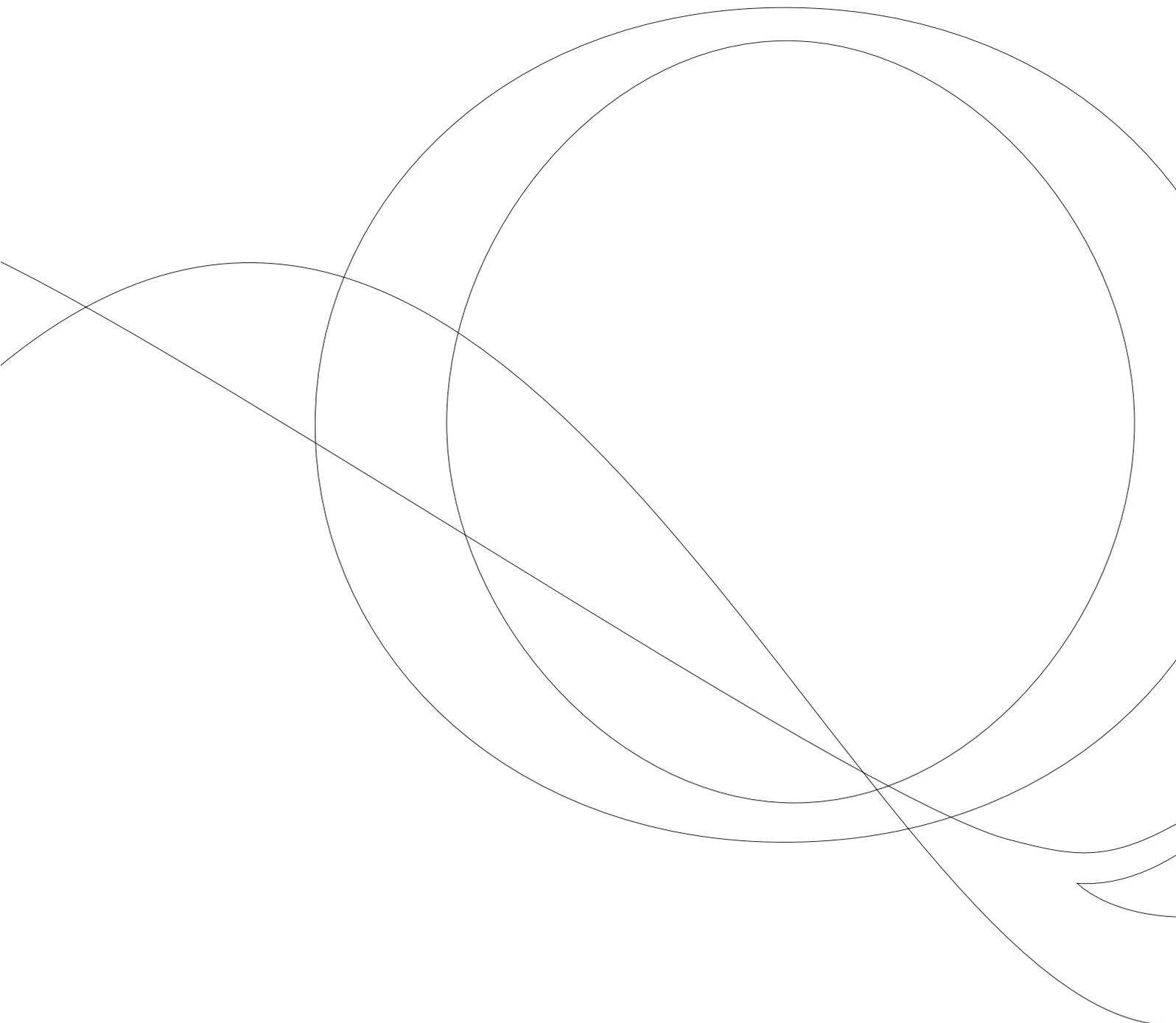




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**The Quality Assurance Agency  
for Higher Education**



## **Academic review: Institutional review**

**St George's Hospital Medical School**

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## Foreword

1 This is a report of an institutional review of St George's Hospital Medical School (St George's or the School) undertaken by the Quality Assurance Agency for Higher Education (QAA). QAA is grateful to St George's and its partner institution, Kingston University, for the willing cooperation provided to the review team.

2 The review was carried out using an institutional review process approved by the Higher Education Funding Council for England (HEFCE), the Scottish Higher Education Funding Council (SHEFC), the Higher Education Funding Council for Wales (HEFCW), Universities UK (UUK), and the Standing Conference of Principals (SCOP). The process is described in QAA's *Handbook for Academic Review*. The process was introduced in 2002 following completion of QAA's process of continuation audit, which was itself a revised version of the original national academic quality audit programme that began in 1991 under the auspices of the CVCP's Academic Audit Unit and was subsequently taken over by HEQC in 1992.

3 Institutional review addresses the ultimate responsibility for the management of quality and standards that rests with the institution as a whole. It is concerned particularly with the way an institution exercises its powers as a body able to grant degrees and other awards. It results in reports on the degree of confidence that may reasonably be placed in an institution's effectiveness in managing the academic standards of its awards and the quality of its programmes.

## Introduction

4 St George's Hospital Medical School has a history of medical education which can be traced back to the founding of St George's Hospital at Hyde Park Corner in 1733. The School moved to its current purpose-built premises in Tooting in 1976 and is the only independently governed medical school in London. Its mission is to 'promote by excellence in teaching, clinical practice and research the prevention, treatment and understanding of disease'.

5 St George's is a constituent institution of the University of London, with its students entered for the University's awards. The School has been subject to a number of the strategic changes that have occurred within the federal University since 1994, including the introduction of new University of London Statutes and the development of a new academic framework. These changes have meant that the School now operates in a context of considerable academic autonomy. In particular, the University's academic framework

provides the context within which the School is able to exercise delegated authority to award the University's degrees to its students.

6 In a joint venture with Kingston University in 1995, St George's formed the Faculty of Healthcare Sciences, now called the Faculty of Health and Social Care Sciences. The establishment of the Faculty resulted from the view of the NHS that the best higher education configuration for non-medical education and training in this geographical region was through a strategic partnership between Kingston and St George's. The management of the Faculty is the subject of a joint venture agreement between the two institutions. There is a Joint Policy and Finance Group which reports to the St George's Executive Committee and the Kingston University Executive.

7 The Faculty of Health and Social Care Sciences provides education and training in the areas of nursing, midwifery, radiography, physiotherapy and social work. St George's undergraduate programmes in medicine, biomedical science, physiotherapy, radiography and undergraduate post-registration nursing qualifications lead to awards of the University of London, as do all of its taught and research postgraduate provision. Other provision arising from the joint Faculty leads to awards from Kingston University. St George's also awards a range of its own undergraduate and postgraduate diplomas and certificates.

8 A large proportion of the St George's undergraduate provision is accredited by professional or statutory bodies. Indeed many of the significant academic developments within St George's have reflected the major initiatives of bodies such as the General Medical Council (GMC). For example, the MB BS curriculum now reflects the GMC recommendations set out in its publication *Tomorrows Doctors*, and this new five year programme produced its first cohort of graduates in 2001. More recently, St George's has initiated entry into a new four year MB BS programme designed for graduates in any discipline (the Graduate Entry Programme (GEP)). The School expects to admit the third cohort of students to this programme in autumn 2002.

9 The St George's instrument of governance is the *School Scheme*, as approved by the University of London in 1993. The *School Scheme* determines the powers of the School and the responsibilities and functions of the School Council, as the governing body. Academic Board is the standing committee of the School Council with responsibility for 'advising Council on all matters relating to educational policy and for the control of all matters relating to the teaching, programmes of study and research'.

Academic Board approved a temporary delegation of powers to the School Executive Committee in 1996 and this was extended in 2001. As a committee of both the School Council and Academic Board, the Executive Committee advises the Principal on matters relating to the day-to-day management of the School. It also defines and establishes strategy and policy, as well as determining priorities and the framework within which policies are put into practice.

10 At the time of the current review, the basic academic unit of St George's was the department. There are currently 25 departments but, as identified by St George's, they do not have a common size, structure or function. There have been a number of changes to the departmental structure over time; a review of the biosciences departments was underway at the time of the current institutional review. The Faculty of Health and Social Care Sciences, in line with Kingston University structures and designations, comprises five 'schools': Midwifery; Nursing; Physiotherapy; Radiography; and Social Work. Each department and school has an academic head; the heads report to the Principal of St George's or the Dean of the Faculty of Health and Social Care Sciences, respectively. There are six other senior posts, the Vice Principal and five deans covering the areas of: undergraduate medicine; research and development; clinical affairs; taught postgraduate activity; and the Faculty of Health and Social Care Sciences. The Dean of Undergraduate Medicine is supported by a number of sub-deans including those for admissions, and cycles one and two of the five year MB BS programme. It is also intended that there will be sub-deans designated in each of the major teaching hospitals associated with St George's, with the purpose of supporting the management of the teaching interface between the School and the NHS. At the time of the current review, only one of the hospital-based sub-deans was in post.

11 At the time of the previous HEQC quality audit (in 1994) the School's student population was 1,079. By December 2001 this had risen to 2,813 and to 3,666 if an estimate of post-registration nursing and midwifery enrolments is included. At the time of the current review, the School had 1,392 full-time undergraduates. These were distributed between the School's programmes as follows: 67 per cent on the MB BS (five year programme), 5 per cent on the MB BS (GEP), 4 per cent on the intercalated BSc, 6 per cent on the BSc Biomedical Science programme, 18 per cent on the BSc Physiotherapy and Radiography programmes. It had 395 taught postgraduate students all of whom were registered as part-time, and 155 research students, around two-thirds of whom were registered in part-time mode. In February 2002, the staffing complement was 1,051 of whom 148 were identified as clinical academic and 88 were identified as academic. This

provided the School with a 'core academic staff' of 187.5 (FTE), of which 105.4 were HEFCE funded. In addition, 96 academic staff are employed by Kingston University to work within the Faculty of Health and Social Care Sciences.

12 A brief guide, facts and figures for 2001-02, prepared by the School, is attached as appendix 1. A list of the School's collaborative partnerships, current at October 2002, is attached as appendix 2.

## The review process

13 The School provided the review team with a *Self-Evaluation Document* (SED). Key documents provided with the SED included: the *Strategic Plan 2000-2003*; Annual report 1999, the *School Scheme*; *Prospectus 2002*; *General Regulations for Students and Programmes of Study 2001*; *Learning and Teaching Strategy 1999-2002*, together with the *Learning and Teaching Strategy Progress Statement June 2002*; the fourth and fifth editions of the *School Quality Manual* dated 1999 and March 2002 respectively, the latter being in draft form; a selection of student, staff and course handbooks; and, the *School's Annual Operating Statement to HEFCE 2000-2001*. The SED was annotated with reference to documents cited by the School as evidence to support its evaluation of the management of the quality of provision and the standards of awards. The team had access to the 1994 HEQC quality audit report and to QAA's subject review reports of Radiography (1999), Medicine (2000), and Nursing and Midwifery (2000).

14 The review team comprised Professor A Cryer, Dr J J A Scott and Dr D E S Truman, reviewers, and Mr D F Batty, review secretary. The review was coordinated for QAA by Ms A K L Crum, Assistant Director, Institutional Review Directorate.

## Briefing visit

15 The review process began with a briefing visit to the School on 23 and 24 April 2002. At the briefing visit a number of documents referenced in the SED were made available to the review team. The team asked the School to make available for the review visit a small number of further documents, some of which were in addition to the material cited in the SED. During the briefing visit the review team met the Principal, senior staff of the School with particular quality assurance responsibilities, and students representing the student body of the School. The team used the briefing visit to clarify certain aspects of the School's quality assurance arrangements and to identify themes for further exploration during the review visit.

16 The SED identified the key features of the School's quality and standards assurance arrangements, as well as setting out a number of areas where arrangements were being enhanced. From the SED and the supporting documents, it was clear to the review team that the implementation of the 2002 edition of the *Quality Manual* would represent a significant body of work within the School and a significant change to the institution's quality management approach both in terms of the sheer number of adjustments to processes and in terms of their focus (see below, paragraphs 47 and 48). The team was, therefore, interested to explore: the School's plans for implementing the quality management processes set out in the draft *Quality Manual* and the impact of that on the School's forward strategies; the locations of information generation and management (including the locus of decision-making responsibility) in relation to the School's awarding body function; and, matters of collaboration and dissemination of good practice between St George's and Kingston University.

17 The review team identified a number of themes to explore with staff and students during the review visit. These included: the extent to which internal processes were used to define and secure academic standards; the relationship between the School and its professional and statutory bodies; the links between the learning and teaching strategy, the processes within the draft *Quality Manual*, and the School's current initiatives in a number of areas including the GEP; information management and decision-making authority in the committee structure and the role of the Academic Quality Assurance Committee (AQAC) in particular; and a range of matters relating to the expansion of the School and the integration of its activities including the extent of evaluation of current activity and the dissemination of good practice relating to the links with Kingston University. During the visit the team also wished to seek evidence of adherence to QAA's *Code of practice*.

18 In its briefing meeting with student representatives, the review team was interested to explore student involvement at institutional and operational level, and the extent of institutional support during student placements. From its discussions, and from the findings of the QAA subject review and GMC reports, the team formed the view that student involvement is valued and their comments are generally acted upon at programme level (see also below, paragraphs 57-59).

### Review visit

19 The review visit took place at the School between 21 and 23 May 2002. During the visit, the review team conducted six meetings involving the following groups:

students including taught postgraduate and research students; recently appointed staff; senior lecturers and readers; heads of department; members of AQAC, the Validation Committee (VC), the Taught Postgraduate Courses Committee (TPCC), the Undergraduate Medicine Committee (UMC), the Research Degrees Committee (RDC) and the Faculty Quality Committee (FQC); and senior management staff.

### Developments since 1994

20 In 1994, the School participated in an academic quality audit conducted by HEQC. The period since 1994 has been one of considerable change and development in all aspects of the operation of the School. Developments of major significance include:

- The introduction by the University of London, in 1994, of new Statutes, which, *inter alia*, devolved degree-awarding powers to the constituent colleges of the federation with increased individual responsibility for quality assurance procedures and regulations.
- The formation, in 1995, of the Faculty of Healthcare Sciences (now the Faculty of Health and Social Care Sciences), aimed at developing inter-professional education and training in nursing, midwifery, radiography, physiotherapy and social work.
- Significant increases in student numbers on all programmes at undergraduate and postgraduate levels, in particular the expansion of MB BS training and the introduction of a new, four-year GEP in 2000.
- Reorganisation of the School's committee structures and quality assurance procedures, central to which was the formation of AQAC.
- Reorganisation of the School's departmental structure, including the creation of a new Department of Medical and Healthcare Education in 2000 and a review of the bioscience departments underway at the time of the current institutional review exercise.

### 1994 HEQC audit report

21 The 1994 audit report commended the School for a range of matters including: the overall rigour of its appointments procedures; the operation of the School's 'parenting' scheme for students; the procedures for student feedback, including the appointment of a clinical teaching contracts coordinator and the examples of good practice in dealing with feedback by the Department of Public Health Sciences and the Division of Psychiatry; the award of prizes to staff for excellence in teaching on the basis of student



nominations; and the work of the course team in support of quality control and enhancement for the MSc in Public Health.

22 A significant conclusion of the report was that 'as the scale of the Medical School's activities expanded, it would be beneficial for the Medical School to, whilst retaining the advantages of collegiality, develop a more formal, systematic and integrated approach to its arrangements for quality assurance'. The report also listed 16 specific matters for the School to consider including:

- The establishment of specific bodies to be responsible for academic quality assurance and for scrutinising proposals for new degree programmes and ensuring that the committee structure and committee names provided a guide to their function. Furthermore, to consider how key groups and individuals might be most effectively represented in the processes of curriculum and programme review and, thereby, encourage a more consistent approach to programme review.
- Encouraging greater student involvement in teaching and quality-related committees.
- Ensuring that the systems for providing support through the personal tutor system are implemented as the School would wish, that the arrangements for notifying students of the requirements of their programmes of study are effective and that students are provided with appropriate guidance to inform their course choices.
- Putting in place a coherent and comprehensive programme of staff development, including the training of staff serving on interview panels for student admissions, with particular reference to equal opportunities, and ensuring that the appraisal procedure is operated in accordance with the published scheme.
- Seeking reliable evidence of candidates' teaching competence as part of the academic staff selection process and identifying ways in which academic staff could provide evidence of their teaching contribution as part of the profile presented to the Promotions Committee.
- Ensuring that knowledge of the good practice developed by departments might be extended and disseminated throughout the School.

23 The School outlined the actions it had taken in response to the 1994 audit report within the SED for the current review and within a commentary which was made available to the current review team. The action taken included:

- The School's committee structure was reorganised and committee names changed to reflect their function. The focus on a more systematic approach to quality assurance has been placed on AQAC, which has the remit to 'advise Academic Board on all matters relating to the development and implementation of quality procedures'. The minutes of AQAC read by the review team show that the Committee has moved towards fulfilling this remit (see below, paragraphs 44-46). The VC is now the sole committee with responsibility for approving all new courses. The School has taken on board the proposal that arrangements for wide involvement of groups and individuals in curriculum development and programme review should be instituted and monitored. The School has also ensured the widespread representation of students on all appropriate committees, including those involved in curriculum development.
- The School has updated its arrangements for supporting students, including the revision of the personal tutor system and the appointment of an International Students Tutor. The handbooks and sources of course choice information have also been developed. Discussions between the review team and students showed that these were generally effective, though the medical students reported a degree of variability in support particularly when on placement (see below, paragraphs 57-59).
- In 2001, the School appointed a full-time Staff Development Officer and a staff development programme has been put in place. In particular, staff undertaking admissions and problem-based learning all undergo training and teaching-related programmes are in place for all new staff. A system of appraisal is operated by the School, though not all the senior staff undertaking appraisals have been trained to do so (see below, paragraph 62).
- Dissemination of good practice has been incorporated within the remit of AQAC, although the minutes of its meetings seen by the current review team did not address this matter (see below, paragraphs 44-46).

24 On the basis of its consideration of the action taken since the previous audit, the current review team concluded that the School had addressed a number of the key recommendations but some matters remained outstanding; these are considered later in this report. The SED recognised this in relation to the continuing need to formalise procedures.

### QAA subject reviews

25 QAA carried out two subject reviews of the School's provision in the areas of Medicine (2000), and Nursing and Midwifery (2000). In 1999, QAA carried out a review in the area of Radiography, which was provided jointly by St George's and Kingston University and which, at that time, led to awards of Kingston University. There was also a visit by the GMC in 2000.

#### Radiography (1999)

26 The education in radiography was commended in the report for: the structure and content of the undergraduate and postgraduate curricula and the range and quality of the teaching and learning methods; the levels of student achievement and their progression to employment; the systems of academic and pastoral support and the support for students on clinical placements; the learning resources and the effective quality assurance procedures, including the procedures for eliciting and responding to students' views.

27 The report indicated that the School of Radiography (based at Kingston University) should address the inconsistencies in the promptness of feedback on students' work and the nature and extent of supervision of students' projects. The SED for the current institutional review stated that return periods for feedback were now agreed and monitored, and that mechanisms for ensuring appropriate supervision of projects have been implemented. Discussion with students indicated that these procedures appeared to be working.

#### Medicine (2000)

28 A number of aspects of the medical provision were commended including: the well-focused curricula that were enriched by the research and clinical expertise of the staff, and met the requirements of the profession including the development of key skills; the quality of the teaching that was delivered by enthusiastic staff with methods that were matched to the learning outcomes; well-designed assessments accompanied by thorough feedback; good progression at both undergraduate and postgraduate levels; effective support provided at a number of levels, including the operation of the School Club; appropriate learning resources supported by technical and administrative staff; and an overall commitment to quality enhancement.

29 The report concluded that the quality of the education provided could be improved by a more rigorous and systematic implementation of quality management and enhancement procedures. In response to these recommendations, the School has taken steps

to improve its procedures, in particular through the introduction of annual monitoring forms and a mandatory scheme for programme review. At the time of the current institutional review, the review team concluded that annual monitoring was still variable in its operation and that programme review had not yet been fully implemented (see below, paragraphs 43 and 53).

#### Nursing and Midwifery (2000)

30 The educational provision for nursing and midwifery was commended for: curricula that provided students with the necessary learning and skills for their professions associated with flexibility of module choice; a wide range of teaching approaches with high quality teaching supported by appropriate assessments with clear criteria; excellent learning resources and well-established quality procedures.

31 The report concluded that the quality of the education provided could be improved by reviewing the structure and procedures for the post-registration courses to ensure that all students receive advice on constructing and following a coherent academic pathway and improving the monitoring of progression information on these courses so that data collected can form the basis for more detailed and informative planning. The SED for the current institutional review stated that the Faculty of Health and Social Care Sciences has 'introduced the academic and administrative changes needed to improve the monitoring of progression information with the aim of collecting and regularly presenting data for more detailed and informative planning'. The current review team noted from discussions with staff that pathway leaders now provided advice to students.

#### General Medical Council Report (2000)

32 A review team from the GMC visited the School in November 2000 with the objectives of monitoring the progress made towards implementing the recommendations contained with the GMC publications *Tomorrow's Doctors* and *The New Doctor*.

33 In relation to undergraduate education, the GMC commended the School on its procedures for student selection and support, and the role the students took in the academic life of the School. The report also highlighted the first year Common Foundation Programme, the communication skills training, the use of logbooks and the learning portfolio and the introduction of the BSc (Hons) Medical Studies route for students who do not wish to continue studying medicine.

34 The GMC team also identified the following specific areas for further consideration:

- keeping the GMC informed of the development of the innovative GEP programme (see below, paragraph 51);
- increasing the special study modules on the MB BS to comprise 30 per cent of the programme, and making the non-medical modules, featured on the GEP programme, available on the five-year MB BS programme;
- monitoring closely the School's efforts to ensure that students develop appropriate professional attitudes and putting in place comprehensive and robust fitness to practise procedures.

35 The School responded to the GMC in a letter dated November 2001 regarding the above action points as follows: there had been on-going communication concerning GEP (see below, paragraph 51); a major process of curriculum renewal was underway with a completion date of July 2002; and the Student Health Progress Panel had been restructured as the Student Progress Panel 'with a more explicit role in fitness to practise judgement'.

### **Adherence to QAA's Code of practice**

36 The SED stated the School's intention to comply with the *Code of practice* in full 'unless there are specific factors that would militate against this'. AQAC has had responsibility for overseeing this work and has considered papers comparing the practice within the School against that embodied within the *Code*. The SED outlined the seminal points of comparison and main action points arising from AQAC's consideration to date of the ten published sections of the *Code*.

37 The section of the *Code* on assessment had been considered at the AQAC meeting held in May 2001 at which amendments to the School's *General Regulations* were proposed (and subsequently approved by Academic Board in July 2001) in order to ensure compliance with the *Code's* precepts. The School is currently undertaking a range of work to evaluate and enhance its assessment procedures (see below, paragraphs 75-78). In relation to the section of the *Code* on programme approval, monitoring and review, the SED acknowledged that the School did not have a 'long history of periodic programme review'. However, a schedule for the review of all the current programmes has been published with the intention of this work commencing from the current academic year (see below, paragraph 53). In November 2001, AQAC discussed a paper which outlined the action required in order for the School to adhere to the precepts of the

section of the *Code* on external examining. The amendments were mainly minor, such as tightening of the appointments criteria to avoid any potential conflict of interest. These amendments to procedures have been incorporated within the draft 2002 *Quality Manual*. From its consideration of the documentation, the review team formed the view that the School was working towards its stated intention of adhering to the *Code*. However, the team considered that the School had been rather slow to respond in some cases where the AQAC evaluation of the School's practice against the *Code* was carried out after the date by which institutions were expected to be in adherence.

## **Institutional approach to quality management**

### **Academic management structures**

38 The SED identified Academic Board as the committee with responsibility for advising the governing body (the School Council) on 'all matters relating to educational policy and for the control of all matters relating to the teaching, programmes of study and research'. The draft 2002 *Quality Manual* now states explicitly what was implicit in the previous (1999) edition, that Academic Board has 'ultimate responsibility for the quality and standards of the awards conferred by and on behalf of the School'. The total membership of Academic Board is around 250. The Chair of the Board is elected from within its membership, excluding the Principal and Vice Principal who are *ex officio* members but may not act as its chair.

39 As has been noted earlier (see above, paragraph 9), Academic Board has delegated much of its responsibility to the School Executive Committee, which reports to both the School Council and Academic Board. As such, it offers a locus for the integration of discussion and decision-making in relation to educational policy and resourcing matters. The Executive Committee membership comprises: the Principal, Vice Principal, the five deans, the Medical Director of St George's Healthcare Trust and three elected members (in 2001-02 these were all academic staff from within the St George's departments). The paper *Committee and Management Structure* which accompanied the SED indicated that, in practice, much of the work of the Executive Committee was delegated to individual members of staff and, in particular, to the five deans. This was confirmed in the review team's discussions with staff.

40 In discussion with the review team, staff described Academic Board as an open and transparent forum for wide ranging debates, as well as being a mechanism for informing staff about current developments within

the School, and having a decision-making focus. It was not possible for the team to gain an impression in complete accord with all of these descriptions from the minutes of the Board alone. These recorded that many points were 'noted' and papers 'received' without any specific record of their being considered or debated. The Board's records also showed that, on occasion, attendance fell close to the level for quorum (20 members) and was in general 40-50 members. In discussion, senior staff indicated that the Board could be considered to act as a sounding board for the Executive Committee. The team considered this was in accord with the formal position of Academic Board having delegated its powers to the Executive Committee.

### Monitoring committees

41 The SED indicated that there were three 'monitoring/responsible' committees: UMC, TPCC and FQC. These committees oversee the implementation of the School's quality assurance procedures at programme level. The School's *General Regulations for Students and Programmes of Study* require that it must be specified to which monitoring committee each programme of study will be responsible. The SED identified the different reporting arrangements of the committees. FQC reports via the St George's AQAC to the St George's Academic Board in relation to University of London and St George's awards, and through the 'Faculty's internal committee structure' to the Kingston University Academic Board for Kingston University awards. UMC and TPCC report directly to the St George's Academic Board.

42 The SED indicated that the monitoring committees were responsible not only for the development and approval of the programme-related documents required by the *General Regulations*, but were also responsible for the implementation of the quality assurance procedures published by AQAC. The review team noted that there is variation in the manner in which these responsibilities are reflected within the terms of reference for each of the monitoring committees as identified in the *Committee and Management Structure* paper. For example, the UMC terms of reference are broad including a responsibility to 'ensure the overall continued success' of the programmes under its aegis. A list of specific tasks are identified for UMC which include matters such as curriculum review, curriculum development and the oversight of policy and practice in relation to a range of matters including admissions, student discipline and pastoral support. The TPCC terms of reference are expressed rather differently and appear to the team to be slightly less wide-ranging, although they do include the requirement to 'coordinate policy and practice' across the provision under its aegis. FQC, as its title suggests, has a remit tightly focused on quality

assurance matters. Its terms of reference set out clearly the operational processes through which it will provide assurance of the quality of the provision for which it is responsible.

43 An important role for all of the monitoring committees is to receive and approve the annual monitoring reports of the programmes for which they are responsible. The SED acknowledged that there had been significant variability in the approach to monitoring adopted by these committees 'in the past'. Initially, as a response to the QAA subject review of Medicine, the School introduced a standard programme monitoring form. Subsequently, the form has been updated and a revised version, complete with guidance notes, will be in use in 2002-03. Current variation in the practice of the monitoring committees was evident to the review team from its consideration of the documentation. For example, the team noted variation in the approaches adopted by the monitoring committees towards considering annual monitoring reports. Except in the case of TPCC which adopted a very detailed approach, it was not clear to the team how the School would assure itself that the committees provided consistent or systematic feedback to the course teams. In relation to feedback from UMC and FQC, the team was told that the Academic Board minutes would serve as a source of information for all staff. This did not appear to the team to amount to a systematic approach.

### Academic Quality Assurance Committee

44 The SED stated that AQAC had been established to advise Academic Board on 'all matters relating to the development and implementation of quality assurance procedures'. The SED described its membership as 'wide-ranging'. It includes the chairs of the monitoring committees, student sabbatical officers, the heads of support departments, staff with roles in relation to the quality of programmes and the Director of Academic Affairs at Kingston University. The SED indicated that the inclusion of representatives from the joint Faculty ensured that the St George's quality procedures would develop in a manner compatible with those of Kingston University.

45 The SED also indicated that AQAC was established as part of the School's work to address the recommendations of the 1994 HEQC quality audit report. The audit report had recommended that the School should consider establishing a body to discuss reports from the committees with responsibility for operational matters at subject level in order to identify and consider matters of School-wide concern and to report on these to Academic Board. In relation to this, the review team noted that, currently, the monitoring committees do not all report to AQAC.

46 The responsibilities of AQAC, as set out in a range of documents made available to the review team, are broad. They extend beyond the guardianship of a set of quality assurance procedures to encompass significant aspects of the intended outcomes of such procedures, such as assisting departments in evaluating their teaching and management of provision. In its discussions with staff and students, the team heard a number of positive accounts of the work of the committee, for example it was described as a forum for hearing the views of students, and the cross-membership with the monitoring committees was said to facilitate communication. It was also evident from the documentation that AQAC had carried out a range of useful work to enhance the School's procedures in areas related to the *Code of practice*, and that its work in producing the revised edition of the *Quality Manual* would be extremely important (see below, paragraphs 47 and 48). In discussion with senior staff, the team was told that AQAC offers a mechanism whereby the School assures itself that its quality management procedures are embedded across the institution. However, without each of the monitoring committees reporting through it, systematically, on relevant matters, the team found it difficult to see how that claim could be fully sustained. From these considerations, the team formed the view that further work needs to be carried out to ensure that AQAC can fulfil its intended, broad remit as a locus for developing a more rigorous culture of critical self-evaluation throughout the School.

## Management of quality and standards

### Revised Quality Manual

47 A significant activity for AQAC has been the preparation of the School's *Quality Manual*. The SED stated that the *Manual* was the School's 'operational handbook for all quality assurance matters'. At the time of the review, the operational edition of the *Quality Manual* was that published in December 1999. The SED indicated that the School had revised a number of its procedures in response to the QAA subject reviews ('principally that of Medicine') and as a consequence of the *Code of practice*. These revisions to practice and procedures were set out within the 2002 edition of the *Manual*, which was due to be fully implemented in October 2002. The review team confirmed the SED's assertion that the 2002 *Quality Manual* contained much more detailed guidance on the operation of annual monitoring and other procedures than the previous edition. The team was interested to note that, while AQAC had taken responsibility for the production of the *Quality Manual*, it had sought comments from a broad constituency of staff within the School, for instance using the web as a means of consultation. The team was told that the exercise was intended to ensure

that the School's processes could dovetail with the procedures of the Faculty of Health and Social Care Sciences and expert advice had been obtained from Kingston University.

48 The advances that have been made in procedures for the management of academic standards in recent years, especially as shown by the progress made between the 1999 and 2002 editions of the *Quality Manual*, demonstrate to the review team that, given an appropriate stimulus, the School is able to evaluate and enhance its procedures. It appears that the relationship with Kingston University has added to the body of expertise available for this evaluation. There is clearly a group of staff within the School with an understanding of the matters relating to the management of quality and standards. The extent to which the new *Quality Manual* can become a familiar document for staff at all levels, and can be adopted with commitment and understanding, will be a strong signal of the School's capacity to enhance its procedures. The team found evidence that, in the past, previous editions of the *Quality Manual* had made little impact on staff at some levels. The new version of the *Quality Manual* was generally described in more positive terms. However many of the groups with whom the team spoke described an incompletely developed situation in which engagement with quality and standards across the School was evolving. The team heard that progress towards the introduction of revised quality management processes relied upon a small group of enthusiastic champions and there did not appear to be a systematic mechanism in place, as yet, for the dissemination of relevant information to all staff. Senior staff were aware that the level of commitment to the development of quality assurance procedures varies between individuals across the School. The team believes that vigorous steps may be needed to ensure that the procedures set out in the 2002 edition of the *Quality Manual* are understood by all staff, and are fully and systematically implemented.

### Validation, modification and review

49 The SED indicated that the School's programme approval procedures had been 'overhauled' following the recommendations within the 1994 HEQC audit report. The SED also indicated that there had been an increase in the volume of validation activity at the School with the establishment of the joint Faculty and that further adjustments to the School's processes had been introduced more recently since the publication of the relevant section of the *Code of practice*.

50 The School uses a three-stage process for the validation of new programmes or 'significant changes' to existing ones. Policy and resources matters are considered by the Executive Committee but it is the VC

that undertakes 'detailed scrutiny of programme developments' at stage three of the validation process. The VC is a standing committee of the School with a fixed membership but the SED stated that this was supplemented by 'external panel members'. The VC's scrutiny of programme proposals involves checking their aims and outcomes against the expectations of the wider academic and professional communities using, for example, the SEEC level descriptors. The VC also checks the arrangements for the delivery of proposed programmes to ensure they are likely to meet their intended learning outcomes. The review team noted that the validation process is described clearly in both editions of the *Quality Manual* though there is more detail set out in the 2002 version.

51 The School provided the review team with documents to illustrate the validation process as it had been applied to the GEP of the MB BS. The team's consideration of these documents revealed general adherence to the requirements of the internal process and illustrated the close involvement of the GMC in the ongoing development of the proposal. The documents confirmed that there had been external membership of the VC, although only one of the two external members appointed had engaged with the process. The team took the view that a full and penetrating review of the proposal had taken place. The outcome of the exercise had been that, while general approval was given to the programme as a whole, specific approval was only given to operate years one and two, with a requirement that revalidation should take place in time for further intakes, and for those students progressing to years three and four, from 2002-03. From its consideration of the AQAC minutes and its discussions with staff, the team noted that, while the materials for years three and four of the GEP programme had been defined in detail and would be considered by the UMC and Academic Board, a full validation event operated through the VC with external representation was yet to take place, even though it was just over three months before students would be commencing or continuing their studies. This very tight timeframe did not appear to leave much scope for the validation process to operate in full, particularly if the outcome of the exercise required the course team to make any adjustments to their proposal prior to the programme continuing. In discussion with senior staff, the team was told that it would be 'unthinkable' that the GEP would not receive approval to operate. This confidence appeared to be based on a number of factors including the close and on-going nature of the involvement of the GMC with the proposal, the fact that the School already had experience of operating an MB BS albeit in a different mode, and that the fourth year of the GEP was, in large part, the same as the final year of the five year MB BS. The team also heard that the School had close links with an overseas institution where there was

experience of running a similar programme. The teaching materials had been prepared and supplementary material would be available, if necessary, from the overseas institution. The team was, nevertheless, concerned about the potential risk to the quality of the student experience arising from the late application of the validation procedures in this instance. The School will wish to ensure its procedures, as set out in the *Quality Manual*, are always implemented fully and in a timely manner.

52 The School's procedure for the approval of major modifications to programmes of study, including the necessary involvement of the VC, is described in the 1999 and 2002 editions of the *Quality Manual*. The 2002 edition usefully provides additional advice on the interpretation of a major modification. The review team noted that there was a process of 'renewal' of the five year MB BS scheme underway but it was not unequivocally clear from the available documentation that this would involve the VC. However, the team received reassurance from senior staff that the full process including VC involvement with external membership would be implemented prior to the final approval of the modified scheme by Academic Board, and in advance of its introduction in 2003-04.

53 As has been noted earlier (see above, paragraph 37), the SED was clear in its explanation that the School had not previously had a formal engagement with a process of periodic review. Through the work of AQAC, the School has now defined its process and AQAC has published a schedule of reviews that are due to take place from the current academic year. The review team considered the publication of the schedule to be a clear statement of commitment for the future. However, given the previous limited experience of such formality and what was described to the team by some staff as the 'aspirational' nature of some processes set out in the 2002 *Quality Manual*, the team also considered that the School faces a challenge in ensuring that all staff engage fully with the periodic review process and its outcomes.

### Management of research degrees

54 The SED stated that the School's procedures for maintaining the standards of research degree programmes were documented in its *Core Code of Practice for Research Degrees* and that it was the responsibility of RDC to ensure that these procedures were implemented. To assist with its oversight of research degree activity, RDC conducted surveys of students and supervisors in 1999 and 2001.

55 The research students with whom the review team met were fully acquainted with, and supportive of, the School's *Core Code*, which is incorporated within the

*Research Student Handbook*. However, in discussion with staff and students, it became clear to the team that a range of matters that are rightly the concern of the School, were operated relatively informally and at departmental level without the obligation of reporting through RDC. These included: the identification of research student training needs; training for involvement in undergraduate teaching; the operation of the supervisory panel guidelines; and the requirements placed on students through the progress monitoring procedures. This diversity of practice appeared to relate mainly to the range of different departmental contexts within which staff and students were working.

56 The review team considered the evaluation reports of the 1999 and 2001 student and supervisors' surveys. In broad terms these revealed overall satisfaction, but the team noted that limited progress appeared to have been made on a number of the matters raised. For example, the need for research supervisor training had been identified in both the 1999 and 2001 evaluation reports but was still under discussion by RDC at the time of the current institutional review. While the team recognised the relatively modest number of research students in the School, it nonetheless considered that the relatively informal, departmentally-based approach did not provide firm assurance with respect to the delivery of a consistent high quality experience to all research students. The team also recognised the potential value of delegating operational matters to departments but considered that further systematic approaches to monitoring student experience and the implementation of procedures would be beneficial.

### Management of the student experience

57 The SED stated that the School aimed to 'project a friendly and supportive ethos to students' and that a number of the arrangements for achieving that aim were based on partnership with the School Club. The review team explored a small range of the mechanisms adopted by the School to support students in a variety of contexts but was particularly interested in those relating to the off-site learning experience, given the numbers of its students who undertake placements in hospital or community health settings across the region. The team noted that the section of the QAA *Code of practice* relating to placement learning was receiving consideration by the monitoring committees.

58 From the review team's discussions with staff and students, it was evident that a high level of commitment to the students and their welfare exists. In discussion with students, the team learnt that, in many cases, the experience of placements in terms of learning opportunities and wider aspects was good. However, this was not exclusively the case with examples of

variability being raised in relation to the local availability of tutor support, the procedures to be followed in cases of difficulty on placement and the quality of the teaching offered. Specifically in relation to the medical student placements, the team noted the steps that had been put in place to establish sub-deans with student care responsibilities in the important placement venues, although only one was actually in post at the time of the review. In discussion with staff, it became clear that some previously more formal arrangements for monitoring the placement experience had become less so in the more recent past and that the reintroduction of formal arrangements was thought to be warranted. In addition, the team heard that the assessment of teaching provided by NHS staff could lead to sensitivities given their contractual position as employees of the NHS and not of the School. There were also difficulties in monitoring the extent to which continuing professional development opportunities related to teaching offered to such staff were in fact taken up. Given the importance that the School, the programme teams, employers and professional bodies place on the learning acquired through placements, the team formed the view that the School should put in place reliable and verifiable mechanisms at institutional level for ensuring that all students on placement receive the intended experience.

59 The review team was conscious that both in the past and into the future the School was active in the development and re-development of a high proportion of its provision. The team recognised also, the combined scale and potential impact of the major changes that were currently ongoing, including adjustments to the common foundation programme, the GEP revalidation, and the MB BS 'renewal', all of which are in addition to the implementation of the 2002 edition of the *Quality Manual* and other changes relating to resource management and research. The team heard from groups of staff about the high level of commitment given to these developments and to the involvement of a wide range of staff in curriculum changes and the introduction of newer teaching and learning methods such as problem based learning (PBL); PBL being a particular feature of the delivery of GEP. In its discussions with students, the team heard how the School listened and responded to their views. However, the team could not identify any specific means whereby the School addresses the potential impact on students of the changing educational contexts, which extend beyond the individual programmes on which students are studying. The team did not find any specific cases where detriment to the students or their educational experience was evident. Nonetheless, in order to be secure in its future planning for academic change, the School needs to ensure that it has reliable and verifiable mechanisms in place to protect students' interests in the widest sense during planned curricular and structural change.

### Integrated approach to staff development

60 The SED stated that maintaining and enhancing the quality of the student experience depended upon the School's arrangements for recruiting, developing and rewarding its staff. The review team focused its enquiries on the arrangements for developing staff. The team considered the School's *Learning and Teaching Strategy 1999-2002*, Appendix III of which had been added in 2000 to focus on the integration and enhancement of staff development activities. The School had also developed a *Human Resources Strategy* in 2001, in addition to appointing a staff development officer to play a key coordinating role.

61 The *Learning and Teaching Strategy* indicates that an exercise would take place to identify 'staff training needs in all areas'. The review team consider that conducting such a survey would be particularly important in the context of the introduction of the 2002 *Quality Manual*, in addition to the range of developments in teaching and learning that were planned or already underway. The team saw evidence of a range of development activities and opportunities being made available to staff, but also came across instances of individuals who had not received all the training and support from which they might benefit.

62 The responsibility for evaluating the development needs of individual staff and also for the provision of a significant part of that development, still appears to be devolved to departments. From the review team's discussions with staff, it seemed that there is significant variability in the provision itself and in its uptake. For instance, there was considerable variation between departments in the guidance provided to staff who fulfil key roles such as research student supervisors and personal tutors. The team learnt that training in staff appraisal was given to all heads of department but, in some cases, staff other than heads were carrying out an appraisal role for which they had not received training. The team noted that, following the current restructuring of the biosciences departments (see above, paragraph 20), it was anticipated that a smaller number of larger departments would be created. The team therefore considered that it would be important in the new structure for the head of department role to be clearly defined and for the necessary training and support to be provided to the postholders to enable them to fulfil their new roles to their full potential. The team recognises the difficulties in achieving complete consistency across the current range of departments which, as the SED indicated, differ in size and function. Nonetheless the team believes the School should adopt a systematic approach to the training of staff for key roles. The team recognises the advances being made in the direction of achieving greater coherence in staff development activities but would encourage the School to progress with its implementation of the proposals

for the integration and enhancement of development activity as defined in the *Learning and Teaching Strategy*.

### Purpose of quality management system

63 The review team noted the efforts being made within the School to move, as indicated in the SED, from informal to more formal quality assurance mechanisms. Although the SED provided a useful starting point for the team's enquiries, it contained limited evaluation or explanation of the purpose behind the School's approach to quality management. The team was, therefore, interested to explore this matter in its discussions with staff. From these discussions and its review of the documentation, the team formed the view that the School currently emphasises the importance of process over the expected outcomes of those processes. For example, in relation to annual monitoring, the focus of attention appeared to be on the format for, and submission of, the annual monitoring reports rather than on providing evaluative feedback to the course teams, or systematically sharing good practice across the School. Indeed, the SED identified the variety of approaches adopted to the annual monitoring process but did not indicate the benefits that were expected to accrue from the operation of this important part of the quality management system.

64 Evidence of the direct and indirect benefits to all concerned, including students, of thorough evaluation and reflection at all levels of the processes and of systematic feedback remains, as yet, limited. The review team considers that the School needs to sustain the recent rate of change in relation to quality management. It should also reflect on the purpose of its quality management systems and consider the strength of the link that needs to be forged between the process and its ability to deliver improvement in educational experience to students.

### Commentary on the awarding body function

65 The awarding body function of the School derives from the Statutes approved by the University of London in 1994 which give the power to 'provide instruction in the field of medicine and surgery and all allied subjects (in the broadest sense) and to prepare students for Degrees, Diplomas and other distinctions of the University and other such bodies as are agreed by the University'. The SED stated that, as a consequence of the 1994 Statutes and the new framework for the award of University of London degrees (see above, paragraphs 5 and 20), the School was 'responsible for the standard, the quality control and quality assurance of the degrees which it awards'.

The School is required to publish regulations for its awards that comply with the Statutes and Ordinances of the University of London. These are the *General Regulations for Students and Programmes of Study* which the School first published in 1999 and has reissued each year since. The *General Regulations* specify the standards of the awards conferred by the School by cross-referencing to the *Framework for higher education qualifications (FHEQ)* for England, Wales and Northern Ireland. Specific requirements are set out in the programme regulations for each award.

### External reference points

66 The SED stated that the School 'intends to use positively those external reference points, published by the QAA and elsewhere, that are intended to support institutions in the maintenance of standards'. In its role of scrutinising proposals for new or amended programmes, the VC has a responsibility for checking that standards are specified and linked to the FHEQ in the programme regulations. From its consideration of the VC papers, the review team noted that there is variation in the extent of progress which has been made in the application of national reference points to the programme specifications. In particular, there has been limited progress, as yet, in the application of subject benchmark statements to validation documents. However, there was evidence that this is likely to improve. From its discussions with staff, the team learnt that the development group working on the five-year MB BS 'renewal' would ensure the articulation of the benchmark statement for medicine in the new curriculum, and that the same standards would apply to the GEP.

67 It is recognised that there is more work to be done with regard to programme specification in the School. The SED stated that 'the optimal approach to programme specification has still to be agreed'. There is an awareness among senior staff that many in the School are sceptical about the benefits of tighter specification as compared with the information already provided and that some staff remain to be convinced of the advantages of more formal procedures. The review team noted that some progress in the specification of standards had been made in that learning outcomes were made explicit in the student handbooks.

### Professional and Statutory Bodies

68 The SED indicated that the majority of the School's undergraduate provision, and the provision of the Faculty of Health and Social Care Sciences, carries 'some form of recognition' from a professional or statutory body (PSB). The SED asserted that 'PSBs have a responsibility for ensuring that the standards of the programmes offered by individual institutions that confirm entitlement to practice in a particular profession are set at the appropriate level'. It was clear from the

SED and from the review team's discussions with staff at all levels that the School placed significant weight on the authority of the independent scrutiny provided by the PSBs. The institution viewed them as providing strong assurance that its standards were at least equivalent to the threshold level demanded by these bodies, and some staff commented that the PSB reports give evidence of excellence beyond the threshold standard.

### Visiting examiners

69 The SED indicated that the term Visiting Examiner is peculiar to the University of London. It is a term that encompasses examiners from outside the University of London (external examiners) and examiners from other University of London colleges (intercollegiate examiners). The visiting examiner role was described in the SED as 'an important part of the Medical School's approach to the maintenance and enhancement of standards and ensuring comparability of awards'. Academic Board has responsibility for approving the appointment of visiting examiners, except in the case of examiners for research degrees where the University of London approves the nominations made by the School. The criteria for the appointment of visiting examiners are set out in the *Quality Manual*.

70 The 2002 *Quality Manual* indicates that the primary duty of visiting examiners is to ensure that the standard of the awards made by the School is consistent with that of institutions elsewhere in the United Kingdom. It goes on to state that the School defines the role of the visiting examiner in 'an open manner and does not wish to preclude a visiting examiner from commenting on any aspect of the School's activities as they relate to the quality and standards of its programmes'. From this and the review team's discussions with staff, it was evident that a wide range of comment is expected from these examiners. The team noted that, in documents and discussion, there was a tendency for staff to overlook any clear distinction between academic standards and the quality of provision, and that much of the use made of visiting examiners' reports was concerned with the quality of provision. Discussion with staff indicated that the visiting examiners carry out their role effectively and, in particular, they were described as assiduous in communicating the comments of students to course organisers, and conveying the comments of medical/surgical consultants on the performance of students.

71 The reports of visiting examiners are handled by a clearly defined process which brings their comments to the attention of the School at a range of levels. The interaction of visiting examiners with the School boards of examiners provides useful opportunities for comments relating to both curricular content and teaching methods which will be recorded in the minutes of the examination

board and picked up from there by course teams. There is a clear system for considering visiting examiners' reports, which is coordinated by the Registry. The reports are sent to the Principal and thereafter the reports are logged and distributed by the member of Registry staff with administrative responsibility for the programme. The Registry staff member will track the reports to ensure that matters raised are acted on. The review team noted that feedback is provided to visiting examiners at the discretion of Registry staff and appeared not to be provided in all cases, although course directors may report directly to the visiting examiner. A summary of visiting examiners' reports is prepared by the Academic Registrar and communicated to the University of London.

72 The *Quality Manual* states that visiting examiners will have access to the information needed to perform their role. This may include opportunities to meet students, internal examiners or staff involved in teaching the programmes concerned, as well as opportunities to visit clinical and practice placement areas. The review team was told that new visiting examiners would have the opportunity to gather information about their role from the minutes of previous examination board meetings. There is no specific training provided and examiners are primarily chosen for their knowledge of the material of the course and their experience in teaching.

73 The SED identified that there were a number of stresses in the operation of the visiting examiner system. These mainly relate to the fact that the School's programmes require a large number of specialist examiners, and the difficulties associated with securing appointments from the relatively small pool of those qualified to serve. This applies to the MB BS in particular and it was noted that the assessment arrangements of the programme were being considered as part of the 'renewal' process to determine whether improvements could be made.

74 The consideration given to visiting examiners' reports provides an important source of information to the School on the comparability of its standards, in addition to the PSB perspective. The role of visiting examiners also extends to courses, both undergraduate and postgraduate, that are not addressed by the PSBs. It was clear to the review team that the School had confidence in the role of visiting examiners as guardians of its academic standards. Overall, the team considered that the operation of the School's visiting examiner system was secure.

## Assessment

75 The School's approach to the quality assurance of assessment was set out in the SED. It is a requirement

of the School's approach that the assessment rationale and methods are established at the time of validation. As noted earlier (see above, paragraphs 66 and 67) the School is working towards making the learning outcomes for its programme more explicit and linking these to the relevant benchmark statements.

76 The fact that the optimal approach to programme specification has yet to be agreed leaves a potential measure of uncertainty about the outcomes to which the assessment is to be matched, even though visiting examiners and PSBs provide an overall assurance of standards. The review team believes that clarity of specification would be of value to students and would assist all those involved in the assessment process, including new staff and those clinical staff who teach on a part-time basis only.

77 The SED stated that, in seeking to adhere to the section of the *QAA Code of practice* on assessment, AQAC had sought to 'strengthen its approach'. As part of this there has been a set of actions including updating the regulations and procedures relating to condonement, misconduct and the security of examinations. The review team also heard that the Chair of AQAC, based on his own experience as an examiner, had begun producing an examiners' handbook, initially for Cycle One of the five-year MB BS programme. The team considered that this would be a helpful development which could usefully be extended in the future.

78 The School recognises that work has still to be done to ensure that it adheres fully to all of the precepts of this section of the *Code*. Based on the expectation that the procedures in the 2002 *Quality Manual* will be implemented and on its consideration of the operation of the visiting examiner system, the review team believes that, in general, the assessment of students provides a sound basis for the assurance of the standards of awards. The team recognises the responsiveness of the School to its own evaluation in this area and would encourage it to continue progressing its schedule of work in order to meet the precepts of the *Code*.

## Aspiration to excellence

79 The School has a strong commitment to the training of healthcare professionals and, as has been noted, many of its programmes are accredited by PSBs. This process of external accreditation provides an independent mechanism for ensuring that the academic standards are at least at the threshold levels required by these bodies and the achievement of these standards is endorsed through the reports of the School's visiting examiners. Visiting examiners' reports are considered at a range of levels and this process enables the School to

derive effective feedback regarding both teaching quality and academic standards. The 2002 *Quality Manual* sets out the requirements for new programmes, and those undergoing review, to be matched against the specifications of the benchmark statements and the *Framework for higher education qualifications*, as appropriate. However, this has yet to be fully implemented and, as noted in the SED, 'areas of informality still remain' in terms of the quality assurance mechanisms. The process of developing clear, formalised procedures that are communicated to all staff will provide greater assurance regarding the standards and quality of its educational provision. Currently, the School does not present an independent, objective articulation of its standards in order to meet the aspiration in its mission statement of achieving excellence through teaching and, as a consequence, has only a limited measure of its success in attaining it. The team considers that the School may find it helpful to articulate and monitor its academic standards in a way that will allow it to meet its own aspirations for excellence in all areas of its provision.

### **Commentary on the School's three-year development plan**

80 The SED outlined the School's strategy for the next three years, which is predicated on two strategy documents, the *Strategic Plan 2000-2003* and the *Learning and Teaching Strategy 1999-2002*. The detailed priorities set out therein are concerned directly with 'improving the quality of the student experience and maintaining standards'. Implementation of the revised *Quality Manual* was identified as a key element in the School's efforts to move 'away from informal QA processes towards more systematic, tightly defined procedures'. In relation to the application of external measures of quality and standards, the SED proposed that, through AQAC, it would continue the process of matching its quality assurance systems to the QAA *Code of practice*, develop its strategy on programme specifications and ensure that its programmes were in adherence with the *Framework for higher education qualifications*. The proposed developments in the School's quality assurance mechanisms are in accord with some of the main considerations of the current review team, particularly in the context of ensuring the implementation of the new *Quality Manual*, which underpins the future quality assurance framework of the School.

### **Summary**

81 St George's Hospital Medical School is the only independently governed medical school in London and has a history as a provider of medical education dating back some 250 years. Since the HEQC audit in 1994, the

School has undergone a period of rapid and significant change. A constituent institution of the University of London, the School now operates in a context of considerable academic autonomy. Delegated authority to award the University's degrees was granted following the establishment of revised University Statutes and the development of a new academic framework among all the constituent institutions. There has been a three-fold increase in the number of registered students. In 1995, in a joint venture with Kingston University, the School established the Faculty of Health and Social Sciences. This expanded the range of the School's provision and gave rise to the development of inter-professional education.

82 In response to the recommendations of the 1994 HEQC audit report, the School has moved towards the systematisation of its procedures, and these developments are manifest in the marked progression in the *Quality Manual* from the 1999 to the 2002 editions. This work was coordinated by the Academic Quality Assurance Committee (AQAC) and it is clear that the School has also benefited in this regard from its collaboration with Kingston University. AQAC was formed following the recommendations of the 1994 audit report and has responsibility for the development, publication and monitoring of the School's quality assurance and enhancement procedures. It is clear that it has begun to make progress in delivering much of its remit, however, the embedding of quality assurance processes across the School remains incomplete and, in particular, there persists a range of informal and incompletely developed processes. Further thought could usefully be given to the central position of AQAC to ensure it has all the information required to enable it to fulfil its intended role as the locus for the development and monitoring of quality assurance procedures across the School. The School has demonstrated a willingness to be self-critical and, as part of this, there is awareness that procedures in a number of areas remain informal. However, there is a limited appreciation of the variability of outcomes that such informality can produce. The School is, therefore, encouraged to maintain the recent rate of development of its quality assurance processes and, in particular, to ensure that the systems set out in the 2002 edition of the *Quality Manual* are implemented as intended.

83 The School aims to bring its procedures fully into line with the QAA *Code of practice* and has made progress towards adhering to the precepts of the key sections. However, work remains to be completed in a number of areas, most notably on assessment. There has been some helpful work carried out to update the assessment regulations and procedures relating to condonement, misconduct and the security of examinations. However, the lack of agreement across the School regarding the approach to programme

specifications leads to some uncertainty about the matching of assessment methods to declared outcomes, although visiting examiners and the reports of professional and statutory bodies provide an overall assurance of standards. There also remain inconsistencies in the approach of the monitoring/responsible committees to the annual monitoring exercise which the School will wish to address.

84 The School is innovative in its approach to teaching and staff show a strong commitment to, and involvement in, the development of new learning methods. The School's *Learning and Teaching Strategy* aims to develop teaching and support staff in their educational role. In support of the *Strategy's* implementation, the School has appointed a full-time Staff Development Officer and proposes an analysis of staff development needs. There have been a number of significant steps forward, for example the comprehensive training of all staff involved in facilitating PBL on the GEP. However, there are areas of variability, particularly where the responsibility for identifying and undertaking staff development is devolved to departments. It will be important for the School to implement the integrated approach set out in the *Strategy*.

85 The School is responsive to the views of students particularly in respect of feedback regarding their experience of new approaches to teaching but currently the School does not carry out systematic analyses of the prospective risks associated with curricular development. Such an approach would be important to protect the interests of the students, particularly given the context of the wider changes being introduced across the School including departmental restructuring.

86 The School has received commendations for its general approach to student support from the GMC and within QAA subject review reports. The evidence of this institutional review endorses that view. The School has established positions of sub-deans in major placement institutions for the medical students. However, there is evidence of variability in students' experience of placements arising from the monitoring arrangements that are less formal than was previously the case. Given the importance of the placement experience for many of the programmes, the School will wish to reintroduce systematic monitoring arrangements.

87 Based on the assumption that the procedures and approach set out in the revised *Quality Manual* will be implemented in full, the findings of the review support overall confidence in St George's Hospital Medical School as an institution able to discharge its academic obligations as a responsible higher education institution.

### Action points

88 As St George's Hospital Medical School continues to develop its procedures for the management of the quality of its provision and for the security of its awards, it should consider the advisability of:

- i progressing the work begun, particularly in the area of assessment, to fulfil the School's expressed intention of adhering to the QAA *Code of practice* (paragraphs 37 and 78);
  - ii ensuring there is consistency of practice across the School in a number of respects including annual monitoring arrangements and the School's delivery and monitoring of matters delegated to departments (paragraphs 43 and 56);
  - iii ensuring AQAC does fulfil its intended role as a locus for developing a more rigorous culture of critical self-evaluation throughout the School (paragraph 46);
  - iv ensuring that the procedures set out in the *Quality Manual* are understood by all staff, and are fully and systematically implemented as intended, with the procedures being operated in a timely manner (paragraphs 48, 51 and 53);
  - v putting in place reliable and verifiable institutional mechanisms for ensuring that all students on placement have the intended experience (paragraph 58);
  - vi ensuring there are reliable and verifiable mechanisms in place to protect the interests of students during the planned curricular and structural changes (paragraph 59);
  - vii adopting a systematic approach to the training of staff for key roles (paragraph 62);
  - viii implementing the proposals for the integration and enhancement of staff development activity across the School as defined in the *Learning and Teaching Strategy* (paragraph 62);
  - ix sustaining the recent rate of progress in managing quality and reflecting on the purpose of its quality management systems, focusing on the link between the process and its ability to deliver improvement in educational experience to students (paragraph 64);
  - x articulating and monitoring academic standards in a way that will allow the School to meet its own aspirations for excellence in all areas of provision (paragraph 79).
- 89 And the desirability of:
- xi extending the proposed development of an examiners' handbook to all provision (paragraph 77).

## Appendix 1\*

### St George's Hospital Medical School - facts and figures for 2001-02

#### History of the Medical School

St George's Hospital Medical School traces its origins to the founding of St George's Hospital at Hyde Park Corner in 1733, the formal registration of 'apprentice doctors' beginning in 1752. It subsequently became a constituent School of the University of London, and its students entered for the University's awards. The Hospital and Medical School moved to its present purpose-built premises in Tooting in 1976. As a result of a Department of Health report on London health care in 1993, the Medical School remains the only free-standing medical school in London.

A more recent landmark in the development of the Medical School has been the formation from October 1995 of a Faculty of Healthcare Sciences (now Health and Social Care Sciences). This is a joint venture between the Medical School and Kingston University aimed at providing high quality education and training in nursing, midwifery, radiography, physiotherapy and social work.

The Medical School remains a constituent College of the federal University of London. Changes in the relationship between the University and its constituent Colleges mean that the Medical School now enjoys considerable academic autonomy.

#### Mission

The mission of St George's Hospital Medical School is to promote by excellence in teaching, clinical practice and research the prevention, treatment and understanding of disease.

#### Departmental structure

The Medical School's basic academic unit (with the exception of the Faculty of Health and Social Care Sciences) is the department. At the time of the review, the Medical School had 25 departments. A programme of restructuring is underway with the aim of reducing the number of departments to five. The Faculty of Health and Social Care Sciences, which is not part of the restructuring, will be the sixth 'department'. The implementation of the new structure is to be completed by July 2003.

The basic academic unit in the Faculty of Health and Social Care Sciences is the school (this being the terminology used in all Kingston University faculties). The Faculty has five schools.

#### Numbers of students in 2001-02

Course	Total
MB BS 5-year	930
MB BS GEP	70
Intercalated BSc	52
BSc Biomedical Science	82
BSc Physiotherapy and Radiography	258
Taught PG courses	395
Research PG students	155
Post-registration Nursing/Midwifery	*1,710
Other students	14
<b>Totals</b>	<b>3,666</b>

\*Estimate of post-registration students active during session - ie taking a module (HESA return of 693 students on 1 December is not representative). The totals below are based on the figures included in the HESA return and do not include the estimate of post-registration students.

\*As supplied by St George's Hospital Medical School

**Student characteristics**

Gender	Full-time	Part-time	Other	Total
Male	617	307	14	938
Female	856	999	20	1,875
<b>Total</b>	<b>1,473</b>	<b>1,306</b>	<b>34</b>	<b>2,813</b>

**Mature students**

Proportion of full-time undergraduate students aged 21 or over on entry: 31%

Proportion of part-time undergraduate students aged 21 or over on entry: 100%

**Domicile of students**

	UK <sup>1</sup>	Other EU	Overseas	Total
Undergraduate	2,008	40	74	2,122
Taught Postgraduate	449	3	47	499
Research Postgraduate	165	10	17	192
<b>Total</b>	<b>2,622</b>	<b>53</b>	<b>138</b>	<b>2,813</b>

<sup>1</sup>Including Channel Islands and Isle of Man

**Institutional staff (2002)**

(NB: These figures do not include staff in the Faculty of Health and Social Care Science)

**Occupational Group**

Academic	88
Clinical academic	148
Administrative, library and computing	90
Other related staff	17
Research staff	244
Clinical research staff	66
Research nurses	45
Technical	110
Clerical and secretarial	197
Manual and ancillary	22
Miscellaneous	24
<b>Total</b>	<b>1,051</b>

The aggregate staffing level of the Faculty of Health and Social Care Science is 128 of whom 96 are academic posts; the remaining 32 are support posts.

**Appendix 2\*****St George's Hospital Medical School collaborative partnerships as at October 2002**

Name & address of partner	Course	Type of collaboration
National Respiratory Training Centre (NRTC), Warwick,	Postgraduate Certificate/Diploma in Respiratory Medicine by Distance Learning	Distance learning materials were developed jointly by NRTC and the School and validated by the School to lead to an award of the School. There are regular meetings between the two institutions to discuss the management of the programme.
South Bank University, London	Postgraduate Diploma in Radiation Oncology Practice	Validation (with some joint teaching and a collaborative approach to the monitoring of clinical placements).
Universiti Brunei Darussalam	MSc/PgDip in Primary Health Care	The PgDip in Primary Health Care is designed by staff at St George's and leads to an award of the School. The PgDip is taught in Brunei by School staff. The course makes use of accommodation and learning resources funded by the Ministry and made available through UBD.
Jarvis Breast Screening Training & Diagnostic Centre, Guildford, Surrey	Pgcert/PgDip in Breast Diagnosis	Course(s) developed jointly by staff at SGHMS/Kingston University and Jarvis Centre and validated by the School leading to School award(s).

\*As supplied by St George's Hospital Medical School

