



St George's Hospital Medical School

Institutional audit

June 2011

Annex to the report

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Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the St George's Hospital Medical School (St George's) from Monday 6 June to Friday 10 June 2011 inclusive, 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 St George's offers in its own name and those it offers on behalf of the University of London.

Outcomes of the Institutional audit

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

- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers in its own name and those it offers on behalf of the University of London
- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Institutional approach to quality enhancement

St George's approach to quality enhancement is 'to encourage ownership by staff at programme level whilst providing structures through which enhancement activity can be supported and disseminated.' While St George's has no quality enhancement strategy, there is an intention that the developing Education Strategy will 'have an enhancement focus' as it will articulate the steps taken at institutional level to improve the quality of learning opportunities. St George's has recognised the need to take deliberate steps at institutional level to enhance and support the postgraduate experience across the institution through a number of initiatives.

Postgraduate research students

Research is integral to the work of St George's. The location of St George's within a large teaching hospital provides opportunities for research with a scientific basis that has a clinical application. St George's offers postgraduate research degree programmes leading to MPhil, PhD and Doctor of Medicine, Research (MRes, aimed specifically at University of London research students in clinical practice). The Research Governance Committee aims to provide assurance to the St George's Healthcare NHS Trust Board and the St George's University of London Council that both the hospital and the college are adhering to the obligations of the Medicines for Human Use (Clinical Trials) Regulations and to the principles set out in the Research Governance Framework of the Department of Health (2005).

The audit team considered the overall institutional arrangements for research degrees demonstrate engagement with the *Code of practice for the assurance of academic quality and standards in higher education (the Code of practice)*, Section 1: Postgraduate research programmes.

Published information

The audit team found that reliance can reasonably be placed on the accuracy and completeness of the information St George's 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 attendance of Registry staff at examination boards that ensures consistent practice across the institution (paragraph 69)
- the embedded relationship between research, teaching scholarship and professional practice (paragraph 95)
- the role of the Postgraduate Research Coordinator in supporting the postgraduate research student community and its supervisors (paragraph 167).

Recommendations for action

The audit team recommends that St George's Hospital Medical School considers further action in some areas.

Recommendations for action that the team considers advisable:

- review the Quality Manual during 2011-12 and annually thereafter ensure its effectiveness as an accessible, dynamic and definitive reference for policy, procedures and guidance (paragraph 48)
- specify time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review (paragraph 53)
- identify the locus of responsibility for the institutional management of collaborative provision, including the approval of new arrangements (paragraph 144)
- introduce and fully implement, during the 2011-12 academic year, comprehensive institutional policy, procedures and guidance, reflecting the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* to provide definitions of the types of collaborative partnerships entered into by the institution, and to underpin the strategic planning and operational management of home and overseas collaborative provision, including the approval, monitoring, and review of collaborative partners, programmes, and agreements (paragraph 154).

Recommendations for action that the team considers desirable:

- expedite the development of the supporting strategies for the Strategic Plan 2010-15 (paragraph 7)
- ensure that all validation and review panel reports include confirmation of engagement with the Academic Infrastructure in line with St George's documented procedures (paragraph 52)
- ensure that Annual Programme Monitoring reports confirm that action points from the previous year have been completed and include an explicit commentary on visiting examiner reports (paragraph 56)
- develop and implement an institution-wide policy to specify a timescale for the return of assessed work to students (paragraph 72)

- develop further institutional level analysis of student data, including benchmarking with other research-led medical schools (paragraph 74)
- introduce effective mechanisms to enable good practice, however identified, to be disseminated more widely within the institution (paragraph 129)
- continue to address issues relating to the completion rates of postgraduate research students (paragraph 165).

Section 1: Introduction and background

The institution and its mission

1 St George's mission is 'To advance, promote and share knowledge of health through excellence in teaching, clinical practice and research into the prevention and treatment of illness. Our vision is to be a thriving medical and health sciences institution, integrated with a London teaching hospital, locally, nationally and internationally recognised for excellence and innovation in education and research translated across health and social care'. The underpinning values are 'distinctiveness, diversity and dedication'.

2 St George's is comprised of three academic divisions: Biomedical Sciences; Clinical Sciences; and Population Health Sciences and Education, and a joint faculty with Kingston University, namely Health and Social Care Sciences.

3 A Strategic Options Review in 2007-08 concluded that a due diligence procedure should be undertaken regarding merger with another London institution. A decision in September 2009 not to proceed with merger plans resulted in the development of the 'Future St George's' programme, a set of key strategic aims articulated in the Strategic Plan 2010-15.

4 The 'Future St George's' programme contains a number of interrelated work streams, including reconfiguration of senior management, restructuring of the Faculty of Medicine and Biomedical Sciences Division, introduction of performance standards for academic staff and review of the committee structure and the governance arrangements with Kingston University.

5 In 2010, the six divisions of the Faculty of Medicine and Biomedical Sciences were amalgamated into three divisions: Biomedical Sciences; Clinical Sciences; and Population Health Sciences and Education, focusing on St George's research activities. The management structure was reconfigured with the three heads of division, the six non-faculty deans (including deans of education and postgraduate studies) and the Dean of the Faculty of Health and Social Sciences reporting to the Principal, and associate deans (0.2 FTE posts) with specific responsibility for areas within the Strategic Plan 2010-15, including undergraduate education, widening participation, e-learning and international affairs (education), reporting to the Dean of Education.

6 The Strategic Plan 2010-15 is supported by a number of subsidiary strategies including Research, Education, International, Information and Widening Participation. The audit team found that all these strategies, except the last, were out of date and St George's plans to develop and approve new strategies by the end of May 2011 had slipped. The audit team was informed that the strategies were still under development and would be in place for the incoming academic year. The team was also informed of the intention to use key performance indicators to monitor the progress of these strategies.

7 The audit team agreed that would be desirable for the institution to expedite the development of the supporting strategies for the Strategic Plan 2010-15.

8 St George's has been involved in the development of two key strategic partnerships, the South West London Academic Network (SWan) and the Academic Health Sciences Network (AHSN). SWan was established in 2007 by St George's, Kingston University and Royal Holloway, University of London, and aims to 'link biomedical, life science, health and social care students and researchers with practitioners and employers, to develop the leading professionals of today and the future'. This arrangement has involved new programmes of study and module sharing for final year students on the BSc Biomedical Science and MSc programmes. The audit team was informed that, following three years' initial HEFCE funding, the partners have agreed to continue funding, in a modified form due to resourcing constraints, for a further year. The team noted from the programme specification that students on the BSc Biomedical Science pathway taking a SWan module were not eligible for Institute of Biomedical Science accreditation.

9 St George's also leads the AHSN which was established in 2009-10. The AHSN is a key partner in the South London Health Innovation and Education Cluster (HIEC). The HIEC is a government-funded partnership which includes King's Health Partners, NHS Hospital Trusts and the London Ambulance Service and is aimed at 'strategically linking research, service and education'. The audit team considered this initiative to be a potentially significant development in collaboration between professional disciplines, enabling the unifying and sharing of good practice.

The information base for the audit

10 St George's provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the team. The index to the briefing paper was referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard copy of all documents referenced in the briefing paper; in addition, the team had access to the institution's intranet although the information published on it was only partially available to the team, which necessitated several requests for additional information throughout the audit visit.

11 The Students' Union produced a student written submission (SWS) setting out the students' views on the accuracy of the information provided to them, the experience of students as learners and their role in quality management.

12 In addition, the audit team had access to:

- the report of the previous QAA Institutional audit (May 2005)
- reports produced by other relevant bodies (for example professional, statutory or regulatory bodies (PSRBs))
- the Final Institutional Assessor's Report regarding degree awarding powers
- the report on the mid-cycle follow-up to Institutional audit
- the institution's internal documents
- the notes of audit team meetings with staff and students.

Developments since the previous audit

13 The report of QAA's previous audit of St George's in 2005 included an overall judgement of broad confidence in the institution's management of the quality of its academic programmes and the academic standards of its awards, and the report recognised three features of good practice. The audit team also made a number of advisable and desirable recommendations. St George's undertook a plan of action in response to the findings of the

2005 audit in February 2006 and October 2007. During this time, the special review of research degrees was undertaken by QAA in 2006.

14 The first advisable recommendation was to consider how the wider institution can be assured through the validation and review reports of the Validation Committee that it is discharging its duties with regard to confirming alignment of programmes with the Academic Infrastructure.

15 St George's responded by introducing a standard validation and review reporting format so that engagement with the Academic Infrastructure is explicitly considered and recorded. The audit team found that confirmation of engagement with the Academic Infrastructure is set out in the Quality Manual for both validation and periodic review and that the 2009-10 report on validation activity to the newly formed Quality Assurance and Enhancement Committee (QAEC) from the Validation and Review committee specified that validation reports have explicitly confirmed that the programmes are 'QAA compliant'.

16 The audit team examined a number of reports and found five validation reports and a revalidation report which made no comment on Academic Infrastructure engagement (see also paragraph 52).

17 The second advisable recommendation related to considering whether the standard procedures and arrangements for validation are adequate for making judgements on non-standard programmes such as those delivered wholly by distance learning and those demanding a high level of technical support.

18 St George's response included the establishment of bespoke panels for each validation to ensure appropriate expert membership and an annual report to QAEC reviewing adequacy of these procedural arrangements. The audit team noted that the blended learning FdSc Paramedic Science validation panel had included an expert in e-learning (see paragraph 51).

19 The third advisable recommendation concerned setting time limits for conditions arising during the validation and periodic review of programmes.

20 St George's indicated that it has tightened its procedures to include specific timelines, and an annual report to QAEC references timeliness and progress. The audit team found that the timelines given in validation and periodic review reports referred to the response from the programme team to the conditions and/or recommendations rather than that for the action or implementation of the conditions and/or recommendations (see paragraph 53).

21 The fourth advisable recommendation was to consider ways of ensuring that the institution's intention that all modules are evaluated by students, is fulfilled.

22 St George's response has been to amend the Annual Programme Monitoring Report (APMR) so that explicit reference is made to evaluation of modules.

23 The audit team found that while the Annual Programme Monitoring Process only asked for a list of those modules which had and had not been evaluated, the guidance notes made clear the need to specify the methods used to collect student feedback and their effectiveness. The students who met the team confirmed they completed module questionnaires for all modules.

24 The fifth advisable recommendation was to consider ways of ensuring that the institution's requirement that students on all programmes must receive feedback on assessed work is fulfilled.

25 In the briefing paper, St George's indicated it had mainly focused on the Bachelor of Medicine, Bachelor of Surgery programme, where a feedback subcommittee to review provision and a project to explore students' understanding of feedback and its provision had been established. While the institution continues to progress work in this area, the National Student Survey results for 2009-10 indicate continuing concern around feedback and St George's is encouraged to continue to work to address these issues (see paragraphs 84 and 85).

26 The sixth advisable recommendation concerned ensuring that agreements are in place for all collaborative provision arrangements prior to recruitment of students. St George's response has been to establish a collaborative register where this is confirmed. The audit team was provided with several versions of the collaborative register, but were unable to confirm that this advisable recommendation had been met, as the data for the signing of all the agreements and for student enrolments was incomplete.

27 The first desirable recommendation related to finding appropriate ways of increasing the circulation of the full version of review reports produced by the Validation Committee in order to capture the enhancement potential of periodic review.

28 St George's has responded by publishing review reports on its public website and including them 'in full' for a range of committees and, through the change to validation panels, engaging more staff in review activities.

29 The audit team found some review reports were available on the institution's website and that the number of staff involved in review and validation panels had increased. The team was informed that the review reports were considered by Senate and this was confirmed through the minutes (see paragraph 60).

30 The second desirable recommendation was to consider ways in which the institution can assure itself that all visiting (external) examiners receive suitable briefing and induction upon appointment.

31 St George's has responded by introducing induction events for external examiners. The audit team found that an induction event had taken place for the first time in 2009 and was to be repeated annually. The planned 2010 event, however, was deferred until early 2011 due to industrial action on London's transportation system.

32 The third desirable recommendation concerned reflecting on ways of enhancing the use of progression and achievement data to allow cross-institutional and inter-institutional comparisons of student performance.

33 St George's response was, following a review of the use of student progression information, to focus detailed analysis at programme level with reports to QAEC, supplemented by cohort information being collated and considered by the institution annually.

34 The audit team found that QAEC and previously, the Learning, Teaching and Assessment Committee (LTAC), had considered student progression and achievement data, however it was unclear how this data was being used.

35 The fourth desirable recommendation was to ensure that the guidelines given in the Quality Manual on information to be provided to students through module handbooks be applied consistently across programmes, sufficient to meet student needs and subject to regular monitoring.

36 St George's responded by amending the APMR report to make explicit reference to module information.

37 The audit team found module handbooks to be generally comprehensive and the views of students met by the team and reported in the SWS indicated that they found them useful and comprehensive. Module handbooks are reviewed when submitted as evidence for programme review.

38 The audit team formed the view that good progress had been made in meeting advisable recommendations two, four and five and desirable recommendations one and two. However, further attention is required to advisable recommendation number one in demonstrating alignment with the Academic Infrastructure; advisable number three in specifying time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review; advisable number six in ensuring that agreements are in place for all collaborative provision arrangements; and desirable recommendation number three in developing regular institutional level analysis of student data, including benchmarking with comparable institutions. All of these areas feature in the advisable and desirable recommendations of this 2011 audit.

39 The audit team found that the features of good practice identified in 2005 continued to be strong attributes of the institution.

Institutional framework for the management of academic standards and the quality of learning opportunities

40 St George's gained Taught Degree and Research Degree awarding powers in 2009. While remaining a constituent College of the University of London, St George's awards Foundation Certificates and Degrees, undergraduate certificates and diplomas and postgraduate certificates and diplomas, and intends to award bachelor's, master's and research degrees for students enrolling from 2011 onwards.

41 The briefing paper indicates that collaborative provision is currently small, but, in line with proposed expansion of the provision, St George's has recently established an International Committee with oversight of overseas provision and a Head of Division as Director for International Relations. The audit team noted that the extent of collaborative provision had grown since the previous audit and that St George's has substantial plans to develop more, particularly with overseas institutions, as part of the International Strategy.

42 St George's describes its quality framework as based on 'a distributed leadership approach that values and promotes flexibility and embeds responsibility for quality management into all layers of the organisation.'

43 Ultimate responsibility for academic standards and the quality of learning opportunities rests with Senate, reporting to Council. Senate delegates its responsibilities to its subcommittees; for undergraduate and taught postgraduate programmes to the Quality Assurance and Enhancement Committee, supported by three programme monitoring committees: Taught Postgraduate Courses Committee; Undergraduate Medicine and

Bioscience Education Committee; and Faculty of Health and Social Care Sciences Quality Committee (in the joint faculty).

44 The Student Support and Welfare Committee, boards of examiners and associated panels report directly to Senate. Resource implications for programmes are considered by the Strategy, Planning and Resources Committee (SPARC) which reports to Council. The audit team examined the minutes of SPARC and QAEC and were able to identify strong links between the businesses of the two committees.

45 QAEC, formed from the merger of the Academic Quality Assurance Committee and LTAC, had its terms of reference approved by Senate in November 2010 and first met in December 2010. The audit team formed the view that it was too early, at the time of the audit, to judge the success of this new strategic committee.

46 The Dean of Education is seen by St George's as having a key role in both developing and implementing the new Education Strategy, as was confirmed in the meetings that the audit team had with staff. The team examined a draft copy of the new Education Strategy 2011-15 and was able to confirm its alignment with the Institutional Strategy. Minutes of QAEC confirmed that the Strategy was still under discussion with the intention of provisional approval by Senate in June 2011.

47 St George's articulates the standards of its awards through the General Regulations for Students and Programmes of Study. Regulations are drafted by the Registry and approved by Senate to ensure standardisation.

48 Institutional procedures for the maintenance and enhancement of quality and standards which apply to all programmes that lead to University of London or St George's awards are articulated within the Quality Manual. The Manual is updated biennially and the current eighth edition came into effect on 1 July 2009. However, the audit team found the Quality Manual to be out of date, with references to former committees and to procedures which had clearly been superseded, and no details of dates or committees where procedures had been approved, making it difficult to verify the currency of the manual. The team considers it advisable to review the Quality Manual during 2011-12 and annually thereafter to ensure its effectiveness as an accessible, dynamic and definitive reference for policy, procedures and guidance.

49 Notwithstanding the recommendations, the audit team formed the view that St George's operational framework for managing standards and the quality of learning opportunities is effective and fit for purpose.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

50 Programme approval involves two formal stages. The Strategy, Planning and Resources Committee considers the strategic fit of the programme and any policy and resourcing issues. Following 'Approval in Principle', the course team can engage in detailed development, supported by the relevant monitoring committee, which enables input from colleagues external to the programme.

51 From 2010-11, St George's has adopted a system of bespoke validation panels to ensure an appropriate range of expertise, thereby addressing a recommendation of the 2005

QAA audit. The panels are chaired by a senior member of staff, independent of the proposing subject area. The membership, which is approved by the panel chair and the Deputy Head of the Secretariat, includes an external participant(s) and normally a monitoring committee chair and the Senior Lecturer for Staff Development. The panels reviewed by the audit team reflected an appropriate range of institutional and external membership.

52 The remit of the validation panel includes consideration of academic standards, 'alignment' with the *Code of practice, The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmark statements, and the arrangements for delivery, including the Teaching and Assessment Strategy. Incorporation of these elements in the process enables assurance that St George's is discharging its duties with regard to confirming engagement with the Academic Infrastructure, as advised in the 2005 QAA audit report. In the 2009-10 annual report on validation and review activity it was stated that the reports explicitly confirmed 'compliance' with the *Code of practice*, as required by the Quality Manual, however, the audit team found that this confirmation was lacking from some recent reports. The team agreed that it is desirable to ensure that all validation and review panel reports include confirmation of engagement with the Academic Infrastructure in line with St George's documented procedures.

53 Approval by the Validation Panel may be subject to conditions or recommendations, with a deadline for receipt of the response from the course team. The deadlines are relatively short and, in some instances, result in a response from the course team setting out agreement to specific actions, rather than confirming their implementation. The audit team agreed that it would be advisable for St George's to specify time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review.

54 Registry manages and, through the annual report to Quality Assurance and Enhancement Committee (QAEC), enables monitoring of progress and review of the adequacy of the arrangements; the appropriateness of panel membership, including confirmation of the presence of relevant expertise; sign-off of the action points and identification of emerging themes.

55 St George's considers that the validation arrangements draw strength from its partnership with Kingston University and that the processes have been enhanced through strengthening SPARC's role at the AIP stage and increasing the number of staff involved in the panel membership, with training being available to prepare first-time participants. However, the briefing paper notes that the programme approval processes '...have been an inefficient vehicle for approving modifications and new modules and are not well-g geared for considering collaborative arrangements outside the NHS.' As a consequence, the Committee Review Group will be undertaking a review of the approval process in 2011 and the audit team agreed that the review is necessary.

Annual monitoring

56 Responsibility for annual monitoring is delegated to the programme teams. The Quality Manual provides a template for Annual Programme Monitoring Reports (APMRs), along with guidance regarding its completion. These APMRs, which vary in detail, include consideration of student progression statistics as well as an overview of programme management and resourcing. Furthermore, in light of the recommendation from the 2005 QAA audit, the APMRs include consideration of student module evaluations and also of the National Student Survey results. Although the reports summarise changes to the programme in the year under review, they often do not include specific updates or sign-off on action points identified in previous reports, nor is there always explicit commentary on the visiting examiners' reports. The audit team agreed that it is desirable for St George's to ensure that

APMRs confirm that action points from the previous year have been completed and include an explicit commentary on visiting examiner reports.

57 The monitoring committees consider the individual APMRs in detail and their annual reports include commentaries on student data, feedback from students and visiting examiners' reports. The reports confirm engagement with the *Code of practice* and culminate with a set of action points for the programme teams and also for QAEC to consider. QAEC, in turn, drafts an overarching report for Senate, confirming completion of the APMR cycle and identifying issues requiring institutional consideration. An evaluation of the annual monitoring procedure, in 2008, concluded that the process was generally fit for purpose.

Periodic review

58 Programmes are normally reviewed at least every five years, with each monitoring committee publishing an annual schedule of reviews. QAEC maintains a register setting out the validation and review history of all programmes and confirms the schedule for the coming year. The Quality Manual specifies the documentation, the criteria used as the basis for review and the structure of the review meetings. The document set includes a self-evaluation, programme specifications, recent APMRs and visiting examiners' reports, schemes of assessment and programme regulations. Independent, external participation is required for all reviews. As yet students have not served as members of the review panels, though student representation has been approved for future reviews.

59 The most recent review reports include a statement confirming each programme's engagement with the *Code of practice* and set out a series of graded action points, with a deadline for receipt of the response from the programme team. The team's response sets out actions to address the issues identified, which are signed off by the panel, though there does not always appear to be a specific timeline for their implementation. The annual report from QAEC to Senate summarises the review activity.

60 The 2005 QAA audit report recommended that St George's should find appropriate ways of increasing the circulation of review reports in order to capture their enhancement potential. In the briefing paper, St George's states that review reports are published on the website and included in their entirety for a range of committees. However, the audit team found that, while recent reports were available on the website, Senate is the only body that receives the reports in full.

External examiners

61 St George's operates the University of London's visiting examiner scheme. This includes external examiners, outside the University of London, and intercollegiate examiners, who are attached to other London colleges. Each board of examiners is required to have at least one visiting examiner, including at least one who is external. The Quality Manual sets out the role of the visiting examiners, which includes advising on the academic standards of the awards in relation to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and their comparability with other UK higher education institutions and the extent to which the assessment processes are sound and fairly conducted. Visiting examiners are also invited to comment on assessment practice and programme design and on the areas specified in precept 1 of the *Code of practice, Section 4: External examining*. Review of a range of reports enabled the audit team to confirm appropriate externality and that the examiners did avail themselves of opportunities for comment, which were followed up by the programme teams.

62 The criteria for visiting examiner appointments are set out in the Quality Manual. The nominations are initially scrutinised by the monitoring committees with final approval resting with Senate. Following the recommendations from the 2005 QAA audit, St George's offers an annual, generic induction programme and the Chair of the Board of Examiners or Course Director is responsible for ensuring that visiting examiners receive detailed preparation for their role.

63 The examiners' reports, which follow a standard template, are reviewed by the Registry and classified into one of five categories ranging from complimentary to raising fundamental concerns. The reports are circulated to the relevant course and monitoring committees, through which they are also made available to the student representatives. The course committees are required to respond according to the classification of the report and the implementation of action points is followed up by the relevant Monitoring Committee. The Registry prepares an annual overview of all visiting examiners' reports which is submitted to the monitoring committees, QAEC, Senate and the University of London.

64 Through scrutiny of a range of visiting examiners' reports and examination board and monitoring committee minutes, the audit team was able to conclude that St George's operates an effective system for collecting, circulating and responding to visiting examiners' reports.

Academic Infrastructure and other external reference points

65 In its briefing paper, St George's states that it has 'aligned' its quality assurance processes with QAA's Academic Infrastructure and that the level descriptors from the FHEQ have been incorporated into the General Regulations and are employed, through programme specifications in conjunction with the relevant benchmark statements, as reference points in the review and approval of programmes.

66 St George's engages extensively with professional, statutory and regulatory bodies (PSRBs) in relation to its undergraduate programmes, most of which are accredited, thereby providing an additional level of external scrutiny and potential source of guidance regarding sector good practice. The audit team was informed that St George's considers that most aspects of good practice identified in the PSRB reports are programme specific, therefore there is not widespread dissemination of the reports, though summaries are posted on the intranet with links to the full report. Some postgraduate programmes are also accredited by PSRBs and the PGCert in Healthcare and Biomedical Education is accredited by the Higher Education Academy. A further source of external reference is derived from the close relationship with Kingston University, in particular the potential for sharing good practice between the two institutions.

67 In the briefing paper, St George's notes that the 2009 QAA report, confirming the award of Taught Degree Awarding Powers, concluded with a statement that engagement with external reference points, including the Academic Infrastructure, is central to St George's activities and ethos. In its review, the audit team was able to confirm engagement with the *Code of practice* in relation to provision managed and delivered entirely by St George's and in collaboration with Kingston University. However, consideration of the oversight of collaborative provision revealed aspects where engagement with *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* was not evidenced.

Assessment policies and regulations

68 The principles of assessment are set out in the General Regulations for Students and Programmes of Study. These regulations are reissued by Senate every year and are made available to students via the intranet with more detailed, programme-specific information being made available via the virtual learning environment and programme handbooks.

69 Composition of the boards of examiners is specified in the General Regulations and it is notable that staff from the Registry attend the meetings of all boards, aiding consistency across the institution. The Quality Manual sets out responsibilities regarding assessments and the procedures for marking, including the minimum levels for moderation or double marking. Each programme is required to have its own regulations and schemes of assessment, which are approved by the monitoring committees. Following a review of taught postgraduate programmes, Taught Postgraduate Courses Committee (TPCC) approved a policy to harmonise marking schemes across postgraduate provision. The audit team agreed that the attendance of Registry staff at examination boards that ensures consistent practice across the institution is a feature of good practice.

70 The General Regulations specify the limits on condonement and give guidance regarding handling claims of mitigating circumstances, which are submitted to the Academic Registrar in the case of examinations. As part of its work on developing consistent policies for assessment across the taught postgraduate programmes, TPCC is also currently developing an institutional policy for handling claims for mitigating circumstances.

71 Guidance regarding late submission and academic misconduct, including plagiarism, is given in the programme handbooks and the students who spoke with the audit team reported being well aware of these. Potential instances of plagiarism are initially screened by a panel, with complex cases being submitted to the Academic Registrar for formal investigation. An annual report on student-related assessment issues, including cases of academic misconduct and representations related to exam board decisions is submitted to Senate.

72 The students met by the audit team confirmed the view expressed in the student written submission that they are made aware of the schemes of assessment, including the dates of submission. The practice regarding return of work appears more variable, with some students being unaware of expected turnaround times. While some students agreed that the return of marking was timely, others reported that turnaround times differ between programmes and the reported experience was that the stated timings were not always adhered to. The reports in some APMRs indicate awareness of this and include proposals to address this issue at local, programme level. In the interests of providing an equitable experience for its students, the team agreed that it is desirable for St George's to develop and implement an institution-wide policy to specify a timescale for the return of assessed work to students.

Management information - statistics

73 The 2008 Information Strategy requires the establishment of single, definitive information sources; for student data, the institutional student record system has been identified as the primary source for management information. The APMRs include commentaries on recruitment, progression and completion and destinations statistics, where available. A number of APMRs seen by the audit team lacked current data from the Destinations of Leavers from Higher Education survey and St George's has recognised that

this data, which is received from the University of London Careers Service, needs to be presented in a more timely manner to support the APMR process.

74 The minutes of the monitoring committees evidence detailed discussion of the student data. Commentaries on the summary statistics feed into the annual reports of the monitoring committees to QAEC which, thereby, now has the capacity to take an institutional overview of all the taught programmes for report to Senate. QAEC will also, in future, be preparing an overview report to Senate on research postgraduate progression through the Research Degrees Committee. At present, the minutes published by QAEC, and its predecessor, the Learning, Teaching and Assessment Committee, indicate limited intra-institutional comparison of student data and little consideration of benchmarking against comparable institutions. The audit team agreed that it is desirable for St George's to develop further institutional-level analysis of student data, including benchmarking with other research-led medical schools.

75 The audit team agreed that confidence can reasonably be placed in the soundness of St George's present and likely future management of the academic standards of the awards that it offers in its own name and those it offers on behalf of the University of London.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

76 St George's states that it 'has aligned its quality assurance processes with the expectations of the academic infrastructure' and its 'awards reflect the general criteria set out in the FHEQ.' The production of a programme specification is a condition of programme validation. Programme specifications are made available to students in course handbooks and on the St George's website. Programme specifications are reviewed annually by course directors. Relevant subject benchmark statements are used as a reference point when new programmes are considered for validation and when existing programmes are reviewed. The audit team saw evidence of this requirement being met.

77 A designated senior member of academic or support staff or a committee has the responsibility for ensuring that processes and procedures 'align' with the expectations of the *Code of practice*. The majority of undergraduate provision carries recognition from professional, statutory and regulatory bodies (PSRBs), including the entitlement to practice in some professions, as exemplified by the General Medical Council. The audit team noted appropriate levels of engagement with professional bodies as central to the activities and ethos of St George's.

78 St George's is supportive of the aims of the Bologna Process and a small number of EU students are accepted on St George's programmes each year. Transcripts that include European Credit Transfer System points are provided on request and Bologna initiatives are referenced when considering new collaborations with EU partners. The audit team was informed that the Secretary and Academic Registrar had convened a working group in April 2011 to discuss requirements for transcripts, the Diploma Supplement and the Higher Education Achievement Report, with the intention of implementing an integrated approach in developing a standard transcript to meet all requirements.

79 While the design of relevant processes and procedures appears to take appropriate account of the academic infrastructure and PSRBs, the Quality Manual does not refer to or reflect any regular updating. The *Code of practice* is referred to in the Quality Manual,

though invariably in a passive format as direct responses to the precepts or local interpretations. The audit team was informed that the Quality Manual was not updated annually. The team suggests that St George's reviews and annually updates the Quality Manual to highlight existing good practice in the institution and the sector, as informed by the Academic Infrastructure (see paragraph 48).

Approval, monitoring and review of programmes

Learning opportunities - annual monitoring and review

80 The first stage of programme approval requires the programme team to identify the physical and staffing resource implications of each new programme for consideration by Strategy, Planning and Resources Committee. There is further consideration of the provision of learning opportunities during the subsequent developmental stages and the deliberations by the validation panel. In the briefing paper, St George's states that the selection of the internal and external members of these panels allows for effective peer review of the learning opportunities, for example the inclusion of e-learning specialists for a programme delivered by blended learning.

81 The Annual Programme Monitoring Reports (APMRs) include a commentary on programme management and resourcing, through which the programme teams can highlight specific physical resource and staffing issues. These can be flagged in the summary reports from the monitoring committees to Quality Assurance and Enhancement Committee (QAEC), though it is not always clear how this information is then acted on by St George's.

82 The provision of learning opportunities is also tested through the periodic review process. Examples of periodic review documentation, viewed by the audit team, provided evidence of detailed consideration of the delivery of teaching, availability of physical and online resources and academic guidance. These considerations may result in specific recommendations for implementation by the programme team, for example, the management of student choice and availability of optional modules on postgraduate programmes, and access to wider ranges of online resources.

Management information - feedback from students

83 Institutional feedback from undergraduate students is derived from the annual National Student Survey (NSS) and the biennial St George's Student Experience Survey (SES) for students other than those in their final year. The results from the NSS are considered initially by course teams and commented on in the APMRs, for consideration by the monitoring committees, as set down in the Quality Manual. The overview reports from the monitoring committees contain a synthesis of these commentaries on the NSS data for consideration by QAEC.

84 The APMRs include evaluation of all modules constituting a programme, with a commentary on the quantitative feedback from students, in some instances along with a summary report from the staff-student committees. The Quality Manual does not prescribe specific questions for the module evaluation questionnaires but does set out key themes that should be included. The results of these evaluations feed into the monitoring committee overview reports and are also used as part of the process of improving future module delivery. In the student written submission (SWS), 74 per cent of respondents agreed that their views were regularly sought, but only 41 per cent felt these were acted on and 30 per cent agreed they were informed about actions. However, the students met by the audit team all reported having completed surveys and could identify actions that had been taken in response to survey feedback and staff-student committee deliberations. The team was also

informed of proposals to enhance the information communicated to students regarding the proposed actions in response to their survey feedback.

85 QAEC receives the aggregated findings of the institutional level surveys (NSS and SES) as well as the commentaries, drafted by the monitoring committees, regarding the consideration of the NSS at programme level and also the module evaluations. As a result it has the potential to be able to take an institutional view of the student feedback and compare across programmes. One key, ongoing, area of concern, identified through the NSS, SES and SWS, has been students' perceptions of the timeliness and utility of feedback provided to them on coursework. A task group had been established to consider the 2009 NSS and this was reinstated in October 2010 with the remit to consider the 2010 data, review actions undertaken by each programme and the institutional level actions in response to the SES and NSS, and to agree an overarching plan and a process for feeding back to students. Making use of the data from the NSS, the SWS and a specially designed survey, St George's has identified areas of action related to specific programmes where the scores were particularly low. In this context there has also been a project supported by the Higher Education Academy to explore student engagement with feedback. Although progress from these activities has been relatively slow in terms of impact on measures such as the NSS, it was made clear to the audit team that St George's is making use of this data in informing academic practice.

86 At present, St George's does not participate in the Postgraduate Taught Experience Survey or the Postgraduate Research Experience Survey, though it has been agreed that they will participate in these surveys from 2011-12. This will provide further quantitative data, at an institutional level, to enable benchmarking of the educational provision.

Role of students in quality assurance

87 St George's considers student participation to be an important feature of its quality assurance processes. It is achieved via their participation in programme review and membership of committees at different levels within the institution. Details of the course representative system are included in course handbooks, but not all of these contain information on student participation in institution-level committees. St George's is encouraged by the audit team to develop a standard template that can be incorporated in all handbooks so that this information is made available to students on all its programmes.

88 Students are consulted during the process of programme revalidation and will in future be formal members of review panels. At programme level, regular course committee meetings provide student representatives with opportunities to participate in monitoring and review processes, including scrutiny of visiting examiner reports. Students report that the system is generally working well. Reports from course committees go to one of three monitoring committees, although only one of these has student representation. The audit team considers that having student representatives on the Faculty Quality Committee and Taught Postgraduate Courses Committee would ensure that opportunities for them to participate in review processes at this level are consistent across the institution.

89 Students' Union sabbatical officers represent the student community on appropriate St George's committees and ad hoc working groups, as appropriate, and report that their views are always taken seriously.

90 The course representatives and sabbatical officers met by the audit team reported that they had received no formal training for their roles but had been briefed in 'hand-over'

meetings. At the time of the audit, St George's was planning to deliver formal training for student representatives in this area.

91 The SWS notes that, while St George's is good at seeking students' views, it is less effective in providing feedback on how it has responded to them. Feedback from course committees to the wider student body relies on oral communication from the student representatives, email or use of social networking sites. Similarly, the minutes and supporting papers of St George's committee meetings are provided to the student representatives in hard copy and electronically, but not published on the virtual learning environment. Establishing a formal mechanism that will enable the wider student body to receive feedback on actions raised in course and institutional level committees would help to close these loops.

92 The audit team concluded that St George's approach to involving students in the management of the quality of learning opportunities was generally effective.

Links between research or scholarly activity and learning opportunities

93 Teaching and learning in St George's is informed by both scientific and educational research and scholarship. The design of programmes ensures that students have opportunities to engage in and with St George's scientific research through teaching inputs from the staff of the research centres and student involvement in projects or study of individual topics in depth. Students interviewed by the audit team reported that the importance of evidence-based practice is instilled in them from the start of their programmes. The annual Research Day provides an opportunity for all students to be exposed to the whole spectrum of St George's research and there are plans to mirror this with an Education Day in the future. These activities are underpinned by the co-location of St George's with the NHS Trust which provides opportunities for students to gain experience of clinical trials.

94 An important goal of the new Education Strategy is for St George's to be at the forefront of developments in healthcare and biomedical science education. Staff are kept abreast of recent developments in this field via a series of training events, seminars and lectures organised by the Section for Medical and Healthcare Education. Excellence in teaching is encouraged by allowing staff protected time for scholarship and by a promotion route that enables those with teaching and scholarship roles to be promoted to reader and professor grades.

95 The audit team agreed that St George's has effective procedures for linking teaching and learning with research and scholarship and that the embedded relationship between research, teaching scholarship and professional practice is a feature of good practice.

Other modes of study

96 Work-based and/or placement learning is an integral part of many of St George's programmes. Feedback from students indicates that the placements they are allocated are suitable and that during the placement period they are well supported and have opportunities to achieve the required competencies and learning outcomes. Students on the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme have reported that they would like to know the location of their placement earlier, and St George's is now working with providers to address this problem.

97 St George's considers that e-learning is a particular strength of its provision. It is managed and delivered by the E-learning Unit, which provides both academic and technological input via training workshops and one-to-one support for staff. Students met by the audit team noted that although there was a tendency for staff to use the virtual learning environment as a repository for information, others were using it to support learning proactively, for example by use of discussion boards and setting online tasks. The development of 'virtual patients' has supported problem and case-based learning and has enabled students to gain experience of decision making in timetabled sessions and as part of self-directed learning. Looking to the future, the Education Strategy emphasises the need to develop novel, interactive applications for use in competency based courses and for this to be accompanied by further staff development in e-learning and web applications. The audit team considers that St George's arrangements for other modes of study are effective in maintaining the quality of students learning opportunities, but that these would be enhanced by greater use of the virtual learning environment as a tool to proactively support learning.

Resources for learning

98 The co-location of St George's with the NHS Trust is seen by the students the audit team met as one of its most distinctive and important features. It is highly regarded by staff and students and, by allowing integration of research, teaching and scholarship with learning and professional practice, makes the institution attractive to potential applicants.

99 The Education Strategy emphasises the need to develop and maintain St George's infrastructure to support delivery and management of education. Learning resources are managed via the Space Strategy and Information Strategy committees which ensure that they are used in line with St George's strategic plans. Separate specialist library, computing and audio-visual and multimedia services within the Information Services Division are responsible for ensuring appropriate liaison with programme teams.

100 St George's students have access to a wide range of print and electronic library resources that are available on site and elsewhere in London. Dedicated liaison librarians serve different user groups and courses are provided to enable staff, students and researchers to help them access, evaluate and communicate information effectively.

101 Computing services underpin teaching, learning and communication within the institution. There are two electronic systems comprising the virtual learning environments. In some courses these are being used to provide blended and distance learning as well as being a repository for information.

102 Audio-visual and multimedia facilities have been developed to meet the specialist requirements of St George's students. These facilities include a large, open-access Clinical Skills Laboratory that enables students to practise and revise techniques in private study periods, and fibre network links that enable high quality television to be brought directly from operating theatres into classrooms.

103 Feedback from users indicates that learning resources are generally adequate, although students express the concern that as student numbers increase the pressures on resources will also increase. The audit team concluded that St George's approach to the provision of learning resources is effective in the management of learning opportunities.

Admissions policy

104 Overall responsibility for admissions rests with the St George's Senate. Oversight of recruitment and admissions processes is provided by the Admissions Group and

course committees. St George's has recently developed a new Student Selection and Admissions Policy, with the aim of ensuring that its recruitment processes are transparent, consistent and fair. The Policy will apply across all taught and research programmes. Entry requirements, admissions procedures and information on how to appeal against an admissions decision are fully described in the prospectus and on the St George's website. Admissions criteria are defined at the programme level and each programme has an admissions tutor. Admissions staff are trained for their roles. Students report that the information provided is clear and concise and provides an accurate representation of what studying at St George's is like.

105 St George's widening participation strategy involves working with schools, further education institutes and groups that are currently under-represented in higher education. It has received several awards, including, in 2008, a special commendation in the Times Higher Education Awards for the Widening Participation Initiative of the Year. This strategy is overseen by the Widening Participation Strategy Group. It recognises the need for it to be informed by educational research and the need to track student performance after entry. Access to the MBBS programme is promoted by a 'criteria-adjusted' A level entry scheme, a foundation programme (taught at Kingston University) and a graduate entry route.

106 Institutional oversight and review of admissions to undergraduate and taught postgraduate programmes is provided by Admissions Group and the Taught Postgraduate Courses Group respectively. St George's is encouraged by the audit team to consider extending the role of the Admissions Group to incorporate taught postgraduate programmes and to include it within its formal committee structures. The audit team concluded that St George's approach to admissions is sound and reflects the expectations of the relevant precepts of the *Code of practice, Section 10: Admissions to higher education*.

Student support

107 Students met by the audit team identified the 'friendly and family' atmosphere within St George's as a distinctive feature and one that creates a supportive environment for living and learning. Support for students is overseen by the Student Support and Welfare Committee which is chaired by the recently appointed Dean for Staff and Students. It meets termly, receives annual reports from service areas and reports to Senate.

108 Students met by the audit team reported that they were happy with the operation of the personal tutor system. A recent review of the system at St George's led to the creation of a generic handbook which defines minimum expectations of staff and their tutees. The personal tutor system is overseen by the Personal Tutor Coordinator. The audit team suggests that St George's pursues its plans to monitor the effectiveness of the new system and to ensure its consistent operation across the institution.

109 Pastoral support for students on taught postgraduate programmes is provided by the relevant Course Director. The audit team encourages St George's to ensure that this information is made clear to students, both in handbooks and at induction.

110 A wide range of central services is available to support students. The Student Centre is led by the Head of Student Services. The teams within it provide specialist support for students with disabilities, international students and help and advice with welfare, finance and accommodation. Each team submits an annual report to the Student Welfare and Support Committee. The Centre is very accessible to students and its staff are commended by students as being 'extremely approachable and eager to lend a helping hand with whatever you approach them with'. A free counselling service is available to all staff and

students. The Academic Skills Centre within the library also provides one to one advice and guidance to students on assignments.

111 The St George's Careers Service is available to undergraduates, postgraduates and contract research staff. It provides talks, one-to-one sessions and deals with queries by email. However, it is currently staffed on only one day a week and students report that at certain times of the year it is difficult to get an appointment. Students can also access the University of London Specialist Institution Careers Service and students in the Faculty of Health and Social Care Sciences can access the Careers and Employability service at Kingston University. The Careers Committee has recently approved the appointment of subject-based career development tutors from existing staff to ensure that careers advice is embedded in programme provision. Notwithstanding this, the audit team encourages St George's increase its capacity to provide trained careers support to students on-site.

112 The audit team concluded that the institution's arrangements for student support are effective in maintaining the quality of students' learning opportunities.

Staff support (including staff development)

113 In its Strategic Plan 2010-15, St George's identifies the need to 'attract, retain and nurture the most talented staff' as a key factor that will influence its ability to achieve its long-term goals.

114 Academic staff are located within divisions and are assigned to either a research, teaching and research, or teaching and scholarship role. The expectations of the different roles are clearly specified in the Academic Staff Performance Standards and Workload Distribution Framework. Staff in the Faculty of Health and Social Care Sciences are mainly Kingston University employees and are subject to a similar framework approved and managed through Kingston University.

115 St George's provides an extensive programme of training courses for administrative support, technical, research and teaching staff. This programme is overseen by the Senior Lecturer in Staff Development. All new lecturing staff who do not have a qualification in education or teaching are expected to complete St George's Postgraduate Certificate in Health Care and Biomedical Education. This is accredited by the Higher Education Academy. Equality and diversity training is mandatory for all staff. In addition, mandatory, specialist training is required for those staff undertaking problem and case-based learning and objective structured clinical examinations. All staff who do not have prior experience of supervising research degree students are required to attend the 'Introduction to Research Degree Supervision' programme and those who are new to supervision are mentored by an experienced colleague. All supervisors are required to attend a workshop on 'Best Practice in Research Degree Supervision and Continuous Professional Development' once every two years.

116 Peer observation of teaching was introduced in 2007. Staff interviewed by the audit team were supportive of the process. However, currently it is undertaken only once every three years and the institution may wish to consider increasing its frequency in order to strengthen its effectiveness and promote dissemination of best practice.

117 A new personal review system has been introduced. It is organised within divisions and reviewers are trained before embarking on the process. Although not compulsory, participation is strongly encouraged and is a requirement for promotion and the award of salary increments. Academic staff interviewed by the audit team reported that completing the revised online form helped reflection and forward planning. The outcomes of the review

process are discussed by the divisional staff development leads with the Senior Lecturer in Staff Development. The team suggests that St George's develops procedures that will enable it to link the outcomes of individual staff reviews with their training and development in order to ensure their continued engagement with the process.

118 The audit team noted that the current Human Resources Strategy encompasses the years 2008-10. It was informed that in planning the successor strategy, St George's will consider the impact of other strategies and changes in the external environment. The team encourages the institution to expedite this process, in order to support the achievement of its Strategic Plan (see paragraph 7).

119 The audit confirmed that St George's approach to staff support and development makes an effective contribution to its management of learning opportunities. The audit team agreed that confidence can reasonably be placed in the soundness of St George's present and likely future management of the quality of the learning opportunities available to students.

Section 4: Institutional approach to quality enhancement

120 St George's approach to quality enhancement is 'to encourage ownership by staff at programme level whilst providing structures through which enhancement activity can be supported and disseminated.' While St George's has no quality enhancement strategy, there is an intention that the developing Education Strategy, to be implemented by the Dean for Education and Quality Assurance and Enhancement Committee (QAEC), will 'have an enhancement focus' as it will articulate the steps taken at institutional level to improve the quality of learning opportunities.

121 The audit team noted that the newly formed QAEC has within its comprehensive remit 'the responsibility for teaching, learning and assessment policy and strategy (including enhancement)'. QAEC intends to hold an annual meeting, the first of which is to take place in the autumn of 2011, to which all course directors will be invited in order to share good practice and influence the committee's enhancement activity. The audit team, while unable to form a judgement in relation to the committee's enhancement activities due to its recent creation, encourages the institution to ensure such activity takes place.

122 The Section for Medical and Healthcare Education, formed in 2005, has an enhancement role across the institution in terms of pedagogic methods. The audit team noted that the Section had a remit covering assessment methodologies; educational technology; curriculum development; educational research; international partnerships; and developing postgraduate medical and healthcare education. The audit team learned of the role of the Senior Lecturer in Medical and Health Education and also heard that the Section organises a programme of external speakers on teaching, learning and assessment issues which is advertised widely. The team formed the view that the Section had a significant role in contributing to staff development in educational pedagogy. The team heard that the E-learning Unit plans over the next 18 months to concentrate on developing the use of educational technology to support the increasingly diverse and dispersed educational programmes in the institution, building on the success of the 'virtual patient'.

123 St George's has recognised the need to take 'deliberate steps at institutional level' to enhance and support the postgraduate experience across the institution through a number of initiatives, including establishing the Graduate School for both taught and research students, the divisional postgraduate coordinators and the review of supervisor quality.

124 St George's review of the undergraduate personal tutor system in 2010, led by the Dean for Staff and Students, aimed to provide equity in the service offered to students across the institution. The development of a tutor handbook, available to staff and students, outlining the roles and responsibilities of tutors and the appointment of the tutor coordinator has potential to enhance the effectiveness of the tutor system for both students and staff.

Management information - quality enhancement

125 St George's is currently investing in enhancements to the institutional student records system and has recently established a planning office with a remit to develop the capability to use management information in the institutional planning round. These steps should enable St George's to make more extensive progress in addressing the recommendation in the 2005 audit to allow cross-institutional and inter-institutional comparisons of student performance. As part of the planning process, linked with the forthcoming publication of new strategic documents such as the Education Strategy, St George's is developing specific key performance indicators (KPIs), for example regarding the National Student Survey, leaver destinations and widening participation. These KPIs will be based on the Higher Education Information Database for Institutions, thereby enabling future benchmarking against other higher education institutions.

Good practice

126 St George's indicated in the briefing paper that the committee structure enables identification, discussion and dissemination of good practice. The audit team found that good practice identified in institutional activities such as programme approval, monitoring and review, including feedback from external examiners, was disseminated to relevant committee members as reporting occurred through the committee structure. St George's stated that peer observation of teaching, consideration of professional, statutory and regulatory body reports and the recent review of the tutor system where staff shared their experiences, all contributed to sharing and dissemination of good practice.

127 The audit team found that Annual Programme Monitoring Reports, which include sections on good and commendable practice, were published on the public website.

128 The audit team noted that in its 2008-09 report to the University of London, St George's stated in relation to the good practice identified by visiting examiners in their reports that, 'there is no obvious way that instances of good practice that are very varied (both in scope and in terms of the level of detail in which they are described) can be broadcast to a wider audience.'

129 While the audit team recognises some of the difficulties in disseminating good practice, it considers it desirable that St George's introduce effective mechanisms to enable good practice, however identified, to be disseminated more widely within the institution.

Section 5: Collaborative arrangements

The institution's approach to managing its collaborative arrangements

130 The report from the previous Institutional audit in 2005 noted that St George's had suspended or withdrawn from all but one of the collaborative partnerships that had been in place in 2002. St George's has since increased its collaborative provision substantially. Recent growth in collaborative provision is demonstrated by St George's register of

collaborative activity, which currently identifies 11 collaborative partnerships including an articulation agreement, a validation agreement, and a module sharing agreement as part of the South West London Academic Network. While most of the collaborative partnerships are with UK higher education institutions and NHS providers, the register includes arrangements with partners in Malaysia, Gibraltar, and the Gambia.

131 The joint venture with Kingston University in respect of the Faculty of Health and Social Care Sciences extends beyond the programme-orientated definition of collaborative provision as outlined in the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. For this reason, and on account of the shared management structures, St George's does not consider the joint venture to be collaborative provision. However, the one programme outside the Faculty of Health and Social Care Sciences that is delivered collaboratively with Kingston University is included in the register of collaborative activity.

132 While St George's considers its portfolio of collaborative provision to be low risk, it is currently expanding the size and complexity of it. This is aligned with the objective set out in the Strategic Plan 2010-15 '...to build and sustain collaborative partnerships with universities, the NHS and other relevant organisations within and outside of London'.

133 In 2010, St George's approved its first validated undergraduate and postgraduate programmes in collaboration with the Royal Marsden NHS Foundation Trust. It is now also in the advanced stages of the programme approval process for what would become its first overseas franchise should the programme be approved. In addition to this, a small number of new collaborative arrangements are currently under consideration, including an additional postgraduate pathway in partnership with the Royal Marsden NHS Foundation Trust, and potential undergraduate and postgraduate arrangements with a higher education institution in Malaysia.

134 St George's considers that the volume and complexity of its collaborative activity has not been sufficient to warrant separate structures and processes for managing quality and standards. In the absence of an overarching strategy or policy relating to collaborative provision, the main formal source of information relating to collaborative provision is Section L of the Quality Manual. The information in the manual focuses almost exclusively on the validation process and much of it is outdated. Consequently, the manual does not fully reflect the current and emerging practice arising from the increasing size and complexity of the portfolio of collaborative provision. The audit team considered that this short section of the Manual should be expanded, updated, and reviewed regularly thereafter to ensure its effectiveness as a reference point for staff at St George's and its partner institutions (see also paragraph 48).

135 A register of collaborative activity is maintained by the Secretariat, published in the Quality Manual and online, and updated whenever new collaborations are agreed or reviewed. The manual is produced in hard copy and on the external website, and revised biennially; the version of the register therein differs from the live version. Four different versions of the register were provided to the audit team, including a full register and a short, slightly different appendix in the Quality Manual. The various versions of the register included inconsistencies in the accuracy, range, and depth of data presented. For example, for the FdSc Long Term Conditions and the FdSc Breast Imaging, different versions of the register contain conflicting data regarding the date of the initial agreement and the date of first recruitment to the programme respectively. None of the versions of the register consistently contain key information such as the type of collaboration; the precise date when each agreement was signed; the dates of the previous and next review of each agreement; and the maximum, and actual, numbers of students enrolled on each programme. The audit team considered that St George's should introduce, document, and implement a formal

procedure for reviewing and updating the register to ensure that it remains accurate, comprehensive, and fit for purpose.

136 As St George's does not have a formal definition of 'collaborative provision', the term is interpreted broadly to capture a breadth of collaborations and partnerships that extend beyond the programme-orientated definition contained in the *Code of practice*. This has resulted in some confusion among staff regarding what constitutes collaborative provision, and whether certain programmes should be included in, or removed from, the register of collaborative activity.

137 Similarly, St George's does not define all the terms that it uses in relation to collaborative programmes and agreements (for example, validation, franchise, articulation agreement, Institutional Agreement, Memorandum of Agreement, Memorandum of Understanding). The audit team acknowledges the progress that has been made in this area recently, and encourages St George's to progress its intention to introduce definitions of different kinds of collaborative provision. It also suggests that St George's incorporates an institutional definition of collaborative provision, and a full taxonomy of related terms, within institutional policy and guidance.

Academic infrastructure

138 St George's states that it intends to adhere fully to the precepts articulated in the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, and notes that it uses the *Code of practice* as a key reference document when considering proposed collaborations. St George's identifies the Strategy, Planning and Resources Committee (SPARC), the International Committee, and the Director of International Relations as being responsible for ensuring that its policies and procedures for collaborative provision align with the *Code of practice*. In addition to this, the Terms of Reference for Quality Assurance and Enhancement Committee include the responsibility for developing collaborative educational ventures: a responsibility that previously rested with Learning, Teaching and Assessment Committee. However, the details of the respective responsibilities for the various committees and posts do not appear to be articulated formally, and it is not immediately evident how these responsibilities are discharged.

139 The use of the Academic Infrastructure in the approval process was evident in the examples of validation reports seen by the audit team. One exception was the recently approved undergraduate and postgraduate programmes delivered in collaboration with the Royal Marsden NHS Foundation Trust; the validation report does not include an explicit statement to confirm that the programme aligns with the Academic Infrastructure. While acknowledging that this one case appears to be an exception, the audit team recommends that all validation and review reports include confirmation of alignment with the Academic Infrastructure, in line with St George's documented procedures (see also paragraph 16).

Approval, monitoring, and review of collaborative arrangements

140 St George's describes its past approach to developing collaborative links as 'reactive and somewhat uncoordinated'. However, it recently appointed a Director of International Relations and established an International Committee to develop an International Strategy and provide oversight of activity in this area. St George's intends to develop a more strategic and coordinated approach to partnership approval. This will be informed by a review of approval and review processes for collaborative provision, which will take place during summer 2011. St George's confirmed that the review would consider both

home and overseas collaborative provision. The audit team strongly encourages the institution to make further progress in this area, especially in light of its intention to increase collaborative activity.

141 The procedure for approving collaborative programmes mirrors the standard three-stage approval process with the additional requirement of the approval of the proposed partner ('due diligence checks'). While the Quality Manual states that this is a procedural requirement, the audit team noted that due diligence checks could be partially waived, but only in the case of the NHS or established higher education institutions in the UK. St George's is currently producing documentation relating to the approval of collaborative activity, including requirements for due diligence checks and criteria against which proposed partnerships will be considered. The documents are an interim measure, pending the review of approval and review processes, and their use in the approval process is not mandatory at present. The audit team suggests that St George's coordinates its current activities and emerging documentation in this area to establish clearly defined mechanisms for approving collaborative partners and programmes that can be incorporated within institutional policy, procedures, and guidance.

142 All collaborative programmes are required to have a formal written contract, known as an Institutional Agreement, which is signed before students are enrolled on a programme. The documentation provided to the current audit team confirmed that agreements were in place for most collaborative programmes. However, there were some exceptions. The Certificate in Foundation Studies does not appear to be governed by an Institutional Agreement even though it leads to a St George's award and is included on the register of collaborative activity. In the case of the FdSc Paramedic Science, the Institutional Agreement ended on 31 December 2010, and a revised agreement has not been produced because funding changes have resulted in confusion regarding whether the programme is still collaborative. The FdSc Breast Imaging programme appears to have been running without an Institutional Agreement from 2008 until 2011; while two separate agreements have since been produced to take effect from 1 September 2010, one of the documents was signed retrospectively on 14 January 2011. In several cases, including the recently-approved programmes delivered in collaboration with the Royal Marsden NHS Foundation Trust, the dates on which the agreements were signed are not provided. The audit team suggests that St George's introduces clear procedures for issuing, signing, and reviewing institutional agreements, and that it embeds the procedures within institutional policy and guidance.

143 The documentation provided by St George's confirmed that the validation process included appropriate externality and input from members of other higher education institutions, partner institutions, St George's Healthcare NHS Trust, and, where appropriate, e-learning specialists and employers.

144 The audit team noted that, while SPARC is formally responsible for issuing approval in principle within the validation process, and Senate is ultimately responsible for approving new programmes and courses of study, Council had a prominent role in the initial stages of the partnership approval process for the proposed franchise in Cyprus. Further discussions with staff confirmed that there is lack of clarity regarding the locus of responsibility for the institutional management and oversight of collaborative provision, particularly in relation to partner and programme approval processes where these differ from Section I of the Quality Manual. The team agreed that it is advisable for St George's to identify the locus of responsibility for the institutional management of collaborative provision, including the approval of new arrangements.

145 During the briefing visit, the audit team found that a proposed new programme that had not yet been approved was being advertised on the internet without clear indication that it was available subject to validation. St George's rectified this immediately by revising the

information on its intranet during the briefing visit. The audit team reviewed the standard text of offer letters that had been sent to successful applicants, and confirmed that these included a statement regarding the status of the programme (see also paragraph 186).

146 Given that procedures for managing the quality and standards of collaborative programmes mirror those for home provision, currently there are no additional procedures for monitoring and reviewing collaborative provision.

External examiners

147 Arrangements for visiting examiners for collaborative provision are the same as for home provision.

148 At the time of the audit, St George's was in an advanced stage of the validation process for what would be St George's first overseas franchise should validation be successful. Meetings with staff who were involved in the design and management of the programme confirmed that St George's intended to use the same external examiner for both the home and overseas programmes to ensure consistency.

Staff development

149 Issues relating to staff development are considered as part of the validation process. The audit team noted that staff in partner institutions were able to undertake training and developmental opportunities at St George's, and, in some cases, the Postgraduate Certificate in Learning and Teaching in Higher Education offered by Kingston University.

150 With regard to the proposed franchise in Cyprus that was undergoing validation at the time of the audit, an extensive programme of training, mentoring, and ongoing support for partner staff in various locations had been drafted. The intention was that, should validation be successful, staff at the partner institutions would also be eligible to enrol on the St George's Postgraduate Certificate in Healthcare and Biomedical Education, and attend other training opportunities it offers.

Student support and feedback

151 Student handbooks provide comprehensive information on the support available to students and the complaints and appeals procedure. The students whom the audit team met spoke positively about their experience of studying at St George's and were generally happy with the support they had received.

152 Student feedback is obtained by the same methods as for home students, including representation on course committees and involvement in the Student Experience Survey. Documentation from course committees confirmed that student representatives were in attendance at the meetings and appeared to be active members. However, comparatively few students from collaborative programmes had responded to the Student Experience Survey. The audit team encourages St George's to consider how it might increase response rates to improve further its understanding of the experience of students undertaking collaborative programmes.

153 At the time of the audit, two collaborative programmes were being discontinued. St George's and its partner institutions had considered issues relating to programme management and resources, and were putting in place arrangements to support current students as they complete their programme of studies.

154 The audit team concluded that there are areas where St George's could improve its management of academic quality and standards in relation to collaborative provision, and considered it advisable that, during the 2011-12 academic year, the institution introduce and fully implement comprehensive institutional policy, procedures and guidance, reflecting the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* to provide definitions of the types of collaborative partnerships entered into by the institution, and to underpin the strategic planning and operational management of home and overseas collaborative provision including the approval, monitoring, and review of collaborative partners, programmes, and agreements.

Section 6: Institutional arrangements for postgraduate research students

Research forms an integral part of the work of St George's. The location of St George's within a large teaching hospital provides opportunities for research with a scientific basis that has a clinical application. St George's offers postgraduate research degree programmes leading to MPhil, PhD and Doctor of Medicine, Research (MD,Res, aimed specifically at University of London research students in clinical practice). The current headcount for postgraduate research students in 2010-11 is 115, of whom 82 (71 per cent) are studying part-time and 26 (22 per cent) originate from the EU and overseas. Of the total student body at St George's, 3.4 per cent are on research degree programmes

155 St George's made submissions to eight units of assessment in the 2008 Research Assessment Exercise, two of which were made jointly with Kingston University, and all academic areas were judged to include internationally recognised research, with between 0 and 15 per cent of the outputs submitted categorised as world leading. This outcome was considered by St George's to be disappointing and has resulted in the focusing of key research strengths into six discrete research centres within three academic divisions. The membership and leadership of the research centres was discussed in the Research Strategy Committee and approved by the Strategy, Planning and Resources Committee (SPARC). Research centres are envisaged as part of an academic division and heads of research centres report to heads of division. Not all research-active members of staff are involved in research centres.

156 The Research Degrees Committee reports to Quality Assurance and Enhancement Committee and advises Senate and Council on all matters of policy relating to postgraduate strategy in general and the postgraduate student experience. It is responsible for assuring the quality of research programmes and maintaining the standards of awards. The Research Degrees Committee also has the responsibility to ensure that St George's procedures engage with the *Code of practice, Section 1: Postgraduate research programmes*. It oversees, implements and evaluates a regulatory framework for research, as codified in the Research Degrees Student Regulations Handbook. The responsibilities, entitlements and support available to research students and their supervisors are detailed in the Research Degrees Supervisor Handbook and Research Degrees Student Handbook.

157 The role of the Research Strategy Committee is to drive the Research Strategy, to act as a proponent for research at St George's and to be the voice of research feeding into Senate and SPARC. It is also responsible for the implementation of the Concordat for Researchers and receives annual reports of postgraduate research student progression and completion rates.

158 The Research Governance Committee aims to provide assurance to the St George's Trust Board and the St George's Council that both the hospital and the

institution are adhering to the obligations of the Medicines for Human Use (Clinical Trials) Regulations and to the principles set out in the Research Governance Framework of the Department of Health (2005). It reports quarterly to Council via the Research Strategy Committee, which also informs Senate and the Strategy, Planning and Resources Committee, providing assurance that optimal clinical outcomes are being achieved.

159 In 2008, St George's established a Graduate School headed by a Dean of Postgraduate Studies and two deputy heads with administrative support provided by the Registry. One Deputy Head has responsibility for postgraduate taught provision and chairs Taught Postgraduate Courses Committee, while the second is responsible for postgraduate research provision and chairs the Research Degrees Committee. The Graduate School has operated as a virtual, organisational focal point for postgraduate activities hitherto and a physical presence is soon to be established with the provision of dedicated teaching and social space in 2011-12.

160 The audit team considered the overall institutional arrangements for research degrees to be satisfactory and engaged with the *Code of practice, Section 1: Postgraduate research programmes*.

161 The St George's Strategic Plan 2010-15 contains the strategic aim 'to pursue and attain excellence in a focused scientific, clinical and educational research portfolio'. It was anticipated that a highly focused Research Strategy would be completed by early 2011. Slippage was noted, however, in the development of research centre plans. While it was agreed in Research Strategy Committee that the review of the Research Strategy would be informed by input from the research centres into divisional plans and incorporated into an institutional strategy, the audit team was informed that, at the time of its visit, June 2011, research centre plans were not available to it as the plans were still in development. It was also noted by SPARC that some areas were behind schedule in the implementation of the Strategic Plan. Thus, details of the future strategic direction of research at St George's remain under active discussion. The team encourages St George's to expedite the development of the supporting strategies for research against agreed indicators and targets.

162 A Review of Postgraduate Studies 2005-10 and Postgraduate Strategy for 2010-15, was discussed in Research Strategy Committee in 2010 and approved by SPARC and Senate in October and November 2010, respectively. The review detailed concerns regarding the quality of the postgraduate research student experience, focusing on submission, completion and attrition rates. The quality assurance of the supervision available to postgraduate research students was also highlighted as an area of concern. The review of research degree programmes noted that of the existing postgraduate research student population: 20 per cent (14) were writing up, of which 12 were already out of time for a four-year submission; in the last three years, 58 per cent of full-time postgraduate research students (14 out of 24) submitted in under four years, indicating the late submission of 42 per cent; 25 per cent of the currently registered part-time PhD students were either over or very close to the eight-year time limit; the number of new part-time registrations for PhD had declined steadily from 21 in 2005 to four in 2009-10, while the number of full-time PhD registrations had been relatively constant; approximately 50 per cent of registered postgraduate research students were funded on schemes which no longer existed; and there is a steady attrition rate of one or two PhD students each year.

163 The review also noted an uneven distribution of postgraduate research students in St George's in that over 50 per cent were located in the Division of Clinical Sciences; 20 to 30 per cent were located in the Division of Biomedical Sciences; 10 to 20 per cent were located in the Division of Population Health Sciences and Education; and 10 per cent were located in the joint Faculty of Health and Social Care Sciences.

164 In relation to completion rates, the problem was seen as an issue of supervisors not understanding the issues involved. Research Strategy Committee agreed to encourage supervisors to attend training and refresher courses concerning the student-supervisor relationship and to ensure the transfer to PhD and completion rates within Research Council guidelines. A research-active member of staff met by the audit team spoke positively about the compulsory training and refresher sessions available for supervisors. (See paragraphs 113 to 119.) The team supports St George's in its efforts in this regard and encourages it to explore more ways in which to generate and act on research student feedback on their experiences of supervision.

165 Research Strategy Committee has also agreed revisions to the Personal Development Review Form for 2011-12 to include completion rates for each supervisor and suggested key performance indicators for research. Furthermore, Research Strategy Committee discussed the introduction of an evidence-based scheme to assess the quality of supervision, to be implemented in 2011-12, that will provide an efficient monitoring process for research degree supervision across the institution. A formal scheme to gather non-attributable feedback from research students relating to their perceptions of their experience of working with their lead supervisor at St George's will also be introduced. The audit team considered it desirable that St George's continue to address issues relating to the completion rates of postgraduate research students.

166 St George's is aware of national issues and challenges in relation to the funding of new postgraduate research students and has encouraged each research centre to develop an appropriate recruitment strategy. Research Strategy Committee discussed consolidating international research links with joint research students and attracting overseas students by reducing fees, a proposal which has been substantiated in the draft International Strategy.

167 All research students are located within a division or a school of the Faculty of Health and Social Care Sciences. Each division has a Postgraduate Coordinator responsible for the students' academic well-being, research environment, progress and pastoral support. The role rests with the Faculty Postgraduate Coordinator in the Faculty of Health and Social Care Sciences. The Postgraduate Coordinator acts as a focal point for any issues raised by research students or staff. While it is too early to assess the impact of the reorganisation of postgraduate researchers into research centres, the audit team noted positive student comments and, in addition, positive comments on the assistance provided by and the accessibility of the Postgraduate Coordinator. The audit team formed the view that the role of the Postgraduate Coordinator in supporting the postgraduate research community and their supervisors is a feature of good practice.

168 Entry requirements are published on the St George's website and guidance on the application process and the conduct of interviews is included in the Core Code of Practice. Applications are managed by potential supervisors and the postgraduate admissions team, and scrutinised by the Research Degrees Committee. Applicants are normally interviewed by a panel to which admissions guidelines are provided. Where possible, the Dean or Associate Dean of Postgraduate Studies is a member of the panel to provide consistency and experience. All staff involved in the recruitment and selection are appropriately trained for their roles.

169 Induction events are organised by the institution, the academic divisions and/or by the Faculty of Health and Social Care Sciences. New research students are issued with the Postgraduate Research Student Handbook, which is also available on the St George's intranet, and, during the first week of study, both the lead supervisor and the student are required to sign an agreement, introduced in 2010, which clarifies the responsibilities of each party.

170 The supervisory team comprises at least two members of staff, and the institutional expectations of supervision are set out in the Research Degree Supervisors Handbook. New supervisors are required to attend the in-house Introduction to Research Degree Supervision programme and are expected to work with an experienced supervisor. All supervisors are required to attend a workshop on Best Practice in Research Degree Supervision and Continuous Professional Development every two years. A supervisor quality monitoring scheme is due to be introduced in October 2011, subject to approval by relevant committees and Senate. In view of the concerns regarding completion rates (see paragraph 165), St George's is encouraged by the audit team to continue to develop initiatives to enhance the engagement of supervisors in monitoring research student progress.

171 St George's has an effective framework designed to support students' development as researchers and to monitor individual progress within an expected timeframe, as set out in the Staff and Student Handbooks. Formal meetings with supervisors are held every six months to review progress, with reports signed by all supervisors and the Divisional Coordinator. The Divisional Research Coordinator also attends Research Strategy Committee to report on research student progress. Research students maintain a portfolio of their research and training development which is audited every six months by the Postgraduate Coordinator and reviewed by internal examiners as part of the transfer process from MPhil to PhD. Examiner reports on the transfer process are discussed in Research Degrees Committee and shared with the student, the supervisory team and the Postgraduate Coordinator.

172 A bespoke research training programme is designed for each student, based on a formal analysis of research competences undertaken with the supervisors within six weeks of enrolment, delivered as a series of in-house courses, with records kept in the individual portfolio. The skills sessions are mapped to the Joint Skills Statement of the Research Councils UK (RCUK) and contribute to the recently launched Postgraduate Certificate in Research Skills which addresses the needs of the RCUK Concordat for Researchers. St George's offers its research staff opportunities for technical and career development. Its research students can also access similar programmes at partner institutions and residential summer schools organised via the South West London Academic Network. A high level of postgraduate research student satisfaction was noted in the annual report of postgraduate training in 2010.

173 Postgraduate research students are allowed to teach, but for not more than six hours each week. They may act as facilitator, demonstrator or tutor from time to time. If so, they are given appropriate training, preparation and support in the role.

174 Formal written feedback is obtained three months after registration, at the time of transfer and at examination. Lunchtime discussion sessions with new students are hosted by the Dean of Postgraduate Studies and feedback is discussed annually in Research Degrees Committee. Student evaluations of training sessions are analysed by the Postgraduate Administration Team in Registry. Issues are also raised informally with the Postgraduate Team, the Divisional Postgraduate Coordinator and with the Graduate School. St George's plans to subscribe to the national Postgraduate Research Experience Survey and the Postgraduate Taught Experience Survey in 2011-12.

175 There is postgraduate research student representation on Research Degrees Committee and on Research Strategy Committee. The Research Degrees Committee has three representatives, one of whom attends Senate. Reporting back to the postgraduate research community is by email or informally by face-to-face communication. Postgraduate research student representatives tend to volunteer themselves rather than being elected. The audit team was informed that the Students' Union had not previously engaged with the

postgraduate research student community, but plans to take steps actively to engage with them when a physical social space becomes available, as part of the Graduate School.

176 St George's plans to use its Research Degree Awarding Powers from October 2011. The appointment of examiners and the organisation of examinations will continue to follow the regulatory framework of the University of London. Viva voce examinations are conducted by an examiner external to St George's but internal to the University of London in the presence of an examiner external to both St George's and the University.

177 Complaints from postgraduate research students are resolved informally, wherever possible. The Complaints Procedure at St George's applies to all students at all levels of study and is included in the Research Degrees Student Regulations Handbook. A Procedure for the Consideration of Appeals is issued by the University of London. The Head of Academic Office at the University of London confirmed that appeals are rare from St George's' candidates.

178 The audit team was satisfied that the assessment procedures for research degree programmes, as described in the Research Degrees Student Regulations Handbook, reflect the *Code of practice, Section 1: Postgraduate research programmes*.

179 St George's has an effective framework designed to support research students. The audit team considered the overall institutional arrangements for research degrees to be satisfactory and reflect engagement with the *Code of practice, Section 1: Postgraduate research programmes*.

Section 7: Published information

180 St George's has in place appropriate mechanisms for assuring the accuracy of published information. Responsibility for ensuring accuracy and completeness of published information rests with the appropriate key functions. The Student Recruitment Unit, with input from academic leads and other administrative services, for example, admissions, is responsible for coordinating publication of the undergraduate and postgraduate taught prospectus which is formally signed off by the Secretary and Academic Registrar.

181 For programmes managed by the joint faculty, a separate team within that faculty manages the web and printed materials, working closely with the Media and Communications Team in St George's. Corporate identity guidelines and a communications handbook are available to ensure consistency of publications.

182 The audit team was informed that programme specifications, published on the institution's public website, are reviewed each year and approved for re-publication by the Secretariat. Staff who met the team were unable to confirm if this annual updating took place or by whom.

183 The Media and Communications Team maintains the institutional web pages, with departments being responsible for ensuring the accuracy and currency of their specific pages.

184 The audit team examined St George's website and found that, while the undergraduate prospectus could be downloaded, the postgraduate taught prospectus could not. However, the audit team learned that the postgraduate area was being updated and noted that the taught postgraduate courses information was comprehensive and in some cases linked to a printed document.

185 At the briefing visit, the audit team found reference on a proposed partner's website to the St George's Bachelor of Medicine, Bachelor of Surgery programme to be delivered without any reference to the validation due to take place in June 2011. At the time of the audit visit, revisions had yet to be made to the websites of the proposed partner institution to clarify that the programme was available subject to validation. The audit team noted the efficiency with which St George's had updated the information on its website, but concluded that there was a need to introduce more effective mechanisms for maintaining active oversight of publicity information issued by partner institutions.

186 St George's is recommended to ensure that all publicity materials for programmes still to be validated clearly state this is the case and, where collaborative partners are involved, that St George's has control over such publicity produced by the partner (see also paragraph 145).

187 In the student written submission, students confirmed that the information on courses was generally accurate and helpful, although information on timetabling, clinical placements and information for those on new courses, could in some cases be more timely. Students who met the audit team indicated that programme and module handbooks contained much useful information and were easily accessed through the portal.

188 St George's states in the briefing paper that the Secretariat has responsibility to ensure that teaching quality information meets the requirements of Annex F of HEFCE Circular 06/45, is accurate and publically available on St George's external website. The audit team found St George's website to have the appropriate institutional context documents available under the Governance section: programme specifications, and outcomes of internal review in relation to information about the academic quality and standards of the programmes. The team commends the institution for making such information publically available, however they found the associated text included the dates 2007-08 and the links to the Strategic Plan, Education Strategy and St George's Quality Assurance procedures led to a password protected portal. St George's is encouraged to ensure that the public website is up to date and that live links are active with the information available. The team found no evidence of publication of internal student surveys. St George's may wish to consider posting the results of the 2009 and 2011 student survey, when completed.

189 The audit team was able to verify that St George's provides the type of information required by Annex F of HEFCE Circular 06/45 and that the information placed on the Unistats and UCAS websites and, in general, on their own public website is accurate. Notwithstanding the comments on the need to ensure accuracy in relation to still to be validated collaborative programmes (see paragraph 186) and the updating of websites and live links (see paragraph 188), the audit team concluded that reliance could reasonably be placed on the accuracy and completeness of the information that St George's publishes about the quality of its educational provision and the standards of its awards.

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