



# **Institutional audit**

**St George's Hospital Medical School**

**June 2011**

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## Preface

The Quality Assurance Agency for Higher Education's (QAA's) mission is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out Institutional audits of higher education institutions.

In England and Northern Ireland QAA conducts Institutional audits on behalf of the higher education sector, to provide public information about the maintenance of academic standards and the assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council for England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations to assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies, and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the then Department for Education and Skills. It was revised in 2006 following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and to evaluate the work of QAA.

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002 following revisions to the United Kingdom's (UK's) approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the Institutional audit process is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in The framework for higher education qualifications in England, Wales and Northern Ireland and are, where relevant, exercising their powers as degree awarding bodies in a proper manner
- providing learning opportunities of a quality that enables students, whether on taught or research programmes, to achieve those higher education awards and qualifications
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews and on feedback from stakeholders.

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

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of awards
- the confidence that 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.

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and the quality of provision of postgraduate research programmes

## Institutional audit: report

- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research
- the reliance that can reasonably be placed on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards.

If the audit includes the institution's collaborative provision the judgements and comments also apply unless the audit team considers that any of its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment on the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its awards.

### **Explanatory note on the format for the report and the annex**

The reports of quality audits have to be useful to several audiences. The revised Institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students
- the **report** is an overview of the findings of the audit for both lay and external professional audiences
- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary, the report and the annex are published on QAA's website.

## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the St George's Hospital Medical School (St George's) from Monday 6 June to Friday 10 June 2011 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.

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

In Institutional audit, the institution's management of both academic standards and the quality of learning opportunities is audited. The term 'academic standards' is used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK. The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve the awards. It is about the provision of appropriate teaching, support and assessment for the students.

### Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of 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 St George's 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 demonstrates 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 that 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 as being good practice:

- the attendance of Registry staff at examination boards that ensures consistent practice across the institution (paragraph 28)
- the embedded relationship between research, teaching scholarship and professional practice (paragraph 44)
- the role of the Postgraduate Research Coordinator in supporting the postgraduate research student community and its supervisors (paragraph 84).

## Recommendations for action

The audit team recommends that St George's consider further action in some areas.

The team advises St George's to:

- 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 9)
- specify time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review (paragraph 18)
- identify the locus of responsibility for the institutional management of collaborative provision, including the approval of new arrangements (paragraph 61)
- 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 73).

It would be desirable for St George's to:

- expedite the development of the supporting strategies for the Strategic Plan 2010-15 (paragraph 5)
- 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 12)
- 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 15)
- develop and implement an institution-wide policy to specify a timescale for the return of assessed work to students (paragraph 31)
- develop further institutional level analysis of student data, including benchmarking with other research-led medical schools (paragraph 33)
- introduce effective mechanisms to enable good practice, however identified, to be disseminated more widely within the institution (paragraph 58)
- continue to address issues relating to the completion rates of postgraduate research students (paragraph 83).

## Reference points

To provide further evidence to support its findings, the audit team investigated the use made by St George's of the Academic Infrastructure, which provides a means of describing academic standards in UK higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which are:

- the *Code of practice for the assurance of academic quality and standards in higher education*
- the frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland
- subject benchmark statements
- programme specifications.

The audit found that St George's took due account of the elements of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to students, but further work is required regarding the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

## Report

1 An Institutional audit of St George's Hospital Medical School (St George's) was undertaken during the week commencing 6 June 2011. The purpose of the audit was to provide public information on St George's management of the academic standards of the awards that it delivers in its own name and those it offers on behalf of the University of London, and of the quality of the learning opportunities available to students.

2 The audit team comprised Professor Andy Cobb, Dr Karen King, Dr Elena Martin, Dr Jon Scott and Dr David Wright, auditors, and Mrs Louise Walmsley, audit secretary. The audit was coordinated for QAA by Mr Derek Greenaway, Assistant Director, Reviews Group.

### Section 1: Introduction and background

3 St George's traces its development back to the founding of St George's Hospital in 1733; its first links to the University of London in the 1830s; becoming a constituent school of the University of London in 1900 and the move to its current purpose-built site in 1976. In 2009 St George's gained taught degree and research degree awarding powers and intends to award first, master's and research degrees for students enrolling from 2011, while remaining a constituent college of the University of London.

4 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.

5 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'. A Strategic Options Review in 2007-08 resulted in the 'Future St George's' programme, articulated in the Strategic Plan 2010-15 and supported by a number of subsidiary strategies, yet to be approved, including Research, Education, International, and Information. The audit team agreed that it is desirable that the institution expedite the development of the supporting strategies for the Strategic Plan 2010-15.

6 Since the previous audit in 2005, St George's has undergone a number of changes, including restructuring of the Faculty of Medicine and Biomedical Sciences, based on research activities, reconfiguration of senior management, a review of the committee structure and the development of two key strategic partnerships: the South West London Academic Network (SWAN) established in 2007 and the Academic Health Sciences Network (AHSN) established in 2009-10. The audit team considered this latter partnership as a potentially significant development in collaboration between professional disciplines.

7 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 of the academic standards of its awards. The report recognised three features of good practice. The audit team also made a number of advisable and desirable recommendations. St George's submitted action plans in response to the recommendations in February 2006 and October 2007. The current audit team found that, while effective action had been taken in responding to several of the recommendations raised in the previous report, further attention is required on:



- demonstrating alignment with the Academic Infrastructure
- specifying time limits for the conditions and recommendations set through validation and periodic review
- ensuring collaborative provision agreements are in place
- developing regular institutional-level analysis of student data.

8 St George's quality framework is 'a distributed leadership approach that values and promotes flexibility and embeds responsibility for quality management into all layers of the organisation.' Ultimate institutional responsibility for academic standards and the quality of learning opportunities rests with Senate, reporting to Council which delegates this responsibility to a number of subcommittees. St George's articulates the academic standards of its awards through the General Regulations for Students and Programmes of Study.

9 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 in July 2009. However, the audit team found the Quality Manual to be out of date, with references to former committees, 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 (see also paragraph 62). The audit team agreed it 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.

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

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

### **Programme approval, monitoring and review**

11 The Strategy Planning and Resources Committee considers the strategic fit of proposed programmes and any resourcing issues. Following 'Approval in Principle' the course team undertakes detailed development prior to validation. From 2010-11, St George's has adopted a system of bespoke validation panels to ensure an appropriate range of expertise, thereby addressing the recommendations of the 2005 QAA audit. The panel memberships reviewed by the audit team were all chaired by senior members of staff, independent of the proposing subject area, and included appropriate external membership.

12 The validation panels examine academic standards, teaching and assessment and alignment with the Academic Infrastructure. Registry reports annually to the newly formed Quality Assurance and Enhancement Committee, enabling monitoring of progress, sign-off of the action points and identification of emerging themes. In the 2009-10 annual report it was stated that the reports explicitly confirmed 'compliance' with the *Code of practice*, however, the audit team found that confirmation of engagement with the *Code of practice* was lacking from some recent reports. The audit team considered it desirable that St George's ensure that all validation and review panel reports include confirmation of engagement with the Academic Infrastructure in line with documented procedures.

13 Approval may be subject to conditions or recommendations, with a deadline for receipt of the response from the course team. In some instances, the responses from the

course team set out agreement to specific actions, rather than confirming their implementation.

14 St George's considers that the processes have recently been enhanced through strengthening of the Strategy Planning and Resources Committee's role and increasing the number of staff involved in the panels, with training being available for first-time participants (see Section 5).

15 The Annual Programme Monitoring Review reports include consideration of student progression statistics as well as programme management and resourcing. In the light of the recommendation from the 2005 QAA audit, the reports also include consideration of student feedback through module evaluations and the National Student Survey results. Although the reports summarise changes to the programme in the review year, they often do not include specific updates on action points identified in previous reports, nor is there always explicit commentary on the visiting examiners' reports (see paragraph 20). The audit team agreed that it is desirable that St George's ensure that Annual Programme Reviews confirm that action points from the previous year have been completed and also include an explicit commentary on visiting examiner reports.

16 Monitoring committees consider the individual Annual Programme Monitoring Reviews, confirm engagement with the *Code of practice* and culminate with a set of action points for the programme teams and also for the Quality Assurance and Enhancement Committee to consider. The Quality Assurance and Enhancement Committee, in turn, drafts an overarching report for Senate, confirming completion of the Annual Programme Monitoring Review cycle and identifying issues requiring institutional consideration.

17 Programmes are normally reviewed at least every five years in accordance with a register of programmes maintained by the Quality Assurance and Enhancement Committee. The review documentation includes a self-evaluation, programme specifications, recent Annual Programme Monitoring Reviews and visiting examiners' reports, schemes of assessment and programme regulations. Independent, external participation is required for all review panels. As yet students have not served as members of the review panels, although participation has been approved for future reviews.

18 The review reports confirm 'alignment' with the *Code of practice* and identify action points, with a deadline for the response from the programme team. These responses set out actions to address the issues identified, though there does not always appear to be a specific timeline for their implementation. The audit team agreed it is advisable to specify time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review.

19 The 2005 QAA audit report recommended that St George's should increase the circulation of review reports to capture their enhancement potential. The briefing paper for the 2011 audit 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 them in full.

## **External examiners**

20 St George's operates a visiting examiner scheme involving external examiners from 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 external examiner. The visiting examiners advise on the academic standards of the awards in relation to the qualification frameworks and their comparability with other UK higher education

institutions, and comment on assessment practice, programme design and on the areas specified in precept 1 of the *Code of practice, Section 4: External examining*.

21 Visiting examiner 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 induction programme and the chair of the relevant examinations board or course director is responsible for subject-specific briefing.

22 The visiting examiners' reports are classified by the Registry into one of five categories, ranging from complimentary to raising fundamental concerns, before circulation 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 Senate and the University of London.

23 Through scrutiny of a range of visiting examiners' reports and committee minutes, the audit team was able to conclude that St George's operates an effective system for appointing visiting examiners and for considering their reports. St George's also makes strong and scrupulous use of external examiners in summative assessment.

### **External reference points**

24 In its briefing paper, St George's states that it has 'aligned' its quality assurance processes with the Academic Infrastructure and that the level descriptors from *The framework for higher education qualifications in England, Wales and Northern Ireland* have been incorporated into the General Regulations.

25 There is extensive engagement with professional, statutory and regulatory bodies in relation to most undergraduate and some postgraduate programmes, thereby providing additional external scrutiny and potential sources of guidance regarding good practice. The audit team was informed that St George's considers that most aspects of good practice identified in the professional, statutory and regulatory body reports are programme specific, therefore the reports are not disseminated widely, though summaries are posted on the intranet.

26 The audit team was able to confirm engagement with the Academic Infrastructure in relation to provision managed and delivered by St George's and in the joint faculty (see paragraph 4). However, the audit team's consideration of collaborative provision revealed aspects where full engagement with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* was not evidenced (see paragraph 73).

### **Assessment (policies and regulations)**

27 The principles of assessment are set out in the General Regulations for Students and Programmes of Study which are reissued annually and made available to the students via the intranet with more detailed, programme-specific information being made available via the virtual learning environment and programme handbooks.

28 The General Regulations specify the composition of examination boards. The Quality Manual sets out the responsibilities regarding assessments and the procedures for marking. Each programme is required to have its own regulations and schemes of

assessment, which are approved by the monitoring committees. Following a recent review of taught postgraduate programmes, the Taught Postgraduate Courses Committee has approved a policy to harmonise the marking schemes across the taught postgraduate provision. It is notable that Registry staff attend the meetings of all boards, enhancing operational consistency. 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.

29 The General Regulations specify the limits on condonement in assessment and give guidance regarding handling claims of mitigating circumstances. As part of its work on developing consistency across the taught postgraduate programmes, Taught Postgraduate Courses Committee is also currently developing an institutional policy for handling claims for mitigating circumstances.

30 Guidance regarding late submission and academic misconduct is given in the programme handbooks and students reported being well aware of these. An annual report on student-related assessment issues, including cases of academic misconduct and representations related to exam board decisions is submitted to Senate.

31 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 submission dates. The practice regarding return of work appears more variable, with some students being unaware of expected turnaround times. While some agreed that the return of marked work was timely, others reported that turnaround times differ between programmes and that these were not always adhered to (see also paragraph 39). In the interests of providing an equitable experience for its students, the team agreed it would be 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**

32 The institutional student record system is the primary source for student data for incorporation in the Annual Programme Monitoring Review reports. A number of reports 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 timelier manner to support the Annual Programme Monitoring Review process.

33 The monitoring committees' minutes evidence detailed discussion of the student data which feeds into their annual reports to Quality Assurance and Enhancement Committee. Quality Assurance and Enhancement Committee, therefore, now has the capacity to take an institutional overview of all the taught programmes for report to Senate and will also, in future, prepare a similar report for Senate and on progression of postgraduate research students. At present, the minutes published by Quality Assurance and Enhancement Committee indicate limited intra-institutional comparison of student data and little consideration of benchmarking against comparable institutions. The audit team agreed that it would be desirable for St George's to develop further institutional level analysis of student data including benchmarking with other research-led medical schools.

34 St George's is currently investing in enhancements to the institutional student record system and has recently established a planning office to develop its capability to use management information. These steps should enable St George's to make more extensive progress in addressing the recommendation in the 2005 QAA audit to allow cross-institutional and intra-institutional comparisons of student performance. As part of the development of new strategic documents such as the Education Strategy, St George's is

establishing specific key performance indicators, for example regarding the National Student Survey, leaver destinations and widening participation. These key performance indicators will be based on the Higher Education Information Database for Institutions, thereby enabling future benchmarking against other higher education institutions.

35 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**

#### **Learning opportunities - annual monitoring review**

36 Programme approval includes consideration by the Strategy Planning and Resources Committee of resource requirements, followed by evaluation of the wider learning opportunities during validation. The audit team was able to confirm St George's view that the selection of the internal and specialist external members of validation panels facilitates effective review of the learning opportunities.

37 The Annual Programme Monitoring Review reports include a commentary on programme management and resourcing. Identified shortcomings can be flagged in the summary reports to the Quality Assurance and Enhancement Committee, though it is not always clear how this information is then acted on. Reports from periodic review, viewed by the audit team, provided further evidence of consideration of programme learning opportunities, which may generate specific actions, for example the management of student choice and access to wider ranges of online resources.

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

38 Institutional feedback from students is derived from the National Student Survey and the biennial Student Experience Survey, for students other than those in their final year. The National Student Survey results, along with student evaluation of the modules constituting the programme, are commented on in the annual programme monitoring reviews for consideration by the monitoring committees which synthesise these commentaries for the Quality Assurance and Enhancement Committee. As a result, Quality Assurance and Enhancement Committee should be able to take an overview of the feedback and compare across programmes.

39 One key concern has been students' perceptions of the timeliness and utility of feedback provided to them on coursework. A task group has been established to consider this issue, review actions undertaken at programme and institutional levels and agree an overarching plan along with a process for reporting back to students. In this context there has also been a project supported by the Higher Education Academy to explore student engagement with feedback. Progress from these activities has been relatively slow in terms of impact on measures such as the National Student Survey.

40 The student written submission reported that 74 per cent of respondents agreed that their views were regularly sought, but only 41 per cent felt these were acted on, with 30 per cent agreeing they were informed about the outcomes. However, the students met by the audit team all reported they could identify actions that had been taken in response to student feedback.

41 St George's has not participated in the Postgraduate Taught Experience Survey or the Postgraduate Research Experience Survey, though it plans to do so from 2011-12, thereby providing further opportunities for benchmarking of the educational provision.

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

42 Students are generally well represented across the hierarchy of St George's committees and report that their views are listened to and valued. One exception is that, while they are represented on the Undergraduate Medicine and Bioscience Education Committee, they are not represented on the Faculty Quality Committee and the Taught Postgraduate Course Committee. Given the role of these bodies in monitoring the reports of course committees, this is an important omission. Closure of feedback loops from the student representatives to the wider student body relies on their use of verbal and oral communication, email and social networking sites. The minutes of course and many institutional level committees on which students are represented are not published on the St George's website. This supports the view expressed by students in their written submission, that while St George's is good at seeking their views it is less effective in providing feedback on how it has responded to them (see paragraph 40). Course representatives and sabbatical officers interviewed by the audit team reported that they had not received formal training but had been briefed in 'hand-over' meetings. At the time of the audit, St George's was planning to deliver formal training in this area. The team concluded that student participation arrangements generally worked effectively but considers that they would be enhanced by the inclusion of student representatives on all three monitoring committees, by student representatives being formally trained as described in the Quality Manual and by the introduction of a formal mechanism that will enable the wider student body to receive feedback on actions raised in course and institutional level committees.

### **Links between research, scholarship and learning opportunities**

43 Teaching and learning in St George's are informed by both scientific and educational research and scholarship. Students interviewed by the audit team indicated that the importance of evidence-based practice is instilled in them from the start of their programmes. Programme design and delivery ensure that students have opportunities to engage in and with scientific research. These activities are augmented by an annual St George's 'Research Day' and by the co-location of St George's with the NHS Trust, which provides opportunities for students to gain experience of clinical trials.

44 Staff are kept abreast of recent developments in healthcare and biomedical science education via a series of training events 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 that meet agreed benchmarks to be promoted to reader and professor grades. The audit team concluded 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**

45 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. E-learning in St George's is managed by the E-learning Unit which provides both academic and technological input via training workshops and one-to-one support for staff. The development

of 'virtual patients' has supported problem and case-based learning and enabled students to gain experience of decision making in timetabled sessions and as part of self-directed learning. The audit team considers that the institution's arrangements for other modes of study are effective in maintaining the quality of students' learning opportunities.

### **Resources for learning**

46 The co-location of St George's with the NHS Trust is a distinctive feature that allows integration of research, teaching and scholarship with learning and professional practice. St George's learning resources are managed via the Space Strategy and Information Strategy Committees which ensure that they are used in line with the institution's strategic plans and that appropriate liaison is maintained with programme teams. Staff and students have access to a wide range of print and electronic library resources that are available on-site and elsewhere in London. Two electronic systems are used as the virtual learning environments. As well as a repository for information, some staff are using these to provide discussion boards and online tasks. Students undertaking work-based learning reported these developments to be particularly useful; students on part-time courses also commended them.

47 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 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**

48 Admissions are managed centrally and a new Admissions Policy is being introduced to ensure that transparent and consistent processes operate across all taught programmes. Admissions staff are trained for their roles. Entry requirements and admissions procedures are fully described in the prospectus and on the St George's website. Students confirmed that this information provides an accurate representation of what studying at St George's is like. Access to the Bachelor of Medicine, Bachelor of Surgery programme is promoted by a 'criteria-adjusted' A level entry scheme, a foundation programme (taught at Kingston University) and a graduate entry route. St George's widening participation strategy has won several awards including, in 2008, a special commendation in the Times Higher Education Awards for 'Widening Participation Initiative of the Year'. This approach is enabling St George's to reach groups that are currently under-represented in higher education. 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**

49 Students interviewed 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. A generic handbook for the tutorial system has recently been produced which sets out minimum expectations for staff and their tutees. St George's is encouraged by the audit team to pursue its plans to monitor the effectiveness of the new system and to ensure its consistent operation across the institution (see also paragraph 56). The Student Centre provides a wide range of specialist support services for students with disabilities, international students and general help and advice with welfare, finance and accommodation issues. The Centre's staff are commended by students as being 'extremely approachable and eager to lend a helping hand with whatever you approach them with.' The St George's Careers Service is currently staffed on only one day a week.

Although career development tutors are being appointed to embed careers advice in programme provision, the institution is encouraged by the team to increase the capacity to provide trained careers support to students. The team concluded that the institution's arrangements for student support are effective in maintaining the quality of students' learning opportunities.

### **Staff support**

50 In its Strategic Plan 2010-15 St George's recognises 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. The expectations of different roles are clearly specified in the Academic Staff Performance Standards and Workload Distribution Framework. Academic staff development is fostered by the provision of an extensive programme of training courses and clear and defined promotion criteria. 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. Peer observation of teaching is undertaken only once every three years and the institution is encouraged by the audit team to consider increasing its frequency in order to strengthen its effectiveness. A new, online personal review system has been introduced. Although not compulsory, participation is strongly encouraged by St George's and is a requirement for promotion and the award of salary increments. St George's is encouraged to continue to link the outcomes of individual staff reviews with their training and development in order to ensure their continued engagement with the process. The team confirmed that St George's approach to staff support and development makes an effective contribution to its management of learning opportunities.

51 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**

52 St George's states that its 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 as such, 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.

53 The audit team noted that the newly formed Quality Assurance and Enhancement Committee has within its remit 'the responsibility for teaching, learning and assessment policy and strategy (including enhancement)'. Quality Assurance and Enhancement Committee 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.

54 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 the Section remit covering assessment methodologies; educational technology; curriculum development; educational research; international partnerships; and developing postgraduate medical and healthcare education and the role of the Senior Lecturer in Medical and Health Education. The team formed the view that the Section had a significant role in contributing to staff development in educational pedagogy.



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

56 A review of the undergraduate personal tutor system in 2010 was aimed at providing 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.

57 St George's indicated, in the briefing paper, a number of mechanisms by which good practice is identified, discussed and disseminated: the Committee structure, peer observation of teaching, consideration of professional, statutory and regulatory body reports and the review of the tutor system.

58 The audit team noted that in its 2008-09 report to the University of London, the institution stated that in relation to the good practice identified by visiting examiners in their reports, '...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.' The latter remains the case and the audit team agreed that it is 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**

59 St George's has increased its collaborative provision since the previous Institutional audit in 2005. St George's currently has 11 collaborative partnerships, including one articulation agreement, one validation agreement for undergraduate and taught postgraduate programmes, and one module-sharing agreement as part of the South West London Academic Network. Most of the collaborative partnerships are with UK higher education institutions and NHS providers. The audit team noted that the joint venture with Kingston University in respect of the Faculty of Health and Social Care Sciences was not considered to be collaborative provision, as it 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)*.

60 St George's considers its current portfolio of collaborative provision to be low risk, and intends to expand provision in this area in line with the Strategic Plan 2010-15. At the time of the audit, a number of new collaborative partnerships were under consideration, including a postgraduate programme with a NHS provider, a franchise agreement with an institution in Cyprus, and an articulation agreement with an institution in Malaysia.

61 St George's considers that the volume and complexity of its collaborative activity is not sufficient to warrant separate structures and processes for managing academic quality and standards. Oversight of collaborative provision is, therefore, obtained through the existing committee structure. St George's identified the Strategy Planning and Resources Committee, the International Committee, and the Director of International Relations as being responsible for ensuring that the policies and procedures for collaborative provision reflects the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. In addition to this, Quality Assurance and Enhancement Committee is responsible for supporting the development of collaborative educational ventures. However, details of the respective responsibilities are not formally articulated, and it is not

immediately evident how responsibilities are discharged. The audit team noted that there is a lack of clarity regarding the locus of responsibility for the institutional management and oversight of collaborative provision. The team agreed it is advisable that St George's identifies the locus of responsibility for the institutional management of collaborative provision, including the approval of new arrangements.

62 In the absence of an overarching strategy or policy relating to collaborative provision, the main source of information relating to collaborative provision is Section L of the Quality Manual. The audit team noted that this section of the manual needed to be updated and expanded to ensure its effectiveness as a reference point for staff (see also paragraph 9).

63 A register of collaborative activity is maintained by the Secretariat and published in the Quality Manual. 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. The various versions of the register seen by the audit team included inconsistencies in the accuracy, range, and depth of data presented. The audit team suggests that St George's introduces documents, and implements a formal procedure for reviewing and updating the register to ensure that it remains accurate, comprehensive and fit for purpose.

64 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, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. This approach has resulted in some confusion among staff regarding what constitutes collaborative provision, and whether certain programmes should be included in, or deleted from, the register of collaborative activity. 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 encourages St George's to progress its intention to introduce definitions of different kinds of collaborative provision. It also recommends that St George's incorporates an institutional definition of collaborative provision, and a full taxonomy of related terms, within institutional policy and guidance.

65 St George's describes its past approach to developing collaborative links as 'reactive and somewhat uncoordinated.' The appointment of the Director of International Relations and the establishment of an International Committee to develop International Strategy and provide oversight of activity in this area, form part of the new 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. The audit team strongly encourages the institution to make further progress, especially in light of its intention to increase collaborative activity.

66 The procedure for approving collaborative programmes mirrors the standard three-stage approval process with the additional requirement of the approval of the proposed partner (this is known as a 'due diligence check'). 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 is not mandatory. The audit team suggests that St George's establish clearly defined mechanisms for approving collaborative partners and programmes, and incorporates those mechanisms within institutional policy, procedures, and guidance.

67 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 audit team confirmed that agreements were in place for most collaborative programmes. However, one collaborative programme did not appear to have an Institutional Agreement even though it leads to a St George's award and is included on the register of collaborative activity. In another case, a revised agreement has not been produced because funding changes have resulted in confusion regarding whether the programme is still collaborative. Another programme appears to have been running without a signed Institutional Agreement and, while an agreement is in place for the current period, it was signed retrospectively. In several cases the agreements were signed but not dated. 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.

68 During the briefing visit, the audit team found that a proposed programme that had not yet been approved was advertised without clear indication that it was available subject to validation. St George's rectified this immediately by revising the information on its website. However, at the time of the audit visit, similar revisions had yet to be made to the websites of the proposed partner institutions. The audit team concluded that there was a need to introduce more effective mechanisms for maintaining active oversight of publicity information issued by partner institutions (see paragraph 99).

69 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.

70 Arrangements for visiting examiners for collaborative provision are the same as for home provision. At the time of the audit, St George's was in an advanced stage of the validation process for what would be its first overseas franchise, should validation be successful. Meetings with staff confirmed that St George's was intending to have at least one external examiner common to both the home and overseas programmes to ensure consistency.

71 Learning resources, staff development, and student support are considered as part of the validation process. 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.

72 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.

73 The audit team concluded that there were areas where St George's could improve its management of quality and standards in relation to collaborative provision, and considered it advisable to 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.

## Section 6: Institutional arrangements for postgraduate research students

74 Research forms an integral part of the work of St George's. The 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 is on research degree programmes.

75 An outcome of the 2008 Research Assessment Exercise has been the refocusing of key research strengths into six discrete research centres within three academic divisions. Research centres are part of an academic division, and heads of research centres report to heads of division.

76 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 are aligned 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.

77 The Research Strategy Committee drives the Research Strategy and is the voice of research at St George's. The Research Strategy Committee receives annual reports of postgraduate research student progression and completion rates in order to discharge its responsibilities for the implementation of the Concordat for Researchers, which sets out the expectations and responsibilities of researchers, their managers, employers and funders.

78 The Research Governance Committee reports quarterly to Council via the Research Strategy Committee, providing assurance that optimal clinical outcomes in research are being achieved.

79 A Graduate School was established in 2008 headed by a Dean of Postgraduate Studies and two deputy heads: one with responsibility for postgraduate taught provision chairs the 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 research activities hitherto and a physical presence is to be established in 2011-12 with the provision of dedicated teaching and social space.

80 The St George's Strategic Plan 2010-15 contains strategic aims for research and it was anticipated that a highly detailed, supporting institutional Research Strategy would be completed by early 2011. While Research Strategy Committee agreed that the new 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 Research Centre plans were still in development. The team encourages St George's to expedite the development of the supporting strategies for research against agreed indicators and targets.

81 A Review of Postgraduate Studies 2005-10 and Postgraduate Strategy for 2010-15, detailed concerns regarding submission, completion and attrition rates. The quality

assurance of the supervision available to postgraduate research students was also highlighted as an area of concern.

82 The problem of completion rates was seen as resulting from 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.

83 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, it has discussed the introduction of an evidence-based scheme to assess the quality of supervision 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 supports St George's in its efforts in this regard and encourages it to explore further ways to generate and act on research student feedback on their experiences of supervision, and considers it desirable that St George's continue to address issues relating to the completion rates of postgraduate research students.

84 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 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 research centres, the audit team noted positive student comments and, in addition, positive comments on the assistance provided and accessibility of the Postgraduate Coordinator. The team formed the view that the role of the Postgraduate Coordinator in supporting the postgraduate research community and its supervisors is a feature of good practice.

85 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. The Dean or Associate Dean of Postgraduate Studies is a member of the interview panel to provide consistency and experience.

86 Induction events are organised by the institution, the academic divisions or by the Faculty of Health and Social Care Sciences. New research students are issued with the Postgraduate Research Student Handbook. During the first week of study, both the lead supervisor and the student are required to sign an agreement which clarifies the responsibilities of each party.

87 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 further continuous professional development every two years. A supervisor quality monitoring scheme is due to be introduced in October 2011. 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.

88 St George's has a framework designed to support research students. Formal meetings with supervisors are held every six months to review progress, and reports are 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 Research 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.

89 A research training programme is designed for each student, based on a formal analysis of research competences and delivered as a series of in-house courses. Research students can also access similar programmes at partner institutions and residential summer schools organised via the South West Academic Network.

90 Research students are allowed to teach but for not more than six hours each week. They may act as facilitator, demonstrator or tutor. They are given appropriate training, preparation and support in the role.

91 Formal written feedback is obtained three months after registration, at the time of transfer and at examination. Feedback is discussed annually in Research Degrees Committee. Student evaluations of training sessions are analysed by the Postgraduate Administration Team. Issues are also raised informally with the Postgraduate Team, the Divisional Postgraduate Coordinator and with the Graduate School.

92 There is postgraduate research student representation on Research Degrees Committee and on Research Strategy Committee. Reporting back to the postgraduate research community is by email or informally by face-to-face communication.

93 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.

94 Complaints are resolved informally, wherever possible. The Complaints Procedure 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 audit team noted that appeals are rare from St George's candidates.

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

96 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**

97 St George's has appropriate mechanisms for assuring the accuracy of published information. Responsibility for ensuring accuracy and completeness of published information

rests with the appropriate key functions. Corporate identity guidelines and a communications handbook are available to ensure consistency of publications.

98 The student written submission and the students whom the audit team met 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.

99 The audit team found some publicity materials on the website of a collaborative partner lacked clarity in relation to the approval status of the collaborative programme. The audit team suggests that St George's ensures that all publicity materials, including those of collaborative partners and for programmes still to be validated, clearly state that this is the case (see paragraph 68).

100 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 its website is accurate. However, the links to the Strategic Plan, Education Strategy and St George's Quality Assurance procedures led to a password protected portal. The institution is encouraged to ensure that text within the Governance section of its own website is up to date and any links are not password protected. St George's may wish to consider posting the results of the 2009 and 2011 student survey, when completed.

101 The audit team concluded that, in general, 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.

## **Section 8: Features of good practice and recommendations**

### **Features of good practice**

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

- the attendance of Registry staff at examination boards that ensures consistent practice across the institution (paragraph 28)
- the embedded relationship between research, teaching scholarship and professional practice (paragraph 44)
- the role of the Postgraduate Research Coordinator in supporting the postgraduate research student community and its supervisors (paragraph 84).

### **Recommendations for action**

103 Recommendations for action that is 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 9)
- specify time limits for the implementation and reporting of actions arising from the conditions and recommendations set through validation and periodic review (paragraph 18)
- identify the locus of responsibility for the institutional management of collaborative provision, including the approval of new arrangements (paragraph 61)
- 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 73).

104 Recommendations for action that is desirable:

- expedite the development of the supporting strategies for the Strategic Plan 2010-15 (paragraph 5)
- 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 12)
- 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 15)
- develop and implement an institution-wide policy to specify a timescale for the return of assessed work to students (paragraph 31)
- develop further institutional level analysis of student data, including benchmarking with other research-led medical schools (paragraph 33)
- introduce effective mechanisms to enable good practice, however identified, to be disseminated more widely within the institution (paragraph 58)
- continue to address issues relating to the completion rates of postgraduate research students (paragraph 83).



## Appendix

### **St George's Hospital Medical School: response to the Institutional audit report**

We welcome the audit team's judgement that confidence can be placed in the soundness of our present and likely future management of the academic standards of our awards and of the quality of the learning opportunities that we offer to our students. The successful outcome of the audit reflects the continuing commitment of our staff to providing an excellent learning experience for all of our students.

We are pleased to note the good practice identified by the team. We are especially gratified that this good practice includes the embedded relationship between research, teaching scholarship and professional practice at St George's; the establishment of effective relationships in these areas is central to our mission as a health science university.

We note the recommendations contained in the report. Our overall view is that the report is fair and balanced and contains much that will be of use to us as we seek to enhance the structures and procedures that we have in place to assure the quality and standards of our programmes. Indeed, the team's recommendations correspond to a large extent with our own priorities most particularly in the area of collaborative provision. Work is now underway to develop an action plan in response to the recommendations and to build on the good practice identified by the team. This work is being carried forward by our Quality Assurance and Enhancement Committee with a target completion date of the end of the academic year.

We would like to thank the audit team for its efforts to understand the culture, values and ethos of St George's and for the professional and courteous way in which the audit was conducted.

**RG 816 10/11**

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