Evaluating teaching and learning

Author: Judy McKimm MBA, MA (Ed), BA (Hons), Cert Ed, FHEA
Visiting Professor of Healthcare Education and Leadership, University of Bedfordshire

This paper was first written in 2003 as part of a project led by the London Deanery to provide a web-based learning resource to support the educational development for clinical teachers. It was revised by Judy McKimm in 2007 with the introduction of the Deanery's new web-based learning package for clinical teachers. Each of the papers provides a summary and background reading on a core topic in clinical education.

Aims

This paper:
• Introduces some of the key terms used in educational quality
• Offers an international perspective on managing educational quality
• Describes the current situation regarding educational quality in the UK
• Provides ideas for evaluating teaching and developing quality management instruments

Learning outcomes

After studying this paper, you will be able to:
• Explain the key concepts involved in monitoring, maintaining and enhancing educational quality
• Describe the role of the agencies involved in UK QA procedures
• Design an evaluation instrument to use in your own teaching practice

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**INTRODUCTION**

What do we mean by educational quality?

As a clinician, you will be used to reflecting on your own practice, to carrying out clinical audits and to meeting NHS performance targets. Many of the same techniques and methods can be used when looking at education and teaching events. Depending on the context ‘quality’ can mean a variety of things, but at the heart of thinking about ‘quality’ is relating everything we do as teachers to working to the best of our ability and ensuring that learning activities and processes are clearly related to defined standards and outcomes.

**LEARNING ACTIVITY AND REFLECTION**

Thinking about ‘quality’ in terms of education, what do you think are some of the key things that could and should be measured which would help identify a ‘good’ learning experience?

Quality management has its roots in industry and has long been a central theme in the management of organisations. What is meant by quality can be seen in different ways depending on the prevailing perspective and the specific context. Measuring and awarding high quality activities has been developed into an industry in itself, and methods such as total quality management, quality circles and continuous improvement cycles are all features of quality management. The British Standards (‘kite mark’) cover all aspects of industry and in addition, the ISO series provides an international framework for quality standards. Other awards include Investors in People (IIP), given to organisations which demonstrate that they manage, develop and reward their employees effectively and fairly. All these awards are made according to a set of specific, measurable and transparent criteria and some UK Higher Education Institutions (HEIs) have gained generic quality awards. All HEIs however fall under the quality management system of the Quality Assurance Agency for Higher Education (QAA) (which carries out reviews for HE funding councils) and in addition, some subjects are accredited or inspected by professional and statutory bodies (PSBs) such as the General Medical and Dental Councils and, where funding is provided by the Department of Health, quality monitoring may be carried out by the Workforce Deaneries or Strategic Health Authorities.

Managing and ensuring educational quality is one of the key responsibilities of all educational institutions and there is general agreement that teachers and managers should all be striving towards the delivery of a high quality learning experience for students. Defining precisely what this experience comprises at any given time however is not easy. Demands from external agencies define part of what is considered to be good practice, these demands combine with institutional culture, definitions and requirements to set the context for teachers.
DEFINITIONS AND TERMINOLOGY

Educational organisations organise their provision in different ways although it is essential for all to clearly define the purpose. There has been a shift in emphasis in the UK towards a specification and consideration of outcomes, towards a more transparent approach and towards the introduction and implementation of an explicit, systematic approach to all educational activities, including quality management, both at national and organisational level. It is important to come to some agreement about terminology and definitions of quality and standards as these concepts (drawn largely from industry) underpin much of the thinking behind the design, delivery, assessment and review of educational provision.

The QAA defines academic standards and academic quality as follows:

“Academic standards are a way of describing the level of achievement that a student has to reach to gain an academic award (for example, a degree). It should be at a similar level across the UK.

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


Quality Glossary
See Annex 1

LEARNING ACTIVITY AND REFLECTION

Looking at the different definitions of ‘quality’ in the glossary, which approach do you think best describes quality in your institution?

EDUCATIONAL QUALITY - THE INTERNATIONAL CONTEXT

The basic principles of quality assurance according to international standards include:

- the autonomy of the evaluation process
- the self-evaluation
- the external expert review
- the public report and benchmarking.

External QA agencies (called EQA-agencies in Europe) such as the QAA, manage external quality assurance rather than depending on the internal QA procedures of the HEIs themselves. Their main activities include regular evaluation, review, audit, assessment or accreditation and they are recognised at national or regional level as having these responsibilities. Historically, evaluation agencies were established to address the awareness that granting increased autonomy to institutions and imparting greater
importance to leadership roles in HEIs must be associated with increased accountability. This includes evaluating the way in which resources are spent, decisions are taken, strategy is implemented and quality is maintained.

In many countries of Western Europe, the main goals of evaluation are quality improvement and accountability. Accreditation, if done at all, is the responsibility of the Ministry responsible for HE while evaluation is done by an independent agency. By contrast, in Central and Eastern Europe, accreditation agencies are often more prevalent although evaluation agencies do co-exist. The significant growth in the number of private institutions and degree programmes of varying quality has led to a need for accreditation as a means of stemming and controlling growth through the control of funding and a licence to operate.

International experience shows that self-evaluation and the external expert review are the two methodological cornerstones of any successful evaluation procedure in HE. Both qualitative and quantitative data may be gathered via documentary evidence, meetings, the self-evaluation report and official statistics. Depending on the focus, scope and boundaries of the evaluation, input factors, process factors or output criteria may all be measured.

The external evaluation team (independent experts from academia and/or the professional world who judge the quality of the provision) is appointed by the agency to carry out the audit or review. For example, The Committee of Rectors of Europe (now the European Universities Association) carries out quality reviews in European universities using review teams comprising academics from different European HEIs.

The Bologna Declaration (1999) emphasised the importance of ensuring a common framework for HE qualifications to help facilitate the free movement of European nationals. In the UK, the Qualifications Framework, which clarifies and streamlines HE qualifications, provides the basis for credit accumulation and transfer systems and it is envisaged that subject benchmarking will help to ensure comparability between programmes at subject level (see below).

**LEARNING ACTIVITY AND REFLECTION**
What do you think the benefits and disadvantages are of:
   (a) a self assessment/self evaluation document
   (b) an external review

**THE UK CONTEXT**
HE in the UK has undergone rapid change in a number of areas. The massification of HE, widening diversity and opening access, and the impact of IT technology which facilitates distance learning has led to concerns over maintaining and enhancing educational quality across a diverse HE sector. Increased emphasis is now being placed on:
- demonstrating quality
- accountability of HE institutions for spending public money
- transparency of processes
- the specification of outcomes
Prior to 1997, a number of bodies were responsible for educational quality in HE. The Funding Councils, which are ultimately responsible for assuring that the programmes and institutions they fund are of an adequate and appropriate standard and quality, managed quality assurance through their Quality Assessment Divisions in parallel with the activities of the Higher Education Quality Council (HEQC). Quality review of HE programmes was carried out in parallel with audits of institutional policies and procedures. This was widely considered to be unwieldy and unworkable in the longer term and alongside the review of the QA agencies, the HE sector as a whole was reviewed by the National Committee of Inquiry into Higher Education (NCIHE). The NCIHE summarised its findings and recommendations (many of which related to the management of activities concerning educational quality) in the Dearing report (1997b).

**LEARNING ACTIVITY AND REFLECTION**

How do you think that the quality of higher and postgraduate education has been affected by the following changes in HE:
- increasing student numbers
- increasing public accountability
- more emphasis on educational principles such as learning outcomes, transparency and equity of assessment procedures, increased reliance on external examiners

The *Dearing report* can be found at [http://www.leeds.ac.uk/educol/ncihe](http://www.leeds.ac.uk/educol/ncihe). The *Government's response* to the Dearing report can be found at [http://www.lifelonglearning.co.uk/dearing](http://www.lifelonglearning.co.uk/dearing).

The report made wide-ranging recommendations including the framework for a new ‘quality agenda’ (see below), the establishment of a professional body for teachers in HE and the formalising of subject discipline networks. This resulted in the establishment of the Institute for Learning and Teaching in HE (ILT) and the Learning and Teaching Support Networks (LTSN) in 1999. In 2003, these were replaced by the establishment of the Higher Education Academy which brought together the former activities of the LTSNs, support for national funded projects, learning technologies and higher education research. Although the Academy is not directly involved in assuring the quality of programmes, it supports teachers in HE by facilitating the sharing and dissemination of up to date information through conferences, websites and journals. The Academy runs the professional membership body for teachers in HE, and has responsibility for accrediting individual members and staff development programmes in teaching and learning against criteria which emphasise reflective practice and an understanding of the philosophy and learning methods appropriate to HE. Membership of the Academy and involvement in the work of Subject centres can be seen as quality indicators in relation to teaching staff.

Look at the *Higher Education Academy’s* website at [www.heacademy.ac.uk](http://www.heacademy.ac.uk) for further information on services and membership.
There are 24 Subject Centres including Medicine, Dentistry and Veterinary Medicine (MEDEV) at www.medev.ac.uk, Health Sciences and Practice at www.hsap.ac.uk and Education at www.escalate.ac.uk.

These centres provide useful teaching and learning resources, hold conferences and other events and provide funding for educational projects.

**LEARNING ACTIVITY AND REFLECTION**

Look at the relevant Subject centre websites
Do you think that these are a useful way of supporting teachers in subject disciplines?

**MAINTAINING ACADEMIC STANDARDS – SUBJECT REVIEW AND THE NEW QUALITY AGENDA**

**Subject review (historical background)**

From 1997 onwards, many of the responsibilities and activities relating to educational quality formerly carried out by different bodies were merged and the QAA was formed. The QAA is contracted by the Funding Councils to carry out reviews and assessments of the quality of education in publicly-funded institutions on their behalf and a series of reviews (‘teaching quality assessments’ (TQAs) and ‘subject reviews’) of programmes in different subjects were carried out. Subject reviews were broadly similar to the TQAs and although slightly different methods were used in Scotland and Wales as the process was modified and refined, the concept of using external review teams who were seen as ‘experts’ in their subject discipline was central to all processes. The teams of trained external reviewers were selected from subject disciplines in HE institutions, trained according to a standard procedure and whilst on visits, teams were led by a review chair who was not a subject expert but whose role was to ensure adherence to the process and method. This central plank of the process will be continued in the institutional audit method.

Subject review considered six aspects of provision relating to learning and teaching in a systematic way:

- curriculum design and organisation
- teaching, learning and assessment
- student progression and achievement
- student support and guidance
- learning resources
- quality management and enhancement

Visits by a team of around six reviewers normally took place over four days and in order to triangulate evidence (ie. obtain evidence from a range of sources) carried out a number of activities in reaching a judgement:

- documentary review, including a self assessment document by the subject team and documents relating to the six aspects in a base room
- formal meetings with staff and students covering the six aspects
- meetings with senior managers and others
The judgement comprises a numerical score for each aspect based on criteria. In Wales however, the judgement was framed according to written criteria, e.g. ‘worthy of recognition and reward’ was the top judgement associated with a small amount of additional funding. The judgements are expanded in a written report which describes the provision and summarises the main strengths and areas for improvement under each aspect. The reports are widely scrutinised by potential students and others interested in the programme and, once approved for factual accuracy by the organisation, are placed on the public QAA website at http://www.qaa.ac.uk/revreps/reviewreports.htm.

The new quality agenda

Once the majority of subject disciplines had been through the TQA and subject review process, the purpose and format of subject review was re-examined in the light of the Dearing Report and other studies. These studies indicated that:

- the quality of HE programmes was very high
- only a small minority of programmes were found to be failing or in need of substantial improvement
- that internal QA processes in HEIs were in need of improvement

In England, Wales and Northern Ireland, from 2002/3 a new ‘quality agenda’ was implemented which addresses some of the criticisms of the subject review process, in particular the heavy burden placed on institutions in preparing for review. Quality assurance and enhancement procedures differ in Scotland where the QAA has delegated powers, see www.qaa.ac.uk/scotland/default.asp for a description of Enhancement led institutional review.

Here we will focus on the QAA agenda in England, Wales and Northern Ireland. The new agenda has been described as a ‘jigsaw’ comprising interdependent and interlocking processes that emphasise increasing transparency, accountability and specification. The main elements of the quality framework are a combination of institutional audit (at the level of the whole organisation) and academic review (at the level of the subject discipline). Audit have a ‘lighter touch’ and follow up areas of concern, consistent with the principle of intervention in inverse proportion to success. In healthcare, a series of ‘major reviews’ have been carried out, these often included joint reviews with the relevant regulatory body such as the General Medical Council, General Dental Council, Nursing and Midwifery Council or Health Professionals Council.

Look at the QAA website for a general overview of their activities http://www.qaa.ac.uk/aboutus/qaaIntro/intro.asp
Here for a description of institutional audit:
http://www.qaa.ac.uk/reviews/institutionalAudit/default.asp
There is an increased emphasis on public access to ‘easily understood, reliable and meaningful public information about the extent to which institutions are individually offering programmes of study, awards and qualifications that meet general national expectations in respect of academic standards and quality’ (Draft handbook for institutional audit, QAA, 2002). This places greater demands on teachers, as much of what is required has to be collected and produced by teaching staff.

Examples of information include:
- internal QA processes
- student evaluations (as part of student satisfaction surveys)
- employers’ evaluations and input to programme
- examiners’ reports (internal and external)
- intake and graduate data
- detailed information concerning programme content and assessment

Audit teams also consider how HEIs have put into practice the new national requirements including:
- publication of and adherence to a learning and teaching strategy
- use made of external reference points including the Code of practice for the assurance of academic quality and standards in HE (the Code of practice), the Framework for HE qualifications in England, Wales and Northern Ireland (the FHEQ) and Subject benchmark statements
- the development, use and publication of Programme specifications and Progress files

The following section describes some of these national initiatives and how these may impact on teachers.

Code of Practice
The Code of Practice for the Assurance of Academic Quality and Standards in HE has been developed in response to the Dearing and Garrick reports. “The Code identifies a comprehensive series of system-wide expectations covering matters relating to the management of academic quality and standards in higher education. It provides an authoritative reference point for institutions as they consciously, actively and systematically assure the academic quality and standards of their programmes, awards and qualifications. The Code assumes that, taking into account nationally agreed principles and practices, each institution has its own systems for independent verification both of its quality and standards and of the effectiveness of its quality assurance systems.” (QAA, 2002). The Code covers the following areas of provision and is a useful checklist for teachers to use in evaluating their courses or programmes.
- Postgraduate research programmes
- Collaborative provision
- Students with disabilities
- External examining
- Academic appeals and student complaints on academic matters
- Assessment of students
- Programme approval, monitoring and review
- Career education, information and guidance
• Placement learning
• Recruitment and admissions

The Code of Practice can be found on the QAA website at http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/default.asp

The area on which this paper focuses is the Programme approval, monitoring and review area and this pdf file can be found at http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/section7/programmedesign.pdf

Framework for Higher Education Qualifications
The FHEQ was finalised in 2001 and informs employers, students and other stakeholders about what the holders of a qualification have achieved and what skills they bring to a job. The framework simplifies the range of awards and describes only five levels of achievement: three at Bachelor’s degree level (Certificate in HE, Intermediate and Honours) which correspond to three years of study but incorporate the shorter ‘foundation’ degrees, one at Master’s and one at Doctoral level. Generic statements indicate the levels of achievement expected within these awards, whatever the subject.

The Framework aims to assure the public that qualifications from different institutions and for different subjects represent similar levels of achievement. The levels are reference points to determine whether the intended learning outcomes for a programme and the student achievement are appropriate to the level of the qualification awarded. The external examiner system (one of the sources of evidence of institutional audit and academic review) has become increasingly important as a means of comparison between programmes at different institutions.


Programme specifications
In 1999, the QAA stated that it “was convinced that programme specifications are an essential part of the strategy for helping higher education to make the outcomes of learning more explicit...these concise descriptions and the processes they are intended to promote, provide a foundation for the public assurance of academic standards and permit the programmes and awards to be related to the Qualifications Framework” (QAA, October 1999).

The Dearing Report conceptualised programme specifications based on the assumption that HE programmes can be defined prospectively. Learning outcomes will be defined at programme level and “benchmarking information will act as a general check point against which the institution’s own outcomes and processes can be referenced” (QAA October 1999). In a
programme specification, teaching teams are expected to set out clearly and concisely:

- the intended learning outcomes of a programme (specific, measurable intentions expressed in terms of what learners will be able to do (a) as knowledge and understanding and (b) as skills and other attributes)
- the teaching and learning methods that enable learners to do this
- the assessment methods used to demonstrate the achievement of learning outcomes
- the relationship of the programme and its study elements to the Qualification Framework

This is fairly straightforward for short, single subject programmes but more difficult for flexible, modular or interdisciplinary degrees. Generic templates are provided by the QAA on their web site which can be used by teachers in devising their programme specifications, some universities have produced their own format and template. Programme Specifications affect the work of individual teachers and course teams directly, as the programme will be judged against these by the university, by students, by employers and by external reviewers. Teachers may be involved in the production or revision of the programme specifications and as such will need to define the actual outcomes expected from students as well as the assessment methods and level of the programme.

For further information look at the QAA’s introduction to programme specifications http://www.qaa.ac.uk/academicinfrastructure/programSpec/default.asp

Subject benchmarking
Subject benchmarks provide a means for the academic community to describe the nature and characteristics of subjects, representing general expectations about the standards, attributes and capabilities relating to the award of qualifications at a given level in a particular subject area. For example, “the benchmarks for medical degrees have been defined in terms of the intellectual attributes, the knowledge and understanding, the clinical, interpersonal and practical skills, and the professional competencies which will allow the graduates to function effectively as pre-registration house officers and develop as professionals” (QAA, March 2002). The benchmark statements were produced by groups of senior academics in each subject in consultation with the sector.

Subject benchmark statements are available for all subject areas and should be used in conjunction with the Qualification Framework and with institutions’ own programme specifications. The statements will be formally revised after 2005 to reflect developments in the subject and the experiences of institutions and others of working with the statements. Teachers need to be aware of the benchmark statements for their own subjects, particularly if they are involved in curriculum design, development or management or the production of programme specifications. Statements can be used as a checklist when designing new programmes or when reviewing the content of existing curricula. The benchmark statements are used by external bodies such as
PSBs as a reference point for devising accreditation frameworks and making inspection visits.

For further information, look at the QAA Subject Benchmarks in medicine at [www.qaa.ac.uk/academicinfrastructure/benchmark/honours/medicine.pdf](http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/medicine.pdf)

And of dentistry at [www.qaa.ac.uk/academicinfrastructure/benchmark/honours/Dentistry.pdf](http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/Dentistry.pdf)

The benchmarking of academic and practitioner standards in health related subjects (Audiology; Arts Therapy; Clinical Psychology; Clinical Sciences; Dental Care professions; Dietetics; Health Visiting; Midwifery; Nursing; Occupational Therapy; Operating department practice; Orthoptics; Paramedic Science; Physiotherapy; Podiatry; Prosthetics and Orthotics; Radiography, and Speech and Language Therapy) can be found at [www.qaa.ac.uk/academicinfrastructure/benchmark/health/default.asp](http://www.qaa.ac.uk/academicinfrastructure/benchmark/health/default.asp)

### Learning Activity and Reflection

Have a look at the relevant Programme specifications and Subject benchmark statements for your subject and level.

How do you think they might help you in your day-to-day teaching eg. writing lesson plans, designing assessments?

Can you see any disadvantages to an outcomes based approach?

**Progress files**

Since 2002, a formal progress file on individual students is produced by HEIs which includes a transcript or academic record. The transcript records student achievement according to a common format and contains details of all the courses taken by a student (including the results of assessment) which will be made available to stakeholders such as employers. The progress file also includes another record, part of which will be available to others and part of which belongs to the student. HEIs are required to devise a process of Professional Academic Development which supports students in monitoring, building and reflecting on their development.

Individual teachers need to ensure that adequate, appropriate and timely information, for example concerning assessment results, is provided to course leaders and administrative staff for the academic transcript. Teachers who have a support role with students, for example personal tutors, may use the progress file as a means of structuring tutorials or meetings with individual students. Different types of progress files have been developed, ranging from a highly reflective ‘journal’ or diary to a more prosaic, descriptive record of progress rather like the national Records of Achievement produced by school pupils. Academic development records are often developed as an electronic portfolio, held and compiled by individual students. Teachers will need to be aware of the format and process by which these are managed at their own institution.

Look at the QAA website for a full description of Progress files at [www.qaa.ac.uk/academicinfrastructure/progressFiles/default.asp](http://www.qaa.ac.uk/academicinfrastructure/progressFiles/default.asp)
LEARNING ACTIVITY AND REFLECTION
Have a look at the Progress files website.
Have progress files been introduced into your institution?
If so, what do students think about them, do they find them a useful tool for
developing a reflective approach to study and development?
How can you as a teacher help students to use the progress files in their
personal and professional development?
Are there any similarities with your own professional CPD requirements in terms
of maintaining a portfolio?

MAINTAINING ACADEMIC STANDARDS - INSTITUTIONAL AUDIT AND ACADEMIC
REVIEW
Institutional audit and academic review normally requires HEIs to participate
in one institutional audit visit by an external review team on a five or six-yearly
cycle which has a focus on the whole institution. The institution is expected to
produce a Self Evaluation Document (SED) approximately 13 weeks before
the visit. Audits consider several examples (approximately 10% of the
programmes in terms of full time equivalent student numbers) of the
institutions’ QA processes at work at the level of the programme (‘discipline
audit trails’) or across the whole organisation (‘thematic enquiries’). Three or
four discipline areas for audit trails or themes for enquiry are selected by the
audit team in consultation with the institution. The capacity to ‘drill down’
through academic review at subject level in cases where the reviewers have
concerns remains, but the main emphasis is at institutional level rather than
subject level. Review by professional and statutory bodies of relevant subjects
also continues alongside the audit process.

Each audit comprises two visits, a short briefing visit and five weeks later, the
audit visit itself, normally five days. One of the main tasks of the audit team is
to consider the internal processes and outcomes of quality reviews
(particularly at the level of the programme and/or discipline) and to establish
whether the QA procedures are robust enough to ensure and enhance
educational quality across all the provision that the institution manages. In
time, the audit process will have a ‘lighter touch’ for institutions which have
demonstrated that they have sound quality assurance and enhancement
mechanisms and will focus effort on those institutions where concerns have
been identified. The audit considers:

- the accuracy, completeness and reliability of information published (eg.
on the HEI’s website) about the quality of its programmes and the
  standards of its awards
- the academic standards expected of and achieved by students
- the experience of students as learners
- the quality assurance of staff, including appointment criteria and the ways
  in which teaching effectiveness is appraised, improved and rewarded

Audit teams meet with staff and students, undertake documentary analysis
(including samples of assessed student work and external examiner reports) in
the course of discipline audit trails, and explore issues and procedures relating
to internal quality assurance. Shortly after the visit, the audit team summarises
the main findings and recommendations, followed by a draft report within
eight weeks of the visit. The final public report states the level of confidence
the audit team has in the provision. The institution can provide a brief
statement to be appended to the report which brings the position up to date
in terms of actions or proposals to address areas identified for improvement. If
the report contains positive statements of confidence and no
recommendations for action then the audit is formally ‘signed off’ on
publication and there will be limited follow up with the QAA. If statements
of confidence are qualified or recommendations suggest important weaknesses
which should be urgently addressed, the report will be published but there will
be a programme of follow up action, including a revisit after one year to
consider the institution’s action plan and adherence to it.

For further information on the institutional audit and academic review
processes look at the QAA website
www.qaa.ac.uk/reviews/institutionalAudit/default.asp
including:
Handbook for institutional audit: England and Northern Ireland

External examiners and student satisfaction surveys
The QAA sees “a strong and scrupulous use of fully independent external
examiners in summative assessment procedures, and... a similar use of
independent external participants in internal review at discipline and/or
programme level” (QAA, March 2002) as essential in underpinning institutional
internal QA procedures. Since 2003, work has been carried out to ensure that
the external examiner system is operating so that it demonstrates public
confidence in academic quality and standards. Summaries of external
examiner reports on programmes offered by each institution are published as
part of the audit process. ‘Student satisfaction’ and ‘employers’ surveys are
also carried out to provide additional information on HE programmes.

Teachers need to be aware that there will be national and institutional
requirements on them to participate in the collection of data from students,
to respond to the responses received and to ensure that information is made
available for public consumption.

The National Student Survey (NSS) information is on the HEFCE website at
www.hefce.ac.uk/learning/nss/

The QAA has a page dedicated to supporting staff in Higher Education, see
www.qaa.ac.uk/education/default.asp

**LEARNING ACTIVITY AND REFLECTION**

How might the processes of institutional audit and academic review impact
on your work?

Many teachers are becoming aware that new requirements or demands are
being placed on them such as production of information for the public
domain. Have these issues impacted on your teaching and administrative
THE ROLE OF PROFESSIONAL AND STATUTORY BODIES IN ASSURING QUALITY

In medicine and the health professions, professional and statutory bodies also have a responsibility to assure the quality of programmes which equip graduates for professional practice. These cover both undergraduate and postgraduate programmes. In medicine, the Education Committee of the General Medical Council (GMC) is responsible for ensuring that undergraduate programmes meet the requirements set out in Tomorrow’s Doctors, 2003 (the GMC recommendations on undergraduate medical training at www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp), that courses cover the recommendations covering general professional practice (Good medical practice, 2006: www.gmc-uk.org/guidance/good_medical_practice/index.asp) and that Foundation training programmes meet the requirements set out in The New Doctor 2007 (www.gmc-uk.org/education/postgraduate/new_doctor.asp).

The GMC has statutory powers to recommend that programmes which do not meet the requirements of the Education Committee should not be approved as leading to professional qualification. This would mean that graduates from such programmes would not be eligible to be put onto the provisional register. In practice, the powers have not been recently invoked and the QA mechanisms have a collaborative and peer-led approach to review.

Under the GMC’s quality assurance scheme (QABME – quality assurance of basic medical education), see www.gmc-uk.org/education/undergraduate/undergraduate_qa.asp, the GMC carries out regular visits to medical schools during which a team of assessors meets with representatives of the staff, student body, PRHOs and clinical teachers to discuss key aspects which have been previously identified to the School. The HEI is required to complete a questionnaire prior to the visit which covers many aspects of undergraduate and PRHO education and training. The GMC reports are made public and are posted on the GMC website, www.gmc-uk.org/education/undergraduate/undergraduate_qa/medical_school_reports.asp.

The medical Royal Colleges have responsibility for approving postgraduate training in particular specialties and for approving CPD courses. See the link to all colleges from the Academy of Medical Royal Colleges site at www.aomrc.org.uk/links.htm.

See also the Nursing and Midwifery Council pages on quality assurance of education at www.nmc-uk.org/aSection.aspx?SectionID=8

And those of the Health Professions Council at www.hpc-uk.org/education/providers/
LEARNING ACTIVITY AND REFLECTION
If you are involved in undergraduate education, have a look at the website for your professional body and look at the latest reports on your institution. Compare these with the relevant QAA reports, what are the differences and similarities? Do you find these helpful? Have you seen signs that the institution is responding to the issues identified in the reports?

INSTITUTIONAL RESPONSIBILITIES
“The new (quality) framework puts responsibility for quality and standards where it belongs - in the institutions themselves. There has been a very open and constructive discussion among the institutions, funding bodies and ourselves. We believe that it will meet the needs of all key players …… and will also help to lighten the burden of bureaucracy for institutions”

Peter Williams, QAA Chief Executive, March 2002.

HEIs are responsible for maintaining educational quality and standards and, if they have been granted degree-awarding powers, for their awards. Educational quality can (and should) be seen as everyone’s responsibility, but it is often difficult for the individual teacher to see where he or she fits into the formal quality management and enhancement arrangements. At institutional level, arrangements must be set in place for the formal management of quality and standards in accordance with the national agenda described above. External reviews by the QAA and PSBs (eg. in medicine or engineering) are often used by institutions as a framework for internal quality management and can provide a focus and milestone towards which many institutions work.

LEARNING ACTIVITY AND REFLECTION
Do you know how the systems of feedback and quality management are set up in your department or institution? Such mechanisms might include:
- committee structures
- external examining systems
- how student evaluation questionnaires are considered and action taken
- staff student committees

The institution will have a formal committee structure in place, part of whose function is to manage and monitor quality, including external examining. This is usually supported by an administrative function (often in Registry) to collect and collate data relating to academic quality e.g student feedback questionnaires, annual course reviews, admissions or examination statistics. Committee structures vary between institutions but the structure should enable issues concerning educational quality to be identified in a timely and appropriate way so that they can be dealt with by the relevant group or
individuals. One of the senior management team (e.g. a pro vice-chancellor) normally has an identified remit for ensuring educational quality and maintaining academic standards. Clear mechanisms for the approval of new programmes and a regular system of programme reviews should be in place. One of the fundamental elements of QA is to enable feedback (from students, staff, employers and external reviewers) to be considered and issues addressed.

The Teaching Quality Enhancement Fund was allocated by the Funding Councils to HEIs from 2000 specifically to support the implementation and monitoring of a formal teaching and learning strategy. These strategies form one of the central planks of review and audit by the QAA and are also used by other agencies as a reference point. For example, the HEA considers institutional learning and teaching strategies as part of their accreditation procedures for staff development programmes. This highlights that staff development and training is one of the other central elements of educational quality, and frequency and uptake of staff training events are often used as a quality indicator at institutional and departmental level.

**LEARNING ACTIVITY AND REFLECTION**

If you are involved with an HE institution, are you aware of your institution’s teaching and learning strategy?

If not, try to find this (it should be available as one of the strategic documents relating to teaching, probably on the website)

How is the strategy promulgated and monitored and how do quality assurance mechanisms fit into the strategy?

Additional formal mechanisms usually operate at faculty and departmental level in order to enable the consideration of more detailed issues and to address concerns more speedily. Committees (such as teaching and learning committees), which include representatives from the department’s programmes, act as mechanisms to promulgate, interpret and implement organisational strategy, policies and procedures; to develop and implement procedures for managing the monitoring and review of faculty/departmental programmes and procedures, and to respond to demands from review, accreditation or inspection bodies.

**LEARNING ACTIVITY AND REFLECTION**

Have a look at your own HE organisation’s website. Is the institution is responding to the new demands from the QAA and putting information on the web site such as external examiners’ reports?

**Programme level**
Individual teachers will often be involved in ensuring the quality of provision in operational terms at programme level or even at the level of individual teaching sessions. All members of the course team must be committed to and understand the purposes and context of the programmes on offer and be aware of the elements which comprise a ‘quality’ learning experience for students. Teams should establish formal and informal monitoring and review systems which consider all elements of activity relating to learning and the learning environment. These include administrative processes and procedures (such as ensuring that assessment results are collected and analysed or that course materials are distributed in a timely fashion) as well as the attitudes and expertise of teachers: delivering a high quality ‘student learning experience’ requires a high level of competence and understanding about learning.

The Higher Education Academy operates a recognition scheme for teachers and support staff in HE under the UK Professional Standards Framework, see: www.heacademy.ac.uk/assets/York/documents/ourwork/professional/ProfessionalStandardsFramework.pdf

Under the Framework, staff supporting the student learning experience are expected to be able to demonstrate competence in six broad areas of professional activity:
1. Design and planning of learning activities and/or programmes of study
2. Teaching and/or supporting student learning
3. Assessment and giving feedback to learners
4. Developing effective environments and student support and guidance
5. Integration of scholarship, research and professional activities with teaching and supporting learning
6. Evaluation of practice and continuing professional development

To demonstrate core knowledge and understanding of:
1. The subject material
2. Appropriate methods for teaching and learning in the subject area and at the level of the academic programme
3. How students learn, both generally and in the subject
4. The use of appropriate learning technologies
5. Methods for evaluating the effectiveness of teaching
6. The implications of quality assurance and enhancement for professional practice

And professional values:
1. Respect for individual learners
2. Commitment to incorporating the process and outcomes of relevant research, scholarship and/or professional practice
3. Commitment to development of learning communities
4. Commitment to encouraging participation in higher education, acknowledging diversity and promoting equality of opportunity
5. Commitment to continuing professional development and evaluation of practice

**LEARNING ACTIVITY AND REFLECTION**

Have a look at the HEA website at [www.heacademy.ac.uk](http://www.heacademy.ac.uk)

Have you considered applying for recognition to the HEA?

Do you think there might be any personal and professional benefits to being awarded recognition as a senior fellow, fellow or associate?

Internal quality assurance procedures and development activities to enhance educational quality include the evaluation of individual staff members through systems such as student feedback questionnaires, peer review systems, mentoring for new staff or regular appraisals.

For the institution and the individual teacher, it is useful to have summary which brings together different aspects which should be considered when evaluating a programme. The attached file is one which was developed for medical education but which is also relevant to any programme which includes clinical teaching.

**KEY FEATURES OF QUALITY ASSURANCE IN MEDICAL EDUCATION** (see Annex 2)

**DESIGNING EVALUATION INSTRUMENTS AND USING INFORMATION**

One of the key elements of any QA system is ensuring that the data being collected is collated efficiently into a form which can be analysed and that it is presented appropriately.

Any evaluation instrument must be designed with the eventual purpose and audience in mind. In designing questionnaires, for example, it is useful to use a mixture of open and closed questions. The closed questions can be designed on a form which can be read by an optical mark reader and the resulting data can then be collated by computer system. This is a more efficient way of processing large amounts of data, particularly that of a more quantitative nature, although the information gathered may be of a more limited nature than that obtained by more open questions. Open questions are very useful for obtaining information about specific topics, for probing aspects in more depth and for enabling people to comment on aspects about which questions may not have been asked. Data gathered through open questions have two disadvantages, in common with data gathered via interviews or focus groups or other qualitative methods. The comments have to be analysed and thus may be subject to ‘evaluator bias’ or interpretation and it is time-consuming (and therefore expensive) to process free text. However, this has to be weighed against the richness of the information gathered and therefore a mixture of the closed questions and open questions is usually adopted in evaluation questionnaires.

**LEARNING ACTIVITY AND REFLECTION**
Do you currently evaluate your teaching activities?
Are these evaluations designed by you or by a central body?
How do you think the evaluation forms or system might be improved?
Do you receive feedback from the evaluations in a timely and appropriate manner?
If you don’t evaluate your teaching, try to design a form and system to gain feedback on your teaching.

Most higher education programmes use student evaluation questionnaires as a key component of their QA processes as they can be simple to administer and collate. Other evaluation methods include interviews or focus groups with both staff and students; observation of teaching sessions; analysis of examination results; scrutiny of external and internal examiner reports or of course documentation, and more comprehensive course reviews along the lines of a ‘mini subject review’. The latter may be carried out using external reviewers or internal reviewers from other departments.

Another form of evaluation which is becoming more widely used is ‘peer review’. This usually takes the form of senior colleagues or peers sitting in with other teachers and providing constructive feedback to them on their teaching. A standard form is provided by the department or institution which should be used to record the observations and which is sometimes used as part of an appraisal process.

**LEARNING ACTIVITY AND REFLECTION**
Are there any peer review systems established in your institution?
What might be the benefits and disadvantages of a peer review scheme?
Might you be able to set up an informal peer review scheme with a colleague?

In addition to these types of evaluation, clinical placements are also usually evaluated through NHS mechanisms. For example, medical undergraduate courses have been subject to quality evaluation as part of SIFT (Service Increment for Teaching) funding, and clinical placements for undergraduate health professions education are evaluated through mechanisms managed by the Workforce Deaneries. Evaluation methods used include visits by representatives of the HE institution to the placement provider, discussions with staff and students, a tour of facilities and scrutiny of documents and teaching materials.

**EVALUATION AND REVIEW CHECKLIST**
In any form of evaluation or review, be it of the whole organization or of specific teaching sessions, there are a few key points which should be kept in mind:

- Evaluation methods must be chosen specifically to measure what you are trying to measure (e.g., evaluation of teaching facilities could be carried out by visits, discussion with staff and students, documentation re library facilities, website analysis, etc.)
- If using questionnaires, a combination of open and closed questions
should be used
- questionnaire design should facilitate analysis and collation of data
- try not to over-evaluate courses or certain groups of students
- time evaluations appropriately eg. immediately after a course to see how the whole course fits together, straight after a session to evaluate how the session went for participants, a year after a programme finishes to measure employment statistics, etc.
- ensure that the information collected is fed back into formal course review and development mechanisms
- use a combination of evaluation methods in order to triangulate data, this will ensure a more representative and accurate evaluation

CLOSING THE FEEDBACK LOOP: DISSEMINATING GOOD PRACTICE AND QUALITY ENHANCEMENT
In many aspects of QA, it has been noted that most institutions are very good at collecting information about their programmes. Analysis of the QAA cycle of Subject Reviews found that a lot of institutions were poor at enhancing the quality of their education provision and disseminating good practice throughout the institution and beyond. Agencies such as the Higher Education Academy Subject Centres provide a useful role for teachers in enabling access to good practice and to a range of national projects centred around different aspects of teaching and learning.

Disseminating good practice within the organisation often depends on informal networks. However, many institutions have education or quality development units which can assist teachers in planning, review and educational developments. Staff development in the form of training events can also be a useful way for individual teachers to gain wider experience and to hear about other teachers' initiatives and projects.

LEARNING ACTIVITY AND REFLECTION
How does your organization disseminate good practice?
How might you find out about other means of sharing information about teaching set up for example by professional bodies, Deaneries or the Medical Royal Colleges?

REFERENCES
Coles C. and Grant J. (1985) Curriculum evaluation in medical and health care education, ASME Medical Education Research Booklet No 1, Medical Education 19: 405


**USEFUL WEBSITES**

Quality Assurance Agency's home page: [www.qaa.ac.uk](http://www.qaa.ac.uk)
For code of practice; national qualifications frameworks; latest information on educational review and institutional audit; programme specifications; progress files and subject benchmark statements

The QAA guide to all quality assurance and enhancement activities

The Higher Education Funding Council for England’s site contains publications, some of which relate to academic quality and standards:
[www.hefce.ac.uk](http://www.hefce.ac.uk)

General Medical Council (GMC) for all aspects of undergraduate and postgraduate medical education at
[www.gmc-uk.org](http://www.gmc-uk.org)
Quality defining what the term ‘quality’ actually means in practice depends on the aims and purposes of the educational provision or the evaluators, the country and the historical context. In the UK at the present time the term ‘quality’ tends to be used as a generic term to cover all the activities which relate to the student learning experience in higher education. Quality assurance and improvement are not new in HE, for example external examiners as part of assessment processes and the peer review system for research publications have been part of the QA processes for many years. The purpose of internally driven QA is to effect an improvement in the functioning of a department or programme whereas externally driven review is more about accountability.

The ‘quality’ concept

Quality assurance (QA) is used to include all the policies, processes and actions through which the quality of HE is maintained and developed. It emphasises the external aim of evaluation and accountability: to assure students, society and government that the unit manages its quality well. Quality enhancement is used to describe the implementation of a continuous improvement cycle, for example dissemination of good practice across the organisation.

Concepts of quality can be grouped into several categories (as Harvey, Burrows and Green (1992) demonstrate) including:

Quality as excellence is the traditional (often implicit) academic view which aims to demonstrate high academic standards.

Quality as "zero errors" is most relevant in mass industry where detailed product specifications can be established and standardised measurements of uniform products can show conformity to them. In HE this might apply to learning materials.

Quality as "fitness for purpose" focuses on "customers' (or stakeholders) needs" (eg students, employers, the academic community, government as representative of society at large). The quality literature highlights that operational definitions of quality must be specific and relate to a specific purpose. There is no "general quality".

Quality as enhancement emphasises continuous improvement, centres on the idea that achieving quality is essential to HE and stresses the responsibility of HE to make the best use of institutional autonomy and teacher's academic freedom. It is more difficult to objectify the enhancement concept of quality. All Western European HE evaluation procedures focus more on quality as enhancement than as standards and can be seen as a sophisticated version of the "fitness for purpose" concept.

Quality as transformation implies either to students' behaviour and goals being changed as a result of their studies or to socio-political transformation
achieved through HE. The latter is more difficult to measure.

**Quality as threshold** refers to the defining of minimum standards, usually as broad definitions of desired knowledge, skills and attitudes of graduates (e.g. subject benchmarking, see later). Minimum standards are defined in most European HE systems which enable a minimum, objective comparability of units or programmes. HEIs are usually expected to surpass these minimum standards and enhance quality by defining and attaining their own goals. National definitions of threshold standards cannot be easily adapted to changing circumstances and often lag behind change. Viewing quality as a minimum threshold may not stimulate teachers to adapt to new opportunities, incorporate educational innovations or enhance quality.

**Accreditation** has many meanings but is primarily an outcome of evaluation leading to the award of a status, signifying approval, recognition and sometimes a licence to operate. It may focus on professional accreditation (e.g. in medicine, law) or on an institution, faculty or programme. As a process, accreditation is generally based on the application of pre-defined standards. The status may have consequences for the institution itself (e.g. licence to operate) and/or its students (e.g. eligibility for grants) and/or its graduates (e.g. qualified for certain employment).

A set of performance indicators generally form part of any QA process. These are usually defined as outputs of HEIs in terms of the unit's goals (e.g. increasing employability of graduates, minimising drop out) or the educational processes eg. maximising student satisfaction, minimising cancelled lectures. Other organisational indicators, not directly linked to performance, include staff-student ratios, availability of learning resources for students (libraries or computer services) or access to various services. In developing a set of indicators, the aim is to find a balance between measurability (reliability), which is often the prime consideration in developing indicators, and relevance (validity). It is difficult to decide how to weight or combine indicators and indicators should be viewed as signals which show where strengths and weaknesses may be found, not as quality judgements in themselves.

**Standards** are seen as the expected or actual outcomes, attainment and expectations of the educational training in terms of the knowledge, skills, attitudes (i.e. the competencies) that are expected from the graduates. Student attainment is usually expressed in terms of a grading of performance, either for an individual student or the outputs of an educational programme. Standards refer to both general standards (e.g. qualifications for a Bachelors or a Masters degree) and specific subject standards.

**Evaluation** and assessment are often used interchangeably in the international literature to describe QA procedures. In the UK however, we tend to differentiate between evaluation (of courses or programmes) and assessment (of student performance). Coles and Grant (1985) describe educational evaluation as implying “judgement of merit or worth, some expression of value. The evaluator not only collects information, but also
interprets, explains and makes judgements about it. Evaluators not only detect problems, for example in the way the curriculum plan works, but also attempt to explain why problems have arisen and suggest remedial action". An important element of educational evaluation is that although it is likely that evaluation is pre-planned and employs specific methods, the focus of the activity can shift and the process can be influenced by what is discovered ‘along the way’. In these terms, educational evaluation at programme or institutional level is similar to action research in that evaluators have to remain flexible and responsive to what they discover and tailor their enquiries accordingly.

**Licensing** is often used synonymously with accreditation in Europe and refers to the awarding of the permission to operate a new HEI or a new study programme based on an *ex ante* evaluation of appropriate plans. Licensing generally proceeds from pre-defined standards. In the UK, licensing often refers to the awarding of a ‘licence to practice’ to an individual e.g in medicine.
Annex 2

KEY FEATURES OF QUALITY ASSURANCE IN MEDICAL EDUCATION
Judy McKimm and Carol Jollie
June 2002

1 Introduction

Within the wider spectrum of Higher Education provision, education and training for medicine has several special features:

• those involved in medicine generally have a strong vocational commitment founded on a clear career choice
• from an early stage much of the learning is work-based and grounded in practice, requiring extensive employer involvement in the education and training process
• successful completion of the course leads to a recognised higher education award and a licence to practice
• there is strong continuity between pre- and post-registration education and training

The key focus of Quality Assurance (QA) in medical education should be on the maintenance, enhancement and comparability of standards in medical education. This ensures that those qualifying for awards are safe and competent practitioners achieving an educational standard appropriate to the award being offered. Doctors must also be prepared to cope with changing conditions in the health care delivery system and in health and disease patterns, the changing needs and expectations of society and the explosion in medical scientific knowledge and technology.

2 Key Features of Medical Education

2.1 Involvement of External Agencies

2.1.1 Stakeholders

A medical student’s experience is shaped by three different stakeholders:

• the education provider, which is interested in a student’s fitness for award
• the potential employer, who is interested in a graduate’s fitness for purpose in terms of the competencies and capabilities which s/he is able to demonstrate in the workplace
• the professional and statutory body, which is interested in fitness for practice in order to determine whether an individual can be licensed/registered as a professional practitioner.

QA systems should allow stakeholders to judge whether or not provision satisfies declared standards and other appropriate quality criteria. While each stakeholder may have a specific remit, all stakeholders share in a collective responsibility for the quality of educational provision. A QA mechanism in medicine must therefore involve all three stakeholders and must have the capacity to demonstrate the
extent to which professional education meets the ultimate aim of developing medical practitioners who are fit for purpose, practice and award.

2.1.2 Health Service Providers of Clinical Placements

A large part of a medical course will not be delivered on the premises of a university or medical school and access to facilities for clinical teaching has to be negotiated between the medical school and health service providers.

The quality of a student’s experience in a variety of clinical settings is a determining influence in developing high standards of professional care. Quality assessment must therefore include an assessment of the appropriateness of health care setting for teaching and of the facilities, resources and support provided for clinical teaching.

2.2 Integration of Disciplines

Medical students do not ‘belong’ primarily to one department like most other degree courses. During their training they pass through several departments and phases and this relies on effective partnership and collaboration between academic and clinical departments. There is also a worldwide trend towards more integrated teaching and problem-based learning that has made course coordination and management increasingly complex.

2.3 Role of Clinical Teachers

Much of clinical teaching is delivered by staff who are not employees of the university or medical school. Quality monitoring of individual clinical courses and the performance of clinical teachers will therefore be important as will the support provided to them and the level of guidance given about the objectives of an individual clinical attachments and the nature and content of learning to be delivered. There will also be conflicting pressures on clinical teachers to meet service needs as well as contribute to teaching.

Recent developments, such as joint appraisal of clinical academics being carried out between a Trust and HE institutions, will provide data on individual teachers’ performance, training needs and career aspirations. This information, if utilised effectively as part of planning, will provide useful measurements of clinical performance and the future role of clinical teachers.

3 Key Features of Quality Assurance in Medical Education
In addition to the above issues which would need to be addressed as part of a QA exercise in medical education, a number of further areas have been identified:

3.1 **Organisational indicators**

In order to assess how effectively the medical school manages its relationship with its stakeholder groups, the QA process would wish to consider evidence of the following:

- that the competing pressures for teaching and service provision are addressed at an individual and at an organisation level
- that relationships are managed between the medical school and its clinical placement providers to ensure mutual understanding, co-operation and partnership
- that there is a contract or similar specification which defines responsibilities for the organisation and delivery of clinical teaching and facilities required to support clinical teaching
- that central information is held about clinical sites and facilities to support teaching, that the information is regularly updated and that regular visits to the clinical site take place from senior medical school staff
- that students receive an induction to the clinical site
- that timely and relevant information is provided to clinical placement providers by the medical school
- that the clinical placement site is easily accessible by public transport

3.2 **Curriculum Structure and Content**

The QA process would wish to consider evidence of the following:

- that the course incorporates an adequate programme of clinical learning
- that the course addresses demonstrable outcomes reflecting a ‘leading edge’ awareness of the priorities for health professionals and service users in health care delivery
- that the curriculum is current and relevant and reflects changing patterns of healthcare
- that opportunities exist for clinical teachers and other stakeholder groups to be involved in curriculum development to ensure that present and future health care needs will be met
- that the medical school ensures that its curriculum matches the needs of stakeholder groups
- that clinical leaning has been designed around current patient management and hospital stay patterns and that it is keeping up with developments eg in the field of minimally invasive surgery, anaesthetics and day case surgery
- that clinical teaching is well organised and managed and an indication of an overall responsibility for co-ordination
- that the faculty ensures overall ‘ownership’ of the course
- that the faculty encourages inter-disciplinary collaboration in the planning of courses
- that the funding allocation and support structures support integration between departments
that the outcomes of research and development activity are used to feed into curriculum development and the development of new teaching and learning methods and tools.

3.3 Teaching and Learning

The QA process would wish to consider evidence of the following:

- that students and those who supervise them are fully prepared for each placement experience, having a clear understanding of the expected learning outcomes and of their own role in assessing whether these are achieved
- that teaching and learning activity promotes in students the autonomy needed to sustain lifelong learning
- that students receive sufficient appropriate hands-on clinical experience
- that student timetables are issued which clearly state how the teaching is organised
- that there is an appropriate balance between practical and theoretical teaching
- that there is provision of an appropriate mix of teaching types, e.g., practical skills, small groups, ward rounds and continuity of teaching, including periods on emergency intake
- that students have the opportunity to participate in all activities of the clinical team, including audit sessions and clinical meetings
- that teaching is delivered in relation to everyday interaction between clinical medicine, radiology and pathology
- that the status of students on clinical placements is understood and acknowledged and that any questions which arise about professional suitability are dealt with promptly and effectively
- that clinical teachers are supported in their role and rewarded effectively
- that the medical school offers training and staff development opportunities to its clinical teachers
- that the appointment, roles and responsibilities of clinical teachers are appropriate and that honorary university titles are given if relevant
- that the medical school ensures that clinical teachers have the appropriate skills and knowledge

3.4 Admissions, Assessment and Achievement

Medicine is an intellectually complex and demanding course that is often longer than other degree programmes. It is important therefore that medical schools have appropriate mechanisms to ensure that those most able to cope with such a course and become useful members of the medical profession are selected.

The QA process would wish to consider evidence of the following:

- that the medical school selects its students fairly and effectively according to merit
- that the medical school ensures that an assessment is made of the applicants' future potential as doctors in terms of his/her professional attitude and demeanour
• that students are assessed effectively in clinical knowledge, skills and attitudes and clinical teachers play an appropriate part in the assessment process
• that there is effective support for assessment of students and end of attachment examinations
• that teachers involved in assessment receive adequate support and training
• that the measurement of student performance and progression is a systematic part of the wider process of monitoring and evaluation and that it satisfies the specific information requirements of external stakeholders
• that the progress of students studying away from the medical school is monitored effectively

3.5 Learning Resources

The QA process would wish to consider evidence of the following:

• that there is an adequate allocation of staff and that they are appropriately qualified, prepared and deployed to make an effective contribution to clinical teaching
• that physical resources will adequately support teaching and learning activities
• that the resources needed to support student learning have been deployed effectively and that their adequacy can be ensured
• that access of students to patients in outpatients' clinics, wards and operating theatres and the community is adequate
• that students have access to a wide case-mix, with a good balance of elective and emergency admissions, and to the necessary range of cases to support the achievement of the objectives of the attachment, including illnesses appropriate to the clinical specialty in which the student is based
• that there is adequate provision of the appropriate level and quantity of clinical teachers
• that students have access to support and diagnostic services
• that diagnostic equipment for clinical examination, including ophthalmoscopes in good working order is available for student use
• that seminar rooms, locks, common room, library and IT resources and teaching aids such as whiteboards, projection facilities and video equipment are available for student use
• that students have access to health and safety support structures
• that students have access to catering and parking facilities and on-call accommodation as appropriate

3.6 Academic and Pastoral Support

The QA process would wish to consider evidence of the following:

• that the facilities needed to ensure the welfare and well-being of students are both adequate and accessible
• that effective pastoral support is provided to students when they are on site

3.7 Internal Quality Assurance Procedures

The QA process would wish to consider evidence of the following:
• that the interests of the various stakeholders are owned and supported at both a strategic and operational level
• that, at the operational level, the structures and processes are in place to manage the course effectively, ensuring the involvement of all who are able to make a significant contribution
• that both past and present students have effective opportunities to contribute their own experiences as part of the wider process of monitoring and evaluation of the programme
• that the experience of all those making any sort of contribution to the course is fed into the wider process of monitoring and evaluation of the programme
• that the quality of clinical teaching and the provision of facilities to support teaching is monitored and evaluated by the clinical sites as well as the medical school
• that the student’s experience and satisfaction with the clinical education component of the course is evaluated and monitored regularly by the medical school and that action is taken in response to feedback
• that the clinician’s satisfaction with the clinical education components of the course is evaluated and monitored regularly by the medical school and that action is taken in response to feedback

References


