



Promoting higher quality

**The Quality Assurance Agency
for Higher Education**

Subject Review Report

January 2000 Q170/2000

St George's Hospital Medical School

Medicine

Reviewing the Quality of Education

The Quality Assurance Agency for Higher Education (QAA) was established in 1997. It has responsibility for assessing the quality of higher education (HE) in England and Northern Ireland from 1 October 1997 under the terms of a contract with the Higher Education Funding Council for England (HEFCE).

The purposes of subject review are: to ensure that the public funding provided is supporting education of an acceptable quality, to provide public information on that education through the publication of reports such as this one, and to provide information and insights to encourage improvements in education.

The main features of the subject review method are:

Review against Aims and Objectives

The HE sector in England and Northern Ireland is diverse. The HEFCE funds education in over 140 institutions of HE and 75 further education (FE) colleges. These institutions vary greatly in size, subject provision, history and statement of purpose. Each has autonomy to determine its institutional mission, and its specific aims and objectives at subject level.

Subject review is carried out in relation to the subject aims and objectives set by each provider. It measures the extent to which each subject provider is successful in achieving its aims and objectives.

Readers should be cautious in making comparisons of subject providers solely on the basis of subject review outcomes. Comparisons between providers with substantively different aims and objectives would have little validity.

Review of the Student Learning Experience and Student Achievement

Subject review examines the wide range of influences that shape the learning experiences and achievements of students. It covers the full breadth of teaching and learning activities, including: direct observation of classroom/seminar/workshop/ laboratory situations, the methods of reviewing students' work, students' work and achievements, the curriculum, staff and staff development, the application of resources (library, information technology, equipment), and student support and guidance. This range of activities is captured within a core set of six aspects of provision, each of which is graded on a four-point scale (1 to 4), in ascending order of merit.

The aspects of provision are:

- Curriculum Design, Content and Organisation
- Teaching, Learning and Assessment
- Student Progression and Achievement
- Student Support and Guidance
- Learning Resources
- Quality Management and Enhancement.

Peer Review

Reviewers are academic and professional peers in the subject. Most are members of the academic staff of UK HE institutions. Others are drawn from industry, commerce, private practice and the professions.

Combination of Internal and External Processes

The review method has two main processes:

- Preparation by the subject provider of a self-assessment in the subject, based on the provider's own aims and objectives, and set out in the structure provided by the core set of aspects of provision.
- A three-day review visit carried out by a team of reviewers. The review team grades each of the aspects of provision to make a graded profile of the provision, and derives from that profile an overall judgement. Provided that each aspect is graded 2 or better, the quality of the education is approved.

Published Reports

In addition to individual review reports, the QAA will publish subject overview reports at the conclusion of reviews in a subject. The subject overview reports are distributed widely to schools and FE colleges, public libraries and careers services. Both the review reports and the subject overview reports are available in hard copy and are also on the world-wide web (see back cover for details).

Introduction

1. This Report presents the findings of a review in January 2000 of the quality of education in medicine provided by St George's Hospital Medical School.
2. St George's Hospital was founded in 1733 at Hyde Park Corner in London, and has trained medical students since then. It was decided shortly after the last war to transfer the Hospital and the Medical School to Tooting. The Grove Hospital became part of St George's in 1954, and clinical teaching started in Tooting at that time. St George's is an independently governed and financed college of the University of London. As well as medical education it provides education in bioscience and in nursing, midwifery, physiotherapy and radiography through a Faculty of Healthcare Sciences established under a joint venture with Kingston University.
3. There are 1,148 full-time and 4,920 part-time students in the School; 935 are studying for the MBBS and 1,028 full-time equivalent students are undertaking the postgraduate courses. There are 150 academic and 48 support staff.
4. The following provision forms the basis of the review:
 - MBBS
 - BSc, Intercalated one-year course
 - MSc/PgDip in Addictive Behaviour
 - MSc/PgDip in Forensic Mental Health
 - MSc in Health Sciences
 - MSc in Medical Immunology
 - MSc in Public Health
 - PgDip in Addictive Behaviour for Prison Health Care Staff
 - PgDip in Promoting the Health of Young Children
 - PgDip in Primary Care Respiratory Medicine (by distance learning)
 - United Examining Board Course (UEB).
5. The statistical data in this Introduction are provided by the institution itself. The aims and the objectives are presented overleaf. These also are provided by the institution.

The Aims and Objectives for Medicine

Aims

General

The School aims to foster learning through an ethos of openness and co-operation among staff, students and the NHS (particularly in the south-west of London), in the context of a research-active and clinically busy campus.

Undergraduate Aims

Our aim is to produce graduates with the essential foundation of knowledge, understanding, skills and attitudes required for the practice of medicine. We aim to provide this within an integrated and stimulating curriculum which forms a basis for future learning and development within the graduate's chosen field.

Postgraduate Aims

Courses aim to improve the knowledge base and enhance the academic and research skills of students with a wide range of academic backgrounds working in health-related employment.

UEB Course Goal

The course provides an opportunity to revise core knowledge and clinical skills, and to be familiar with UK medical practice to a standard that enables success at the qualifying examinations held by the UEB.

Objectives

Undergraduate Objectives

The curriculum is underpinned by four themes running throughout: Basic and Clinical Sciences; Patient and Doctor; Community and Population Health; Professional Development. At the successful conclusion of the undergraduate course students will:

1. have a knowledge and understanding of the sciences underlying medical practice (Basic and Clinical Sciences);
2. have a knowledge and understanding of health and its promotion; and of disease, trauma and disability and their prevention, diagnosis and management. This should be in the context of the individual, the family and the population as a whole (Basic and Clinical Sciences; Community and Population Health);
3. have proficiency in basic clinical skills (Patient and Doctor);
4. have demonstrated the professional behaviours needed to achieve high standards of medical practice and patient care (Professional Development);

5. have demonstrated intellectual curiosity and a capacity of critical understanding (Professional Development);
6. be ready to perform pre-registration house officer (PRHO) jobs competently (all themes);
7. have the potential to undertake further training in medicine (Professional Development);
8. recognise the value of lifelong learning (Professional Development).

In addition, by the end of the Intercollegiate BSc, successful students will:

1. have gained an understanding of specialised topics and current research in these areas;
2. have built on the basic research skills acquired in the MBBS course and developed their understanding of the research process through undertaking an individual project.

Postgraduate Objectives

Courses are diverse and complete sets of specific objectives are given in course handbooks.

The following objectives are illustrative only.

By the end of all courses, successful students will have:

1. significantly developed their knowledge and understanding in their chosen area of study;
2. demonstrated an ability to undertake a critical evaluation of the research literature;
3. demonstrated an awareness of the application of research findings to their own work.

An additional objective for MSc students only is that students will be able to:

4. design, implement and write up research under supervision.

Examples of areas in which specific objectives beyond undergraduate level are set include:

- progress in higher professional training (MSc Public Health);
- enhancement of clinical skills applied to a specified target group (Dip/MSc Addictive Behaviour, Diploma in Respiratory Medicine);
- knowledge of relevant current diagnostic laboratory techniques (MSc Medical Immunology);
- application of management and communication theories to work-based problems (MSc Health Sciences);

- facilitation of interagency working (Dip/MSc Forensic Mental Health, Dip/MSc Addictive Behaviour);
- development and evaluation of practice-based interventions (Diploma in Promoting the Mental Health of Young Children).

Objectives of the UEB Course

On successful completion of the course a student will be able to:

- discuss current concepts of primary care and eight core subjects to a standard that can be expected of a UK MBBS graduate;
- display in writing, and in dialogue, knowledge of the factual syllabus set by the UEB to a standard that can be expected of a UK MBBS candidate;
- demonstrate practical clinical skills of history taking and physical examination in medicine, surgery, psychiatry, and obstetrics and gynaecology, to a standard that can be expected of a UK MBBS graduate;
- describe the format of the UEB examination and explain the level of attainment required;
- satisfy the obstetrics and gynaecology tutor of their skill at pelvic examination;
- satisfy the Hospital's resuscitation training officer of their cardiopulmonary resuscitation skills;
- return a performance against the above learning objectives in a mock exam environment, such that the tutors as a body can recommend that the Sub-Dean certify the student as fit for the UEB examination;
- demonstrate communication skills and attitudes that enable the Sub-Dean to sign the UEB's form U39 (in its form prior to July 1999).

Summary of the Review

6. The graded profile in paragraph 7 indicates the extent to which the student learning experience and achievement demonstrate that the aims and objectives set by the subject provider are being met. The tests and the criteria applied by the reviewers are these:

Aspects of provision

1. Curriculum Design, Content and Organisation
2. Teaching, Learning and Assessment
3. Student Progression and Achievement
4. Student Support and Guidance
5. Learning Resources
6. Quality Management and Enhancement.

Tests to be applied

To what extent do the student learning experience and student achievement, within this aspect of provision, contribute to meeting the objectives set by the subject provider?

Do the objectives set, and the level of attainment of those objectives, allow the aims set by the subject provider to be met?

Scale points

1

The aims and/or objectives set by the subject provider are not met; there are major shortcomings that must be rectified.

2

This aspect makes an acceptable contribution to the attainment of the stated objectives, but significant improvement could be made.

The aims set by the subject provider are broadly met.

3

This aspect makes a substantial contribution to the attainment of the stated objectives; however, there is scope for improvement.

The aims set by the subject provider are substantially met.

4

This aspect makes a full contribution to the attainment of the stated objectives.

The aims set by the subject provider are met.

7. The grades awarded as a result of the review are:

Aspects of provision	Grade
Curriculum Design, Content and Organisation	4
Teaching, Learning and Assessment	4
Student Progression and Achievement	4
Student Support and Guidance	4
Learning Resources	4
Quality Management and Enhancement	3

8. The quality of education in medicine at St George's Hospital Medical School is **approved**.

The Quality of Education

Curriculum Design, Content and Organisation

9. In 1996, the School undertook a major review of the undergraduate medical curriculum. The new course has not yet been taught through to completion. Students in the fifth year have followed the old course although the ethos of the new has influenced the old. The philosophy underlying the new curriculum is set out in course documents and the reduction of material, demanded by the General Medical Council (GMC), has been met. The aim of the MBBS is to produce graduates with the essential foundation of knowledge, skills and attitudes. It achieves this by clinically relevant objectives and four interwoven themes that ensure that the students' progression is at a sensible pace and has appropriate direction.

10. Early in the course, the students undertake visits to general practice and hospital departments, and they share some modules with nursing and other health science students. In this way, students are helped to start to explore medical roles and responsibilities. Special study modules, that ensure focused learning at appropriate breadth and depth, begin in year two and students become immersed in clinical instruction from year three.

11. The intercalated BSc permits high-achieving students, either between years two and three, or years four and five, to spend one year studying, sometimes at another London college. The curricula enable students to extend their knowledge in areas of particular interest to them, and to carry out individual projects or research. The degree encourages self-directed learning, imparts confidence and prepares students for challenging post-qualifying work.

12. The curricula of the MBBS and of the BSc are up to date, and are enriched by the research and clinical practice of staff. The curricula help students to acquire transferable skills valued in employment, such as the extended use of computers, teamwork and communication skills. Students enjoy their courses, and believe that they become more skilful and mature as they progress. They are enabled to 'recognise the value of lifelong learning'.

13. The postgraduate courses are diverse. All are part-time. Some are designed for qualified doctors, others for professions allied to medicine, and for workers in therapeutic situations. The curricula were developed in

response to identified clinical strengths of staff, and information about students' needs, and they ensure that the intended learning outcomes can be achieved in terms of knowledge and understanding, cognitive skills, professional and transferable skills, personal development and progression to employment and further study. There is evidence that recent developments in course design influence this aspect of the provision; for example, distance learning and problem-based learning are used. Recent developments in subjects have been included. Courses are responsive to professional changes, and curricula are coherent. The MSc/PgDip in Forensic Mental Health are particularly good.

14. The examination of the UEB allows an opportunity for students who have undertaken medical training, but who cannot be registered, to achieve a registrable qualification. These include: UK school leavers who have obtained non-registrable diplomas from independent medical schools elsewhere; economic migrants who have either permanent residence or UK nationality, but are primary medical qualification non-registrable with the GMC; refugees and asylum seekers whose circumstances have led to an interruption to their studies; and doctors with dual nationality who have opted to qualify overseas. Students must follow a course of study prescribed by a UK medical school, after which the Dean or Principal certifies that they are suitable to enter the examination. The School's reasons for providing a dedicated course are primarily, though not exclusively, humanitarian. The curriculum is specified by the UEB, and through its delivery the School provides students with an optimum opportunity to pass the examination.

15. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Curriculum Design, Content and Organisation:
Grade 4.

Teaching, Learning and Assessment.

16. The reviewers observed 36 classes from the undergraduate and postgraduate courses. Some were held in the School and others in clinical settings. The large majority of teaching observed was excellent or good. Excellent teaching was characterised by clear evidence of preparation, engagement of the students in active learning and thorough, effective use of resources. Learning opportunities are created by enthusiastic teachers and taken up by equally enthusiastic students. Clear and appropriate learning objectives, and valuable course handbooks aid teaching.

17. On the undergraduate courses, a variety of methods is used to give a balanced approach to teaching. Methods are chosen to match the objectives. Formal lectures are used to impart knowledge, whilst skills and attitudes are developed by more active learning. Many learning opportunities are available, including lectures, problem-based sessions, seminars, tutorials and a variety of clinical situations involving patients. Self-directed learning is promoted in special study modules, by careful planning and setting appropriate tasks.

18. Students' progress is assessed at frequent intervals. Assessments are well designed, and test the acquisition and integration of knowledge and skills. Students receive clear, helpful feedback on their work. If the assessment identifies students performing poorly, then special help and advice is available. Although the students' workload does not appear excessive in the main, students complain that a few courses, for example obstetrics and gynaecology, are overloaded. The teaching and learning strategy ensures that the School's objective to produce students who are 'proficient in basic clinical skills' and 'have a knowledge and understanding of health and its promotion' is assured.

19. Tutors on the postgraduate provision have recently systematised a number of good practices that have previously been more informally managed, including definition of masters level achievement, clear programme learning objectives, informative student handbooks, and consistent assessment policies and student feedback. The School aims for an open ethos for learning, and the reviewers found examples of students' influence on key teaching and learning aspects to support this claim. The timing of classes and assessments takes into account the fact that all postgraduate students are part-time, and most have to balance the demands of employment, family life and study. Evidence of the School's concern for these demands is clear, for example, in the appropriate and sensitive learning packs for the Diploma in Respiratory Medicine by distance learning. Written feedback on assessments is supplemented by tutorials, and is both thorough and encouraging.

20. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Teaching, Learning and Assessment:
Grade 4.

Student Progression and Achievement

21. The School's admissions policy has been reviewed recently, and it is exemplary in its fairness and thoroughness. Admissions to the MBBS convincingly

support its policy of enrolling students who are very able and motivated towards medical practice. There are over 10 applicants for every place. The average GCE A-Level points score is 27. The composition of the student body shows a good mix, both in terms of ethnicity and gender; just under 50 per cent are female, and the same proportion describe themselves as non-white. The School encourages mature applicants and has a good record in recruiting them to the course. Over the last three years, an average of 10 per cent of entrants have been over 21 years. The admissions processes for postgraduate students are necessarily more various and often less formal. The reviewers found them to be appropriate and scrupulous.

22. The overall completion rate of the undergraduate medical students, which is close to 90 per cent, has been steady over recent years. There are few permanent withdrawals on academic grounds; some occur for health and personal reasons. Most withdrawals, transient and permanent, occur in the first two years of the course. About one-quarter of the MBBS students undertake the intercalated BSc. The pass rate on this degree has been almost 100 per cent over the past three years, with an average of 73 per cent achieving a First or Upper Second class degree.

23. The reviewers' most direct evidence for assessing the School's objective to help students to 'demonstrate the professional behaviours needed to achieve high standards of medical practice and care' lay in the performance of the capable and enthusiastic students. Students, including students from the UEB course, observed in various clinical settings, and displayed professional attitudes to their work, with a marked consideration towards patients. There is ample evidence in assessed work of a level of undergraduate achievement, and a rigour of assessment that are most creditable to the School. External examiners' reports support this view. More subtle factors, such as the influence of senior role models and the pervasive humane ethos of the School, with its marked sense of community, contribute to the students' positive and thoughtful identification with the profession.

24. Medical graduates from St George's are held in high regard. Recent graduates now in their PRHO year, reported that they felt well prepared for practice, and that they had been able to acquire the skills of self-learning that they would need for a lifetime's professional development. Their senior colleagues and employers support this view. Consultants and chief executives from the trusts working with the School praised the students, whom they described as 'patient-centred', skilful and reliable.

25. The postgraduate taught courses are varied in their character, and size and composition of their intake. The courses show clear evidence of currency and high student achievement. The reviewers are impressed by the quality of the students' written work. There is a discernible progression in its fluency and maturity from the early modules to the projects or dissertations towards the end of the courses. The work of some students makes a clear contribution to the body of knowledge. It is evident, for example, that the courses on addictive behaviour, and on the mental health of young children help practitioners to become knowledgeable and confident in taking remedial action.

26. Postgraduate students and former students assured the reviewers that their studies lead to career-enhancing gains of knowledge, research and technical skills. The reviewers met employers of graduates who applauded the quality and orientation of the courses. The completion rates across the awards are being held at reasonable levels. There is evidence that failure to complete is connected to the effect of family or work pressures on academic achievement. It is to the School's credit that very little difference of achievement exists between those who enter as non-graduates and their graduate colleagues.

27. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Student Progression and Achievement:
Grade 4.

Student Support and Guidance

28. The School sets out to provide a friendly and supportive environment, and achieves this with a network of formal and informal guidance for students. Well-planned induction arrangements help students to settle into university life. The tutors and the School Club produce easy-to-read handbooks that tell newcomers what they need to know in their first weeks as students. In the past, international students were not always well supported, but the appointment last year of an undergraduate international students' tutor has addressed this issue. Applicants for postgraduate courses who do not have a first degree are given particular help to acquire study skills, and care is taken at selection to try to ensure that they will not be out of their depth. There is a study-skills guide for all students, and a staff member has special responsibility for helping them to develop sound ways of studying.

29. The arrangements for tutorial support are good. Facilitators for problem-based learning sessions also

provide academic and pastoral guidance. The arrangements are well suited to the MBBS students, particularly for the first two years. They fit well with the curricular structure and the teaching methods. Students may be required to change tutors during their first year, and they have two tutors during the first two years. Students see this as an advantage, as it gives them choice when seeking support. This level of support is more difficult to sustain in years three to five, and during the intercalated BSc year; however, evidence from current and former students, and from teachers, shows that the system identifies students with problems, and help and guidance is provided for them. Students on attachments away from St George's campus are well supported by teachers on-site and administrative staff. There is close contact with the Registry.

30. In the postgraduate handbooks, there is very little mention of student support and guidance, although there is the implication that staff members are readily available to advise. This is indeed the case. Students and staff support this by their comments, and there is written evidence of very good support provided to these students. Postgraduate students, studying part-time, often face great difficulties, and the School makes praiseworthy efforts by tailoring study guidance, improving access to resources, making flexible arrangements, and guiding career direction to help its students to succeed.

31. The Students' Union at St George's is known as the School Club. Elected posts include an education officer and a welfare officer. The School Club, together with staff from the School and the hospitals, provide a strong ethos of collegiality. There is an evident sense of belonging to, and pride in, the School. This is a great strength in terms of support and guidance. It is not exclusive of individuals or groups but is all embracing. Tutors are trained to undertake pastoral and academic support and there is an admirable tutors' handbook. The School employs a part-time student counsellor, whose work is greatly appreciated. This role is mentioned in all the student handbooks. Appropriate support for the small number of students studying for the UEB examination is provided by the course tutors and by MBBS students.

32. Students receive written guidance, and support from the School Club about accommodation and housing problems. Advice is also available on financial matters. For undergraduate medical students, there is a careers fair in year four, and a PRHO preparation course after finals in year five. There is a well-resourced matching scheme for obtaining PRHO appointments; students and employers report that it works well. All the

newly qualified doctors find appropriate work. Advice is available for those who do not want to take up medicine as a career.

33. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Student Support and Guidance:
Grade 4.

Learning Resources

34. The learning resources strategy consistently supports the undergraduate and postgraduate courses. The Director of Library and Information Services and the Director of Academic Services are each members of appropriate strategic planning committees, in particular the Academic, Computing and Library Services Committee, the Undergraduate Medicine Committee (UMC) and the Taught Postgraduate Courses Committee (TPCC). The School Club is represented on these committees and acts as a conduit for communication between the students and the School.

35. Library resources meet the needs of students, although they are under pressure as the new curriculum has stimulated a 40 per cent increase in student library use. The School is moving towards campus networked libraries, and the developments are supported by Service Increment for Teaching funds. Libraries are open up to 78 hours a week, and there is a study area available for 24 hours a day. Computer equipment and information technology (IT) have been expanded recently to good effect, and each student and staff member has an email account. There is a rolling programme to replace all older hardware. The intranet is used in a limited way to help to deliver teaching, but its use for access to information is increasing. Peripheral sites are linked to the network. There is good user support and provision for user training for students and staff. Technical and administrative support for IT and the library is good, and valued by students.

36. The curriculum is supported by a dedicated clinical teaching skills area, a pathology museum and dissecting room. Other teaching rooms are well equipped, and fit for their purpose. The Students' Union, with bars and social facilities, is in the school building. In addition, there is a cafeteria, a coffee bar, and a shop. The chaplaincy, a prayer room and the counsellor's office are also in the building. The quality of provision on the off-site campuses is sound, and very good on some. The Academic Services Department provides comprehensive guidance in the preparation of teaching and learning materials for the NHS trust as well as the School; and so contributes to the quality of clinical teaching resources.

37. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Learning Resources:
Grade 4.

Quality Management and Enhancement

38. Throughout the School, there is an evolving culture of quality review, built upon a strong and secure base of collegiate informality. Formal structures dedicated to quality management have been put in place more recently. The Academic Quality Assurance Committee (AQAC) advises on policy and strategy, while the UMC and the TPCC are responsible for the implementation of policy, and for assuring quality through monitoring and enhancement. There is a genuine commitment to quality matters by both staff and students. The cohesive and seamless staff-student partnership, exemplified by the pivotal role of the School Club, is impressive and facilitates quality enhancement.

39. The School's quality manual, published by AQAC, is an admirable document that defines and disseminates best practice in monitoring. There is evidence that, as a result, student feedback questionnaires and views of subject staff are gathered systematically; external examiners' reports and external reviews, from the GMC for example, are carefully considered, and issues raised are followed up, responded to and, where appropriate, acted upon. However, the quality manual does not give guidance on the conduct of particular procedures, such as annual monitoring of undergraduate and postgraduate programmes. Furthermore, despite the definition of the 'Regulatory Framework for Educational Programmes', it is unclear if the procedures outlined are mandatory. Some appear to be accepted as such, for example the approval of new courses, while for others, such as the periodic review of programmes, the position is less clear.

40. There is student representation on all key committees, and frequent, purposeful consultation with student officers. Undergraduate and postgraduate students, without exception, told the reviewers that they were fully consulted, and action often followed. For example, changes were made to the format of the assessments in the Diploma on Addictive Behaviour following consultation. Although the School is to be commended on the thorough collection of monitoring data, resulting action is often incomplete and delayed. The data upon which the cycle one review of the MBBS is based derives largely from the session 1997-98. This was considered in March 1999, but as yet it is difficult to identify wide-scale implementation of change.

41. The School's determination to enhance quality is evident in the procedures for the sustenance of new courses, and in staff development. Following the review of the new undergraduate curricula, it is now mandatory for new staff to attend a programme on teaching skills, and all staff are encouraged to participate in a staff development programme designed to enhance the quality of learning and teaching. This is well attended. As a result of a needs analysis across the School's provision, more staff development has been introduced. Examples include training for staff involved in admissions, and training for teachers using problem-based learning. These have had a beneficial impact on the student experience. However, not all staff have taken up these opportunities, even though there is evidence that some require help in developing teaching methods new to them, for example, in small-group teaching.

42. The School's self-assessment document is reflective, and reveals a bold and open approach to stocktaking. The quality mechanisms in place are sound, but require more rigorous and systematic implementation. The reviewers have no doubt, however, that all concerned in the staff-student partnership that characterises the experience at St George's Hospital Medical School, are committed to providing and maintaining the highest quality of education.

43. This aspect makes a substantial contribution to the attainment of the stated objectives; however, there is scope for improvement. The aims set by the subject provider are substantially met.

Quality Management and Enhancement:
Grade 3.

Conclusions

44. The quality of education in medicine at St George's Hospital Medical School is approved. All aspects make at least a substantial contribution to the attainment of the stated objectives and the aims are at least substantially met. The reviewers come to this conclusion, based upon the review visit together with the self-assessment and additional data provided.

45. The positive features of the education in medicine in relation to the aspects of provision include the following:

- a. Well-focused curricula meet the demands of the professions and help to develop transferable skills (paragraphs 9 to 14).
- b. Curricula are enriched by the research and clinical practice of staff (paragraphs 12; 16).

- c. Teaching by enthusiastic staff is very good; methods match the learning objectives (paragraphs 16; 17).
 - d. Assessments are well designed and aid learning; feedback is thorough and sensitive (paragraph 18).
 - e. High-achieving students progress through the courses and become well-regarded doctors (paragraphs 21 to 24).
 - f. Postgraduate students show evidence of high achievement. Courses enhance career prospects (paragraph 25).
 - g. Teaching staff, staff from the NHS, the School's counsellor and the School Club together provide seamless support for students (paragraphs 28 to 32).
 - h. Learning resources, including technical and administrative staff, help the School to achieve its aims and objectives (paragraphs 34 to 36).
 - i. There is a commitment by staff and students to quality enhancement (paragraphs 38; 42).
46. The quality of education in medicine could be improved by addressing the following issue:
- a. A more rigorous and systematic implementation of quality management and enhancement procedures (paragraphs 39 to 41).