

# Quality Assurance & Enhancement Framework for the SGUL MBBS at the University of Nicosia

## 1. Introduction

The Medical School at the University of Nicosia should have in place structures and strategies (“the framework”) to ensure the quality of all aspects of its MBBS programme.

- 1.1** The following framework sets out the undertaking of formal quality management procedures, by which the Medical School aims to satisfy any conditions of the franchise agreement with St George’s, University of London (SGUL); all SGUL validation conditions and recommendations; any reporting obligations to the University of Nicosia; as well as any regulations as set by external bodies (for example, but not limited to the General Medical Council of the UK, and the UK’s Quality Assurance Agency).

Appendices to this strategy include relevant documents that should be read in conjunction with the framework, and those which support the work of the Quality Assurance team at the Medical School.

- 1.2** The framework aims to:

- Improve outcomes for students through enhancing the quality of services delivered
- Improve outcomes for staff through enhanced professional practice and through linking the framework to staff development plans
- Ensure that findings from monitoring and review are dealt with appropriately; commending work that satisfies the framework conditions and dealing constructively where improvements can be made
- Communicate effectively to all staff all outcomes from reviews.

## 2. The Framework

A quality management framework has been developed and implemented to ensure that “the quality of medical education will be monitored, reviewed and evaluated in a systematic way” (TD 2009, Domain 2).

- 2.1** In order to achieve this, the framework must:

- ensure the provision of comprehensive guidelines to support the work of staff at the Medical School in relation to quality assurance and enhancement processes and requirements
- co-ordinate activities as required by internal and external bodies; to meet their standards, adhere to policies and procedures, specifically the General Medical Council QABME, SGUL’s internal validation, the Quality Assurance Agency
- coordinate activities that enhance the quality of the learning opportunities and support available to students for example by identifying and disseminating good practice to both SGUL and UNic
- ensure all relevant policies, procedures and strategies in relation to learning, teaching and assessment and in relation to quality assurance with reference to national and international developments are approved, relevant and up-to-date, and established effectively
- co-ordinate initiatives and schemes which promote excellence in learning and teaching and assessment including associated staff development initiatives
- collaborate with colleagues at SGUL in order to consider implications and opportunities for educational provision at UNic
- monitor the operation of internal quality assurance procedures and revise these procedures where appropriate
- produce annual and (where appropriate) periodic reports on key areas of quality assurance and enhancement including annual monitoring, accurate and up to date documents for validation and review, visiting examining and accreditation visits and reports

- ensure that arrangements for quality assurance and enhancement reflect the expectations of the Quality Assurance Agency
- contribute to preparations for SGUL's Institutional Audit when requested; and to provide reports and monitor follow-up action in the light of any reviews
- provide information and reports as requested to both UNic and SGUL committees (e.g. UMBEC, MBBS Course Committee, Steering Group)
- consider any other matters as requested for comment in areas covered above.

*Appendix i provides details of the responsibilities for the above areas of the framework.*

### **3. Management of Quality Assurance Measures (UNic)**

Through undertaking the formal quality management procedures of SGUL, the SGUL MBBS at the University of Nicosia aims to ensure compliance with the franchise agreement; any validation conditions and recommendations; all reporting obligations to internal committees; as well as any regulations as set by external bodies.

- 3.1** Locally at UNic and on an operational level, overall responsibility for the Quality Assurance of the programme is with the Executive Dean and delegated to the Course Director.

The course management structures in place (*see Appendix ii*) illustrate the formal reporting lines for the relevant areas of the Quality Framework, and those Committees that feed in to this structure. Cross-membership of committees by Domain Leads (see 3.2) allows for all groups to remain informed of key activities.

Critical to these structures and the relevant decision-making procedures are the processes for achieving the framework, specifically:

- Enhancing the quality of services delivered
- Enhancing professional practice and linking the framework to staff development plans
- Recognising monitoring outcomes: commending work that satisfies the framework conditions and dealing constructively where improvements can be made
- Communication methods

- 3.2** Operational responsibility for implementing the Quality Framework has been designated to Domain Leads, who together form the Quality Assurance Group.

Domain Leads are directly responsible for the regular review and quality assurance of specific areas. These areas have been identified based on individual's expertise and match to the domains of GMC's Tomorrow's Doctors 2009 document.

Such responsibility will include:

- Adherence to TD 2009
- Effective implementation of specific standard and criteria through appropriate and sufficient communication to relevant staff, students and clinical partners
- Strategy and process development
- Regular review and monitoring of all related strategies and procedures
- Contributing to any internal and external validation or accreditation procedures that relate to the quality management of their domain
- Implementing effective change both proactively and reactively in the instance of non-conformities

- 3.3** To enhance data collection and review processes, a Quality Monitoring Log has been produced. Based on the individual standards and criteria of TD 2009, the log is mapped to staff development and training sessions as well as all processes, policies and supporting documents that are relevant to that domain. The log serves as an evolving document updated in line with new strategies that are employed, changes to practice, along with a record of any adverse events that occur and the resolutions sought to resolve them both reactively and proactively. *See Appendix iii.*

Each Domain Lead is responsible for the monitoring of their domain, and is required to maintain accurate data on the Log. A central master copy of the Log is held by the Head of Quality Assurance. This ensures that Domain Leads have access to the most up to date and relevant version at any given time. Furthermore, it enables a 'corporate history' of processes, policies and strategies to be documented and stored. Domain Leads are requested to provide any changes to their domain data to the Head of Quality Assurance on a regular basis.

- 3.4** Domain Leads report regularly to the Quality Assurance Group on any areas of significance pertaining to the quality of the programme.

In addition, Domain Leads or the Head of Quality Assurance provide a detailed review of each domain and the effectiveness of quality assurance procedures. This is carried out on an annual basis so that each domain is covered, with an overall review of QA processes annually at the end of each academic year.

The Quality Assurance Group is comprised of the following:

1	Patient Safety	Lead for Clinical Placements & Lead for Professionalism
2	Quality Assurance	Dean of Medical Education
3	Equality, Diversity & Opportunity	Registrar
4	Student Selection	Director of Admissions & Development
5	Curriculum Design & Delivery	Curriculum Leads: CS Year / P&F Years
6	Student & Staff Support	Registrar & Dean of Medical Education
7	Course Management	Course Director (Chair)
8	Resources & Facilities	HR, Facilities, Administrative Programme Manager & Head Librarian
9	Outcomes	Dean of Clinical Education
	Secretary to the QAG	Head of Quality Assurance

Additionally, the Programme Coordinators of the School's other programmes will be members of QAG to ensure that standards are maintained across the School as well as to identify shared process and policy, and examples of good practice.

Meetings are chaired by the Course Director, with the Head of Quality Assurance acting as Secretary to the group. The Course Director chairs the group (in addition to their role as Lead for Domain 7) and reports to the following SGUL committees as required by their position:

- Undergraduate Medicine and Bioscience Education Committee
- Quality Assurance and Enhancement Committee

Quality Assurance Group meetings serve as a forum to discuss all aspects of the quality management of the MBBS course and to foster the sharing of ideas and expertise and develop excellence.

#### **4. Governance & Responsibility (SGUL)**

Through its franchise agreement with St. George's, University of London, overall responsibility for the academic quality and standards of the programme is held by SGUL's Senate. Senate delegates to the Quality

Assurance and Enhancement Committee (QAEC) the responsibility for the development of SGUL's quality assurance management procedures and these procedures are documented in the Quality Manual (9th Edition, October 2012) (*See Appendix iv*) SGUL's senior Executive Committee is the Strategy Policy and Resources Committee (SPARC) and matters of policy and resources is reported from QAEC to SPARC.

**4.1** The purpose of the Quality Manual is to ensure that the academic standards of all SGUL programmes are appropriate and meet the expectations of relevant national bodies such as the GMC. The Quality Manual also describes the procedures that enable students to make the best use of the learning opportunities available to them. SGUL's Quality Manual is used to support the work of the Quality Assurance Group at UNic.

The Quality Manual also includes procedures for approving modifications to validated programmes and reviewing programmes every five years. A periodic review of MBBS (SGUL) took place in May 2013, to which the MBBS (SGUL, Nicosia) team contributed.

**4.2** QAEC is also responsible for the development of strategy and policy in relation to all aspects of learning, teaching and assessment. QAEC has responsibility for delivery of SGUL's Education Strategy 2011-15 and works with faculty-based quality assurance committees and Course Management Groups to ensure that the intentions of the Education Strategy are met. Through membership to QAEC, the Course Director at UNic is kept aware of quality management matters and is able to feed any issues of quality management directly to SGUL.

## **5. External Regulations and Recommendations**

To satisfy the conditions and stipulations of external bodies, the Quality Assurance Group will develop, guide and implement a number of policies, procedures, guidelines and/or strategies.

Such strategies relate to those that ensure that the course meets the standards and requirements as set down in the **General Medical Council's publication, Tomorrow's Doctors 2009** (*Appendix v*).

**5.1** The following include specific examples of how the standards are assessed:

- the safety of patients and their care is not put at risk by students' duties, or as a result of any individual student's performance, health or conduct (TD 2009, Domain 1)
- effective structures and monitoring procedures exist to ensure that students are fit to practise and the future safety and care of patients is not at risk (TD 2009, Domain 1)
- structures and strategies are developed to ensure that fair Equality, Diversity and Opportunity policies are implemented and monitored; specifically that students' medical education is based on principles of equality; and that staff are compliant with policies and procedures (TD 2009, Domain 3)
- ensure that processes for student selection are open, objective and fair (TD 2009, Domain 4)
- structures, policies and strategies are developed and reviewed to support inter-professional learning and teaching (TD 2009, Domain 5, paragraph 102)
- students are provided with a curriculum that has been designed, delivered and assessed to ensure that as graduates they can demonstrate 'outcomes for graduates' as specified in Tomorrow's Doctors (TD 2009, Domain 5)
- effective support of both staff and students exists; including appropriate staff development measures and guidance and procedures exist for students who constitute a 'cause for concern' or are not progressing well (TD 2009, Domain 6)
- structures and processes exist to effectively plan, manage and monitor education (TD 2009, Domain 7)
- ensure that students at the Medical School are provided with a learning environment and learning resources that enable effective study (TD 2009, Domain 8)

- monitoring of the curriculum and its learning outcomes takes place to ensure that students, on graduation, meet Tomorrow's Doctors 2009 outcomes (TD 2009, Domain 9).

**5.2** Furthermore, a number of policies, procedures, guidelines and/or strategies will be implemented to ensure that the Medical School, in delivering the MBBS, meets the standards and requirements as set down in the **Quality Assurance Agency's Quality Code**<sup>1</sup> (*Appendix vi*). These define best practice in:

- setting and maintaining threshold academic standards
- assuring and enhancing academic quality at all levels
- providing information about higher education provision

To achieve this, in developing any quality documentation attention will be paid to:

- How information about the topic is communicated to students and other relevant audiences
- How the employability of students can be addressed in relation to the topic
- How equality and diversity issues have been embedded throughout
- How the topic relates to all the diverse needs of students<sup>2</sup>

## **6. Communicating the Framework**

**6.1** In ensuring adequate communication across the Medical School a number of approaches will be utilised, including:

- Providing schedules for audit and review
- Reporting findings from monitoring and evaluation
- Disseminating updates to procedures and any necessary changes resulting from monitoring processes
- Recording and commending good practice

The Head of Quality Assurance is responsible for the initial dissemination of all quality assurance processes. Domain Leads are then responsible for communicating changes to practice or policy that may impact on the quality of education delivered.

Through cross-membership of Domain Leads to course management structures information will be distributed regularly and appropriately to all relevant staff and students.

## **7. Working with External and Overseas Partners**

It is essential that external and overseas clinical placement sites are integrated into mechanisms that report upwards to ensure that the Medical School can undertake continuous review and implement change and enhancements. It is also important to ensure that UNic students receive the same standard of service and support as those students based in London. The quality framework will therefore be extended to all external and overseas placement providers. This will be outlined through Service Level Agreements (SLA) to ensure programme monitoring and evaluation processes are embedded within their provision.

**7.1** A Service Level Agreement will be signed with each clinical partner to ensure that all aspects of the programme are delivered and monitored appropriately and in line with the GMC's Domains and corresponding standards set out in *Tomorrow's Doctors 2009*. A copy of the generic SLA together with a list of the supporting documents that will accompany it can be found as *Appendix vii*.

The SLA will be tailored as appropriate for each individual partner and will also form part of the overall

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<sup>1</sup> In December 2011, QAA launched the Quality Code which replaces the previous QAA Code of Practice

<sup>2</sup> Quality Code General Introduction Dec11

Clinical Teaching Agreement with each site.

This process will help establish what is required for the delivery of clinical placements, associated assessments and support for students, and where responsibility lies between SGUL, the University of Nicosia, the placement provider(s) and students. Meeting the requirements of the SLA will be embedded in the formal programme of monitoring visits conducted by the Dean of Clinical Education. This will encompass all aspects of programme delivery, and will assist with establishing clear guidelines for monitoring site visits.

## **8. Student Input to the Framework**

Students play a key role in achieving the framework, and thereby in ensuring the quality of education. They will be used to help evaluate the course as a whole, as well as the individual teaching sessions that they receive.

**8.1** This will be achieved through thorough programme monitoring and evaluation processes:

- Weekly PBL Feedback in CS Year and during PBL blocks of T Year
- Clinical Placement Feedback in CS and T Year
- Clinical Attachment Feedback in T, P and F Years
- Committee representation (via the Student Affairs Committee, MBBS Course Committee, CS & T Year / P & F Year Committees, Module Debriefs in CS and T Year, and Placement Management Group)
- Internal surveys / Student Experience Survey

**8.2** In addition, students are encouraged to feedback on an individual level. They can bring concerns to members of staff in the MBBS Course Committee, or to one of the lower level management groups. Where these systems may on occasion be too slow to deal with specific problems that arise, a system exists for staff and students to be able to draw attention to specific problems with staff, students, courses, documentation or service departments. Evaluation will also be guided by any student complaints which will identify adverse situations that require review and monitoring. (*See Appendix viii for the Complaints Procedure*). An annual report of complaints activity will be made available to SGUL.

## **9. Supporting QA practice: Staff Development**

The success of the framework relies on the continuous contribution of staff to QA practices. Both academic and administrative staff are involved in the delivery of the framework at ground level. Training for this is reflected through comprehensive staff development strategies, peer review and appraisal.

Staff development includes all individuals involved in medical students' education at the medical school and clinical placements, including academics, clinicians and administrators.

The first two years of the MBBS4 programme are delivered in Cyprus at the University of Nicosia and its partner hospitals in Nicosia. The final two years of the MBBS programme are delivered at partner sites in Cyprus, Israel and the USA. Staff development for teaching and assessment in all years is covered in the UNIC Staff Development Strategy (*see Appendix ix*). The Academic Lead for Staff Development has responsibility for its implementation. Together with the Dean of Clinical Education they are responsible for the development of external partners in line with our commitment to quality management. The academic staff development strategy is rolled out concurrently to the administrative staff development strategy that has been implemented (*Appendix x*).

The implementation and effectiveness of the strategies will be monitored by the Domain Lead for Staff Development (Domain 6) and reported to SGUL's Quality Assurance and Enhancement Committee (QAEC) through the Annual Progress Monitoring Report.

## **Appendices**

- I. Quality Framework Requirements
- II. Course Committee Structures, Terms of Reference and Membership
- III. Medical School Quality Monitoring Log
- IV. SGUL Quality Manual
- V. Tomorrow's Doctors 2009
- VI. QAA Quality Code
- VII. Service Level Agreement
- VIII. Student Complaints Procedure
- IX. UNic Staff Development Strategy (Academic staff)
- X. UNic Administrative Staff Development Strategy

## Appendix i: Implementation of Quality Framework

	<b>Quality Framework Requirements</b>	<b>Responsibility</b>
A	Ensure the provision of comprehensive guidelines to support the work of staff at the Medical School in relation to quality assurance and enhancement processes and requirements	Course Director Head of Quality Assurance
B	Co-ordinate activities as required by internal and external bodies; to meet their standards, adhere to policies and procedures, specifically the General Medical Council QABME, SGUL's internal validation, the Quality Assurance Agency	Head of Quality Assurance
C	Coordinate activities that enhance the quality of the learning opportunities and support available to students for example by identifying and disseminating good practice to both SGUL and UNic	Course Director Dean of Medical Education
D	Ensure all relevant policies, procedures and strategies in relation to learning, teaching and assessment and in relation to quality assurance with reference to national and international developments are approved, relevant and up-to-date, and established effectively	Course Director Dean of Medical Education Head of Quality Assurance
E	Co-ordinate initiatives and schemes which promote excellence in learning and teaching and assessment including associated staff development initiatives	Course Director
F	Collaborate with colleagues at SGUL in order to consider implications and opportunities for educational provision at UNic	Course Director Dean of Medical Education Dean of Clinical Education
G	Monitor the operation of internal quality assurance procedures and revise these procedures where appropriate	Head of Quality Assurance
H	Produce annual and (where appropriate) periodic reports on key areas of quality assurance and enhancement including annual monitoring, accurate and up to date documents for validation and review, visiting examining and accreditation visits and reports	Head of Quality Assurance
I	Ensure that arrangements for quality assurance and enhancement reflect the expectations of the Quality Assurance Agency	Course Director Head of Quality Assurance Dean of Medical Education
J	Contribute to preparations for SGUL's Institutional Audit when requested; and to provide reports and monitor follow-up action in the light of any reviews	Head of Quality Assurance
K	Provide information and reports as requested to both UNic and SGUL committees (e.g. UMBEC, MBBS Course Committee, Steering Group)	Course Director Head of Quality Assurance Dean of Medical Education
L	Consider any other matters as requested for comment in areas covered above	Course Director Head of Quality Assurance