Promoting higher quality

The Quality Assurance Agency
for Higher Education

Subject Review Report

December 1999 Q104/2000

University of Southampton

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 December 1999 of the quality of education in medicine provided by the University of Southampton. This review was undertaken at the same time as the General Medical Council (GMC) curriculum monitoring visit.

2. The University of Southampton was established by charter in 1952. It has some 15,064 full-time equivalent (FTE) students and some 1,562 full-time equivalent (FTE) part-time students studying courses in 60 departments and eight faculties. Medical courses are taught in the Medical School; this School, along with the Schools of Nursing and Midwifery, Biological Sciences and Health Professions and Rehabilitation Science form the Faculty of Medicine, Health and Biological Sciences. The Medical School is located on two sites, one at the Southampton General Hospital and the other at Boldrewood, approximately two miles away and close to the main university campus.

3. There are some 790 undergraduate students and 57 postgraduate students reading courses in the Medical School. Medical education is supported by 45 non-clinical and 65 clinical staff. It draws on clinical attachments in hospitals, general practices and National Health Service Trust provision in central southern England.

4. The following provision forms the basis of the review:

- Bachelor of Medicine (BM)
- Undergraduate masters course in Public Health Nutrition
- MSc in Public Health Nutrition
- MSc in Rehabilitation and Research
- MSc in Research Methods in Health.

The undergraduate masters course in Public Health Nutrition will be discontinued at the end of the current academic year (June 2000) upon the graduation of its one and only cohort of students. In September 1999, the MSc in Rehabilitation and Research was transferred to the School of Health Professions and Rehabilitation Science.

5. The statistical data in this Introduction are provided by the institution itself. The aims and objectives are presented overleaf. These also are provided by the institution.

The Aims and Objectives for Medicine

The aims of the School of Medicine are:

1. to provide educational programmes at undergraduate and postgraduate levels which will enable students to become competent practitioners in a modern, changing health service;
2. to encourage students to think critically and develop the ability to learn independently;
3. to develop the key skills and attitudes which underpin high-quality professional practice;
4. to provide a stimulating, open and supportive environment for students.

Undergraduate curricula

The aims of the undergraduate BM programme are:

1. to provide a programme of study and skills development that will enable students to become competent practitioners with the potential to follow a career in general practice or in a wide range of specialties;
2. to enable students, after graduation, to undertake the duties and further studies appropriate to the pre-registration house officer (PRHO) year.

The aim of the Undergraduate masters in Public Health Nutrition is:

1. to provide a programme of study and practical skills that will enable students to practise in Public Health Nutrition and, after completing further relevant work experience, to be eligible for professional registration.

Postgraduate Curricula

The aim of the postgraduate programmes is:

1. To foster continuing professional development through the provision of specialist postgraduate education tailored to vocational needs.

Objectives

The objectives, which are common to all programmes, enable students to:

1. acquire and integrate knowledge, understanding and experience of the sciences related to their professional practice;
2. undertake a study in depth or research project based on collection and analysis of data and culmination in a written and oral presentation;
3. develop further skills in communication, self-organisation and working with others.

*Accelerated students on the BM programme will have undertaken a research project in a previous degree programme.

Undergraduate Curricula

The objectives which are specific to the BM programme enable students to:

1. develop appropriate attitudes, including

a) an enthusiasm for the science and practice of medicine;

b) acceptance of the responsibility for self-education on a lifelong basis;

c) the habit of critical evaluation;

d) a concern for the interests and dignity of patients;

e) recognition of the need to work constructively and courteously with others.

2. acquire knowledge and understanding of

a) the sciences upon which medicine depends;

b) the structure and function of the human body and the workings of the mind in health and disease;

c) the aetiology, natural history and prognosis of common mental and physical ailments;

d) pregnancy, childbirth, development and ageing;

e) the principles of prevention and of therapy, including the amelioration of suffering and disability;

f) human relationships in the context of the family and community;

g) aspects of the organisation and provision of health care;

h) the ethical standards and legal responsibilities of the medical profession.

3. develop the professional skills necessary to

a) elicit and record the relevant medical history and physical signs, reach diagnostic conclusions, assess their implications for the patient and make appropriate plans for management;

b) carry out specific clinical procedures;

c) deal with emergency situations;

d) communicate effectively and sympathetically with patients and their relatives or friends;

e) communicate clinical information accurately and concisely;

f) use laboratory and other diagnostic services effectively.

The objective of the Undergraduate masters in Public Health Nutrition is to:

1. develop the skills and competencies to practise as a public health nutritionist.

Postgraduate Curricula

The general objectives which cover all postgraduate programmes enable students to:

1. build on their previous educational and professional experience;
2. appreciate and critically evaluate the impact of research on the practice of their vocational specialism.

MSc in Rehabilitation and Research

The objectives for this programme enable students to:

1. understand the psychological, physical and social causes and the effects of disability and the implications for rehabilitation;
2. assess critically the outcomes of interventions in rehabilitation and evaluate the significance of relevant research;
3. identify research methods appropriate to the discipline, and plan, implement and communicate the results of a research project.

MSc in Public Health Nutrition

The objectives for this programme enable students to:

1. develop the appropriate knowledge, attitudes and professional skills required to practise as a public health nutritionist;
2. become eligible for professional registration in public health nutrition.

MSc in Research Methods in Health

The objectives for this programme are to:

1. promote knowledge and understanding of a wide range of research methods and strategies;
2. enable students to be discerning readers of research documents;
3. foster a climate in which health professionals' practice is based on critical assessment of research evidence;
4. help students conduct high-quality research.

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	4

8. The quality of education in medicine at the University of Southampton is **approved**.

The Quality of Education

Curriculum Design, Content and Organisation

9. The undergraduate and postgraduate curricula succeed in meeting the aims and objectives set for them and are well supported by the academic and professional activities of the staff. They are well matched to the prior qualifications, experience and career aspirations of the students. The BM degree meets the requirements of the GMC and its guidelines for undergraduate medical education, published in its report, 'Tomorrow's Doctors'. The curricula for all courses are well managed and the content is relevant and up to date.

10. The BM course offers students the opportunity to acquire the attitudes, knowledge and clinical and general transferable skills appropriate to a career in medicine. The undergraduate programme is effectively based on an integrated systems approach. Years one and two commence with an effective foundation term designed to lay a basis in the bio-social sciences. This is followed by a well-thought-through and integrated grounding in the biomedical and social sciences. This is achieved through a consideration of the major systems of the human body. Early contact with patients, in hospital, general practice and in their own homes, introduces students to taking patient histories and to examining patients.

11. During years three and four, students have the opportunity of acquiring a firm foundation in clinical skills by rotating through a series of clinical attachments. The knowledge and skills acquired in the earlier parts of the course are developed and supported by a third-year programme entitled 'The Scientific Basis of Medicine', which successfully highlights the relationship between clinical practice and the sciences, including laboratory-based disciplines. The third-year Primary Medical Care course also provides students with opportunities to develop professional skills. Clinical skills and practice are consolidated through further attachments in year five. The fifth year also serves as an apprenticeship for the PRHO year, a feature which it is acknowledged should be further developed.

12. In the third year, student choice is provided by a series of modules in which students apply to patient studies the biomedical knowledge they acquired in their first and second years. The fourth year includes an extended 'study in depth' (or project) and in the fifth year there is an elective in which students choose to study an aspect of medicine or a related area which particularly interests them. These activities, together with the core curriculum and a group think-tank in the second year, in which students work together on a common problem, successfully encourage students to think critically and develop lifelong learning skills.

13. A small number of postgraduate courses have been developed, building on the research strengths and interests of the staff. The undergraduate masters course in Public Health Nutrition is sound, but is being phased out in order to develop the MSc in Public Health Nutrition which has recently been accredited by the Nutrition Society. The MSc in Rehabilitation and Research was transferred to the School of Health Professions and Rehabilitation Sciences. It has a strong curriculum. The MSc in Research Methods in Health was introduced this year and is also well designed. Part-time students on all three MSc courses commented on the immediate relevance of the curriculum content to their professional activities.

14. All curricula address general transferable skills, such as communication skills, information technology (IT) numeracy, literacy and teamworking skills. These are featured in the BM foundation term and are embedded in the core modules in the course and further developed in the study in depth, module choices and the fifth-year elective. They are integrated into the postgraduate taught courses in the specialist modules and in project work.

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 Medical School has developed a carefully thought-through teaching and learning strategy, which is now largely in place and effectively delivers the curriculum. A well-managed range of appropriate teaching and, more recently, assessment methods is employed. The reviewers were impressed by the evident enthusiasm of students and teachers, particularly as reflected by the positive comments of both undergraduate and postgraduate students.

17. Courses and course modules are supported by good and comprehensive handbooks and other documentation. These include course aims and objectives, course and session outlines, book lists, assessment arrangements and advice, and general details of course, curriculum management and sources of help and assistance.

18. The reviewers observed 34 classes covering the full range of teaching offered. Observations included lectures, classes, Objective Structured Clinical Examinations, clinical sessions, small-group teaching and clinical attachments. Over 91 per cent of the teaching observed was judged as excellent or very good. Teaching was generally characterised by very thorough preparation, clear aims and objectives and appropriate and relevant content. Delivery was good or excellent, including the sequencing of topic discussed, the pace and the opportunity for constructive student involvement. The clinical experience offered to students is of very high quality.

19. Students' learning is effectively organised to allow integration between the basic sciences and their clinical application. This integration was observed in the teaching and learning in the foundation term in year one and continues throughout the first two years. In year three, it is evident especially in the arrangements made for the required essays and the intermediate BM examinations. A particular strength of the course is the fourth-year study in depth in which the development of critical appraisal, research methods skills and communications skills is apparent. Projects are generally well supervised and students are encouraged to develop self-learning and problem-solving skills. Students are well motivated, with positive and constructive attitudes towards their work and their courses. They have a good knowledge of what is expected of them and what they might expect of the University.

20. The School is responding effectively to problems in its undergraduate assessment procedures identified by quality management arrangements, including the reports of external examiners. Changes include a complete revision of the fifth-year assessment scheme and refinements in other years. Clearer criteria have been introduced for the BM examinations and the format and criteria for the BM final examinations in November 1999 have been improved. Third-year essay arrangements are now an example of good practice. Feedback on student work in the past has been patchy but is now generally good. Feedback associated with year three essays, the assessment of attachments at the end of year three and the portfolio being introduced this year for year five, is particularly commendable. Assessment methods are now more rigorously applied and further development might be helped by the greater use of external expertise.

21. Students on the masters courses receive excellent teaching in a variety of appropriate formats. Student assessment and learning is well managed by a variety of carefully chosen and apposite strategies.

22. 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

23. The BM course is in demand with an application to entrance ratio of 14.7:1 for 1999 and an average intake of 166 over the past three years. Of these entrants, 55 per cent are female and 45 per cent are male. The mean GCE A-Level points score is around 27.5. Approximately 84 per cent of entrants are aged under 21. The remaining 16 per cent of mature students have GCE A-Level equivalents or are graduates, some of whom enter the accelerated BM programme. Some 8 per cent of students are from overseas. The gender and ethnic characteristics of entrants match those of applicants, and positive attempts, through developing links with schools, are being made to attract students from low socio-economic groups.

24. Completion rates for all undergraduate courses are good. Progression pathways are sufficiently flexible to accommodate both fast-track students and those who are found to be less able. Of the 154 students who entered in 1993, 143 took their final examinations (two have yet to take their examination) and, of the 143, 100 per cent obtained degrees. Of those awarded degrees, around 9 per cent were awarded honours. All graduates are offered positions as PRHOs, thus fulfilling one of the major objectives of the undergraduate programme.

25. There is agreement among employers, clinicians, external examiners, the GMC, former students and the reviewers that the undergraduate course satisfactorily prepares students for entry into a medical career. The local NHS trusts, in particular, are pleased with the performance of the new graduates and consider them academically well qualified for the PRHO year. The trusts would like to see a more effective 'shadow period' in the fifth year to equip students better in terms of administration and organisation of general ward duties during the PRHO year. Only one doctor from the last group of graduates failed the PRHO year.

26. The small number of postgraduate students are well prepared in their respective specialisms. Admissions processes for these students are less formal but nonetheless thorough. Student achievement as seen in written and project work is highly satisfactory. The MSc courses support the current employment and career aspirations of students. All students enrolled have been successful in obtaining certificates, diplomas or masters degrees.

27. The reviewers scrutinised 17 separate samples of students' assessed work, covering all the assessment methods employed. They share the view of external examiners that students who pass intermediate and final examinations display an appropriate level of achievement, and that those students who are awarded merits and distinctions deserve to do so, although marking at the higher levels is fierce. The postgraduate student work seen was entirely satisfactory. On the whole, students responded well to the assessment tasks they were set. There were some examples of very good quality work in the upper marking range. Work at the bottom of the pass range was always acceptable and generally thorough, if sometimes a little limited in its comprehensiveness and analytical penetration.

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

Student Progression and Achievement: Grade 4.

Student Support and Guidance

29. There is a carefully designed admissions process which is overseen and reviewed annually by the Medical Selection Committee and managed by the admissions tutor. Selectors are trained and clear selection criteria agreed and applied.

30. There is a well-designed induction course for students, which draws on university, faculty and school resources, including programmes for overseas students. The Student Support and Guidance Committee has sought advice from an ethnic minority advocate on equal opportunities policies and their implementation.

31. There are highly effective arrangements for student support and guidance within the School that are complemented by those for the University as a whole. The School's aim to provide an open and stimulating environment is well supported. The School achieves openness by ensuring effective arrangements for access to staff for academic and personal matters and develops the independence of students in an atmosphere of trust.

32. The Student Support and Guidance Committee, a sub-committee of the Education Management Committee, includes students and staff. It actively manages and monitors student support and guidance arrangements. It has been responsible, among other things, for the production of good student support and guidance handbooks for staff and for students. In addition to these, students are given well-designed and comprehensive course and year handbooks and other school, faculty and university documentation, which encourage them to take responsibility for themselves and their learning and to seek help where appropriate. The Student Progress Committee, which does not include students as members, is responsible for identifying individual students who may need additional academic support. Formal arrangements for student support are underpinned by the strong commitment of the staff to the academic and personal welfare of their students.

33. Group work and tutorial support commence in the foundation term of the first year with organised tutorials that establish a firm relationship between tutors and students. Thereafter, the personal tutor system functions well and its effectiveness and accessibility is much valued by staff and students alike. Personal tutors are supported by training, good documentation and the Student Support and Guidance Committee.

34. Additional student support is provided through the 'parents and grandparents' system, whereby students in the later years of the course look after their less experienced colleagues. In years three, four and five, students receive extensive formal academic and, if necessary, personal support on clinical attachment, provided through the Clinical Sub-Dean, the clinical and support staff and year four project tutors. Care has been taken to ensure that the two remaining students on the undergraduate masters course in Public Health Nutrition have been well supported.

35. The aims and objectives of the taught postgraduate courses are well understood by students. A comprehensive and effective but less formalised tutorial system caters for the academic and personal needs of postgraduate students, the vast majority of whom are already professionally qualified in nursing or one of the professions allied to medicine.

36. Careers advice is available from central university services, which offer help to those who need it on curriculum vitae preparation and interviewing, and also to those who, for whatever reason, find they are unsuited to medicine.

37. 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

38. Learning resources are well managed within an effective learning resources strategy and arrangements that ensure that library provision, computing and IT, and teaching and learning accommodation support the provision.

39. The university library incorporates the Biomedical Sciences Library at Boldrewood and the Health Services Library at Southampton General Hospital. Both libraries have reasonable opening hours during weekdays and weekends; these are extended at examination time. Regional NHS and GP libraries support students on clinical attachments. Library holdings, including books, journals, CD-ROMs and other materials, and the number of study spaces are satisfactory. The Health Services Library is used by medical, nursing and other staff as well as medical students, and the variety of material thus available reflects this range of usage to the benefit of all users. Access is provided to an increasing number of electronic journals and there is a web-based library management system that allows students to check the library catalogue. They can order books or renew loans by networked computer on the campus, in student halls or using their own personal computers. Library staff are represented on course and year committees and working parties. Book, journal and study space usage is regularly monitored and informs stock purchase. There are effective mechanisms for collecting and responding to students' comments on the main and peripheral sites. In general, students are rightly satisfied with the library provision.

40. Computing and information technology equipment is well managed and satisfactory. It is funded through Southampton University Computing Services Unit. Some 94 personal computers and four Unix systems are accessible for 12 hours a day at the Boldrewood and Southampton General Hospital sites. Two workstation areas offer technical support for half a day and on-line support for 24 hours a day. Use of electronic mail and computer-aided learning, at present acknowledged to be modest, is being developed.

41. Students are offered information and library induction courses and the library web-site contains an induction zone that serves as a useful reinforcement tool.

42. Teaching accommodation is sufficient for current student numbers. The lecture theatre at Boldrewood has recently been enlarged, and there are examples of extremely good provision, including a well-equipped dissecting room. The autopsy demonstration room is fitted with closed circuit television that allows a large number of students to observe demonstrated material. The large concourse area at Boldrewood provides a focus for social interaction and is also used for group work. However, some of the classrooms are inconveniently shaped and place limitations on the teaching and learning methods that can be employed.

43. Courses are supported by a wide range of high-quality clinical attachments drawn from the Wessex region and beyond and by good technical and support staff.

44. 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

45. Robust and effective arrangements for quality management enhancement have recently been introduced and are now impacting on the provision.

46. The ultimate responsibility for the quality of the courses rests with the University Senate and is exercised through the University Academic Standards and Quality Committee and the Faculty Quality Audit and Enhancement Committee via the Faculty Board. The University holds periodic assessments of departmental performance (ADPs) and requires an annual quality statement from the Medical School. The last ADP for the Medical School was carried out in 1998. It was comprehensive and thorough and its conclusions have been carefully considered and, where appropriate, implemented.

47. Within the Medical School, the BM Education Management Committee (EMC) has responsibility for the strategic development of the undergraduate curriculum, and for ensuring the overall quality of the provision. It works with a series of sub-committees, including the Quality Assurance Committee, and answers to the Medical School Board.

48. There is clear evidence of an inclusive and pro-active quality management system, which involves the systematic and regular consideration of annual course reports, the reports of year steering groups and course working parties, and the views of students, teachers, clinical teachers, employers and external examiners. Regular monitoring visits to NHS sites have recently been introduced. In addition to the requirements of the annual quality management cycle for the BM, the EMC has set up working parties to consider and make recommendations on the core curriculum, the assessment system, the establishment of a specialist clinical skills facility, communications teaching and a review of year four. The recommendations of these working parties are addressed and implemented. Careful consideration has been given to the conclusions of the visit of the GMC in 1997.

49. Students' views are effectively sought by a variety of mechanisms, which include module and course questionnaires. Students constructively participate in steering groups, working parties and the EMC and its sub-committees. The students have been encouraged to

share in the ownership of the course and contribute to its development.

50. The quality management of the undergraduate masters course and the MSc in Health and Nutrition has been effectively overseen by a steering group which is informed by comment from students and reports from course co-ordinators. A similar steering committee had responsibility for the MSc in Research and Rehabilitation until its transfer to the School of Health Professions and Rehabilitation Science in September 1999.

51. The Faculty and the School have a well-designed and implemented strategy for supporting teaching staff. The Faculty has established a Department of Medical Education that plays an important part in both the quality assurance and quality enhancement activities of the Medical School, including staff development, learning resources and the identification and dissemination of good practice. There is a sound and expanding programme of staff development with a wide uptake, and with specific components targeted at different groups of teachers, including academic staff, hospital staff and general practitioners who teach on the courses. Teacher support is particularly impressive in primary care. Voluntary peer-review of teaching is encouraged and is becoming increasingly common.

52. The self-assessment document provided a useful basis for the review and made modest and focused claims for the provision of medical education at the University. The Higher Education Quality Council audit took place in March 1998. The quality management and enhancement arrangements in medicine have benefited from the University's consideration of its comments.

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

Quality Management and Enhancement: Grade 4.

Conclusions

54. The quality of education in medicine at the University of Southampton is approved. All aspects make a full contribution to the attainment of the stated objectives and the aims are met. The reviewers come to this conclusion, based upon the review visit together with an analysis of the self-assessment and additional data provided.

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

a. A carefully designed and current undergraduate curriculum supported by the qualifications and experience of the staff (paragraphs 9; 10).

b. The integration of biomedical, social and clinical studies within the curriculum (paragraph 10).

c. MSc courses built on the research and professional strengths of the staff (paragraph 13).

d. The very high quality of the teaching observed (paragraph 18).

e. Enthusiastic, well-motivated and academically and professionally engaged students (paragraph 19).

f. High completion rates for both undergraduate and postgraduate courses (paragraphs 24; 26).

g. Levels of intermediate and final achievement which reflect the aims and objectives of the provision, are valued by postgraduate students and clinicians, and meet the requirements of the relevant professional bodies (paragraph 25).

h. Highly effective and comprehensive arrangements for student support and guidance, underpinned by the excellence of the commitment that staff have to the academic and personal welfare of students (paragraphs 31; 32).

i. Effective arrangements for the management and monitoring of learning resources, including library materials, computers and information technology, teaching accommodation and equipment (paragraphs 39; 40).

j. An increasingly robust and effective system of quality management (paragraphs 45; 46).

k. Effective arrangements for staff development and for the identification and dissemination of good practice (paragraph 51).