Procedures for Accreditation

Academic Programmes

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Procedures for Accreditation: Academic Programmes

Contents:

1. The Royal College of Surgeons of England
2. Accreditation of academic programmes by the Royal College of Surgeons of England
3. Prior to the Accreditation Event
4. Accreditation Event
5. Following the Accreditation Event

Appendix 1 Standards for the accreditation of higher education courses

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1. The Royal College of Surgeons of England

The Royal College of Surgeons of England is committed to its object of promoting the art and science of surgery. It takes seriously its professional role in enabling surgeons to provide high standards of care for patients. In practice it exercises this by:

- Setting the standards for provision and supervision of surgeons in training
- Provides educational and practical workshops for surgeons and other medical professionals at all stages of their careers
- Examines trainees to ensure the highest professional standards
- Promotes and supports surgical research in the UK
- Supports audit and evaluation of clinical effectiveness
- Provides support and advice for surgeons in all stages of their careers
- Provides a mechanism whereby trusts can seek independent advice
- Houses a current and historical information resource centre for surgeons in the library and museums
- Acts as an advisory body to the Department of Health, health authorities, Trusts, hospitals and other professional bodies
- Collaborates with other medical and academic organisations in the UK and worldwide.
- Seeks to convey the importance of, and provide support for, good, effective communication and interpersonal relationships between patients and surgeons.

2. Accreditation of academic programmes by the Royal College of Surgeons of England

As part of its role in supporting surgical education the Royal College of Surgeons of England has established a process for the accreditation of academic programmes in surgery and surgery related disciplines. In this, the Colleges seeks to work in partnership with the providers of surgical education in higher education institutions to ensure the highest standards of education in surgery.

The process is one of peer review against the standards for accreditation contained within this document as appendix 1. Accreditation of academic programmes for Surgical Care Practitioners are governed by separate arrangements.

3. Prior to the Accreditation Event

3.1 Expression of Interest

Any HEI intending to seek accreditation of a programme must normally notify The Royal College of Surgeons of England at the start of the academic year prior to the year in which the programme is to start, or in the case of existing
programmes, the academic year prior to that from which the accreditation is to become effective.

3.2 The initial expression of interest should include the following information in relation to the proposed programme:

- Title of course
- Qualification
- The level and amount of academic credit
- Expected date of first intake
- Programme leader/contact
- Details of NH Trusts or placement providers
- Details of all proposed teaching/mentorship team (Name, Position, Organisation, Anticipated role in programme)
- Existing course portfolio (in cognate areas)

3.3 The Quality Assurance Committee of The Royal College of Surgeons of England will consider the expression of interest on behalf of the Council of the College and confirm the date of the accreditation event.

3.4 Documentary Requirements for Accreditation

It is intended that documents submitted to The Royal College of Surgeons of England in support of an accreditation process should reflect the normal requirements for a course validation process within the HEI. The College would expect a single set of documents that would include (as a minimum):

- The programme specification (in accordance with QAA requirements).
- A critical review of the programme, where accreditation is sought in respect of an existing programme. When accreditation is sought for a programme developed from existing modules (offered either as standalone or as part of another programme) a critical review of the operation of those modules should be included.
- A submission document (or combination thereof) covering all aspects of provision detailed in the accreditation criteria. Where it is the HEI’s policy to provide existing documents, such as student handbooks, as part of the submission, this is acceptable to the College. HEIs should ensure that sufficient evidence is included for accreditation decisions to be made.

3.5 Preparatory visit

A preparatory visit by a member of the quality assurance team ahead of the accreditation event may be necessary to confirm arrangements for the event and clarify any issues relating to the submission.

3.6 Accreditation Panel Arrangements

Ahead of the event The Royal College of Surgeons of England will confirm the accreditation panel membership. The Royal College of Surgeons of England panel will normally consist of a minimum of one surgical representative and one quality assurance representative. The HEI will confirm the programme
and accommodation and travel arrangements for the College panel. The HEI will meet the costs of travel, accommodation and subsistence of the panel.

3.7 The accreditation submission must be received by The Royal College of Surgeons of England not less than four weeks ahead of the scheduled accreditation event.

4. Accreditation Event

4.1 During the accreditation event

The accreditation event is intended to allow proposing teams to demonstrate that the proposal meets the accreditation criteria and that the panel can have confidence in the team to deliver and develop the course appropriately. To this end the event is a structured as series of meetings with people key to the success of the programme, ie managers, academic, practice, support staff and students. A visit to clinical areas used for practice elements of the programme may be necessary.

4.2 Accreditation Event Outcome

The accreditation panel will draw conclusions at the end of the event and communicate orally their recommendation to the proposing team. It may recommend accreditation be awarded, accreditation be awarded conditionally or accreditation not be awarded. The panel may set conditions which must be met ahead of accreditation being awarded. A timescale for the fulfilment of conditions must be specified. Accreditation will not be awarded where conditions are not met prior to the start of a programme.

5. Following the Accreditation Event

5.1 Within two weeks of the accreditation event, a draft report of the event should be produced. This must include:

- The name of the HEI.
- The title of the programme considered.
- The names and positions of all participants.
- A summary of all discussions (excepting private panel discussions).
- A precise record of the decisions of the HEI and RCS panels.

5.2 The report must be circulated to and approved by all panel members. The Quality Assurance Committee of The Royal College of Surgeons of England will consider event reports and make recommendations to the Council of The Royal College of Surgeons of England.
Appendix 1

Standards for the accreditation of higher education courses

An accreditation panel must satisfy itself that a course proposal (or all courses in question in the case of applications for accredited centre status) fulfil the following:

1. **The Higher Education Institution**

1.1 The HEI seeking accreditation must be a bona fide UK university or institution that holds taught degree awarding powers from the QAA. HEIs without degree awarding powers that operate in partnership with a validating university are advised to seek guidance from the quality assurance team at The Royal College of Surgeons of England ahead of application for accreditation.

1.2 The HEI must both deliver the programme and award the academic credit (and qualification). The Royal College of Surgeons of England will not accredit any programme that is delivered by any body other than that body accredited by The Royal College of Surgeons of England. Any sub-contracting, serial validation or serial franchising of a programme must be subject to a separate accreditation process.

1.3 The HEI must demonstrate an established and successful record of medical education, including the provision related to support for surgery, or in the case of a new provider, that it has the capacity to develop such, based on a successful portfolio of health related provision.

1.4 The institution(s) must be financially sound. Where the programme is to be delivered by a unit within a larger organisation, for example, the medical or health faculty of a university, written assurances from the CEO (vice-chancellor) that appropriate capital and revenue funding will be maintained throughout the accreditation period, must be included within the submission.

1.5 The institution must have an acceptable record of quality assurance and quality management. The proposal should include a summary of the outcomes of any relevant external review. This would include QAA institutional audits, developmental engagements and major reviews and clinical audits of the proposed practice areas. The report of the most recent internal faculty/school/departmental review of quality management should be included within the supporting documentation. Appropriate quality assurance mechanisms must be in place to support the programme, including (inter alia):

- A process of periodic review of both the academic content and quality management of programmes.
- External examination of programmes.
- Student evaluation of programmes.
- Annual programme monitoring.
- An academic management committee for the programme, including student representation.
• A designated programme manager, who will act as the point of contact for The Royal College of Surgeons of England on all matters related to the programme.

2. Admissions

2.1 The provider must have in place appropriate policies and procedures for the admission of students to the programme.

2.2 Admission with advanced standing is permitted. The HEI must have appropriate procedures in place to judge the extent to which prior certificated learning matches both the academic and practical requirements of the programme. The use of general credit is discouraged and HEIs should ensure that potential students can demonstrate the achievement of learning outcomes before claims for prior learning are accredited. HEI practices must articulate with QAA guidelines on the accreditation of prior learning.

2.3 Pre-entry materials must accurately describe the programme, not least in terms of academic and practice demands.

2.4 Where course participants are required to work or undertake placements in the NHS or otherwise be in contact with vulnerable people, the provider must have in place mechanisms to verify that potential students satisfy all statutory requirements for employment within the National Health Service, including Criminal Records Bureau checks and actions resulting from disclosures.

2.5 The provider should ensure that potential students are appropriately numerate and possess competence in English fitting to the level of study. This would normally be at GCSE level, or in the case of overseas students qualifications such a IELTS (6 or above.)

2.6 HEIs should conduct inductions for new students, to encompass all appropriate facets of student support.

2.7 All programmes must demonstrate compliance with the QAA Academic Infrastructure.

3. Staffing

3.1 The programme must operate within an academic and practice environment where appropriate standards are both evident and promoted. Evidence must be provided that staff in both academic and practice settings are appropriately qualified and experienced. Placement staff must possess an appropriate educational supervision or mentorship qualification. The range of expertise within the delivery team must encompass all areas of the curriculum to be delivered. Staff should be engaged in academic and professional development.

3.2 All staff involved in the delivery of the programme must be identified and areas of curriculum responsibility identified. Roles of individual staff should be
identified, including clinical supervisors, mentors, educational supervisors and teachers.

4. **Programme Aims and Objectives**

4.1 There must be clear linkages between programme aims, programme objectives and/or programme learning outcomes.

4.2 All programme learning outcomes must be evidenced within the curriculum. It is helpful to accreditation panels if there is an indication, by means of a summary, where in the programme specific programme learning outcomes are demonstrated.

5. **Curriculum Content and Structure**

5.1 All programmes must exhibit the appropriate level of academic challenge. This must be evidenced through the design of the course and evidence of benchmarking the course against national or international published standards.

5.2 The programme must have an appropriate credit structure in line with the relevant QAA framework for higher education qualifications. For example a masters programme should comprise 180 credits at FHEQ level 4(M), or equivalent. It should be a minimum of the equivalent of one calendar year of full-time study.

5.3 The programme must require students to demonstrate knowledge, skills and practice at a level appropriate to the award and this should be evidenced through articulation with the appropriate QAA level descriptor. In general terms, the programme should allow the student to demonstrate:

- a breadth and depth of knowledge related to surgery and/or one or more specialist areas of surgery;
- a systematic understanding of, and a critical awareness of current problems and/or new insights within surgery and the specific area of surgery being studied;
- a comprehensive understanding of techniques applicable to their own research or advanced scholarship and where necessary, skills to utilise those techniques;
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in medicine, and in particular, surgery;
- a conceptual understanding that enables the student to evaluate critically current research and advanced scholarship in surgery; and to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses;
- an advanced understanding of ethical issues including duties under personal responsibility and professional codes of conduct, and the ability to formulate solutions to ethical issues as they impact on research or practice.
The programme should facilitate the development of students:

- to deal with complex issues both systematically and creatively, make sound judgements in complex and unpredictable situations and in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences;

- to demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional level and gain confidence in the exercise of initiative and personal responsibility; and,

- as autonomous learners to continue to advance their knowledge and understanding and to develop new skills to a high level.

5.4 The final award must be clearly articulated within the submission.

5.5 The programme must be structured to facilitate an appropriate balance between theoretical and practical elements.

5.6 Skills development is an essential element of many programmes and the submission must demonstrate clearly how this is to be achieved.

6. **Learning and Teaching**

6.1 The provider should present a cohesive learning and teaching strategy for the programme, which reflects the both the curriculum and principles of teaching and learning. An appropriate range of learning and teaching methods should be employed, whilst individual learning and teaching methods should be designed to allow students to demonstrate the achievement of learning outcomes. There should be clear linkages between theoretical and practical elements of the programme, with opportunities for students to reflect on the practical application of theoretical knowledge.

6.2 Learning and teaching in practice must allow for the development of skills concurrently with theoretical knowledge. Learning and teaching in practice must be facilitated within an ethical and professional environment whereby the rights and responsibilities of patients, staff and students are fully respected.

7. **Assessment**

7.1 The provider should present a cohesive assessment strategy for the programme, which reflects the requirements of the curriculum. An appropriate variety of assessment methods should be employed, whilst individual assessments should be designed to allow students to demonstrate the achievement of learning outcomes.
7.2 Where practice-based staff are involved in the assessment of students, the provider must have policies and procedures in place to ensure standards of the award are guaranteed.

7.3 Assessment criteria, related to learning outcomes should be employed for individual assessments and marking schemes should be used to ensure consistency of assessment standards across assessments.

7.4 The provider should have effective mechanisms to combat plagiarism and related academic offences.

8. **Placements**

The submission must detail the full range of quality assurance mechanisms employed in the placement of students in surgical and healthcare environments. This should include:

- The mechanisms and criteria for the selection, approval and monitoring of placements;
- The mechanisms and criteria for the selection, approval and monitoring of staff to support students in placement, including the training and support of placement staff and the establishment of an appropriate range of staff. Placement staff must possess an appropriate educational supervision or mentorship qualification;
- Mechanisms for conflict resolution and interrupted placements;
- Criminal Records Bureau and other statutory checks and actions resulting from disclosures;
- Mechanisms to ensure a safe environment for students;
- Mechanisms to ensure safe, ethical and professional practice by students;
- The clear communication of the learning expectations of students, to both students and staff;
- Arrangements for assessment in practice, including types of assessment, timing, loading and weighting in relation to credit, and the mechanisms for observation and moderation of practice based assessment by external examiners.

9. **Student Support**

An appropriate range of pastoral and academic (including personal tutor) mechanisms must be in place, including mechanisms for the monitoring of attendance.

10. **Equal Opportunities**

Both the provider and organisations offering placements must have in place equal opportunities and anti-discriminatory policies and mechanisms for monitoring and implementation.
11. **Quality Assurance and Enhancement**

11.1 A minimum of one external examiner must be appointed to the programme by the HEI in line with its normal processes for the appointment of an external examiner. Nominations for external examiners for accredited programmes must be approved by The Royal College of Surgeons of England prior to appointment. External examination must comply with the precepts of section 4 of the QAA code of practice for the assurance of academic quality and standards in higher education. External examiners’ reports must be forwarded to The Royal College of Surgeons of England. External examiners should report on all aspects of provision in relation to precept 1 of the QAA code, including student performance on placements. HEIs must afford sufficient opportunities to external examiners to allow them to observe and come to judgments as to the quality of placements and standards of student attainment on placement.

11.2 Providers must have appropriate regulations in place governing student progression and achievement. This must include specifications for the failure of programmes, or components of programmes and opportunities for students to retrieve referral. Students may not be awarded more than the threshold passing grade on referral. No compensation or condonement of failed or referred elements is permissible.

11.3 Providers must have mechanisms in place to ensure the appropriate monitoring of student progression and remedial action, when required.

11.4 HEIs must have appropriate policies in place in relation to academic appeals.

11.5 HEIs must have appropriate policies in place in relation to student complaints.

11.6 HEIs must have appropriate disciplinary procedures in place in relation to student (non-academic) misconduct, including misconduct on placement.

11.7 HEIs must undertake regular evaluation of the programme by students.

11.8 Student representatives should sit on the appropriate course management committee.

11.9 The operation of the programme should be monitored annually. An evaluative report should be produced in which the following areas should be evidenced:

- Ongoing actions from previous evaluation (including previous monitoring and any internal or external inspection, validation or monitoring).
- Maintenance of the standard of the award and developments in assessment.
- Student progression and achievement (including statistical analysis).
- The quality of the programme through developments in teaching and learning, staffing (including research activity underpinning the programme), learning resources, student support.
- Student evaluation of the programme and resultant actions.
- Any proposed changes to the approved programme.