



UNIVERSITY  
*of* NICOSIA

MEDICAL SCHOOL

## Quality Assurance and Enhancement Framework

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## **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 programmes.

**1.1** The following framework sets out the formal quality management procedures by which the Medical School aims to satisfy any conditions set by the following:

- Regulations as set by external professional, statutory and regulatory bodies, for example, but not limited to, the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA), General Medical Council of the UK (GMC), and the UK’s Royal College of General Practitioners (RCGP);
- International standards, for example the European Association for Quality Assurance in Higher Education’s Standards and Guidelines (ESG) and the World Federation for Medical Education (WFME) Global Standards for Quality Improvement;
- Reporting obligations to the University of Nicosia; and franchise agreements, for example with St George’s, University of London and associated validation conditions and recommendations.

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, are referenced throughout.

**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 a consistent and systematic approach to the quality of medical education, and to demonstrate a commitment to continuous monitoring, review, and evaluation of the School’s working practices.

**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 those noted in paragraph 1.1;
- coordinate activities that enhance the quality of the learning opportunities and support available to students, for example by identifying and disseminating good practice internally as well as to partners such as St George’s, clinical providers, and the wider institution at 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 (internally and at partner institutions) to consider implications and opportunities for educational provision at the Medical School;
- 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 respective expectations of all relevant professional, statutory, and regulatory bodies;
- contribute to preparations for internal and partners' Institutional Audits 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 partners' committees (e.g., UIQAC, UPC, QAEC, Executive Committee and Steering Group);
- consider any other matters as requested for comment in the areas covered above.

*Appendices i and ii provide details of the responsibilities for the above areas of the framework.*

### 3. Governance and Responsibility

Governance and responsibility for the academic quality of each programme lie with the Senate of the institution awarding the qualification. For the School's current programmes this is as follows:

<b>Programme</b>	<b>Type of Partnership</b>	<b>Degree Awarding Body</b>
Doctor of Medicine (six-year)	N/A	University of Nicosia
Doctor of Medicine (five-year, graduate-entry)	N/A	University of Nicosia
PhD in Medical Sciences	N/A	University of Nicosia
Master of Public Health	N/A	University of Nicosia
Master of Science in Family Medicine	N/A	University of Nicosia
Master of Science in Health Services Administration	N/A <i>Programme in closure phase</i>	University of Nicosia
Bachelor of Medicine, Bachelor of Surgery	Franchise programme <i>Programme in closure phase</i>	St George's Hospital Medical School*

\* St George's has recently merged with City University of London to form City St George's.

Discussions concerning the awarding body are currently underway.

- 3.1** The Senate of the University of Nicosia, as the top academic policy-making and monitoring body, is responsible for the quality management of the institution overall. The Medical School, and its constituent departments, in developing programmes of study, seeks the approval from Senate as the University's overriding academic authority. UNIC's Senate devolves, to the University Internal Quality Assurance Committee (UIQAC), the responsibility for the implementation of quality assurance management procedures and the monitoring of academic standards across its educational provision.

UIQAC's role is to ensure that academic standards are in line with those set out by the national agency, the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA) and the prevailing laws in the Republic of Cyprus pertaining to the operation of Private Universities.

UIQAC takes responsibility for, the:

- development, implementation, auditing, and evaluation of a QA framework which comprises strategy, standards, policies, processes, and mechanisms;
- development of the Quality Assurance Manual, templates, and tools;
- development of indices and quality measures and indicators;
- monitoring of the implementation of the QA policies, procedures, and mechanisms at all University levels;
- provision of support in all academic/professional accreditation activities and external assessment activities;
- suggestion of improvements to the university, its processes, structure, resources, programmes, teaching and learning methods, to ensure the quality of teaching, learning and research;
- establishment of effective channels of communication to ensure the dissemination of good practice within the University;
- effective management of all QA issues pertaining to academic issues;
- preparation of reports for QA audits and the maintenance of a central repository of QA reports, data, and information.

**3.1.1** The Medical School is required to have a School Internal Quality Assurance Committee with reporting responsibilities to the UIQAC. At the Medical School, the Academic Affairs and Quality Management Committee undertakes this function (also see paragraph 4.3).

#### **4. Management of Quality Assurance Measures**

By following the formal quality management procedures of UNIC and, where appropriate, partner institutions, the Medical School aims to ensure compliance with internal regulations, partnership agreements; any validation conditions and recommendations; all reporting obligations to internal committees; as well as any regulations as set by external bodies.

**4.1** Locally at UNIC and on an operational level, overall responsibility for the Quality Assurance of the School's programmes is with the Dean and delegated to the Associate Deans for Academic Affairs, for Research, and for Students. They are supported by the Director of Quality Assurance in achieving all obligations.

**4.2** Areas of significance pertaining to the quality of programmes of study are discussed at an operational level at the relevant programme committees. Programme management structures (i.e. Programme Committees and sub-committees), are responsible for implementing all aspects of learning, teaching, and assessment of each programme.

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.

**4.2** Each department of the School is required to have a Quality Assurance Committee with reporting responsibilities to the School’s Academic Affairs and Quality Management Committee.

The Departmental Quality Assurance committee is responsible for continuously improving the quality of its teaching, research work and other activities in line with educational standards and guidelines. It convenes at least twice per academic year and its responsibilities include:

- the application of the standards set out in Article 12 of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Law of 2015”;
- assisting the work of the Institutional Internal Quality Assurance Committee for the preparation of special self-assessment reports in relation to External Assessments relating to the Department and its curricula, in accordance with the standards determined and published by the Agency;
- the analysis of internal strengths and weaknesses (SWOT analysis) in the Department and/or Programme, as well as external factors that create opportunities and obstacles to achieve their goals. The evaluation of the Department or Programme will focus on, but will not be limited to, the following elements of the Institution / Department or Programme:
  - the effectiveness of teaching and the resources available for that purpose;
  - programmes and degree titles in relation to the scientific and professional objectives of each programme or institution;
  - the research work and its synergy with teaching;
  - administration, student welfare and teaching support;
  - sufficiency of the number and quality of academic and teaching staff;
- reporting their findings to the respective Department Council, where appropriate;
- reporting their findings to the Medical School Academic Affairs and Quality Management Committee to facilitate its work;
- providing an integral role in the applications for departmental and or programme evaluations;
- the effective implementation of specific standards and criteria at programme-level committees through appropriate and sufficient communication to all (staff, students, and clinical partners).

Membership of the Department QA Committees includes the following:

- Head of the Department (Chair)
- Associate Head of the Department
- Associate Dean for Academic Affairs
- Programme Coordinators of programmes within that department
- Director of Quality Assurance
- Quality Assurance Officers
- Student Representation, a third-year undergraduate student where applicable
- Assessment Leads (when needed)
- Programme administrators (when needed).

**4.3** Operational responsibility for implementing the Medical School’s Quality Framework has been delegated to the Academic Affairs and Quality Management committee (AAQM).

The Academic Affairs and Quality Management committee operates on behalf of, and reports to, the School Council. The committee ensures that academic policy and decisions of the University are

implemented across the School. Further, it has oversight of all accreditation and quality related activity, and contributes to external and internal accreditation procedures. It ensures on-going compliance with all governance and policy, including through the development of related strategies, and local policies, in line with national and international expectations, to enhance standards. It receives reports collated by the Department QA Committees and discusses summary overview and action plans to identify areas required for shared focus / enhancement and reports to School Council and to UIQAC, and shares good practice with the wider institution.

Reports on any areas of significance pertaining to the quality of the programmes shall be reported regularly to the AAQM. In addition, periodically, detailed reviews of each of the main areas of focus and the effectiveness of quality assurance procedures pertaining to that area shall take place, with an overall review of QA processes annually at the end of each academic year.

AAQM convenes at least twice per academic year and its responsibilities include:

- Adherence to all relevant chapters and subsections of agreed standards which include: CYQAA regulations and criteria, ENQA Standards and Guidelines, WFME Global Standards, the GMC's Promoting Excellence, as well as internal standards;
- Implementation of academic policy and decisions of the University's Council and Senate across the School and report to the School Council on relevant actions undertaken and all related quality matters;
- Effective implementation of specific standards and criteria through appropriate and sufficient communication to relevant staff, students, and clinical partners;
- Discussion on all aspects of quality management and fostering of ideas and expertise to develop excellence;
- Development and implementation of quality improvements to the Medical School's programmes, teaching and learning, and support mechanisms;
- Development of related strategies, policies, and processes to encourage best practice, in line with national and international expectations, and enhance standards;
- Collation of data and information for analysis as part of regular review and monitoring of all related strategies, policies, and procedures, including graduation and employment data;
- Undertaking QA audits as necessary, and implementing effective change, both proactively and reactively, in the instance of non-conformities, and monitoring follow-up actions;
- Provision of management oversight for all accreditation activity, contributing to any internal and external validation or accreditation procedures and monitoring the delivery of follow up actions;
- Reporting to Department QA Committees on new QA related strategies and policies;
- Reporting to UIQAC and share good practice with the wider institution;
- Receiving the annual reports collated by the Department QA Committees and discussion of the summary overviews and action plans to identify areas required for shared focus / enhancement.

AAQM membership shall comprise the following:

- Associate Dean for Academic Affairs (Chair)
- Heads and Associate Heads of Departments
- Chair of Clinical Education
- Director of Quality Assurance
- Professor of Postgraduate Medicine
- Professor of Medical Education

- Programme Coordinators
- Director of Clinical Education and Programme Management
- Registrar
- Director of Enrolment Services
- Quality Assurance Officers (Minutes)
- Student Representation (ordinarily the Medical School Student Society President or Vice-President)
- *Ex-Officio members*
  - *Executive Vice President, Health*
  - *Dean / UIQAC member*
  - *Associate Dean for Research*
  - *Associate Dean for Students*
  - *Patient Safety / Professionalism Lead*

Meetings are chaired by the School's Associate Dean for Academic Affairs. Through membership in UIQAC, the Director of Quality Assurance reports to the University's Quality Assurance Committee, as required by their position.

As part of their responsibility within AAQM, the Programme Coordinators of the School's programmes shall ensure that academic standards are maintained across the School as well as identifying shared process and policy, and examples of good practice. The Programme Coordinators responsible for programmes that are delivered alongside a partner institution, are required to report to the respective committees at the partner institution where required.

## **5. Programme Review and Monitoring**

The following provisions are in place to ensure that programmes undergo regular review of their practices and maintain a commitment to quality improvement.

- 5.1** The programme management structures in place 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 senior academic and administrative staff allows for all groups to remain informed of key activities. Details of the membership, terms of reference and frequency of programme committee meetings and sub-committees are included in the Management Plan of each programme or department.
- 5.2** It is expected that for each programme, programme-specific regulations and a Scheme of Assessment are approved and published. The Programme Regulations and a Scheme of Assessment form part of each programme's primary documentation. Both the Programme Regulations and the Scheme of Assessment are required to be formally approved by the management and monitoring committee responsible for the programme i.e. the relevant programme committee, or equivalent.

Responsibility for ensuring that assessment is reliable, valid and at the appropriate level remains with the academic staff, the programme's governing committees (i.e. the Programme Committee) and, where applicable, the Board of Examiners to which they are accountable.

- 5.3** Where Programme Regulations state that a system for External Examining be implemented for that programme, the Examinations Board will consist of at least one External Examiner. The role of External Examiners is based on that set out in the *Advance HE's* 2019 publication, 'Fundamentals of

External Examining', namely "experienced academics in higher education who offer an independent assessment of academic standards and the quality of assessment to the appointing institution".

External Examiners shall also be invited to offer advice on all areas of assessment, in general and more specifically including, but not limited to:

- Arrangements for internal moderation;
- The relationship between assessment and learning outcomes;
- The clarity of assessment criteria and marking schemes;
- The information given to students about assessment;
- Arrangements for feedback to students;
- The operation of Board of Examiners meetings.

**5.4** Each programme undergoes annual monitoring and evaluation through the provision of an annual Programme Evaluation Report (PER). The Programme Coordinator in collaboration with the programme's governing committee, is expected to submit an annual PER which sets out details based on the previous academic year.

An annual PER sets out details based on:

- Student evaluations of the programme and faculty;
- Data on student enrolment, performance, withdrawal rates and employment;
- Comments by employers of University graduates, or other external stakeholders, where applicable;
- Comments of Accreditation/ External Evaluation Teams that have evaluated the programme during the period under review;
- Feedback from faculty who teach in the programme and reports from Course/ Module Leads;
- Relevant committee meeting minutes;
- Faculty needs;
- Teaching and learning resources evaluations;
- Social contribution and accountability.

Further, the PER shall set out any areas that will be the focus for quality improvement activity in the following year, with particular focus on enhancing the student experience. In the following year's report, those areas of focus should be revisited and the effectiveness of any specific actions evaluated.

The PER will be reviewed by the relevant Department Quality Assurance Committee and thereafter will be referred to the Academic Affairs & Quality Management Committee (AAQM). Both QA committees shall be expected to provide comments on the report and to discuss further enhancements that could be made, as well as to identify and commend good practice.

**5.5** Programmes shall be expected to undergo a more comprehensive Periodic Review every five years. The Periodic Review entails a period of reflection and evidence-based evaluation of the quality of the learning experience and the standards achieved by the students. The Review is undertaken by the programme team with subsequent consideration of the outcome of their review completed by a panel of academic and professional peers. External experts will be expected to provide an independent, objective analysis of the programme, its standards, objectives, and outcomes.

The aims of Periodic Review are to ensure that:



- A culture in which staff reflect on the quality of the programmes that they deliver is fostered;
- The aims and learning outcomes of the programme continue to be at the appropriate level;
- The curriculum is current and meets the needs of its intended market;
- The strategies for teaching, learning and assessment continue to be appropriate and effective;
- The programme is delivered in accordance with policy and procedure;
- The standards set are appropriate to the award (in the light of the national qualifications frameworks and, where they exist, subject benchmark statements);
- The programme is supported by adequate physical and human resources;
- Annual monitoring arrangements are operating effectively (e.g. PER);
- Up to date programme and course/module handbooks (or equivalent) are available;
- A programme outline is reissued (website/curriculum details);
- Good practice and innovation are identified and shared and opportunities for enhancement are captured;
- Information is provided to support resource and wider strategic planning.

It is expected that the output of the evidence-based evaluation shall be a Periodic Review Report, submitted by the Programme team, and led by the Programme Coordinator, to a review panel. The team responsible for producing the report should, at a minimum, include two teaching faculty of the programme and one student though wider participation is encouraged.

The Review Panel's findings (i.e. report based on criteria) will be shared with the Programme Director/ Coordinator who will draft a response that will be sent to both the PR Panel and the Department QA Committee. The Department QA Committee shall be expected to monitor the progress with any recommendations from the PR panel and to periodically provide updates to the School QA Committee (AAQM).

**5.6** For the MBBS, through its franchise agreement with City St George's, University of London, overall responsibility for the academic quality and standards of the programme is held by City St George's Senate<sup>1</sup>. Senate delegates to the St George's Quality Assurance and Enhancement Committee (QAEC) the responsibility for the development of St George's quality assurance management procedures and these procedures are documented in the Quality Manual.

**5.6.1** The purpose of the Quality Manual is to ensure that the academic standards of all St George's programmes are appropriate and meet the expectations of relevant national bodies, such as the Office for Students of the UK. The Quality Manual also describes the procedures that enable students to make the best use of the learning opportunities available to them. St George's Quality Manual is used to support the work of the Programme Committee and respective Departmental QA Committee at UNIC in relation to the MBBS.

The Quality Manual also includes procedures for approving modifications to validated programmes and reviewing programmes every five years. A periodic review of the home MBBS programme took place in June 2019. A periodic review of the MBBS delivered by UNIC took place in May 2017, in Cyprus, with the outcome of a recommendation to extend the

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<sup>1</sup> From August 2024, St George's merged with City University to become City St George's University of London, hence arrangements may be subject to change.

approval of the degree. A further interim periodic review of the UNIC St George's MBBS programme took place in late Spring 2019.

**5.6.2** 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 St George's Education Strategy 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 of QAEC, the MBBS Programme Director at UNIC is kept aware of quality management matters and is able to feed any issues of quality management directly to St George's.

**5.7** To enhance data collection and review processes, a Quality Monitoring Log shall be produced per programme. Based on the individual quality standards and criteria respective to each programme, the logs can be additionally mapped to staff development and training sessions as well as all processes, policies and supporting documents that are relevant. The logs serve as evolving documents 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.

A central master copy of each Log is held by the Quality Assurance Office, to enable a 'institutional history' of QA activity. All changes to standard practice or associated training should be shared with the Quality Assurance Office on a regular basis to inform updates to the monitoring logs.

## **6. External Regulations and Recommendations**

To satisfy the conditions and stipulations of external bodies, the Academic Affairs and Quality Management (AAQM) committee will develop, guide, and implement a number of policies, procedures, guidelines, and/or strategies. All such processes will share the guiding aims of maintaining academic standards, assuring, and enhancing academic quality at all levels, and providing appropriate information about education provision.

Such strategies relate to those that ensure that the School's programmes meet international standards and requirements as well as those relevant to specific programmes, such as those set down by Professional Statutory or Regulatory Bodies (PSRBs).

**6.1** The following provides details of the standards used in evaluating the different programmes currently offered by the Medical School:

<b>Programme</b>	<b>Agency or PSRB</b>	<b>Details of Standards</b>
ALL PROGRAMMES	CYQAA via European Association for Quality Assurance in Higher Education (ENQA)	Standards & Guidelines for Quality Assurance in the European Higher Education Area (ESG)
Doctor of Medicine (five- & six-year programmes)	CYQAA via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement
PhD in Medical Sciences	CYQAA	Standards & Guidelines for Quality Assurance in the European Higher Education Area

Master of Public Health	CYQAA via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education
Master of Science in Family Medicine	CYQAA via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education
Master of Science in Health Services Administration	CYQAA via World Federation for Medical Education (WFME)	Global Standards for Quality Improvement Master's Degrees in Medical and Health Professions Education
Bachelor of Medicine, Bachelor of Surgery	General Medical Council (GMC); St George's Hospital Medical School (City St George's); CYQAA	Promoting Excellence: standards for medical education and training Quality Manual Requirements for franchise delivery

## 7. Communicating the Framework

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 Director of Quality Assurance is responsible for the initial dissemination of all quality assurance processes. Academic Affairs and Quality Management committee members are then responsible for communicating changes to practice or policy that may impact on the quality of education delivered.

Through cross-membership of the School's management, department and programme structures information will be distributed regularly and appropriately to all relevant staff and students.

## 8. 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 teaching, assessment, service, and support regardless of location of study. 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.

- 8.1** A Service Level Agreement (SLA) will be signed with clinical partners to ensure that all aspects of the programme are delivered and monitored appropriately and in line with expected standards.

Whilst the SLA will be tailored as appropriate for each individual partner it will, at a minimum, set out the responsibilities of each partner (students, Medical School and clinical provider). It will also form part of the overall Student 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 each partner. This will encompass all aspects of programme delivery, and will assist with establishing clear guidelines for monitoring site visits. Meeting the requirements of the SLA will be embedded in the formal programme of monitoring visits conducted by the Chair of Clinical Education. Periodically, SLA audits may take place, with the aim of providing assurance of compliance with the standards and responsibilities of both the Medical School and the Clinical Placement providers, as set out in the SLA.

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

Students play a key role in achieving the framework, and thereby in ensuring the quality of education and towards promoting a student-centred learning environment. They will be engaged to help evaluate their respective programme as a whole, as well as the individual teaching sessions that they receive.

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

- Online surveys relating to the teaching on their programme
- Clinical Placement and Clinical Attachment Feedback (where applicable)
- Committee representation (via programme-level committees and their respective sub-committees)
- Internal surveys such as the Student Experience Survey
- Ad-hoc surveys focused on specific areas, such as library services
- Focus group meetings
- Exit surveys such as the Graduate Survey.

**9.2** In addition, students are encouraged to provide feedback on an individual level. They can bring concerns to members of staff, their Programme Committee or equivalent, 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. An annual report of complaints activity will be made available on request.

**9.2.1** The School's Student Communication Strategy shall set out how the School will share information including processes for feedback and how feedback loops are closed, for example, through the Feedback-Informed Developments process.

## **10. 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 shall be involved in the delivery of the framework at ground level, and shall adopt a student-centred approach towards teaching, learning and support. Training for this is reflected through comprehensive staff development strategies, peer review and appraisal.

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

Staff development for teaching and assessment in all years of programmes is covered in the UNIC Staff Development Strategy. Together with senior faculty, such as the Chair of Clinical Education, this extends to the development of external partners in line with our commitment to quality management.

The implementation and effectiveness of the strategy will be monitored by the Dean (or delegated to the Associate Dean for Academic Affairs) and reported to the Academic Affairs and Quality Management Committee, as well as through any required annual programme monitoring reports.

## Appendix i: Implementation of Quality Framework

	Quality Framework Requirements	Responsibility
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	Associate Dean for Academic Affairs Director of Quality Assurance
B	Co-ordinate activities as required by internal and external bodies; to meet their standards, adhere to policies and procedures	Director 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	Associate Dean for Students Programme Coordinators
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	Associate Dean for Academic Affairs Director of Quality Assurance
E	Co-ordinate initiatives and schemes which promote excellence in learning and teaching and assessment including associated staff development initiatives	Associate Dean for Academic Affairs
F	Collaborate with colleagues (internally and at partner institutions) in order to consider implications and opportunities for educational provision at the Medical School	Associate Dean for Academic Affairs
G	Monitor the operation of internal quality assurance procedures and revise these procedures where appropriate	Director 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	Director of Quality Assurance
I	Ensure that arrangements for quality assurance and enhancement reflect the respective expectations of all relevant professional, statutory, and regulatory bodies	Director of Quality Assurance
J	Contribute to preparations for internal and partners' Institutional Audits when requested; and to provide reports and monitor follow-up action in the light of any reviews	Director of Quality Assurance
K	Provide information and reports as requested to both UNIC and partners' committees	Director of Quality Assurance
L	Consider any other matters as requested for comment in areas covered above	Director of Quality Assurance

## Appendix ii: Quality Framework Overview

The below summarises Quality Framework components and their frequency.

