

1. Provider context

St George's is the only UK university specialising in medicine, healthcare and science, and our mission is to improve health for everyone through inspiring education and research. The 2023 *Complete University Guide* puts St George's first for graduate prospects outcomes, a ranking we have achieved every year but one since 2016 [1]. In REF2021, we were ranked equal 8th for research impact and all our impact cases were judged world leading or internationally excellent [2].

One of the smallest constituent colleges of the University of London from 1836, we obtained degree-awarding powers in 2009 and university status in June 2022. We have 3,625 undergraduate students, 1,115 taught postgraduate students, 85 postgraduate research students [3], and a student:staff ratio of 13:1 [4]. Our size fosters a friendly, supportive, and inspiring atmosphere between students and staff. We share a site with St George's University Hospitals NHS Foundation Trust, one of the UK's largest teaching hospitals, and collaborate closely to translate our research to benefit patients and to give our students immersive learning experiences. This makes for a very particular student experience; along with the benefits of sharing space with a busy teaching hospital, go the problems of an aging estate and limited space for expansion.

In 1996 we expanded interprofessional healthcare education through the establishment of a joint Faculty of Health, Social Care and Education, in partnership with Kingston University, fostering opportunities for medical, science and allied health students to study, socialise and work together. Originally established as a vehicle to service contracts to deliver nursing education and training awarded jointly to the two universities, the Faculty subsequently evolved to deliver a wide range of allied health courses. In 2022 we dissolved our partnership largely in response to changes to commissioning arrangements, and allied health courses are now consolidated at St George's with our medicine and medical sciences courses. We deliver a distinctive learning experience through a focus on four fundamental pedagogic strategies that connect academic rigour with depth of practice experience: (1) internal practice-based learning, (2) active learning in small groups, (3) external placement in workplace settings and, (4) intellectual challenge and research-based learning.

We currently offer 10 undergraduate courses mapping to four TEF Subject areas: Allied health (BSc Occupational Therapy, Paramedic Science, and Physiotherapy), Medical sciences (BSc Biomedical Science, Diagnostic Radiography, Healthcare Science and Therapeutic Radiography), Medicine and dentistry (MBBS five-year post-school entry and four-year graduate entry), and Pharmacology, toxicology & pharmacy (BSc Clinical Pharmacology). Changes to subject coding for Biomedical Science means it is in Allied health for some years/metrics and in Medical sciences for others. Eight of our courses are accredited by professional bodies and seven by regulatory bodies (General Medical Council (GMC) and Health and Care Professions Council (HCPC)). Biomedical Science, Medicine and Paramedic Science have the largest cohorts and constitute 68% of our undergraduate student population. Our Medicine students account for 33% of our NSS population, and approximately 39% of the undergraduate student population in 2021-22.

Apprenticeships account for 2% of activity for the Student Experience metrics during the TEF period, 4.3% for Continuation, 3.8% for Progression and no data for Completion. We therefore do not include Apprenticeships for the purposes of this submission. Newer courses are only partially represented in the metrics; the first graduating cohort of Occupational Therapy completed the NSS from 2020 onwards and the first graduating cohort of our pioneering Clinical Pharmacology course from 2022. The student outcomes metrics include courses that closed before or during the TEF period, including flexible credit-building provision in Nursing & Midwifery, which was aimed at registered healthcare professionals already in employment and should have been coded as credit-only (not in scope).

The future growth of our course portfolio and the development of our existing courses is planned to ensure that our students will continue to achieve outstanding student outcomes including high continuation, completion and progression rates. It is our mission to ensure that St George's graduates continue to progress to highly skilled employment in careers and professions that will benefit wider society at a good level of earnings, whilst filling key shortages in the workforce. A significant area of planned growth will be in professional development courses that will provide for flexible life-long learning and enhance our existing provision of credit-bearing learning to the NHS.

Inclusive Education In the context of a global, multicultural capital city, our education explicitly aims to prepare our students to become inclusive healthcare practitioners and scientists learning from the context in which they study to make a positive impact on the lives of others, driving advances in healthcare and scientific knowledge and practice throughout their lives and careers.

Of our undergraduate full-time student population (aggregate 2017-18 to 2020-21, UK domicile), 56.1% of our students are from Black, Asian and minority ethnic (BAME) backgrounds, 29.4% are mature students (over 21 years old), 31% are from low participation neighbourhoods (Quintile 1 and Quintile 2). Using a definition of commuter as a student living more than three kilometres from campus, the proportion of full-time undergraduate students commuting to the university to study is significant with 58% of our students commuting to the university in 2020-21 [3].

Central to our mission is our commitment to achieving intergenerational social mobility through contextual admissions and the embedding of inclusive practice throughout our students' educational experience and beyond. St George's is ranked 7th out of 116 institutions in the *Times/Sunday Times Good University Guide 2023* for social inclusion based on the proportion of 2020 entrants from BAME backgrounds [5]. A recent Institute for Fiscal Studies report analysing LEO data for students commencing their studies in the mid-2000s also ranked St George's as 7th with a 4.4% mobility rate, reflecting that more of our graduates come into higher education from poorer backgrounds and after graduation are in the top of income distribution [6].

We recognise that diversifying the healthcare and scientific research professions and improving understanding of, and advocacy for, inclusion and intercultural awareness is central to our educational mission. We believe a St George's education unambiguously aims to deliver a future, diverse workforce who will be agents of change to address these very real challenges nationally and globally.

Prompted by staff and student advocacy through the Black Lives Matter protests in 2020, we commissioned an institutional Review of Race Equality, inclusive of an external Review and Development of the Race and Ethnicity Strategy [7]. While addressing wider institutional priorities for all staff and students, we continue to work on enacting the recommendations of these reviews aided by an enabling Inclusive Education Framework developed in 2021-22 and overseen by the university Diversity and Inclusion Steering Group.

Transformative Education, in Partnership Under the leadership of a new Vice-Chancellor and Management Team, *St George's Strategic Plan (2017-2022)* "*Transformative education, in partnership*" set out a change agenda that has put partnership with students at the heart of our practice (SE7) and delivered a range of enhancements, from a new state-of-the-art lecture theatre, Student Life Centre and simulation facilities to study spaces and a doubling of the careers service, as well as infrastructure for supporting change and development [8]. This includes institutional quality audits, Operational Excellence Projects and creation of a new Centre for Technology in Education in early 2020, alongside the Centre for Innovation & Development in Education set up in 2017. Both were essential for supporting students and staff during the rapid move online and subsequent development, in partnership with students, of a sustained blended learning approach.

To understand why our students' excellent outcomes for continuation, completion and progression (SO2-SO3) are not matched by their sense of satisfaction in NSS, we prioritised the design of systems for better hearing students' voices, and schemes for working with them in partnership on enhancements, including Student Advisor Scheme and Student-Staff Partnership Project Grants (SE7). In 2018-19 we introduced student online teacher surveys (SOLTS) for students to give feedback on modules and teachers, and in February 2020 launched the Unitu dialogic online platform (a month before the Covid-19 pandemic lockdown) in partnership with the then Students' Union Sabbatical Officer team. These, along with an annual Student Experience Survey (SES, mirroring NSS) for students in all other years, have greatly enhanced how we gather student feedback and provide us with a much richer picture of our students' experience to consider alongside NSS in shaping practice.

We have not yet seen the impact of our enhancement work reflected in students' reported experience in NSS across all courses, though four out of ten courses are performing above the sector average including our new course in Clinical Pharmacology reporting 92.9% for this subject in 2022. It takes time for changes made to become the lived experience of students in their final

year, especially when such a large proportion are medical students who would have started at St George's 4-6 years previously and have spent nearly all their final three years in clinical practice. Importantly, the majority of undergraduates, who are not in their final year (75.6% in 2021-22), report a much more positive experience (in SES) than does the final year student minority (24.4% in 2021-22) for NSS. Data will be provided in the SE sections, but in brief: Overall satisfaction in 2019 SES was 80.3% and NSS 74.6%; in 2020 SES was 78.2% and NSS 77.8%; in 2021 SES was 76.5% and NSS 61.3%; in 2022 SES was 72.7% and NSS 61.4%. (Response rates for SES were 36% for 2019, 43% for 2020, 49% for 2021 and 37% for 2022.)

The SOLTS module and teacher survey data reflect excellent student experience. Aggregated over all modules, the question "Overall, I am satisfied with the quality of this module" scored 84.3% in 2019-20, 83.4% in 2020-21 and 79.8% in 2021-22 and "Overall, I am satisfied with this teacher" scored even higher: 90.1% in 2020-21 and 84.9% in 2021-22. (Average response rates 19.9% in 2019-20, 26.3% in 2020-21 and 24.7% in 2021-22). Questions map to teaching (3), assessment (2), feedback (1), academic support (1), engagement (1) and student voice (1), and data will be presented to support our claim to provide an academic experience that is **very high quality** for Allied health, Medical sciences and Medicine and dentistry, **outstanding** for Pharmacology, toxicology and pharmacy and **very high quality** overall.

With eight of our ten programmes immersed in clinical practice, the pandemic and subsequent post-lockdown effects on primary, secondary and social care had a profound impact on delivering our transformative hands-on and placement-based educational experience as well as pulling our clinically-qualified educators back into critical clinical roles. We saw this reflected in significant falls in positive NSS ratings in 2021 and 2022.

Our commitment to engaging students as partners (SE7) is exemplified by the approach that St George's has taken with this TEF exercise. Two linked groups were created to support the development of both the provider and student submissions, with St George's Student Engagement Officer supporting the student group, which was led by our Students' Union and included SU course representatives. Throughout this TEF exercise, both groups drew from the same guidance and external and internal data and there was an open discussion of this shared evidence in regular meetings. St George's assembled and funded a Student Advisory Group that answered specific questions from both groups and the students produced insightful written reflections and answered a questionnaire for the Students' Union. These were drawn upon by both groups to ensure that our respective narratives were co-created alongside students and best articulate the positive impact for students of a St George's education and acknowledge areas of challenge.

2. Student experience

Academic experience and assessment

SE1: The provider has embedded outstanding teaching, feedback and assessment practices that are highly effective and tailored to supporting its students' learning, progression and attainment

Our approach is not simply a process of educating competent practitioners and scientists, but about delivering learning and assessment experiences that enable our students to integrate a sound scientific knowledge, advanced practical and thinking skills and professional attitudes. A reiterative curriculum design with aligned formative and summative feedback is used across our healthcare provision, including the non-modular Medicine course, fostering progressive learning through repeated opportunities for students to learn from theory and apply this in practice in authentic and increasingly complex primary, secondary, emergency, and social care environments. Likewise, our science courses are designed to build and assess an integrative understanding of the scientific knowledge base and develop the intellectual, critical and technical skills to interpret and undertake biomedical and pharmacological research and practice in academia, industry, postgraduate healthcare or the wider commercial world.

We achieve this distinctive learning experience through a focus on four fundamental pedagogic strategies: **practice-based learning** (SE2), **active learning in small groups** (SE2), **placement in workplace settings** (SE3) and **intellectual challenge and research-based learning** (SE2&3). These approaches are supported through innovative developments in the use of technology

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including high-fidelity simulation, virtual patients, virtual ward rounds and virtual practice placements as well as access to state-of-the-art technologies used in modern healthcare and scientific research (see SE6 for more on the use of technology and SE4 for an account of how our Online Education Framework is evolving into a sustainable and effective blended learning approach). Our focus on Inclusive Education (see SE4) together with improved data (SO1) signposts where provision needs to be better tailored to support the learning of all students.

We see the effectiveness of our approach ultimately evidenced in our excellent continuation, completion and progression outcomes as well as in strong accounts of students' preparedness for employment as they move into high-pressure professional environments (SO2 and SO3). The "Teaching on my course" NSS metric shows that students' successful outcomes are not matched by their perceptions in their final year about their teaching. At 78.6%, the NSS metric is 3.7% below benchmark (82.3%) at university level. At subject level, Allied health is below benchmark by 3.7%, Medical sciences by 5.9% and Medicine and dentistry by 2.8%, while Pharmacology, Toxicology & Pharmacy is outstanding at 91.7%, 10.9% above benchmark. The NSS metrics by splits are also below benchmark for FT teaching on my course.

During the TEF period up to and including 2020, overall student rating of Teaching on my course in the NSS was above 80%, continuing a sustained trend of highly rated teaching at St George's. Likewise, student rating for the NSS question "Staff have made the subject interesting" was between 80% and 82% in the NSS up to and including 2020. These reflect an overall and consistent positive student experience of the teaching environment that was on, or close to, the benchmark and sector average over at least eight years.

The impact of Covid-19 lockdowns on student opportunities to engage with our core pedagogic approaches had a significant and continuing impact on student rating of their experience. Most students completing NSS in 2021 and 2022 were on clinical placements that were severely affected by the pandemic and its aftermath, and this will have coloured their responses. Despite innovations to replicate effective practical learning online (for example, in Anatomy and surgical skills, see SE3, SE6), the impact on essential hands-on and practice-based learning opportunities for all our science and healthcare courses was profound. In the NSS 2021 we experienced a drop in positive ratings of nearly 6% for overall teaching and nearly 9% for staff contribution to student interest in their subject. We have not yet seen these ratings improve in the NSS.

From our annual Student Experience Survey (SES) of students in all other years we see a higher score of 81% for Teaching on my course aggregated across 2019-22 at university level. This survey samples a much larger proportion of our student body (72.1% in 2021-22) than the NSS population (27.9% in 2021-22). In 2019 the score was 82.3% (36.2% response rate), in 2020 80.9% (42.7% response rate), in 2021 82.3% (49.0% response rate) and in 2022 77.5% (36.8% response rate).

Teaching and Teacher quality was very highly rated in the Student Online Teaching Survey (SOLTS) at module level over the same period. Responses aggregated from surveys conducted across all taught modules in all courses and all cohorts across the three years from 2019-20 to 2021-22 (response rate 20.9%) show 88.9% of respondents agreed "My understanding of the subject has increased as a result of taking this module" and 85.3% agreed "This module was intellectually stimulating." In the same dataset, positive teacher evaluation was outstanding: 81.7% in 2019-20, 90.1% in 2020-21 and 84.9% in 2021-22. This high satisfaction is evident across all subject areas. For the same period 2019-20 to 2021-22 at Subject level, the proportion of respondents agreeing "My understanding of the subject has increased..." was 87.8% for Allied health (22.0% response rate), 88.5% for Medical sciences (22.3% response rate), 97.0% for Medicine and dentistry (2020-21 to 2021-22 only; 20.41% response) and 94.0% for Pharmacology, toxicology and pharmacy (28.6% response rate). The proportion agreeing "This module was intellectually stimulating" was 85.95% for Allied health (22.0% response rate), 85.66% for Medical sciences (22.3% response), 96.0% for Medicine and dentistry (20.4% response) and 90.1% for Pharmacology, toxicology and pharmacy (28.6% response).

Student Advisors gave us insight into the possible reasons for lower satisfaction in NSS, one saying: *"ratings may be higher for modules as overall teaching at George's is significantly*

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advantaged by the skilled lecturers and clinicians who deliver our lectures, whilst the university experience is slightly reduced due to lack of a typical university 'campus', which is what may be reported in the NSS." (Student Advisor, Medicine, 2023).

From confidence in our practice, student evaluations for the whole undergraduate student body (across NSS, SES and SOLTS module and teacher ratings), and the outstanding continuation, completion, attainment and outcomes our students achieve, we consider our teaching to be outstanding.

Assessment and feedback: This is a serious area of poor student satisfaction within the NSS where our 52.5% aggregate rating for all students is 11.1% overall below benchmark (63.6%) at university level. At subject level, three are significantly below benchmark and one is outstanding: Allied health is 14.1% below, Medical sciences is 11% below, Medicine and dentistry is 9.5% below, and Pharmacology, toxicology and pharmacy is 19.1% above. Not surprisingly, given the overall difference from benchmark, the same is also prevalent for all of the NSS metrics by splits for FT assessment and feedback.

The poor overall student rating in NSS has remained low, despite in-course and cross-institution enhancement initiatives since 2018. An institution-wide enhancement project was led by the Centre for Innovation and Development in 2019 with course groups of paid student curriculum advisors and staff collaborating to identify good practice to showcase and surface enhancement needs to address. It was initiated by an Institutional Quality Audit on feedback in 2018 and another on assessment in 2019. Our SES survey of all non-NSS cohorts is more positive across all areas of assessment practice with overall rating for assessment and feedback improving by 6%; transparency of criteria provided in advance of assessment by 9%; timeliness of feedback by 4% and helpful comments on my work by 9% between 2019 and 2022. This may indicate that we are beginning to see improvement, particularly in relation to the use of criteria and rubrics to improve feedback, which was a focus of the enhancement project.

Further evidence that addressing the recommendations of internal quality audits and undertaking collaborative staff-student work with course teams is having impact is that assessment and feedback is much more highly rated in the Student Online Teaching Survey (SOLTS) at module level over the same period. Responses aggregated from surveys conducted across all taught modules in all courses and all cohorts across the three years from 2019-20 to 2021-22 (response rate 20.9%) show 78.3% of respondents agreed "The intended learning outcomes were made clear in advance", 71.8% agreed "The criteria used in marking were made clear in advance," and 68.3% agreed "I have received helpful and informative feedback on my work/activities within the module so far."

This high satisfaction is evident across all subject areas: for the same period 2019-20 to 2021-22 at Subject level, the proportion of respondents agreeing "The intended learning outcomes were made clear in advance" was 76.7% for Allied health (22.0% response rate), 74.9% for Medical sciences (22.3% response rate), 84.0% for Medicine and dentistry (20.4% response rate) and 88.4% for Pharmacology, toxicology and pharmacy (28.6% response). For "The criteria used in marking were made clear in advance" it was 76.3% for Allied health (22.0% response rate), 67.4% for Medical sciences (22.3% response rate), 74.9% for Medicine and dentistry (20.4% response rate) and 78.5% for Pharmacology, toxicology and pharmacy (28.6% response rate). For "I have received helpful and informative feedback on my work/activities within the module so far" it was 67.87% for Allied health (22.0% response rate), 66.41% for Medical sciences (22.3% response rate), 76.2% for Medicine and dentistry (20.4% response rate) and 79.2% for Pharmacology, toxicology and pharmacy (28.6% response rate).

Following Covid-19 lockdown in March 2020, we developed a guide on approved assessment types and methods (with student, SU and staff consultation) and put in place an Assessment Amendments Committee to approve changes, emphasising accessibility and inclusivity, as well as design for higher order thinking. We also approved the dropping of assessments where course learning outcomes had already been met and enabled others to be deferred until they could be safely conducted. In Medicine a 'risk-proportionate approach' was developed that enabled us to safely graduate a similar percentage of students (87%) to what we would expect in a typical year

(~93%), while holding back students whose readiness for practice was most uncertain until a time when they could be assessed safely. Using this approach many of the 2020 graduating medical students were able to enter the workforce early. This adaptation was part of a successful National Teaching Fellowship in 2022 [9].

Unlike many universities we did not adopt a 'no detriment' policy. Instead, we put in place a 'safety net' of approaches that assured us that we were maintaining standards in our courses and not disadvantaging our students. For the new academic year 2020-21, we took away some of our emergency measures, most notably the 24-hour window for the submission of assessments. We also introduced lockdown browser technology and MS Teams invigilation to enhance security of assessments taken remotely online. These decisions generated some dissatisfaction amongst students. Our 2020 graduating cohorts felt that we were being tougher than others in the sector, whilst those graduating in 2021 and 2022 felt that some of the original adaptations should have been retained because they were continuing to experience disruptions (see SE7). Whilst we recognised these concerns, we concluded that we needed to balance them against risks to the standards of our qualifications. To support students, we put in place academic practice guidance and an Online Exam module on Canvas, our Virtual Learning Environment (VLE), as well as practical support with technology (see SE5, SE6).

Timed, written examinations will continue to constitute a proportion of many courses' assessment profile. However, a legacy of the pandemic, informed by feedback from staff and students, is a decisive move away from on-campus paper-based exams to on-campus online exams. This builds on the greater use of technology for assessment that accompanied introduction of Canvas as our new VLE in 2018, enabling us to standardise marking and feedback across all non-practice-based assessments. Most courses now use the SpeedGrader function for written assessment which includes rubrics that provide clear information and specific feedback against criteria. In Diagnostic Radiography, for example, the online feedback function is used both by the first marker and by the moderator to provide students with general future-oriented and specific in-text commentary. The quality and value of the feedback has been particularly noted by external examiners in 2020-2021 and 2021-22, and is also reflected in strongly improved scores for Diagnostic Radiography in NSS for 'Feedback on my work has been timely' (from 46.8% in 2019 to 64% in 2022) and for 'I have received helpful comments' (from 34% in 2019 to 66% in 2022).

For our healthcare provision, simulated and practice-based assessments are critical for demonstrating safe and competent performance. We have been working to improve the quality of feedback that students receive on these assessments. For example, within Medicine, feedback has been a major focus in OSCE (Objective Structured Clinical Examinations) examiner and refresher training since 2018-19 as well as something that is actively monitored in real time during the assessments: *"Having someone watching the comments and feedback as they came in was good practice and I was impressed that you could then ask examiners who were giving poor or no feedback to improve instantaneously"* (Medicine OSCE External Examiner report, July 2022). Medicine students are also now provided with personalised feedback in a visually-accessible format that enables them to understand their overall performance in relation to their cohort. When this innovation was introduced in 2018-19 it was highly evaluated by students, one writing: *"this feedback document (and how quickly it was produced) may be the single best thing that St George's has ever done. Ever."*

We recognise that improving the student experience of Assessment and Feedback must remain a priority area for us. We have, for example, initiated work with Biomedical Science to look in detail at their students' assessment journey and at Level 6 assessment [10]; and a Student-Staff Partnership Project is developing Medical students' assessment literacy by involving them in writing Single Best Answer questions to create a self-sustaining student-led question bank on PeerWise. Our Student Advisors and Student Union have highlighted the value of formative assessment and expressed a desire for a strengthened feedback policy; we will act on these areas in the coming year and ensure they are incorporated within our new blended learning design.

SE2: The course content and delivery inspire the provider's students to actively engage in and commit to their learning, and stretch students to develop knowledge and skills to their fullest potential

Our course content and delivery are built around hands-on, practice-based learning, active learning in small groups, placements in workplace settings (SE3), enquiry and research-based learning (SE3). Learning is intensive and students have scheduled sessions for a large proportion of most days of the week. Many lectures are now asynchronous and bite-sized on Canvas (see SE4) and when students attend on campus we emphasise live interaction, and are increasingly bringing in large-group team-based learning to consolidate learning.

Excellent student feedback in NSS, internal SES for students in other years and SOLTS module feedback consistently shows that students value, and are engaged by, this approach. In NSS 2022 81.2% agreed "My course has provided me with opportunities to apply what I have learnt", 4% above the sector average and nine out of our ten courses are rated above the sector average. Likewise, 76.3% of students agreed "I have had the right opportunities to work with other students as part of my course" in NSS 2022 and eight out of ten courses were rated above the sector average. In the SOLTS module survey we specifically included a question on engagement "I felt I contributed to and engaged with the module." Aggregated results at university level show the proportion of students agreeing was 78.6% in 2019-20 (response rate 18.0%), 78.5% in 2020-21 (22.3% response rate) and 80.9% in 2021-22, and this was similar across all subject areas.

As well as fostering engagement and providing rich opportunities for practice-based, multimodal learning, the approaches are stretching and intellectually stimulating for students. The proportion of our students agreeing "My course is intellectually stimulating" in NSS has been above benchmark for the TEF period and well above the sector average; in NSS 2022 it was 84.6% against a benchmark of 83.2% and sector average of 81.6%. This student positive rating of intellectual stimulation is consistent across our courses, with seven out of ten courses above the sector average by between 2.5% to 18.4% in NSS 2022 and outstanding performance in Paramedic Science at 94.7% and Healthcare Science at 100%. As shown in SE1, this high rating for intellectual stimulation is also given at module level in SOLTS, across all subjects.

Active learning in small groups: Small-group teaching provides personalised, active learning experiences that foster a sense of belonging and enable successful transition into and through our courses. The active learning approach ensures that students do not learn knowledge in discrete packages but are able to evidence synthesis and application. In science-based subjects research has shown that it can reduce the achievement gap for underrepresented students and improve the quality of learning compared to more traditional, lecture-based strategies.

Active learning in small groups is used to develop clinical and communication skills using discussion, role-play and reflection activities as well as case-, modified problem- and scenario-based learning around clinical or human health sciences scenarios. In the first year of the five year Medicine course for example, these fit within a theme-based Learning Week structure, with the small group sessions a starting point to integrate learning from anatomy resources, lectures, expert panels, and self-directed study. Clinical Pharmacology similarly structures the course around weekly 'Hubs', again facilitating synoptic integration of learning from long-thin modules that span the full year. Small group active learning through the Hub groups, laboratory practicals, drug-based learning, and computer data analysis sessions constitutes approximately two thirds of the taught hours for the Clinical Pharmacology course. In the Medical Sciences, Biomedical Science uses small group tutorials throughout the first and second year to discuss scenarios, data and questions prepared by students in advance, as well as organising second year students in small groups to collaborate on a Group Study Project.

The review and rewriting of small group learning materials to promote inclusion and diversity and extend the reach of the taught curriculum to keep abreast of social change is currently a significant enhancement focus. From 2019, for example, the Medicine team has worked with students and patients to co-write previously problematic narratives, supporting new case writers through workshops and learning resources. The first module on the five-year Medicine course has now been transformed, through interprofessional working, to show narratives that represent the diversity of the patient and healthcare community, including scenarios where allied health professionals are the lead professional in patient care.

Practice-based learning: Central to all our courses across Allied health, Medical sciences, Medicine and dentistry and Pharmacology, toxicology & pharmacy is the requirement to learn through facilitated and self-directed hands-on practice including in our anatomy teaching facility, science laboratories and clinical skills suite. Early year experiences are often in simulated or highly scaffolded settings, allowing students to learn clinical and interpersonal skills without, in the case of healthcare courses, risk to patient safety, while building confidence. Anatomy education is taught across all our courses using fully dissected cadavers, prosected and plastinated specimens, anatomical models, or potted specimens, with typically up to 1000 students a week using the facility. This includes a unique opportunity for students in Diagnostic Radiography and Therapeutic Radiography to learn from discipline-specific practical demonstrations of anatomy. In Physiotherapy, first-year students undertake observational sessions to meet patients and observe moving, handling and basic physiotherapy techniques as well as practising in our dedicated Physiotherapy suites, while in Clinical Pharmacology, first-year students undertake an aspirin practical project developing their skills in study design, conduct and reporting and based on a simulated laboratory practical to collect their data. In year three Paramedic Science, End of Life simulations use actors within scenarios written in conjunction with a hospice nursing team. They give students a safe space in which to practice communication and management in what can be a distressing situation if encountered for the first time in practice.

Intellectual stimulation and stretch: An Education Excellence Award 2022 winning innovation that both stretches and supports students is the optional final year module in pharmacokinetics introduced into Clinical Pharmacology in 2021-22 [11]. It responds to a recognised shortage of scientists who combine disciplinary knowledge, alongside skills in coding, model analysis, simulation, and data visualisation. Its learning outcomes were developed in collaboration with colleagues in industry and academia. Students had little to no coding or modelling experience prior to taking the module but at the end, through independent and collaborative learning, had all successfully written reproducible code that modelled pharmacometric data, and could analyse the performance of their models and describe the pharmacokinetics of drugs from clinical trials data.

We are the only medical school in the UK to deliver Royal College of Surgeons quality assured surgical skills teaching to all medical students. The impact of this teaching has led to three national awards for the surgical teaching team, has improved the technical abilities of the students as demonstrated in an end-of-year examination, and has been demonstrated to have an impact on the future career choices of female students in particular.

External Examiner perspectives: A question added to External Examiner reporting from 2018 invites responses to the statement: 'The assessments are challenging and enable students to demonstrate independence, knowledge, understanding and skills that reflect their full potential'. All External Examiners across all years for whom this question is applicable have responded affirmatively to this question. Sample comments are: *"The creativity and diversity within the range of assessments across all three years of this programme are sufficiently challenging to enable students to stretch themselves to perform to their full potential. It was a pleasure to read the work of those students who excelled in their assessments across each year of the programme"* (2019-20, Occupational Therapy); *"The assessments were varied and challenging at an appropriate level [...] the papers set were extremely well thought-through [and] enabled student performance to be distinguished within a broad range of academic achievement"* (2020-21, Clinical Pharmacology); *"Each of the research projects that I assessed were designed to address clearly articulated therapeutic hypotheses and aims. They were intellectually stimulating and academically challenging"* (2021-22, Intercalated Biomedical Science).

SE3. The provider uses research in relevant disciplines, innovation, scholarship, professional practice and/or employer engagement to contribute to an outstanding academic experience for its students

Research-based and enquiry-oriented learning: Research-based learning is a central pedagogic practice across our courses with students developing specialist expertise working alongside healthcare practitioners, patients, academics, and scientists, and benefitting from an extracurricular Research Insights programme which includes 'story of a paper' and research life sessions. Through a range of laboratory, desk-based, clinical research and service improvement

projects students develop their understanding of methodologies and techniques and how to apply these to real questions, many of which lead to student-authored publications. Students from across four of our healthcare courses, for example, undertake a quality improvement in health and social care module in their third year in which they develop a patient-centred and interprofessional service improvement in the form of a summative report.

Both Medicine courses include Student Selected Components (SSC), the aim being to allow students, throughout their studies, to explore areas of interest in depth. In the first two clinical science years, students complete SSCs that develop key transferable skills such as reflective writing, critical appraisal and literature reviewing across a range of science, clinical, social science and arts and humanities topics. In the clinical years, students complete a case analysis project and have a choice of an audit, service evaluation or arts and humanities-based project. Our Medicine Student Advisors frequently referred to the value of their SSCs, for example: *"During my second year, I completed a student selected component*

This assessment really challenged my critical skills review and reasoning".

Biomedical Science prepares students for various careers, explicitly including research roles, including an MSci course with a research-based fourth year. The first two years include group and independent study projects to develop understanding of the scientific method in biomedical research. Third-year students complete a 45-credit research project that involves working in a laboratory or other research setting as part of an active research team to produce a mini-thesis. Around 280 projects are offered each year: *"it was an amazing experience [...] because I felt like I was applying theoretical skills that I had been learning in a way that was completely my own. All my learning was coming from curiosity and independent drive"* (Student Advisor, 2023)

Clinical placements: In Medicine and dentistry and Allied health under the regulatory requirements for registered practitioners of the GMC or HCPC, as our students progress through their courses they undertake compulsory placements in clinical settings. Across our five Allied health courses alone, in each academic year there are 2064 placements for 867 students [12]. In the five-year Medicine course, each student will undertake 84 weeks of clinical placement through their course, including during the two clinical science years. An Education Excellence Award was given in 2022 for the design of a new preparation week which uses simulations to rehearse clinical and reflective practice skills before first and second year students go into the clinical environment [13]. In feedback, 84% of students (based on 59.8% response rate) felt well prepared for their placements. During the subsequent clinical practice years, Medical students achieve the St George's Clinical Practice Outcomes: 15 types of tasks and activities performed by doctors in the workplace Practice-based learning also constitutes substantive parts of Allied health courses. For example, Healthcare Science includes 49 weeks of work-based learning while for both Diagnostic Radiography and Therapeutic Radiography there is an equal balance between university-based study and work-based experience in practice (See SE3 for more on placements).

The Covid-19 lockdowns significantly reduced placement opportunities, particularly in Physiotherapy and Occupational Therapy. Working with employers as well as students, course teams responded with creative solutions, offering, for example, 8-week full-time remote peer learning placements with activities such as reviewing disability policy and guidelines for in-patient and community care, shadowing clinicians, participating in remote ward rounds, and dialling into remote patient consultations. A student-staff co-authored publication in *OTnews* shared the intervention with the professional community and highlighted its inclusivity [14]. Testimony included: *"a unique opportunity for me and my peers to not only practise conducting remote assessments [...] but to think and problem-solve on the spot as well as learn from each other"* (Occupational Therapy student); *"The level of initiative, creativity, enthusiasm and leadership shown by the students was unique to any placement I have been involved in over my years of practice"* (Physiotherapist, St Christopher's Hospice).

Work placements: In our Biomedical Science and Clinical Pharmacology courses placements are not a regulatory requirement, but students can choose to undertake a Professional Training Year (PTY) and study abroad opportunities through Erasmus (now Turing) between their second and third years. The PTY enables students to develop job-seeking and job-acquiring skills, reflect on their professional capabilities and identity and develop transferable and work-based skills (see SO4 and SO5). In Biomedical Science an average of 5% of students a year (11 students out of a

cohort of 200) take up the opportunity. The majority are from BAME backgrounds (in 2021-22, 13/14 Biomedical Science PYT students identified as BAME). PTY students have secured industry placements in major pharmaceutical companies, as well as research placements in London hospital NHS Trusts, other universities and research institutes. The current scale of uptake means evaluation of impact focuses only on the experience of the intervention itself and not subsequent employment outcomes. End of scheme student evaluation for the 2021-22 Biomedical Science cohort shows all respondents rating highly (agree/strongly agree) their perception of PTY's impact on their employability, confidence and maturity, and improvement in self-rating of employability skills before and after the placement

Qualitative data indicate students' perspectives on academic experience, personal growth and employability skills ascribed to their PTY opportunity: *"I believe that deciding to do the PTY year was one of the best decisions I have ever made. [...] This placement has given me a valuable insight into the real working world and has opened my eyes to the opportunities and careers available in the pharmaceutical industry. I have been able to build my confidence and network with many people in different teams at [...] as well as with external organisations."* (PTY student, Biomedical Science, 2018-19); *"I enjoyed taking a 'break' from my studies but, at the same time gain[ing] a wealth of experience and new skills I would otherwise never have had the opportunity to develop. I have really seen a development in my character which has a direct link to working in a professional environment."* (PTY student, Biomedical Science 2018-19).

Service user and employer engagement: In addition to their critical role in placements, patients, service users, practice partners and employers contribute across the student lifecycle including in course design, teaching delivery, assessment, admissions and quality assurance [15]. Our approach to service user involvement has been commended. For example, in Occupational Therapy, patient involvement was described as "authentic and inclusive rather than tokenistic or 'illness tourism'" and in Physiotherapy: a "particular strength [...] highlighted by the students had been the inclusion of patients in sessions. They had found these experiences to be particularly helpful in preparing them for the real-life interactions they would have with patients during placements". A striking example of employer engagement is when first year Clinical Pharmacology students make pitches to a panel of industry and academic specialists in a 'Dragon's Den' assessment. Students respond to a real-world scenario requiring them to build a clinical, scientific and financial case for funding a particular drug, which the Dragons must decide to support – or not. Evaluation suggests that the assessment improves students' motivation and engagement on the course: *"the prospect was initially kind of scary, but ended up being quite fun"*.

Resources, support and student engagement

SE4 There is outstanding support for staff professional development and excellent academic practice is embedded across the provider

Professional development of academic and clinically based educators is undertaken by the Centre for Innovation and Development of Education (CIDE) and the Centre for Technology in Education (CTiE). This is supplemented with targeted development for practice-based educators provided by course teams. The two centres report to the Deputy Vice-Chancellor (Education) and work alongside the Education Operations and Student Experience teams. The integrated relationship between staff- and student-facing functions and the Students' Union became critical during emergency remote teaching under Covid-19 lockdown restrictions, enabling student voice to play a fundamental role in shaping the student experience and academic practice (see SE7).

In 2020 we established institutional Education Excellence Awards and Principal's Prizes which recognise individual and collaborative practice from everyone involved in education whether students, academics or professional services [16]. We have made 23 individual awards and 14 collaborative awards in the last three years. The scheme is part of an improved process for identifying and supporting nominees for Advance HE's National Teaching Fellowship (NTF) and Collaborative Award for Teaching Excellence (CATE) schemes to promote and share innovation and outstanding educational practice. After a period of not engaging with these schemes in the last two years, we have put forward nominees, of whom have been successful. This year we will submit our first CATE nomination. Our internal Educational Excellence Award winners include Students' Union officers (see SE7), students who are part of collaborative teams (e.g. a Principal's Prize for Staff-student Partnership in Inclusive Teaching, and professional services such as the

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Admissions team and the 'Covid-19 Outbreak Control team' for vital education support during unprecedented times'. Winners are selected to form themed sessions in annual Education Day to create dialogue across and around our award-winning practice.

Staff teaching recognition and qualifications are a sector-recognised measure of cross-institution commitment to teaching expertise and improvement. Over the last 4 years we have seen a steady growth in Fellowship recognition in the staffing body at St George's. According to current Advance HE data, over 56.4% of academic staff had Fellowship in 2021-22, putting us 10% above the sector despite an increase across the sector as a whole [17]. According to our HESA 2022 data, 16% of our permanent academic teaching staff hold Senior or Principal Fellowship.

A significant contributor to Fellowship numbers is via completion of the PGCert in Healthcare and Biomedical Education (HBE) which is normally expected for early career teaching-only staff on academic probation and is also included in the job descriptions of Clinical Teaching Fellows who contribute to undergraduate education in practice-settings. Over 220 educators have achieved the award since November 2018 and at least two thirds of enrolments per year are Clinical Teaching Fellows or dual role clinical academics contributing across courses. Access to professional development for this specific educator cohort is seen as essential for enhancing the quality of the educational experience in non-university settings and strengthening the link between the university academic and clinical learning environments.

The PGCert HBE has been evaluated as outstanding, achieving an overall 100% positive rating in PTES in the last two years (based on a 43% response rate of the target population in 2022) and rated 22% above the benchmark for the sector as a whole and 23% above the London benchmark for teacher training in PTES 2022 [18]. With specific reference to the effectiveness of the PGCert HBE in preparing educators for their role, respondents have consistently positively rated the question "I have been encouraged to think about what skills I need to develop for my career (79% in 2018 PTES, 88% in 2021 PTES and 88% in 2022 PTES) and "As a result of the course I feel better prepared for my future career" (81% in 2018 PTES, 76.5% in 2021 PTES and 81% in 2022 PTES). One third of the winners of the student-staff nominated university Education Excellence Awards in the last two years (see below) are PGCert HBE graduates reflecting an embedding of excellence into future practice. We are confident that our teaching staff are exhibiting excellent academic practice across St George's as this can be seen in the high levels of satisfaction with teachers at module level (90.1% satisfaction in SOLTS 2020-21, response rate 22.3% and 84.9% satisfaction in SOLTS 2021-22).

From March 2020 CIDE and CTiE worked in consultation with staff and students to develop an Online Education Framework that supported emergency teaching and helped develop high quality practice to underpin a more blended approach to education post-pandemic. The Framework was underpinned by six principles, and contained technical and pedagogical guidance, alongside an online education exchange to develop a supportive community for educators and host why-to and how-to sessions. We took an enhancement approach to quality assure the implementation of the Framework by holding dialogues based around self-evaluation and minimum student expectations documents, with all course leads at three points: Summer 2020, to establish level of preparedness and identify development needs; Autumn 2020, to review progress and identify areas for troubleshooting; Summer 2022 to reflect on effective and less-effective practice and identify features of a future blended approach. Student Advisors were engaged throughout this period, working with the central team, or commissioned by courses to undertake particular work (a review of Biomedical Science Canvas pages for example). Centrally, forty Student Advisors worked in June-August 2020 to sense-check the Framework's principles against their own experience. Their feedback was developed by two students into a website resource, and informed the formulation of the student expectations document. In January 2021 Student Advisors worked in groups with course documents to provide overviews of how different modes of learning and organisation (timetabling, for example) were being implemented and to derive prioritised recommendations informing institutional guidelines for teaching online and on-campus the following academic year.

Another important dimension of this work was evaluation via whole institution surveys of both staff and students in Spring 2021 (responses: staff 140; students 529) and 2022 (responses: staff 80; students 71; plus supplementary focus groups). Running staff and student surveys in parallel was important in surfacing mismatches in perception between the two groups; for example, in 2021

whilst 77% of staff respondents expressed confidence that their students had sufficient opportunities to ask questions, express their view, contribute ideas and engage in discussions during online learning, a smaller percentage (55%) of students agreed. This finding led to a staff development focus on interactive teaching for part of which we engaged the Bristol Improv Theatre to run on-line and in person sessions (attracting c 90 participants at our Education Day in 2021).

Other survey findings appeared to endorse for example, the Framework's emphasis on the design of online asynchronous lecture material as bite-sized chunks (valued by 73% students and 75% staff, 2021) interspersed with quizzes and other forms of concept checks (valued by 90% students; 84% staff, 2021), but also highlighted that a significant minority of students preferred synchronous online teaching and/or did not prefer asynchronous delivery of informational material (2022 survey). The findings highlighted the need for courses to design carefully the online and on-campus, and synchronous and asynchronous blend of their courses to address preferences and circumstances of their students, very much in line with the 2022 OfS Blended Learning Review [19]. We are putting in place new processes to support blended pedagogical design and have invested in a new lecturer position (from February 2022) to work across CIDE and CTiE.

We have also developed a Framework for Inclusive Education. Prior to 2021, although there were a variety of enhancement initiatives at local level there had been no way of gathering and disseminating these. Since then we have worked with students and staff to develop an Inclusive Education Framework that articulates a vision via the acronym 'I AM INCLUDED', has a governance structure and a staff-student Forum for networking and exchange of practice, and is curating a menu of training and resources for course teams to access [20]. Examples include: training for personal tutors on supporting students from particular demographic groups and improving mental health awareness; reusable learning objects for embedding diversity and removing negative stereotyping within curricula; allyship and advocacy training for students; reading lists of topic-relevant texts and images; audit tools for assessing inclusivity in teaching practices. A number of the resources have been developed via our Student-Staff Partnership Scheme; for example the well-cited 'Mind the Gap' resource principally authored by student that draws attention to how clinical signs are manifested on black and brown skin [21]; and the MOOC 'Transgender Healthcare: Caring for Trans Patients', hosted by FutureLearn, that explores the experience of transgender people within healthcare settings [22]. Student Advisors are playing a key role in our inclusivity work, for example by conducting audits of course content with recommendations agreed with course teams. So far three undergraduate courses have undertaken such audits: Biomedical Science, Clinical Pharmacology, and Physiotherapy. The Biomedical Science project was presented at the December 2022 Decolonising and Diversifying Biosciences Education conference.

SE5. The provider ensures a supportive learning environment, and its students have access to a wide and readily available range of outstanding quality academic support tailored to their needs

Academic support plays an essential role in student retention and success for our diverse student cohort. Wider sector research suggests that underrepresented students can face numerous barriers at university that are a result of academic curriculum and assessment, limited prior opportunities to develop skills, and the learning environment itself. Students most likely to benefit from institutional support mechanisms may also not have the capacity to access extra-curriculum provision easily or confidently. We adopt, therefore, an overall approach to student support that: (1) emphasises the fostering of in-course staff-student and student-student social relationships through effective online and in-person induction and course social events; (2) prioritises the embedding of academic support for all students in the curriculum supplemented by an additional centralised academic and wellbeing offer; (3) includes recap content embedded into modules (for example in Paramedic Science, where mature learners returning to study, have a module that levels up their content knowledge and skills at the beginning of teaching); (4) adopts a co-curriculum model of personal tutoring that fosters links between academic and pastoral support; (5) uses formal, tailored peer-to-peer learning and mentoring.

While our aggregate rating over the last four years for academic support is below benchmark by 9.4%, we believe that this reflects poor performance on this metric during the pandemic. For the last decade from 2012 until 2020, our institutional overall positive rating for academic support was

over 70%, with staff contact, for example, rated 82.6% in 2018. However, in 2021 the overall institutional rating fell by 12%. Allied health is 11.9% below benchmark, Medical sciences is 9.4% below and Medicine and dentistry is 7.7% below. Clinical Pharmacology, which is the only course in the subject grouping of Pharmacology, toxicology, and pharmacy shows evidence of outstanding academic support, performing 9.8% above the subject benchmark. The NSS metrics by splits are also below benchmark for FT academic support, reflecting the scale of the differential at overall level.

Balancing the quantitative NSS data, we believe our high-quality continuation and completion rates evidence the impact of our overall support for all full-time students (see SO2). The strong sense of community reported, particularly in qualitative responses, in the NSS is also evidence of the value students place on the supportive, personalised learning environment and sense of belonging we seek to create. For two years prior to the pandemic, our institutional positive rating for learning community in NSS was above the sector average at 77.6% in NSS 2019 and 78.1% in NSS 2020. In the following two years as those students most affected by the pandemic graduated, there was a drop of just over 11%. In the NSS 2022, however, learning community was the most positively rated aspect of the students' experience in the qualitative feedback, with 143 out of 662 positive comments referring to the sense of community, suggesting we will see recovery in this area.

Embedded in-course academic support: Course teams themselves are important in establishing the strong cohort relationships we recognise as essential for the success of our active learning small group pedagogies and the creation of a psychological safe learning environment. Centrally funded staff-student socials are promoted for first year induction and throughout the course.

The learning development team within CIDE and the Library work collaboratively with course teams to embed academic and information literacy into the majority of courses (except 2020-21 during emergency remote teaching). Co-designing with subject specialists means that sessions are aligned to specific learning and assessment activities, with increasing levels of complexity as students develop writing, search, analysis and reflection skills throughout their course.

This in-curricular support is supplemented by Study+, a curated series of online self-directed resources, for example, on academic writing, effective study and revision, and learning on your commute, and by a Library Canvas module on database and literature searching, referencing and evaluating sources. Between 2018-22, 12,589 students (predominantly but not exclusively undergraduate) accessed the Study+ resources with a total of 722,356 page views. Students can also book up to three in person or online one-to-one Academic Success sessions a year. The Academic Success team reported 1,393 appointments during the TEF period, with representation across all undergraduate courses.

Student support and personal tutoring: Under the strategic leadership of our Dean for Students (recently re-named Dean for Student Welfare and Support), we provide a comprehensive range of services, including finance, housing, accommodation, disability, occupational health, and counselling, all grouped within a Student Life Centre. Provision is designed to enable layered points of entry for students, and students can self-refer for more specialist support. We have recently invested in two new student welfare posts to enhance student wellbeing.

We also implement a tiered Personal Tutor Scheme, for all students which is centrally coordinated but overseen by course-level Personal Tutor Leads and a series of super-tutors who can refer students with more complex needs to ensure that they receive personalised tailored support. The scheme is periodically reviewed to ensure that it is optimally structured to support individual needs and that tutors receive appropriate training. The Personal Tutor Coordinator and Leads, and Student Support Team meet weekly to monitor and support students with complex welfare needs.

Peer-to-peer academic support: Seven different peer-to-peer learning schemes are formally embedded across five of our courses, Biomedical Science, Medicine, Occupational Therapy, Physiotherapy and Paramedic Science. All but one recruits senior students to mentor the transition of junior students into university or facilitate learning on their course, with all offering initial training to student-participants and five schemes providing financial remuneration. Medicine and Biomedical Science operate the largest peer learning schemes, with the Anatomy demonstration scheme recruiting approximately 100 students per year, the Clinical Skills Peer Tutor Programme recruiting approximately 70-100 students per year (Medicine only) and the Clinical Communication

Skills Peer Tutor Programme, recruiting approximately 45 students per year. These three schemes focus on experienced senior students tutoring small group sessions with junior students [23]. The Clinical Skills programme now includes compulsory EDI training for tutors. Students who have taken the role often cite the experience as invaluable to their own learning. Our Student Advisors strongly endorsed the value of learning with more senior peers and suggested that this is an area we should develop further in future: *"Having a different student teach us [...] has been great, it has allowed us to make deeper connections with those in years above...A peer is more likely to understand what is difficult to learn at first or tricky over someone who has been teaching the same content for years"* (Student Advisor, Medicine, 2023).

Launched in 2017-18 the Student Paramedic Blue Light Champion scheme (SPBLC), affiliated to Mind and recognised by the College of Paramedics, is the only pre-registration scheme of its kind for UK Paramedic Science students. It is a student-led version of the national Blue Light Champion Scheme for emergency services personnel. Twenty third-year Paramedic Science students are appointed annually to promote positive mental health and wellbeing through advocacy work, fundraising and social media campaigns within the student community, offering peer support to students experiencing loneliness and isolation. The scheme builds on a 30-credit second year mental health module and is recognised by the course team as contributing to the 24% increase in overall satisfaction in the NSS for the three-year Paramedic Science course between 2018 and 2022. The scheme won a 2022 institutional Educational Excellence Award and Principal's Prize.

SE6 Physical and virtual learning resources are tailored and used effectively to support outstanding teaching and learning

Student satisfaction with Learning resources dropped considerably in NSS 2021 from 80.8% in NSS 2020 to 70.4% in NSS 2021 following the disruption cause by Covid-19. Although it has risen slightly to 72.9% in 2022 the drop across 2021 and 2022 means that, at 75.7%, our NSS metric for Learning resources is 6.3% below benchmark (82.0%) at university level. At subject level, Allied health is below benchmark by 6.8%, Pharmacology, toxicology & pharmacy by 6.5%, Medical sciences by 6.1% and Medicine and dentistry by 6.0%. This performance is also carried into the NSS metrics by splits, which are also below benchmark for learning resources.

Practice-based education is a fundamental principle for all our courses (SE1), and the content and delivery approach we have set out in SE2 and SE3 depends on our excellent physical and virtual facilities for teaching, learning and practice of hands-on skills in science laboratories, simulation suites and skills facilities, tailored to each of our healthcare and science courses. Equally, the sustained move to embedded, harmonised blended learning means that digital infrastructure, including well designed and supported virtual and physical learning environments is fundamental for teaching, learning and assessment.

Our specialist healthcare and science library with over 40,000 physical and virtual books and resources subscribes to over 10,000 print and electronic journals and houses the St George's University and Hospital Archive and the Museum of Human Diseases. Responding to student learning needs and feedback the physical learning environment within the library and other areas of the university have been developed in the last five years in collaboration with students. Silent study space is highly valued along with quiet, group and bookable spaces, and the creation of a social learning space with modern furniture facilitating a range of preferences has met a growing student demand for a more relaxed study environment. We provide 0.16 study spaces and 0.04 workstations per FTE student [24], higher than most other comparator universities. Students use our physical library spaces well with 61 visits per FTE student in 2020-21 despite pandemic restrictions.

Enhancements in educational technology have also been made in response to student feedback. A Live Teaching Policy has standardised use of Panopto, MS Teams and Canvas Big Blue Button for recording all live in person and online teaching (unless under an approved exemption). We have rolled out our Mentimeter licence to enable all lecturers to engage students better through interactive polls and quizzes; and, most recently, have integrated technology into traditional in-person teaching spaces including refurbishing five hybrid teaching rooms. We have ensured that our digital systems, platforms, and resources are fully accessible to students, staff, and other users, in compliance with the Public Sector Body Accessibility Regulations (PSBAR 2018), and

have implemented a mandatory staff training module providing guidance and promoting digital accessibility awareness. Approximately 400 staff have now completed the training.

The majority of our health courses have profession-specific physical and virtual learning resources that enable students to acquire and practice skills in a safe environment. For example, Paramedic Science simulation suites replicate the confined space and equipment of an ambulance as well as difficult-to-access domestic spaces such as kitchens and bathrooms where a large proportion of patient incidents occur. Institutional analysis of NSS data indicates that the 3-year Paramedic Science course was positively evaluated for Learning Resources in 2021, with the 79% positive rating for this course above the sector average based on an 84% response rate. Again, most recently in 2022 this course was rated 86.5% positively for Learning Resources, a result above the 80.9% sector average based on a 75% response rate for the course target population. Paramedic Science students also connect this learning experience to preparation for employment, with 83.7% responding positively to the optional question 'My institution offered activities and resources designed to prepare me for the next step in my career' in NSS 2022 based on a 49% response rate.

Similarly, the installation of new radiographic equipment in 2018 allowed the simulation of different outpatient, inpatient, emergency department, theatre and ward procedures for Diagnostic Radiography. From a 70.1% positive rating for Learning Resources in 2018 (based on an 81% response rate), the rating for Diagnostic Radiography rose to 82% in 2019 and 84.7% in 2020 (based on a 63% response rate) before the pandemic limited access to the equipment. Likewise, the Virtual Environment Radiotherapy Treatment (VERT) immersive environment creates a simulated treatment room for Therapeutic Radiotherapy students to develop clinical skills. In 2020 we were the first London university to integrate a cloud-based radiotherapy treatment planning software system (The Academic Hub) into our undergraduate teaching. In 2022, NSS results demonstrated a 97.8% positive rating for Learning Resources based on a 94% response rate for the target population.

A £270,000 award by Health Education England in March 2022 for equipment which will simulate interventions in respiratory, sleep and cardiac physiological sciences for Healthcare Science, three high-definition manikins for Paramedic Science and increased student access to a virtual surgical skills training programme, first developed in response to the pandemic in Medicine, will result in further enhanced, highly stimulating teaching and learning experiences for our students. A subsequent award of £5.8 million capital funding by the Office for Students (OfS) in November 2022, targets the refurbishment of two, ten-bed simulated hospital settings, four Physiotherapy teaching laboratories, two flexible clinical skills teaching rooms, an expanded clinical skills practice room and major renovation of the anatomy teaching facility for other course areas.

For courses that are reliant on practice-based learning, the pandemic inevitably had an impact on the student experience because access to our physical resources was restricted for extended periods. Between 2018 and 2020 our institutional performance overall for Learning Resources in the NSS was stable at 80% and 81%, however the 9% drop in 2021 and 10% drop in 2022 have contributed to a disappointing aggregate performance over the TEF period. Now that our physical learning environments are fully accessible, and with investments from the HEE and OfS grants, we expect to see an upturn in student satisfaction in this category.

SE7. The provider embeds engagement with its students, leading to continuous improvement to the experiences and outcomes of its students

Our 2017-22 Strategic Plan for Education & Students put student partnership front and centre with its focus on "*Transformative education, in partnership*". Progress with several large initiatives to fulfil the key pledge to "*Collaborate with our students to enhance teaching and learning, improve their experience and support them to reach their full potential*" has transformed our culture and embedded opportunities and means of engaging with students to enhance their university experience and outcomes.

We diversified the ways students' voices could be heard, and responded to, by introducing module and teacher surveys (SOLTS) in 2018-19 and an online dialogic feedback platform (Unitu) in 2020, employed a Student Engagement Officer to build on and support our close partnership working

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with the St George's Students' Union, and empowered students as change agents by creating Student-Staff Partnership Grants in 2017-18 and a Student Advisor scheme in 2020.

A series of workstreams established in 2020-21 to focus on priority areas for enhancement are designed for students and staff to develop a shared understanding of causes of dissatisfaction and a shared vision of future success, with clear stepping stones to get there. Priority is given to areas flagged by the SU for attention; in 2021-22 this was communication, leading to development of guides for staff and an active working group for continued, iterative development. The focus for 2022-23 is development of resources and signposting relating to personal tutoring, flagged for attention by the SU Vice President (Education & Welfare). Coordination of student engagement and experience enhancement activities across the university is carried out by the Student Experience Hub (formerly Student Experience Action Group), chaired by the Associate Dean for Student Experience (role created in 2018), overseen by the Education & Students Strategy Committee, chaired by the Deputy Vice Chancellor (Education).

Though it takes time for changes to become the lived experience of final-year students, we saw small but steady increases in the student voice rating, from 67.6% in 2018 to 68.8% in 2019 and 70.7% in 2020. Agreement with "I have had the right opportunities to provide feedback on my course" rose from a high base of 81.5% in 2018 to 82.8% in 2019 and 84.0% in 2020, "Staff value students' views and opinions about the course" rose from a lower base of 64.0% in 2018 to 65.0% in 2019 and 66.6% in 2020, and "It is clear how students' feedback on the course has been acted on" rose the most, from a low base of 56.8% in 2018 to 58.9% in 2019 and 61.2% in 2020, following introduction of a "You said, we did" campaign started in 2018-19.

Following the disruption of the Covid-19 pandemic, the student voice rating dropped significantly to 51.1% overall in 2021. Over the TEF period our aggregated NSS score for Student Voice is 60.5%, 8.6% below benchmark. Pharmacology, toxicology and pharmacy, at 92.9%, is outstanding at 22.8% above benchmark, but Allied Health is 6.6% below, Medicine 6.4% below and Medical Sciences 16.2% below benchmark. Very low student voice ratings from Biomedical Science accounts for this large deficit, caused by students' dissatisfaction that the 24-hour exam window put in place for the previous cohort to meet the unique challenges of the first lockdown was not re-introduced for them (see SE1). In NSS 2022 student voice ratings rose by 2.5% to 53.6%, with increases across all three questions, and we are confident that this trajectory will continue, given the embedding of student partnership in our university culture since 2018, the impact of more recent initiatives mentioned below, and the commitment in our new Strategic Vision (2022-2030) "To champion effective two-way communication, responsiveness to student feedback and active collaboration between students and staff" [25].

In contrast to NSS, the module survey (SOLTS) indicates very high levels of agreement for "Staff value students' views and opinions about this module", including Biomedical Science. In data aggregated from 2019-20 to 2020-21 at subject level, 81.7% agreed for Medicine and dentistry (20.4% response rate), 76.1% for Medical sciences (22.3% response rate), 76.5% for Allied health (22.0% response rate) and 89.0% for Pharmacology, toxicology, and pharmacy (28.6% response rate). To improve communication to students of how their feedback has been acted on, since 2019 all module leaders have been required to respond to their SOLTS survey by providing a reflection to students on how the feedback will be addressed.

We work in close partnership with St George's Students' Union (SGSU) and benefit from SU Officer membership on all strategic committees and working groups. The President meets regularly with the Vice-Chancellor and, along with the Vice-President (Education & Welfare), meets fortnightly with the Deputy Vice-Chancellor (Education). The then SU Vice-President Education & Welfare was a key member of the Education Continuity Group assembled in 2020 at the start of the pandemic, consulting the student body on important matters such as the "safety net" to inform the decisions of the group, and was awarded an Education Excellence Award (see SE4) [16]. In 2022, the University and SGSU jointly commissioned an external review led by a sector-expert to advise on improvements needed to enhance the effectiveness of SGSU in representing students at St George's. Preliminary conclusions of that review indicate that effectiveness was limited by experience, knowledge, and capacity of the Students' Union staff to support student voice and

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representation mechanisms [26], which are jointly run by St George's and our Students' Union. The University has funded a dedicated role to fill this gap and recruitment has started.

We appointed a Student Engagement Officer in late 2019 to support Sabbatical Officers engaging with university decision-making bodies, expand the SU Course Representation system and establish a new Student Staff Committee structure for all courses, with student chairs and recommendations sent to both course committees and the Student Experience Hub for action. During joint visits to other universities in 2019, the Deputy Vice-Chancellor (Education), SU President and Vice-President v (Education & Welfare) saw Unitu demonstrated and instigated its implementation at St George's, overseen by the Student Engagement Officer. As well as being a place for students to ask questions, raise issues, offer praise or suggest ideas, Unitu enables nuanced student-staff dialogue on matters beyond the academic realm, and development of a co-created resolution or enhancement to the university experience. In 2020-21 there were 523 posts, more than 15,900 views, 2690 comments, and 10,900 votes. The Boards were used to raise issues (36.4%), ask questions (36.4%), offer ideas (22.3%), and give praise (4.9%) [27]. During the first lockdown, Unitu was an invaluable window on student anxieties that could then be addressed, and for shaping practice; concerns raised by student parents and carers led to a shared university-SU senior forum with them which directly shaped the adaptation of assessment approaches that year for the "safety net" put in place.

Our university architecture for supporting student engagement and continuous improvement has advanced considerably over the TEF period, from one part-time Student Experience Officer in 2019 to a team of three in 2022. This has enabled a broadening from a largely course-focused student engagement landscape centred on academic experience to one that supports the shaping of larger-scale change at university level in partnership with students. The team provides administrative underpinning for the **Student Advisor scheme** set up in 2020 (see SE4). In 2021-22 we had 40 Student Advisors from a range of courses and backgrounds, with 17 projects completed. As well as inclusive curriculum reviews and shaping of blended learning (see SE4), Student Advisors redesigned the George's Skills & Recognition Award, helped shape careers week and made recommendations on several policies and initiatives, including enhancing our Late Submission Policy so it works better for students.

Student-Staff Partnership Grants for year-long enhancement projects have grown in momentum since we introduced them in 2017-18, with over 30 projects completed. It is a requirement of the scheme that projects involve partnership working between staff and students and successful bids must articulate clearly the intended benefit to students across the whole university for years to come. During and after the project, teams present for discussion a lunchtime Education Ideas Hub where students & staff share perspectives on teaching, learning and life in higher education. In 2021-22 we held eight lunchtime Hub events with 37 student and 47 staff attendees. These were highly rated by attendees, evidenced by scores of 4.6 out of 5 (62% response rate) and comments such as these: *"Really insightful discussions weaving together student and staff perspectives, new ideas emerging, food for thought;"* *"They are unique with different students presenting. It is very valuable to hear what the students are passionate about and how they are working to improve things."* Projects have ranged across improving assessment literacy, creating careers videos, developing a wellbeing module, peer assisted study scheme, and several have already had a legacy and impact beyond the university, including the "Mind the Gap" handbook on clinical signs on black and brown skin in 2020 and MOOC on Transgender Healthcare in 2021 (see SE4).

3. Student Outcomes

Positive Outcomes

SO1: The provider deploys and tailors approaches that are highly effective in ensuring its students succeed in and progress beyond their studies

Full-time students have demonstrated very high to outstanding quality for continuation and completion, with all subjects performing in line with the TEF benchmark. This is reflective of the ways in which we deploy excellent teaching, learning and assessment approaches to support our students to transition into university (SE5), through well-designed and intellectually stretching courses (SE1-SE3), achieving strong individual degree outcomes that prepare them to fulfil their

career or future study ambitions. The data for Healthcare Practice part-time students for continuation, completion and progression outcomes is more complex and we interrogate the specific institutional factors for this below (SO2-SO3).

Despite this overall performance against the metrics, we remain alert to differential outcomes for students by demographic group for continuation, completion, and progression in the context of our diverse student and graduate population. From 2018, as part of our Access and Participation Plan (APP), we have analysed our awarding data and identified differential outcomes patterns whereby we routinely award more good degrees (1st/ 2.1) to white students than others, and to students from areas which are more socioeconomically advantaged than others on courses. This is except Medicine, which is not a classified degree meaning the conventional measure for identifying attainment gaps could not apply. Given one third of our undergraduate students study Medicine, we developed an institutional metric which would allow us also to identify and monitor gaps in Medicine to stand in for the OfS's "good degree" measure. This measure, based on students' penultimate year ranking, which will also ultimately determine their progression outcome (Foundation Year training places), was an innovative solution which allowed us to ensure all our students were covered by our APP targets, instead of just those on classified degrees [28].

We have made steady progress towards reducing gaps in attainment between students from different ethnic groups. We have reduced the overall institutional awarding gap between white and BAME students from 11.2% in 2016-17 to 8.6% in 2021-22 and are on track to achieve our aim to eradicate these gaps by 2030. For all comparisons by demographic group, however, we saw the gap widen again during the pandemic and need to closely monitor the longer-term impact on the student experience and outcomes.

Tailoring our approaches to ensure students succeed in and progress beyond their studies:

Our approach to addressing differential attainment and progression has been first to enhance our processes around generating and monitoring data to enable course level accountability. Since 2017-18, through the Data Improvement Group, we have enhanced data analysis to identify differences in student experience and outcomes in annual course monitoring and action planning. Course teams now receive four years of student lifecycle data split initially by disability, age, ethnicity and socioeconomic background. Subsequent data enhancement has enabled us to monitor the additional protected characteristics religious belief and sexual orientation, as well as identifying differences in attainment when comparing the distance students live from campus. This has established a process of routine monitoring by demographic group at course level and informed scrutiny at university level through the Quality Assurance and Enhancement Committee.

Although differences in continuation, completion, and progression outcome are complex and multifactorial, we have drawn on a wider sector research-base to understand the causes for both differential experience and outcomes for our students. We have conceptualised this as primarily a result of the differences in (1) students' sense of academic and social belonging to St George's and (2) their experience of high impact, inclusive pedagogies such as small group and discursive teaching modes. Our Inclusive Education Framework is helping us develop, make visible and share interventions designed to tackle these differences (see SE4).

Strategic leadership and governance of inclusive practice and student progression:

Strategic leadership and oversight of the Inclusive Education Framework is headed by the Inclusive Education Steering Group chaired by the Deputy Vice-Chancellor (Education) which reports to the Equality, Diversity, and Inclusion Steering Group, chaired by the Dean for Equality, Diversity and Inclusion. This works alongside the annual course data and performance monitoring and scrutiny role of the Undergraduate Programmes Committee and Quality Assurance and Enhancement Committee. Defining and monitoring how we meet our defined educational gain objectives (SO4) for all students is led by the Careers Steering Group, chaired by the Deputy Vice-Chancellor (Education), responsible for developing the institution's careers and employability vision, strategy and objectives around the educational gains for all students. A separate Careers Forum, chaired by the Associate Dean for Student Outcomes, determines more operational matters and feeds up into the Steering Group. These mechanisms facilitate robust data-informed strategic planning, monitoring and scrutiny for inclusive practice and equality for all our courses.

SO2: There are outstanding rates of continuation and completion for the provider's students and courses

Full-time study: For **Continuation**, full-time accounts for 87.0% of activity in the TEF data set, and our undergraduate continuation rates are very high quality at 96.4% when aggregated across all four years of this TEF cycle. All levels of study are above benchmark indicating very high quality with the Foundation degree (3.1% of the full-time population) 4.2% above benchmark indicating outstanding quality. At the subject level, Medicine and dentistry (30.1% of the full-time population) is 1.2% above benchmark, Allied health (40% of the full-time population) is 1.8% above benchmark and Medical sciences (19.3% of the full-time population) is in line with benchmark. All therefore indicate very high quality and Nursing and midwifery (3.1% of the full-time population) at 3.0% above benchmark, reflects outstanding quality.

For **Completion**, full-time accounts for 58.0% of activity when aggregated across all four years within the TEF data set. Courses present in the latest year of data account for 91.3% of full-time activity over the same period. Overall, St George's performs well in this metric, scoring 94.5%, which reflects very high quality in line with benchmark. When split by levels of study, Other UG (12.5% of the full-time population) is 2.6% above benchmark, reflecting outstanding quality with other levels of study in line with benchmark indicating very high quality. At subject level, all subjects are in line with benchmark indicating very high quality.

Part-time study: For **Continuation**, part-time accounts for only 8.8% of activity (a total of 330 students over 4 years) in the TEF data set. Continuation rates for these students record a 19.6% deficit against benchmark when aggregated for all four years of this TEF cycle. At subject level, these poor continuation rates are in Allied health (13.5% below benchmark) and Nursing and Midwifery (47.0% below benchmark). These under benchmark part-time continuation rates result from the outcomes of Paramedic Practice within Allied health and Healthcare Practice in Nursing and midwifery.

For **Completion**, part-time accounts for 42.0% of activity within the TEF data set. As with continuation data, part-time scores reflect a deficit at 36.1% below benchmark. By subject level, Allied health scored 30.1% above benchmark, reflecting outstanding quality, while Nursing and Midwifery scored 40.3% below benchmark. Again, just two courses account for this deficit in part-time completion rates: Healthcare Practice with only one student in the population and the majority of part-time activity mapped to Healthcare Practice (Credit Bearing) within Nursing and Midwifery, the last intake for which was 2012-13 with a population of 1,980 students (89.6% of the part-time population). Except for the demographic Quintile 1 (ABCS) i.e., those deemed statistically least likely to continue and qualify in higher education, which is 27.6% above benchmark indicating outstanding quality, all other demographic splits are below benchmark.

Healthcare Practice was designed purposely to be flexible for learners while in employment and aligned to a government lifelong learning agenda to upskill employees particularly those in healthcare roles. Likewise, when Paramedic Practice was originally validated in 2015 it was believed it would run for a maximum of 5 years, enough time for the existing non-graduate Paramedic workforce to gain an academic award in what is now a graduate profession. The course remained open for longer and with far greater numbers than originally projected but is now in a phase of teaching out in 2022-23.

Analysis of our data for continuation and completion has identified that our part-time data has been inflated by a mis-recording of the significant Healthcare Practice student population at enrolment. Healthcare Practice is a post-registration course designed to offer flexible continuing professional development. Students on Healthcare Practice modules were incorrectly recorded in our student system as aiming for a qualification (H76: "Post-registration health and social care qualification at level H other than a first degree with honours") instead of for credits. If we had correctly recorded their status then their activity would be out of scope and our part-time population would have been reduced to 228 students, with full-time actually constituting 93.0% of activity. While the part-time continuation and completion data therefore suggest a deficit performance, in fact this below-benchmark data is not indicative of low-quality outcomes but a reflection of the intentional purpose and design of flexible provision to enable students to build up credit module-by-module, deepen

their expertise and enhance their professional practice. Students fully achieved their planned outcomes whether they achieved a full award or not.

SO3: There are outstanding rates of successful progression for the provider's students and courses

Full-time study accounts for 93.2% of St George's activity for progression and we are performing in line with our benchmark demonstrating very high quality across level and subject area. Split by level of study, Other Undergraduate Degree (accounting for 6.5% of the full-time population) is 3.9% above benchmark and First Degree (accounting for 57.5% of the full-time population) is 3.0% above benchmark indicating very high to outstanding quality. The Undergraduate with postgraduate component (accounting for 36.3% of the population) is in line with benchmark indicating very high quality.

At subject level, Medical sciences (19% of the full-time population) is 5.2% above benchmark indicating outstanding quality. Medicine and dentistry and Allied health (comprising 35.5% and 38.7% of the full-time population respectively) are in line with benchmark indicating very high quality. All courses contribute to this positively except Biomedical Science (see SO5 for our interpretation and actions for Biomedical Science progression). Only Nursing and midwifery (6.5% of the full-time population) is materially below benchmark with the Healthcare Practice contributing negatively to this outcome. It should be noted that these 80 students were already working mostly as healthcare assistants in the NHS/healthcare settings and that the course was not intending to equip them to continue into employment or further study; rather it was designed to provide a structured programme of education and training to enable them to achieve an academic award linked to their current role. This was later approved as an apprenticeship (see also SO2).

Full-time progression above benchmark for specific student demographic groups – mature students (31 years or over) (5.4% above benchmark indicating outstanding quality), students from Black backgrounds (7.6% above benchmark indicating outstanding quality) and those in Quintile 1 (ABCS continuation) (5.2% above benchmark indicating outstanding quality) – are particularly notable for this metric, commensurate with outstanding institutional performance in enabling the progression outcomes of underrepresented groups and those with protected characteristics. This continues our excellent long-term performance for progression for specific underrepresented groups within our cohort as articulated in our current Access and Participation Plan [29]. Due to low populations, progression data for part-time is suppressed in the TEF data.

Drawing on Graduate Outcomes Survey (GOS) data, the 2023 Complete University Guide has ranked St George's 1st for graduate prospects outcomes, and 1st in the new ranking for "graduate prospects on track" in both 2022 and 2023, based on the strength of student agreement with the statement "My current work fits with my future plans" [30]. We note that our response rates to the GOS during the period 2017/18 to 2019/20 are consistently above the sector average (60% in 2017/18; 63% in 2018/19; 60% in 2019/20).

In addition to actual employment outcomes, analysis of GOS data, supplemented with other data sets, enables us to evidence strong perception of final year student and alumni about the impact of a St George's education on their employability. We are also able to evidence alignment between in-course, co-curriculum and extra-curricular activity designed to prepare them for employment (as described in SO5) and their anticipated or subsequent employment experience. For example, responses of agree or strongly agree to the St George's NSS question "The skills I have developed during my time in higher education will be useful for my future career" aggregated for all students increased from 87.2% in 2018 to 90.4% in 2020. This subsequently dipped to 83.7% in 2021, rising slightly to 84.2% in 2022, likely reflecting the impact of Covid-19 on key opportunities for placement and skills development essential for preparing student employability.

In the 2019-20 GOS, 91% of respondents agreed with the statement "I am utilising what I learnt during my studies in my current activity" compared to 66% for the sector with St George's ranked 2nd out of 163 providers for this question. An institutional alumni survey of 9572 alumni who graduated between 2012-21 was undertaken in November 2022 with a 6.7% response rate (637 respondents); 75% of respondents agreed or strongly agreed with the statement that "Studying at St George's prepared me well for my career" [31]. Overall, the very high-quality progression outcomes, supported by student feedback in NSS and alumni survey, indicate that a St George's

education is preparing our students effectively for future employment or study and that graduating students and alumni recognise the alignment between their courses and the knowledge, skills and attributes they require for future success.

Educational gain

SO4: The provider clearly articulates the range of educational gains it intends its students to achieve, and why these are highly relevant to its students and their future ambitions

In our *Strategic Plan (2017-2022)*, we stated that: “St George’s excels in developing outstanding practitioners of science, medicine and healthcare”. This statement reflects a long history of healthcare and science education to equip succeeding generations of students to meet changing societal challenges. We aim to achieve this with a distinctive two-fold vision that seeks to develop our students’ knowledge, skills and attitudes in order to advance healthcare treatment and push the boundaries of scientific understanding, while at the same time transforming lives through our commitment to widening participation and inclusive education. This same vision is encapsulated in our new *Strategic Vision 2030*, where we reinforce our commitment to inclusive and interactive curricula using pedagogical approaches that enable students to gain “skills, critical insight and confidence to be future leaders and agents for change” [25].

To reflect our vision, we define educational gain as an individual and societal “transformation”. It is a definition that is emphasised by our success in enabling intergenerational social mobility. In the account above we have presented how we work to achieve this through widening access, embedded and co-curriculum support for all students to succeed throughout every course and a commitment to developing our curriculum to engage the insights and experiences of a diversified community through student partnership and employer and service user engagement. Educational gain is enacted by a purposeful *preparing* of students, from the first year of a course, to support our students to achieve personal and professional ambitions, emphasising a more humanistic “professional identity formation” rather than an instrumental accumulation of decontextualised disciplinary and employment skills [32]. Hence, we conceptualise educational gain as employability that is based on “being” and “becoming” a professional with the capacity to engage critically in clinical reasoning or scientific thinking within an informed understanding of the human and social context of the workplace.

We recognise the achievement of these educational gains collectively as the *preparedness* of our graduates for future employment or further study, that includes: (1) attitudinal qualities such as professionalism but also empathy, confidence, reflexivity, and criticality to question and advocate for change; (2) disciplinary and interdisciplinary knowledge and skills to enable our students to contribute effectively in clinical, laboratory and research environments during their studies and after graduation; (3) intra- and interpersonal attributes such as autonomy, resilience, cultural awareness, teamworking, leadership and awareness of their own and other’s wellbeing; (4) organisational readiness to understand, work in and work to transform the social dimensions of complex organisational settings such as the NHS and higher education itself.

Over the last strategic cycle, we have enabled this, as we evidence elsewhere in this submission, through course design and wider careers and personal development by: (1) fostering student engagement with disciplinary and interdisciplinary knowledge and skills through active learning that emphasises small-group teaching, authentic practice-based learning, placement and research-oriented and research-based experiences from the beginning of all courses (SE1-SE2; SO5); (2) scaffolding student engagement with a specialist, interprofessional learning community that is co-located with a research-active teaching hospital and scientific research institutes (SE3); (3) recognising inequality and embedding initiatives to level up the skills, knowledge, and networks across our student population fundamental to social mobility (SO1); (4) providing in-curriculum, co-curriculum, extra-curriculum and alumni targeted career support and skills recognition (SO5).

Our articulation of educational gain is central to our incoming *Strategic Vision 2030* as we aim to continue our provision of an “academic experience centred in research, practice and professionalism that equips graduates to have a positive impact in the world” through “practice-based learning, authentic assessment and rich opportunities for students to develop the skills, critical insight and confidence to be future leaders and agents for change” [25].

SO5: The provider's approaches to supporting its students to achieve these gains are evidence-based, highly effective and tailored to its students and their different starting points

Our approach to achieving educational gain is embedded in the student academic experience (SE1-SE3). Cross-cohort and targeted in-course and extracurricular employability and enrichment initiatives connect to and build on these academic experiences to develop the more holistic conception of professional identity we seek to develop in our students.

As a sector we continue to debate appropriate definitions of employability and lack unequivocal empirical measures to determine the relative impact of different employment-oriented initiatives introduced into and alongside the curriculum. Nevertheless, St George's approach to developing student educational gain as individual and societal transformation builds on a sector-wide research-base for high impact employability practices that value (1) embedded work-based and work-oriented learning in all courses, (2) a focus on the development of student self-perception of, and reflection on, a professional identity, and (3) career-planning for all students with targeted interventions for student groups identified through data monitoring [33]. Reflecting our commitment to embedded in-course interventions for academic support (SE5), we prioritise embedded initiatives as fundamental to supporting all students' educational gain and not just those who already possess certain privileges that enable them to access extracurricular activities or support more easily.

Work-based experiences are embedded into all GMC or HCPC regulated courses, including work-oriented case scenarios and simulated experiences frequently designed with or involving service users, accredited by relevant professional bodies and include mandatory placements in practice, fulfilling minimum placement experience hours for professional registration (SE3). These interventions provide explicit opportunities for graduates to familiarise themselves with employment cultures, develop essential attitudinal qualities and build important career and social networks within their chosen profession. The impact of these experiences is reflected in the very high quality and outstanding quality progression in these areas (SO3).

Our non-vocational courses, where there is not a direct progression route into a profession, or mandatory placement provision, require a different approach to develop student self-awareness of professional identity beyond potentially narrowly defined career expectations. The degrees in Biomedical Science and Clinical Pharmacology open up a range of career paths for graduates in industry, research and development, the NHS and academia. Yet student perceptions reported in the NSS suggest lower confidence for graduates of these courses in the link between their degree and future employment. For example, Biomedical Science students have consistently rated employability and skills below the institutional average.

Targeted interventions for these subject areas are therefore critical for enabling students to recognise and reflect on the capabilities they develop within and alongside their course as these align to different professional identities. We are also committed to enriching wider student understanding, skills and attitudes beyond the academic core of their courses and foster this through our Open Spaces extracurricular programme [34].

In curriculum and co-curriculum activities: Data indicates that Biomedical Science has contributed negatively to progression outcomes (SO3) and analysis of this indicates two factors. First, unlike our vocational courses, Biomedical Science does not specifically target an identified profession. Second, a proportion of students undertake the course with the intention to progress to Medicine. If they did not successfully achieve this via the competitive internal transfer route, these graduates can take on jobs not categorised as highly skilled, for example working in a care home to gain necessary experience for a subsequent application to study Medicine. GOS data supports this analysis, with 90% of Biomedical Science students stating they agree or strongly agree with the statement "my current activity fits with my future plans" in 2018-19 and 78% in 2019-20.

To support Biomedical Science progression, the My Skills and Attributes Survey (MySA) was piloted for second year students in 2021-22 as a targeted, credit-bearing intervention to enhance student self-identification and planning of their development of ten World Economic Forum identified employability skills and attributes, and how these might apply to a range of employment and personal opportunities. These ten skills are explicitly mapped to in-course activities such as e-

portfolio assignments, studentship/professional training year experiences, extracurricular careers activities such as careers guidance and relevant careers events. Students plan their engagement with opportunities to gain and practise the skills depending on their own individual starting points. Students rate their initial and subsequent confidence levels at two points in the year before and after targeted interventions. There is also reflection on the transferability of these skills and how they map across different employment sectors to help students with their career planning. Differences between the two iterations of the survey provide evidence for students of their individual educational gain in relation to their self-perception of their employability and professional identity. Student qualitative feedback on the pilot has been excellent and this in-curricular activity is now being rolled out to other courses.

In November 2020, recognising the potential for students to miss out on important workplace experience due to lockdowns, Clinical Pharmacology offered its second years the opportunity for paid volunteering in the university's asymptomatic Covid-19 testing centre to help get students home safely for Christmas. Teaching was paused to allow staff and 51 students to undertake training and subsequently staff the testing centre either in public facing roles (rotating through swabbing and processing swabs, doing lateral flow tests and entering the results during shifts), or if shielding, running the administration, quality assurance, communications and finance. The supervised students completed 1,343 Covid-19 tests in ten days and were supported to include the experience in their Employability and Skills Portfolio. The motivational effect of real-world application of their subject was reported in the media at the time: *"To see it so close to home really makes you realise that you are going into a life changing field [...] If anything, it's made me want to strive harder to get into this field in order to have that kind of impact."* (student, Clinical Pharmacology) [35].

Extracurricular activities: Alongside the course specific MySA, the St George's Skills and Recognition Award enables any student to record and demonstrate the application of transferable employability skills and evidence these in job applications and interviews. In 2022, 20 students received the Award at their graduation ceremonies. A Student Advisor project in 2022 resulted in recommendations on enhancing the Award and increasing engagement. These are being implemented in 2022-23.

Our well-established Student Ambassadors scheme employs around 200 students per year from all undergraduate courses, each ambassador working around 17 hours a month (in 2021-22) on a range of tasks such as supporting inaugural lectures and open days, creating content for Canvas and the website and providing input to the Student Comms Working Group. Every year since 2018, 17 Ambassadors are selected as Tutors on 'Science Stars', a six-month programme to support Year 11 pupils improve their GCSE Science grades.

Our Open Spaces programme, under the direction of a student-staff steering group, supports students to develop new critical perspectives through dialogue between science, medicine, creative arts and humanities. The programme includes a variety of creative workshops and events with expert speakers for students (and open for staff to join), as well as two, stretching, extracurricular credit-bearing modules open to all students: "Finding a Leg to Stand On: Clinical, Critical and Creative Approaches to the Human Body" (30 credits at Level 6) now in its fourth intake with over 41 undergraduate and postgraduate student enrolments, and "Imagining the Other: Death, Bereavement, and Loss" (15 credits at Level 6) launched in November 2022, both in collaboration with Birkbeck, University of London. Students talk in their evaluations of this programme about the way it has challenged their thinking and broadened their perspectives. The 2020 External Examiner wrote of 'Finding a Leg to stand on': *"students lucky enough to take this course will have been transformed by it. All the students were stretched by an epistemological approach radically different to most of their previous education ... This is an exemplary, flagship course that is the epitome of excellence in higher education."*

Careers Registration Data to monitor educational gain: We were a partner institution in The Careers Group HEFCE-funded Learning Gain Project and, from 2015, piloted the collection of Careers Registration data during routine student enrolment and reenrolment [36]. This data tracks all students, not just those who proactively engage with the Careers Service or skills schemes, from the beginning of, and subsequently yearly throughout their courses in terms of individual progress for career readiness and employability. Careers Registration has been used in different

ways, including (1) the segmentation of careers resources in to 'Explore', 'Plan' and 'Apply' stages of careers readiness, (2) as visuals to inform and 'normalise' a non-linear career journey with students, (3) identifying cohorts of students who may need support and (4) targeting interventions with recent graduates through our graduate coaching programme. By segmenting the career stages of our students, we can support them at their starting point and help them to progress to achieve successful, self-defined outcomes.

SO6: The provider evaluates the gains made by its students, and demonstrates its students are succeeding in achieving their intended gains

It is widely acknowledged that measuring the value of studying at university exclusively through a focus on the attainment of post-graduation highly skilled employment is limited [37]. Firstly, this can be particularly problematic for institutions such as ours, when educating students from a wider demographic population, where systemic discriminatory social factors within an employment market can skew the likelihood of being employed.

Secondly, the discrepancy between the high quality completion and progression outcomes of our students (SO2-SO3), many of whom have successfully gained offers of employment before graduation, and their concurrent less positive NSS ratings for some aspects of their student experience, clearly highlight that undertaking a degree at St George's, even for those on explicitly vocational courses, is not exclusively seen by students as a means to gain positive employment outcomes but is valued as an important wider educational experience that should be improved.

To evaluate educational gain systematically for all students, we plan to build on the success of two existing mechanisms: MySA and Careers Registration. MySA can be adapted to record more closely the range of attributes identified with student preparedness, and its use extended so that both students and teachers can trace their learning journey and address individual needs. Similarly, Careers Registration can be used more comprehensively to evaluate career readiness across each learning year as well as at induction and graduation. The Careers Registration Dashboard enables us to analyse educational gain institutionally, by cohort, by course and by demographic group, and ensuing interventions can be monitored through our Inclusive Education Framework (SE3, SO1).

Aligning our alumni surveys more closely to the educational gain data gathered during their studies, will enable us to extend student evaluation further still. While obtaining employer views on preparedness of our graduates is challenging because of the wide range of employment undertaken by our graduates, this could be formalised with our main placement partners and applied more consistently across courses.

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