



APHEA

Agency for Public Health
Education Accreditation

SITE VISIT REPORT FOR THE
INSTITUTIONAL ACCREDITATION
REVIEW OF THE
Nottingham Centre for
Public Health and Epidemiology (NCPHE)

Site Visit Report

AGENCY FOR PUBLIC HEALTH EDUCATION ACCREDITATION
SITE VISIT DATES: 1st to 3rd May, 2024

SITE VISIT REVIEW TEAM:
Professor Sue Babich (Chair)
Professor Karen Leffondre
Professor Richard Cooper
Dr Julien Goodman

Table of Contents

Executive Summary.....	3
Summary of Conclusions	12
Criterion I: Governance and Organisation of the Institution.....	13
Criterion II: Aims & Objectives of the Public Health Institution and its programmes. ..	15
Criterion III: Programmes.....	17
Criterion IV: Students and Graduates.....	24
Criterion V: Human Resources and Staffing	29
Criterion VI: Supportive Services, Budgeting and Facilities.....	33
Criterion VII: Internal Quality Management.....	36

Executive Summary¹

Foreword

The Review Team (hereafter named “the Team”) would like to thank everyone involved with this process of institutional accreditation and for the hard work that went into preparing the validation and Self-Evaluation stages. The Team would also like to extend their gratitude to the Centre (hereafter named “the Centre”) for their generous hospitality and candour during the accreditation site visit. The Centre is institutionally located within the School of Medicine which (hereafter named “the School”).

Criterion I: Governance and Organisation of the Institution

The Nottingham Centre for Public Health and Epidemiology (NCPHE) is based within the academic unit of Lifespan and Population Health in the School of Medicine which, in turn, sits within the Faculty of Medicine and Health Sciences at the University of Nottingham which is a recognised University with its own degree awarding powers. The Centre’s governing structure includes Health Psychology which is part of the British Psychological Society and was found by the Team to be complementary to the more traditional public health outputs of the Centre. It was clear that the faculty and students were involved in the governance through formal bodies such as the Staff Student Forum, Teaching Learning and assessment Committee and a representative who sits school of Medicine Post Graduate Research.

The Centre pursued EDI (Equity, Diversity and Inclusion) policies extremely positively which included investments into de-colonising the curricula. This was considered by the Team to be a strong area for the Centre.

The Centre was found to have a strong, effective and enthusiastic leadership which was clearly seen, and appreciated, to be inclusive and collaborative. These included both the Centre leadership and Programme Directors.

There was found to be strong institutional support for faculty and students who would like to have a larger role in governance and leadership of the centre and school of Medicine. There are systems in place systems to hear from teachers through to managers and executives which include school level open meetings and “townhalls”. The alumni, as well as external stakeholders, such as local authorities, remained clearly involved and active in the development of the centre

Criterion II: Aims and Objectives of the Public Health Institution and its Programmes

¹ The full report (less annexes) will be published online at www.aphea.be and publicly available.

Public health training at Nottingham has been in place for thirty years. The Mission of the Centre is captured in the following statement:

“The NCPHE is committed to supporting collaborative public health and epidemiology research and education, underpinned by specialist methodological expertise. World-leading health research, education and outreach will deliver positive and impactful changes in policy, practice, health, and wellbeing, at local, national, and global levels.”

The mission reflects a shift from clinical sciences into lifestyles and determinants with a clear placed-based approach to the Centre which sees very well-developed relationships with the local authorities as well as other departments in the University.

The Centre was found to be very responsive to emerging needs from the global academic and local communities along with specialised communities, for example, the development of a new military focused programme and a new module on sustainability to be run jointly with the school of geography. The integrative project at the Centre was also recently changed from a 10,000-word thesis to that of a 4000–5000-word publishable paper, including a summary and a poster presentation of 15 minutes. On a global scale, the Centre is heavily invested in mental health issues, such as activity on psychosis in Uganda which is brought back into the teaching at the Centre, and developing short trainings with the Public Health Foundation of India. One area of note was the Centre’s endeavour to embrace decolonisation with a strong focus on sustainability and inclusivity including neuro-diversity. This is reflective of the University of Nottingham’s position as 33rd global most sustainable institutions in QS World University rankings.

The Centre faculty engage in outreach activities (called citizenship) which involve a variety of actions from participation as consultants, doctoral committees, to serving on local school boards and faith-based organisations. This is an activity clearly supported by the University which allows 18 days paid leave for faculty involved in official positions.

Criterion III: Programmes

There was an evident focus of the Centre on applied public Health with a clear move away from a clinical to a population health approach which the students had appreciated. This was seen as challenging to traditional training approaches for many of the international students: trainees had a broader perspective of training approaches which included wider set of competences than many traditional rote based or classically frontloaded didactic approaches, such as creating podcasts, media, case studies and other experiential approaches to assessments allowing the students to demonstrate what they have learned in real world settings.

The Centre offers three public health degrees, PhDs and extra CPD and training, as well as short-courses. All three public health programmes share the same fundamental underpinning modules. The modules are sequenced to build upon knowledge across the course of the year. The Program Learning Outcomes (PLOs) in use at the Centre were found to be comprehensive and cover a wide range of essential skills and knowledge areas for public health professionals. The Centre has an evident strength in qualitative research and evidence synthesis. Research was found to build throughout the programme. Again, the Centre focusses heavily on sustainability and EDI which were found to be an issue that students cared heavily about.

Students had mentioned how they appreciated that the Centre had listened to their views and changed the assessment periods to allow them additional time to prepare for assessments.

The Centre has a very healthy relationship with its environment and the Team had witnessed how students were supported in finding employment through paid internships as research assistants, Local project involvement such as, smoking cessation and community engagement programs, research projects such as home injuries for under-fives as well as PhD scholarships for aspiring academics. The Alumni also consisted of registrars who mentioned that the programme's breadth of foundational knowledge helped them understand how their role fits within a larger picture. As a recognised Master in the UK system, students can go on to study doctoral level degrees.

The Team complimented the Centre's creation of a Centre-based ethical review system for low-risk student dissertation proposals to expedite the review process for students and lighten workload of faculty. There is still a robust system for referring more sensitive proposals to the university level for ethical review.

The Centre collaborates formally and informally with over 50 institutes, including the WHO, and various governments, NGOs and patient groups etc. These collaborations cover the globe and the Team were informed about how research findings were successfully integrated into the teaching at the Centre. In addition, the programmes at the Centre are required to undergo an annual monitoring process through the university which includes annual monitoring and curriculum review as part of the university's quality assurance processes. The Centre faculty had expressed that they were constantly reviewing their curricula because of the change in nature of public health and consider the introduction of new competencies. This is achieved through dialogue with their stakeholders, such as, local authority teams

The Centre is required to follow the University's published policies on student evaluation. As part of this the Centre has three examination Board meetings per year, although interim or ad hoc boards can be called to discuss borderline cases. The Board contains all of the programme directors and module conveners from the Centre and is headed by the School of Medicine's

Post Graduate Taught Assessment Lead. This is supported through the use of an External Examiner who examines the setting and grading structures for all assessments.

Students had emphasised that the faculty were very accessible and were available to help them with any areas that they might raise. Students are informed and trained on plagiarism in the induction week. Training and videos (Moodle) are further offered to students through the library. The Centre is looking at integrating more AI in their programmes. Currently Nottingham is one of the “policing” universities for AI and the Team would support the Centre in thinking more actively about the integration of AI in student learning.

As mentioned above, the Centre works formally and informally with over 50 institutes and groups throughout the world. These include, Malaysia, China, India, Uganda. They also have formal partnership relationships with Melbourne and Adelaide in Australia. Subject areas consist of WHO collaborating centres on pandemic flu. Consultancy work with public health in India asked to participate in short course training as well as an alumnus, the Director General of the WHO, Dr Tedros Ghebreyesus, having an honorary professorship at the Centre.

Criterion IV: Students and Graduates

The admission policy of the Centre is centralised through the university’s admissions team which sees prospective students apply through a web-based portal. The academic grades required are a pass for a medical degree and 2.1 for all other disciplines. The Centre has received university approval to change this grading to a 2.2. with work experience and an interview. The Centre embraces principles of EDI throughout their admissions process. Asked during the sessions whether the information they received beforehand was reflective of the situation they found, students unanimously said that it was, and several made the comment that it went beyond their expectations. Other students had informed the team that they took the opportunity to speak with both alumni and student ambassadors before they applied. Prospective students also had available an online session question and answer session before they official submitted where they could raise any questions. Three sessions are organised in different time zones to accommodate the majority of students.

One aspect that came across during the process is that the students had raised an issue with the £50 application fee that is used by the University which is applied at a University level to deter speculative applications. This is not unique in the UK although there are examples of waiver systems in place for LMICs. In this case, the students from designated LMI countries did express their desire for the fee to be paid back upon successful enrolment. As such the Team would urge the Centre to consider advocating for reimbursement of application fee for those students admitted as a goodwill gesture.

The team found that the Centre used a robust system of student monitoring including the use of an engagement dashboard and personal tutors. Personal tutors are guided by centralised tutoring policies which are readily available online and stipulates that “Every taught postgraduate student (whether full or part time, on a professional course, or on a distance learning course) should be allocated a personal tutor and informed of this at the start of their course. At the PhD level, the policies determine that each student is allocated one full-time member of faculty to act as an advisor. PhD students are also supported through the School of Medicine’s peer-to-peer support.

Organisationally, the Centre uses Exam Boards and Monitoring Boards for each of their programmes which review student progress and attainment. As explained in the SED the Monitoring Boards contain student representatives and stakeholders.

Completion rates were presented as part of the SED with the last cohort ranging at 95 and 96% for the taught master programmes and 100% for the PhD programme.

For students requiring assistance, there are a range of facilities available and students can also benefit from the University’s academic skills centre as well as receiving additional language training. In the first week on the course alumni are invited back to the Centre to speak with incoming students to give an introduction to the Centre and how, as a new student, to progress.

The Centre utilises the University student career support which they highlighted as the “only one known in the UK” to offer lifetime support for graduates, in as much as students could, throughout their life make use of the services.

Personal tutors are assigned up to 10 students each in first week of study and students are confidentially asked to mention any health issues so that support plans can be out in place. Tutor training is made available for tutors which includes, how to approach challenging situations. Much of the pastoral side is focussed on “signposting,” which entails being available for students and helping them locate the to the best services for their needs. This service is for both staff and students. The University provides mental health first aid training which is updated every three years. There is a voluntary nighttime peer-to-peer listening service available for students as well as a voluntary “global buddies” system for help with other areas such as transport or accommodation.

The Centre uses the engagement dashboard to monitor the students’ Moodle activity and disengaged students can be contacted by the personal tutor or welfare services. There is an extenuating circumstances panel that deals with additional help for students flagged by the engagement dashboard and are trained to recognise where students require assistance. There

is a proactive outreach system in place as the Centre recognises that welfare and mental health issues can be stigmatic to the international cohort.

During the site visit, it became apparent with many examples given, that there was a collegial open-door policy at the Centre and students (as well as faculty colleagues) were able to talk to faculty and discuss an infinite range of issues from pastoral through to academic. One student had mentioned that they spoke more to Centre faculty than to their personal tutor.

Each programme on offer at the Centre has its own specific webpage which provides an overview, course contents, details on pedagogical assessment methodologies, entry requirements, fees and funding available as well as, prospective career prospects.

Internally the Centre makes use of the Virtual Learning Environment, Moodle. The Centre further uses social media "X" as well as newsletters. During the meetings the Team were told that the Centre has also been running an alumni Facebook for around 8 years which includes over 700 graduates of the Centre.

The Centre is extremely proactive in keeping in touch with former graduates, The Team had made note that alumni were deeply involved in the Centre as stakeholders, faculty, guest lecturers, honorary appointments, alumni representatives, student ambassadors, curriculum advisors, etc. The Team noted impressive strength in the Centre's informal networks but understood most alumni data gained through central systems especially as part of the UK compulsory graduate experience survey. Centrally there are several services for Alumni which the Centre coordinate with.

Criterion V: Human Resources and Staffing

The Centre falls under the central University policies on staff recruitment and HR. There are two main contracts in operation, Teaching and Research, and Teaching. All faculty are expected to teach but options are available to buy out some teaching with research funds. The Team noted that, as with many UK HEIs, there is a recruitment freeze in place at the University but provisions for making a business case for replacing an essential staff member is available to ensure a degree of succession planning.

The Centre has 26 core funded academic staff (20.7FTE) who are supported by a further 18 externally supported research staff (12 FTE). There are 10 full professors, 12 associate professors and 4 assistant professors. There have been no significant staff changes in recent years and the staff student ratio in the Centre is 1:13 compared to 1:16 for University as a whole, which the Team recognised as very good. The Team found that the Centre complemented their teaching with adjunct faculty (often alumni) bringing field-based experience into the programmes which the students appreciated.

The Team found that faculty workload was monitored centrally through a data monitoring toolkit which allows the School of Medicine system to assess quantitatively faculty workload allocations across, teaching, leadership, development, research and service, which is used as part of the appraisal system. However, the Team were informed that the school won't share the information of workloads with the Centre, albeit general information is shared with line managers. As such, The Team understood that the Centre had not yet found a way to make a holistic and transparent picture of their own faculty workload and may benefit from a transparent system to record and monitor faculty workload in the centre through a simple excel spreadsheet.

The multidisciplinary nature of the faculty was analysed through inspection of 28 faculty curriculum vitae. For both discipline knowledge and skill all faculty scored a mark of "fully met" and indicated multidisciplinary backgrounds in both research and teaching.

Many of the faculty are more localised but are involved internationally through research and project work. Moreover, during conversations, it was evident that the teaching within the centre was very much focussed on students bringing in their international experiences. This was further complemented through co-joint activity with the Centre for Interprofessional Education and Learning.

The faculty are clearly supported in their research endeavours which follows with the University and Centre being research led institutions. One day a week is allocated for faculty scholarly work including grant making. The University assists through the Research knowledge exchange service which has a team to help with grant writings, workshops and training opportunities. Additional support was further provided for grants over 1 million pounds.

Faculty were positively active in a wide range of service activities, called Citizenship which was a central feature to faculty workload and also counted toward promotion. Many examples of activity were given as well as, mentioned above, the University allocates 18 days paid leave for faculty involved in official positions.

There was found to be a high standard of pedagogical training at the Centre through both PGCHE (Post Graduate Certificate in Higher Education) and AdvanceHE qualifications across the faculty body. There are three days per year assigned for personal development consisting of a range of different bespoke training. The Team were informed that the AdvanceHE qualification will become mandatory for all faculty in the near future.

For promotion, there is recognition of diverse promotion pathways and an acknowledgement of Teaching and citizenship and opportunities for faculty to set up goals and planning for next

year. Timelines for promotion are driven by human resources and can be located on the website of the university where requirements are clearly outlined. The School is committed to equitable promotion which is irrespective of funding. There is good internal support for promotion including, feedback and mentorship as well as a School led promotion workshop which faculty expressed satisfaction with as well as the high rates of promotion. The University holds Athena Swan awards in gold for gender and bronze for race equality and as such, encourages women for promotion.

Criterion VI: Supportive Services, Budgeting and Facilities

The Team has visited the facilities within the Clinical Sciences Building which contained a range of lecture theatres and classrooms but did not contain a comprehensive onsite library. Students had access to online library resources and the University as a whole manages eight libraries and a museum. The Libraries operate 24 hours a day 7 days a week. The library provides a range of training and study skills training for students and faculty with one-to-one support also being available. Trainings are stored as videos and therefore available asynchronously. PhD students are given additional research training sessions, for example, training in endnote and bi-annual systematic reviews and synthesis training which is given in person as well as more specialised areas such as how to get published and how to share data more widely. There are print sources available remotely and the librarians can be contacted by email, phone and also webchat.

The Team had chance to view all the facilities on offer which included a notable study space dedicated to PhD students. Master students mentioned that they felt slightly outside of the campus university being in the Clinical Sciences building which led to some to feel a sense of isolation and lack of interaction with a wider student body. However, they balanced this by emphasising that they felt a spirit of community by being alone in their small group as well as having exclusive use of facilities and their own common room. A representative of the central university had stated that they were looking to timetable training slots on the main campus although care is required to place the teaching in “blocks” to reduce inconvenience and increase the potential to use services available on the campus, such as the sports facilities. As part of the site visit the Team were taken to Nottingham University’s impressive main sports facilities which is considered one of the best in the country. The Team would recommend that the Centre continue to advocate for allocations on main site whilst plans are put in place for the University’s intention to move the Centre to the main campus which is foreseen in the coming years.

Students are provided with computers in working rooms (most have their own) and software is available through a central university repository for both students and staff. Students are

also able to take their computers for repair through the University services and receive a replacement during that time which was appreciated by the students.

For accommodation the University operates 26 halls of residency with approximately 10,000 beds for an overall student population of 33,000. Priority was given to first year undergraduate students. The Students of the Centre had highlighted to the Team that they were also provided with accommodation through the University around the campus before the courses start. The University website includes videos on the private sector about help and services and if students stay in private accommodation, they are not required to pay municipal taxes.

Criterion VII: Internal Quality Management

The Team found a comprehensive quality assurance and improvement system comprising many internal and external stakeholders. This was viewed as a bottom up approach from students through the SSF and top down from University periodic reviews. The quality systems in place are focussed from programme to University levels and comes under the auspice of the University wide Quality Manual. The Head of School is responsible for the implementation of the Quality Manual which falls under the under the responsibility of the University Senate. Within the Senate there is a Quality and Standards Committee (QSC) responsible for overseeing the quality of the University's quality and academic standards.

Every November the Centre is required to go through Curriculum Review submit documentation for review. The Centre's quality structures are governed by the higher organisational committees within the University, namely in Lifespan and Population Health and the School of Medicine. This are universally applied across all University structures.

The main focal points for students' feedback are the student staff forum (SSF) which are organised by the Students' Union and University. The remit of the SSF is to ensure that the concerns of students concerning courses of study are discussed and remediated through the collective decisions of the student representatives and academic staff. This ensures that the views of students are given sufficient attention during course and module review. The SSFs also provide an opportunity for dialogue between students and the School on academic and welfare issues, and non-academic welfare.

As part of the quality processes the External Examiner reports are developed into action plans to address any concerns which are part of the quality management structures in place. The Centre had positively responded and had made changes based on the comments deriving from the curriculum validation processes, most notably on ethics.

Summary of Conclusions

Criterion I: Governance and Organisation of the Institution	
Sub – Criterion 1.1	Met
Sub – Criterion 1.2	Met
Sub – Criterion 1.3	Met
Sub – Criterion 1.4	Met
Criterion II: Aims and Objectives of the Public Health Institution and its Programmes	
Sub – Criterion 2.1	Met
Sub – Criterion 2.2	Met
Sub – Criterion 2.3	Met
Sub – Criterion 2.4	Met
Criterion III: Programmes	
Sub – Criterion 3.1	Met
Sub – Criterion 3.2	Met
Sub – Criterion 3.3	Met
Sub – Criterion 3.4	Met
Sub – Criterion 3.5	Met
Sub – Criterion 3.6	Met
Sub – Criterion 3.7	Met
Criterion IV: Students and Graduates	
Sub – Criterion 4.1	Met
Sub – Criterion 4.2	Met
Sub – Criterion 4.3	Met with comments
Sub – Criterion 4.4	Met
Sub – Criterion 4.5	Met
Sub – Criterion 4.6	Met
Criterion V: Human Resources and Staffing	
Sub – Criterion 5.1	Met
Sub – Criterion 5.2	Met
Sub – Criterion 5.3	Met
Sub – Criterion 5.4	Met
Sub – Criterion 5.5	Met
Sub – Criterion 5.6	Met
Sub – Criterion 5.7	Met
Sub – Criterion 5.8	Met
Criterion VI: Supportive Services, Budgeting and Facilities	
Sub – Criterion 6.1	Met
Sub – Criterion 6.2	Met
Sub – Criterion 6.3	Met with comments
Sub – Criterion 6.4	Met
Sub – Criterion 6.5	Met
Criterion VII: Internal Quality Management	
Sub – Criterion 7.1	Met
Sub – Criterion 7.2	Met
Sub – Criterion 7.3	Met
Sub – Criterion 7.4	Met

Criterion I: Governance and Organisation of the Institution

The governance, organisational structure and processes are appropriate to fulfilling the mission, aims and objectives of the institution.

1.1 The institution or, host organisation, is legally recognised/accredited (if national accreditation exists) by national educational authorities and allowed to issue degrees.

The Nottingham Centre for Public Health and Epidemiology (NCPHE) is based within the academic unit of Lifespan and Population Health in the School of Medicine which, in turn, sits within the Faculty of Medicine and Health Sciences at the University of Nottingham which is a recognised University with its own degree awarding powers.

Conclusion: This sub-criterion is met

1.2. The organisational structure effectively supports sound and adaptable governance, leadership, management and organisation of the programme portfolio.

The Team were informed of the structures within the Centre as part of the SED. During the site visit they were given a detailed overview of the Centre's governing structure and the people involved. This included the Health Psychology which is part of the British Psychological Society and was found by the Team to be complementary to the more traditional public health outputs of the Centre. It was clear that the faculty and students were involved in the governance through formal bodies such as the Staff Student Forum, Teaching Learning and assessment Committee and a representative who sits school of Medicine Post Graduate Research.

The Centre pursued EDI (Equity, Diversity and Inclusion) policies extremely positively which included investments into de-colonising the curricula. This was considered by the Team to be a strong area for the Centre.

Conclusion: This sub-criterion is met

1.3 There is an academically qualified and/or experienced person (or group) responsible for the coordination of each of the programmes.

The Centre was found to have a strong, effective and enthusiastic leadership which was clearly seen, and appreciated, to be inclusive and collaborative. These included both the Centre leadership and Programme Directors.

Conclusion: This sub-criterion is met

1.4 Where appropriate, there is evidence that student, faculty and stakeholders are represented (in regard to quality and relevance of content and delivery) in the management of the institution and programmes.

There was found to be strong institutional support for faculty and students who would like to have a larger role in governance and leadership of the centre and school of Medicine. For example, Students from the centre are encouraged at the beginning of the year, as part of induction, to apply to become student representatives. Student representatives are run by the student union and prospective students receive training through the students' union. Part-time students are especially encouraged as they can feel left out students wishing to take on roles would be contacted and supported institutionally by personnel from the University. At present the Centre has five student representatives in the School of Medicine committee structures. Students are also involved in the monitoring boards at the Centre.

There are systems in place systems to hear from teachers through to managers and executives which include school level open meetings and "townhalls". The alumni, as well as external stakeholders, such as local authorities, remained clearly involved and active in the development of the centre which sees the development of a military focused public health programme but also matched funding for MPH students. Ten students from the Centre were included in their ongoing review of decolonisation which covered, such areas as course materials and learning approaches. The results of the review were disseminated findings with recommendations which are now being implemented, for example, international students had felt less prepared for the coursework loads and changes were made to include more innovative assessment techniques.

Conclusion: This sub-criterion is met

Criterion II: Aims and Objectives of the Public Health Institution and its programmes.

The Institution has a clearly formulated mission, conducive to the development of public health and which is responsive to changing environments, evidence, health needs of populations

2.1 The institution has a clearly stated and publicised mission.

The Self-evaluation documentation provided a brief history of public health training at Nottingham which has been in place for thirty years. This has seen two university restructures. The first in 2012 the School of Community Health was reorganised as the Division for Epidemiology and Public Health and then in 2022 when the Division became the present Centre. The Team were informed that the more recent structural changes in the School of Medicine resulted in a drop in morale which has since evidently improved and sees the Centre as the largest Centre in the School.

The Mission of the Centre is: “The NCPHE is committed to supporting collaborative public health and epidemiology research and education, underpinned by specialist methodological expertise. World-leading health research, education and outreach will deliver positive and impactful changes in policy, practice, health, and wellbeing, at local, national, and global levels.”

This included a shift from clinical sciences but more recently transitioned into lifestyles and determinants with a clear placed-based approach to the Centre which sees very well-developed relationships with the local authorities as well as other departments in the University.

Conclusion: This sub-criterion is met

2.2 Each programme within the institution has explicit programme aims in line with the mission of the institution.

The mission of the Centre is outlined above under Criterion 2.1. whereas the aims of the programme and its pathways were placed within the Validation documentation and were outlined as follows:

“The aim of the Master of Public Health programmes is to enable students to critically evaluate public health problems in relation to a population’s health and well-being. The Masters programmes are designed to incorporate both the science and art of public health. The programmes are designed so that students will acquire a thorough grounding in basic and advanced public health concepts and methodologies, with an emphasis on the application of generic public health knowledge and skills. Internationalisation and

globalisation is embedded into all the core modules. A wide choice of optional modules provide students with the opportunity to further develop their area of specific interest in research methods, epidemiology or public health. The course will also create and cultivate a community of practice of public health practitioners that also functions as a personal and professional learning network for each other as well as an effective alumni for future students on the course."

The aims of the master programmes then flow into a series of programme final outcomes which were expressed in the Validation documentation as the following:

- Critically evaluate public health problems in relation to the surveillance and assessment of the population's health and wellbeing.
- Critically evaluate public health problems by assessing the evidence of effectiveness and cost-effectiveness.
- Critically evaluate public health problems in relation to policy and strategy development and implementation to improve population health and wellbeing.
- Critically evaluate public health problems in relation to strategic leadership to improve population health and wellbeing.
- Systematically identify, locate, and retrieve public health information.
- Critically appraise literature and the evidence-base in the relevant public health field.
- Synthesis knowledge acquired across the whole programme of study.
- Apply public health skills and techniques to analyse real-world public health problems.
- Critically evaluate and apply different research and evaluation methodologies and the wider evidence.
- Make evidence-based recommendations on contemporary global public health issues.
- Understand the local, national and global context for public health practice.
- Communicate effectively with public health professionals and peers in the field.
- Conduct themselves in a manner appropriate to their professional role within a multi-disciplinary team environment.

Additionally the aims of the doctoral programmes at the Centre carried the following aims in the SED:

- Deliver a world-class training programme focused on the needs of each individual doctoral scholar.
- Foster the development of both research and transferable skills which are appropriate to the needs of both the public health and epidemiology sectors.
- Create a dynamic community of doctoral scholars, which is supportive, cohesive, and where professional and personal skills are developed through structured supervision, mentorship, peer support and generic / bespoke training opportunities.
- Create the necessary environment for grass-roots development of new and

innovative areas of research for the NCPHE.

- To secure externally funded PhD scholarships (e.g., NIHR, charities etc.).*Conclusion:* This sub-criterion is met.

Conclusion: This sub-criterion is met

2.3 The institution demonstrates appropriate responsiveness to emerging scientific evidence and developments in the public health academic and professional spheres, change in the environment and health needs.

The Centre was found to be very responsive to emerging needs from the global academic and local communities along with specialised communities, for example, the development of a new military focused programme and a new module on sustainability to be run jointly with the school of geography. The integrative project at the Centre was also recently changed from a 10,000-word thesis to that of a 4000–5000-word publishable paper, including a summary and a poster presentation of 15 minutes. On a global scale, the Centre is heavily invested in mental health issues, such as activity on psychosis in Uganda which is brought back into the teaching at the Centre, and developing short trainings with the Public Health Foundation of India. One area of note was the Centre's endeavour to embrace decolonisation with a strong focus on sustainability and inclusivity including neuro-diversity. This is reflective of the University of Nottingham's position as 33rd global most sustainable institutions in QS World University rankings.

Conclusion: This sub-criterion is met

2.4 The institution actively services the needs of the public health community

The Centre explained to the Team that they work in engaging faculty in outreach activities (called citizenship) which involve a variety of actions from participation as consultants, doctoral committees, to serving on local school boards and faith-based organisations. This is an activity clearly supported by the University which allows 18 days paid leave for faculty involved in official positions. The centre receives funding through NIHR supporting the relationships with local authorities outside of Nottinghamshire.

Conclusion: This sub-criterion is met

Criterion III: Programmes

The institution provides a supportive framework for each of the programmes offered at the institution.

3.1 The core components of the curriculum provide a thorough teaching of the basic concepts, theories and methods of public health.

There was an evident focus of the Centre on applied public Health with a clear move away from a clinical to a population health approach which the students had appreciated. This

was seen as challenging to traditional training approaches for many of the international students in two ways. Firstly it meant that the trainees had a broader perspective of training approaches which included wider set of competences than many traditional rote based or classically front loaded didactic approaches, such as creating podcasts, media, case studies and other experiential approaches to assessments allowing the students to demonstrate what they have learned in real world settings. When it came to assessments, this meant that the students were not being asked to re-write what the lecturer had said but rather put their knowledge in to more practical application. This entailed that the scoring varied and was seen as “lower” than the scores they would achieve in their home countries. Students were initially apprehensive above the marking but the school had made many efforts to ensure that the students understood what was being asked of them. This was achieved by coaching them on the assessment rubrics at the beginning of the course and providing them with a workshop to explain how their marks compared with the system in Nottingham. All students met with declared that this has allayed their concerns. As a result, The Team would recommend that the Centre consider giving students an orientation on the marking

Comments made by the external reviewers during the Curriculum Validation stage:

Reviewer 1 (met) The curriculum of the three MPH programmes is coherent in its contents and the sequence of modules. The three MPH programmes are constructed from the same suite of compulsory and optional/elective modules which are organised into different specialisms. The programmes also offer the opportunity for PGCertificate and PGDiploma level study in addition to full MPH.

A schematic breakdown of all the programme structures provided in Section 3 provides clear picture on the MPH programmes. All three programmes share the same fundamental underpinning modules. The modules are sequenced to build upon knowledge across the course of the year. The autumn semester provides the fundamental public health education in key concepts which starts with a one-week intensive block taught module (Fundamentals of Public Health) to ensure all students begin the programme at the same level irrespective of previous background or experience. Research teaching is embedded across the full academic year with basic concepts being delivered in the autumn semester and then built upon in the advanced methods modules in the spring semester.

The spring semester modules build upon the fundamental learning from the autumn semester and provide specialist training elective modules in specific areas of public

health. In this semester students also undertake an advanced methods module which is aligned to their research project topic

Reviewer 2 (met) The programme was developed in a manner to ensure scaffolding of information. The introductory module (delivered in block teaching format) ensures students from diverse backgrounds all have sufficient baseline information to continue and complete the programme. Clear and coherent sequencing of modules. Clear, consistent and appropriate workload across modules. Programme is quite structured for full time students to enable completion over 12month period, but less structured for part time students to enable engagement with the programme whilst continuing professional practice (up to 48 months allowed). Integrating Experience is completed over 12 month period (1/3 of course workload).

The Program Learning Outcomes (PLOs) in use at the Centre were found to be comprehensive and cover a wide range of essential skills and knowledge areas for public health professionals, and they reflect the different programmes' aims. The Centre has an evident strength in quantitative research and evidence synthesis. Research was found to build throughout the programme so that by the second term, students should be more self-driven. As previously raised the Centre focusses heavily on sustainability and EDI which were found to be an issue that students cared heavily about.

The Centre was found to be responsive to comments made in the validation process through an emphasis on ethics and ongoing integration of an ethics "Golden Thread" (systemic alignment of goals, values and mission) as well as increased attention to students' reflection on power, equity, politics and Policy (CAPE). In so doing, the Centre was seen to have made efforts to provide opportunities for students to focus on ethics and to address and reflect upon ethics in complex interventions. During the conversations with Students, it became clear that they were taught and could appreciate the distinction between research ethics and population-based ethics.

The sequencing of the programme was found to be largely coursework based in the first term with the second term focusing on students choosing their own paths. To achieve this there were elective modules on offer linked to student interest. Evidently this meant the Centre was required to navigate the tensions between the University needs for efficiency and streamlining curricula and the competing student interest in providing flexibility and giving them maximum opportunity. In addition the Students had mentioned how they appreciated that the Centre had listened to their views and changed the assessment periods to allow them additional time to prepare for assessments.

Conclusion: This sub-criterion is met

3.2 The institution ensures multi-disciplinarity in order to prepare public health professionals.

During the restructuring the Centre embraced the Health Psychology

programme into the structure which was seen by the Centre and reviewers as a good fit. As forementioned a sustainability module was also being introduced from the School of Geography. The Centre further offers extra CPD and extra training, as well as short-courses (Called "NOOCs")

During one of the meetings, the Team met with the Manager of Centre for Interprofessional Education and Learning within the Faculty of Medicine and Health Sciences. The group counts two of the Centre staff as their management oversight committee. who explained that the group is focused on healthcare professions and social work but trying to embrace more of a one health approach looking at transdisciplinary public health including such areas as, animal health and environmental health.

In the Fundamentals of Public Health module at the beginning of the academic year the Centre partners with the Centre for Interprofessional Education and Learning for a "master class" which includes students from pharmacy, nursing, medicine and other subjects across the faculty. In these sessions the varying disciplinary students (both graduate and undergraduate) have to work together in interdisciplinary teams to solve case studies. The Case study highlighted to the Team during the visit was to establish a public health system on the Orkney Islands of which the feedback from the students was found extremely positively. In this sense, the Centre is clearly supported in its interdisciplinary approach by other parts of the university.

The Centre as mentioned has a very healthy relationship with its environment and the Team had witnessed how students were supported in finding employment through paid internships as research assistants, Local project involvement such as, smoking cessation and community engagement program, research projects such as home injuries for under-fives as well as PhD scholarships for aspiring academics. The Alumni also consisted of registrars who mentioned that the programme's breadth of foundational knowledge helped them understand how their role fits within a larger picture. As a recognised Master in the UK system, students can go on to study doctoral level degrees.

The Team complimented the Centre's creation of a Centre-based ethical review system for low-risk student dissertation proposals to expedite the review process for students and lighten workload of faculty. There is still a robust system for referring more sensitive proposals to the university level for ethical review. The MPH and Health Psychology ethics

are separated as the Master in Health psychology has to fulfil the British society for Health psychology ethical guidelines and begins earlier as the applications do not pass up to The Faculty as there are no psychologists on the board the time required is extended but also that the waiting for 6 months for feedback from The Faculty. A new electronic training resource is now available for students to understand the timeframes involved. MPH students receive presentations on ethics and all students are encouraged to submit for ethical approval in March before their final ethical application in one month's time. Here they will receive feedback from faculty on improvements required. The internal process takes around 4 weeks by 2 module conveners and applies to "light touch" non-participant non vulnerable / sensitive groups More difficult cases including outside sites will need to receive ethical approval externally as well, for example, the Prison service or military

Conclusion: This sub-criterion is met

3.3 The institution fosters the translation of up to date research into the curricula design and content.

THE Centre collaborates formally and informally with over 50 institutes, from the WHO, governments, NGOs, patient groups etc. These collaborations cover the globe and the Team were informed how research findings were constantly integrated into the teaching at the Centre. In addition, the programmes at the Centre are required to undergo an annual monitoring process through the university which includes annual monitoring and curriculum review as part of the university's quality assurance processes. The Centre faculty had expressed that they were constantly reviewing their curricula because of the change in nature of public health and consider the introduction of new competencies. This is achieved through dialogue with their stakeholders, such as, local authority teams but also through generating business cases for the introduction of new courses, such as the aforementioned specialisations in military health evidence. The Centre is also looking at ways to integrate existing experience from the Centre and university, such as the above-referenced sustainability or Health Psychology in Behaviour change.

Conclusion: This sub-criterion is met

3.4 The institution provides mechanisms and policies for unbiased student assessment.

As part of the University structures, the Centre is required to follow the University's published policies on student evaluation. As part of this the Centre has three examination Board meetings per year, although interim or ad hoc boards can be called to discuss borderline cases. The Board contains all of the programme directors and module conveners from the Centre and is headed by the School of Medicine's Post Graduate

Taught Assessment Lead. This is supported through the use of an External Examiner who examines the setting and grading structures for all assessments. The Master and PhD thesis are anonymous where possible, double marked independently and the External Examiner is once again involved if there is a discrepancy in marking. An external examiner is also used for PhD vivas.

The Centre and its post graduate taught courses utilise assessment rubrics which are available to students on the VLE and, as explained by the students, they are coached on these. However, the students did mention that these sessions might be more beneficial at the beginning of the course. Students had also emphasised also that the faculty were very accessible and were available to help them with any areas that they might raise. Re-assessments are allowed and students are allowed to keep the second mark. The Centre, through the university has access to a wide range of support for students during assessments.

Conclusion: This sub-criterion is met

3.5 The institution recognises and adheres to explicit policies on plagiarism and fraud. Faculty are provided and guided with instruments to tackle fraud or plagiarism in assessments and theses. Students are informed.

Students are informed and trained on plagiarism in the induction week. Students submit their work to Turnitin software and are able to then strengthen their work based on the results. Training and videos (Moodle) are further offered to students through the library. The Centre is looking at integrating more AI in their programmes. Currently Nottingham is one of the “policing” universities for AI and the Team would support the Centre in thinking more actively about the integration of AI in student learning.

Conclusion: This sub-criterion is met

3.6 The Institution recognises and adheres to the principals of the Bologna Declaration where appropriate.

The programmes on offer at the Centre consist of 2nd and 3rd Tier systems which are expressed in UK credits with 10 hours of workload equalling one credit. Converted to ECTS these are 20 hours for 1 ECTS. Students are provided with academic transcripts along with their degrees certificates.

Conclusion: This sub-criterion is met

3.7 The institution encourages international networking and collaborations.

As mentioned above, the Centre works formally and informally with over 50 institutes and groups throughout the world. These include, Malaysia, China, India, Uganda. They also have formal partnership relationships with Melbourne and Adelaide in Australia. Subject areas consist of WHO collaborating centres on pandemic flu. Consultancy work with public health in India asked to participate in short course training as well as an alumnus, the Director General of the WHO, Dr Tedros Ghebreyesus, having an honorary professorship at the Centre.

Conclusion: This sub-criterion is met

Criterion IV: Students and Graduates

The institution has policies and procedures on student recruitment, enrolment, support and follow-up which are assessed and revised regularly.

4.1 The institution has clearly defined admission criteria and recruiting policies for their programmes.

The admission policy of the Centre is centralised through the university's admissions team which sees prospective students apply through a web-based portal. The admissions team make an initial assessment based on documentation, such as, transcripts and personal statements and anything else requested after. When a complete set of documentation an offer can be made immediately. Borderline cases as well as where requirements are lower than those set by the Centre, are passed through to the Centre for consideration. Sponsored applications can be accepted through such organisations as the NIHR (National Institute for Health Research) and these applicants tend to work more closely with centre given the funding and application cycles. The academic grades required are a pass for a medical degree and 2.1 for all other disciplines. The Centre is at present looking to change this grading to a 2.2. with work experience and an interview. The Centre embraces principles of EDI throughout their admissions process Asked during the sessions whether the information they received beforehand was reflective of the situation they found, students unanimously said that it was and several made the comment that it went beyond their expectations. Other students had informed the team that they took the opportunity to speak with both alumni and student ambassadors before they applied. Prospective students also had available an online session question and answer session before they official submitted where they could raise any questions. Three sessions are organised in different time zones to accommodate the majority of students.

One aspect that came across during the process is that the students had raised an issue with the £50 application fee that is used by the School. The admissions team had expressed that this fee was to deter speculative applications and the Centre had managed to keep the present value in the face of a proposed rise. This is not unique in the UK although there are examples of waiver systems in place for LMICs. In this case, the students from designated LMI countries did express their desire for the fee to be paid back upon successful enrolment. As such the Team would urge the Centre to consider advocating for reimbursement of application fee for those students admitted as a goodwill gesture.

All quantitative and qualitative information requested was provided through the SED. The website details career prospects on a programme by programme basis and the Team

were also informed that, due to the close relations with stakeholders many students were considered for employment through funded internships and receiving preferential job opportunities through stakeholder organisations.

Conclusion: This sub-criterion is met

4.2 The institution strives to ensure that students are provided with opportunities to successfully undertake the programmes on offer. Programmes within the institution are achievable for the vast majority of students in terms of success rates and completing studies within the specified timeframe.

The team found that the Centre used a robust system of student monitoring including the use of an engagement dashboard and personal tutors. Personal tutors are guided by centralised tutoring policies which are readily available online and stipulate that

“Every taught postgraduate student (whether full or part time, on a professional course, or on a distance learning course) should be allocated a personal tutor and informed of this at the start of their course. In particular, schools should ensure that PGT personal tutoring programmes provide:

- Review of feedback from early progress checks and advice and guidance on how to support the tutee’s development
- Opportunity to participate in the personal and professional developmental opportunities available at Nottingham” ([source](#))

At the PhD level, the policies determine that each student is allocated one full-time member of faculty to act as an advisor. PhD students are also supported through the School of Medicine’s peer-to-peer support.

Organisationally, the Centre uses Exam Boards and Monitoring Boards for each of their programmes which review student progress and attainment. As explained in the SED the Monitoring Boards contain student representatives and stakeholders.

Completion rates were presented as part of the SED with the last cohort ranging at 95 and 96% for the taught master programmes and 100% for the PhD programme. One reason for such a low rate of attrition is that the programmes contain many international students who are under strict visa regulations. The Centre does explain that each year there are a few students that require a period of absence.

For students requiring assistance, as mentioned above, there are a range of facilities available and students can also benefit from the University’s academic skills centre as well as receiving additional language training.

In the first week on the course alumni are invited back to the Centre to speak with incoming students to give an introduction to the Centre and how, as a new student, to progress.

Conclusion: This sub-criterion is met

4.3 The institution provides accessible counselling services for personal, academic and professional development of students.

The academic tutoring services were found to be robust as highlighted above, personal tutors systems are regulated through the University policies and additional services, such as academic skills are available. The Centre utilises the University student career support which they highlighted as the “only one known in the UK” to offer lifetime support for graduates, in as much as students could, throughout their life make use of the services. It

Personal tutors are assigned up to 10 students each in first week of study and students are confidentially asked to mention any health issues so that support plans can be out in place. Tutor training is made available for tutors which includes, how to approach challenging situations. Much of the pastoral side is focussed on “signposting,” which entails being available for students and helping them locate the to the best services for their needs. This service is for both staff and students. The University provides mental health first aid training which is updated every three years. There is a voluntary nighttime peer-to-peer listening service available for students as well as a voluntary “global buddies” system for help with other areas such as transport or accommodation.

The Centre uses the engagement dashboard to monitor the students’ Moodle activity and disengaged students can be contacted by the personal tutor or welfare services. There is an extenuating circumstances panel that deals with additional help for students flagged by the engagement dashboard and are trained to recognise where students require assistance. There is a proactive outreach system in place as the Centre recognises that welfare and mental health issues can be stigmatic to the international cohort.

Although students are able to self-refer to the wellbeing or disability service, they are unable self-refer to direct access to mental health services which had been the case in the previous years. The team recognises that there are systems in place locally (personal tutors etc) but are unclear over efficacy of these systems to capture issues, especially for international students who may be culturally more reticent to discuss with intermediators. This has been a change. As such the Team would urge the Centre, as public health centre, perhaps consider advocating for increased flexibility for self-referring for counselling services to ensure capture of those students who may be hesitant for various reasons. It was also noted that for international students, as part of the visa scheme they

were issued with National Insurance cards which gives them access to the wider National Health Service.

During the site visit, it became apparent with many examples given, that there was a collegial open-door policy at the Centre and students (as well as faculty colleagues) were able to talk to faculty and discuss an infinite range of issues from pastoral through to academic. One student had mentioned that they spoke more to Centre faculty than to their personal tutor.

Conclusion: This sub-criterion is met with comments

4.4 The institution has effective communication tools (website, brochures, etc.) to present itself and its activity internally and externally to students.

The Team met with the marketing team who mentioned that their main focus is on student recruitment, brand and research. Marketing is run mainly through website which appears to be the main interface with the external world. Run centrally, the site offers a very transparent picture of the programmes, services and policies of the University. Each programme on offer at the Centre has its own specific webpage which provides an overview, course contents, details on pedagogical assessment methodologies, entry requirements, fees and funding available as well as, prospective career prospects.

Internally the Centre makes use of the Virtual Learning Environment, Moodle. The Centre further uses social media “X” as well as newsletters. During the meetings the Team were told that the Centre has also been running an alumni Facebook for around 8 years which includes over 700 graduates of the Centre.

Conclusion: This sub-criterion is met

4.5 The institution employs a proactive approach to monitoring students after graduation.

The Centre is extremely proactive in keeping in touch with former graduates, The Team had made note that alumni were deeply involved in the Centre as stakeholders, faculty, guest lecturers, honorary appointments, alumni representatives, student ambassadors, curriculum advisors, etc. The Team noted impressive strength in the Centre’s informal networks but understood most alumni data gained through central systems especially as part of the UK compulsory graduate experience survey. This survey, did cause a small issue in feedback as the Team were informed calls and texts used to be assigned a Nottingham number but after centralisation the number was either obscure or withheld which led to alumni to ignore them. As mentioned in 4.4. there is a large Alumni Facebook

group which has been operational for around 8 years. Centrally there are several services for Alumni which the Centre coordinate with.

Conclusion: This sub-criterion is met

4.6 The institution adheres to national legislation on the protection of personal data

The Centre and University adhere to the European Union General Data Protection Regulation (GDPR) and data protection legislation.

Conclusion: This sub-criterion is met

Criterion V: Human Resources and Staffing

The institution ensures that the profile and number of teaching and support staff is appropriate to the provision of the stated programmes and their continuous development. The promotion and recruitment policy within the institutional recruitment regulations and procedures are consistent with the mission of the institution and the aims and objectives of the stated programmes.

5.1 A staff recruitment policy exists outlining the type, responsibilities and balance of academic staff required to adequately delivery the programme curricula.

The Centre falls under the central University policies on staff recruitment and HR. There are two main contracts in operation, Teaching and, Research and Teaching. All faculty are expected to teach but options are available to buy out some teaching with research funds.

The Team noted that, as with many UK HEIs. there is a recruitment freeze in place at the University but provisions for making a business case for replacing an essential staff member is available to ensure a degree of succession planning. Appointment of differing contracts are applied to the University HR recruitment policies as well as policies defining casual and honorary appointments.

Conclusion: This sub-criterion is met

5.2 There is a central and stable core of academically qualified and / or experienced teaching staff in sufficient numbers dedicated to the programmes offered.

As referenced in the SED The Centre has 26 core funded academic staff (20.7FTE) who are supported by a further 18 externally supported research staff (12 FTE). There are 10 full professors, 12 associate professors and 4 assistant professors. There has been no significant staff changes in recent years. A full listing of the quantitative data requested was provided as part of the SED. The staff student ratio in the Centre is 1:13 compared to 1:16 for University as a whole, which the team recognised as very good. The Team found that the Centre complemented their teaching with adjunct faculty (often alumni) bringing field-based experience into the programmes which the students appreciated.

Although faculty workload was monitored centrally through a data monitoring toolkit which allows the School of Medicine system to assess quantitatively faculty workload allocations across, teaching, leadership, development, research and service, which is used as part of the appraisal system. However, the Team were informed that the school won't share the information of workloads with the Centre, albeit general information is shared with line managers. As such, The Team understood that the Centre had not yet found a

way to make a holistic and transparent picture of their own faculty workload and may benefit from a transparent system to record and monitor faculty workload in the centre through a simple excel spreadsheet.

Conclusion: This sub-criterion is met

5.3 Departments are comprised of staff with multidisciplinary backgrounds.

The multidisciplinary nature of the faculty was analysed through inspection of 28 faculty curriculum Vitae. For both discipline knowledge and skill all faculty scored a mark of “fully met” and indicated multidisciplinary background in both research and teaching.

Many of the faculty are more localised but are involved internationally through research and project work. Moreover, during conversations, it was evident that the teaching within the centre was very much focussed on students bringing in their international experiences. This was further complemented through co-joint activity with the Centre for Interprofessional Education and Learning as highlighted in the example as part of 3.2 above.

Pedagogical skills are further explored under 5.6 below.

Conclusion: This sub-criterion is met

5.4 The institution supports the active involvement of faculty in public health research activities.

The faculty are clearly supported in their research endeavours which follows with the University and Centre being research led institutions. One day a week is allocated for faculty scholarly work including grant making. The University assists through the Research knowledge exchange service which has a team to help with grant writings, workshops and training opportunities. Additional support was further provided for grants over 1 million pounds. Faculty mentioned that they are now encouraged to approach larger sum grants.

Conclusion: This sub-criterion is met

5.5 The institution supports the active involvement of faculty in public health service (practice) activities.

Faculty were positively active in a wide range of service activities, called Citizenship which was a central feature to faculty workload and also counted toward promotion. Many examples of activity were given as well as, mentioned above, the University allocates 18 days per staff member, per year, paid leave for faculty involved in official positions (see 2.4 above)

Conclusion: This sub-criterion is met

5.6 The institution has policies to evaluate and support professional development, within existing resources, for all staff.

There was found to be a high standard of pedagogic training at the Centre through both through PGCHE (Post Graduate Certificate in Higher Education) and AdvanceHE qualifications across the faculty. There are three days per year assigned for personal development consisting of a range of different bespoke training. The Team were informed that the AdvanceHE qualification will become mandatory for all faculty in the near future.

Conclusion: This sub-criterion is met

5.7 The institution has policies in place for appointment and promotion.

For promotion, there is recognition of diverse promotion pathways and an acknowledgement of Teaching and citizenship. Although there was found to be a standard process it was expressed by the interviewees that that there is variation across the different departments and areas but all come together in annual appraisal system where there are opportunities for faculty to set up goals and planning for next year. These are normally set at one per but also happens in between where faculty can also raise any concerns. This is one for the first steps of promotion. Timelines for promotion are driven by human resources and can be located on the website of the university where requirements are clearly outlined. Applications for promotion need to be discussed with the head of the Centre or a seconder and are then forwarded to the promotions committee which is represented by a diverse advisory committee. The process therefore is to the school first, then the Faculty, and finally the University. The School is committed to equitable promotion which is irrespective of funding. There is good internal support for promotion including, feedback and mentorship as well as a School led promotion workshop which faculty expressed satisfaction with as well as the high rates of promotion. The University holds Athena Swan awards in gold for gender and bronze for race equality and as such, encourages women for promotion.

Faculty receive standard salary increment per year which is not linked to the appraisal system.

Conclusion: This sub-criterion is met

5.8 An appropriately qualified and sufficient administrative/support staff is available for the programmes.

The Team met with a range of administration function both with the Centre and the University. The Centre is evidently supported through University structures. As credit to the size of Nottingham University, many of these administrators had not previously met each other personally before this visit.

Conclusion: This sub-criterion is met

Criterion VI: Supportive Services, Budgeting and Facilities

The accommodation, budget and facilities are adequate to realise the mission of the institution and range of programme aims and objectives.

6.1 The institution has financial resources sufficient to support the stated aims, final qualifications and learning objectives of the programmes offered.

The financial situation of the Centre was demonstrated as part of the SED as was seen as an income combination deriving from teaching and research. The finances are managed through the School of Medicine and annually audited. An interesting feature noted by the Team was the level of financial support given for the development of new programmes. New programmes can be presented as business cases and, if accepted are given eight years financial support to establish themselves.

Conclusion: This sub-criterion is met

6.2 The learning resources are adequate and students and staff are provided with sufficient access and guidance on to these resources inside and outside of usual School working hours.

The Team has visited the facilities within the Clinical Sciences Building which contained a range of lecture theatres and classrooms but did not contain a comprehensive onsite library. Students had access to online library resources and the University as a whole manages eight libraries and a museum. The Libraries operate 24 hours a day 7 days a week. The library provides a range of training and study skills training for students and faculty with one-to-one support also being available. Trainings are stored as videos and therefore available asynchronously. PhD students are given additional research training sessions, for example, training in endnote and bi-annual systematic reviews and synthesis training which is given in person as well as more specialised areas such as how to get published and how to share data more widely. There are print sources available remotely and the librarians can be contacted by email, phone and also webchat.

Conclusion: This sub-criterion is met

6.3 Appropriate and well-equipped physical facilities supporting the educational methods of the programmes are provided.

As part of the tour of the facilities which was led by the whole student cadre, the Team had chance to view all the facilities on offer which included a notable study space dedicated to PhD students. Master students mentioned that they felt slightly outside of the campus university being in the Clinical Sciences building which led to some to feel a sense of isolation and lack of interaction with a wider student body. However, they balanced this by emphasising that they felt a spirit of community by being alone in their

small group as well as having exclusive use of facilities. In addition, the Centre introduced activities to provide additional benefits to enhance the student experience such as a Tuesday Breakfast, coffee and tea provided free in student common room and social activities.

A representative of the central university had stated that they were looking to timetable training slots on the main campus although care is required to place the teaching in “blocks” to reduce inconvenience and increase the potential to use services available on the campus, such as the sports facilities. As part of the site visit the Team were taken to Nottingham University’s impressive main sports facilities which is considered one of the best in the country. The Team would recommend that the Centre continue to advocate for allocations on main site whilst plans are put in place for the University’s intention to move the Centre to the main campus which is foreseen in the coming years.

Conclusion: This sub-criterion is met with comments

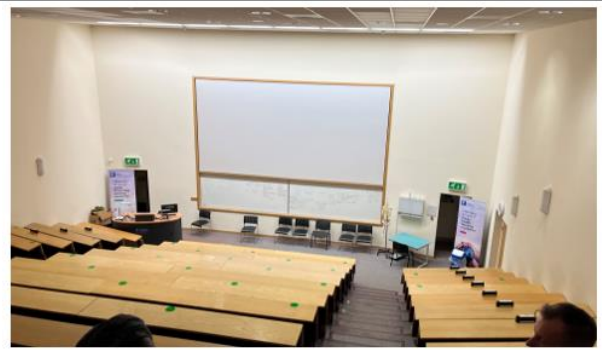
6.4 Appropriate computer facilities, including both hardware and software, access to the internet and appropriate service support are provided.

Students are provided with computers in working rooms (most have their own) and software is available through a central university repository for both students and staff. Students are also able to take their computers for repair through the University services and receive a replacement during that time which was appreciated by the students..

Conclusion: This sub-criterion is met



Training session on Epi and Stats programming (1 lecturer and 2 technical assistants)



Lecture Hall



Student common room



PhD study space

Figure 1: Facilities viewed during site visit

6.5 Support is provided for the welfare and accommodation of students.

The welfare facilities have been dealt with in detail in criterion 4.2. above. For accommodation the University operates an accommodation office who were met with during the site visit. They had explained that there are 26 halls of residency with approximately 10,000 beds for an overall student population of 33,000. Priority was given to first year undergraduate students. The Students of the Centre had highlighted to the Team that they were also provided with accommodation through the University around the campus before the courses start. Some students, particularly those with families, chose to rent privately. The University emails students on the steps required to gain accommodation and when and how to apply. Accommodation services have “welcome points” to help navigate students to the accommodation services. The students are then assisted with being shown around the accommodation and facilities by a residential experience team as well as the buddy system identified in 4.2. above. This begins immediately after accepting the degree offer. The University website includes videos on the private sector about help and services and if students stay in private accommodation, they are not required to pay municipal taxes.

Conclusion: This sub-criterion is met

Criterion VII: Internal Quality Management

There is an internal system for assuring quality and supporting policy development, decisions, and actions.

7.1 A systematic quality management system regarding institutional provisions and the quality of programmes is in place with the involvement of relevant stakeholders.

The Team found a comprehensive quality assurance and improvement system comprising many internal and external stakeholders. This was viewed as a Bottom up approach from students through the SSF and top down from Uni periodic reviews.

The quality systems in place are focussed from programme to University levels and comes under the auspice of the University wide Quality Manual. The Head of School is responsible for the implementation of the Quality Manual which falls under the responsibility of the University Senate. Within the Senate there is a Quality and Standards Committee (QSC) responsible for overseeing the quality of the University's quality and academic standards. Any issues which falls outside the parameters of the Quality Manual has to be raised with the QSC through the Centre leadership. Examples were given of cases where a student requires additional leave of absence, above the 1 year allotted time, or the Centre wishes to admit students with lower grades than the admission standards. These are dealt with on a case-by-case basis.

Every November the Centre is required to go through Curriculum Review submit documentation for review to curriculum team, SSFs and school TLACS. The curriculum Team then decide if changes fall within university requirements. If they do, the new specifications are deposited in the central university repository. There are possibilities for the Centre to make late submissions for areas that were unforeseen, for example, COVID and the change timings for the introduction of alternative assessments.

The Centre's quality structures are governed by the higher organisational committees within the University, namely in Lifespan and Population Health and the School of Medicine. This are universally applied across all University structures.

The main focal points for students feedback are the student staff forum which are organised by the Students' union and University. The remit of the SSF is to ensure that the concerns of students concerning courses of study are discussed and remediated through the collective decisions of the student representatives and academic staff. This ensures that the views of students are given sufficient attention during course and module review. The SSFs also provide an opportunity for dialogue between students and the School on academic and welfare issues and non-academic welfare.

The SSFs feedback in to the Course Management Committee (previously the Teaching, Learning and Assessment Committee) which is responsible for operation delivery and oversight of all programmes in the Centre including the consideration and approval of annual reviews, responses to the External examiner reports, consideration of student evaluation feedback, programme and module changes as well as to Monitor and evaluate the curricula, delivery of teaching and learning and the assessments for all taught course. The membership is wide ranging and includes the Centre and module leadership, administration and students. The results of the meetings then comprise reports which are discussed with student at the Course Management Committee and sent through as part of the “Annual monitoring return” to the School’s Quality Standards Committee which oversees the development, implementation and monitoring of the University’s teaching and assessment, and the management and maintenance of academic standards of University’s taught awards. The QSC then feeds through to the Faculty to the University level Educational Enhancement and Assurance Reviews (EEARs) which are University level periodic review (5 to 6 year cycle) mainly focused on how the programmes adhere to university policies and are of high quality, competitive, and well managed.

The Centre lead sits on the EEAR as the Faculty of Medicine lead for student experience (as the external faculty review for another faculty in the University – in this occasion engineering)

As part of the quality processes the External Examiner reports are developed into action plans to address any concerns. These are then fed into the Post Graduate Teaching and Learning Committee.

Conclusion: This sub-criterion is met

7.2 There is regular and systematic data collection of student and staff feedback concerning the institution and the programmes offered.

The systematic quality system which is plan do check cycle is covered in more detail within Criterion 7.1. directly above and is represented below in more graphical terms. The system is guided by the University’s Quality Manual. All tasks are clearly defined and were presented as Terms of Reference as part of the SED which also outline that a range of stakeholders are involved in the processes and the revision processes are clearly defined. The assessment of programme learning aims, outcomes and learning objectives are clearly monitored through the system. The Centre was found to be proactive in locating areas to be improved.

Conclusion: This sub-criterion is met

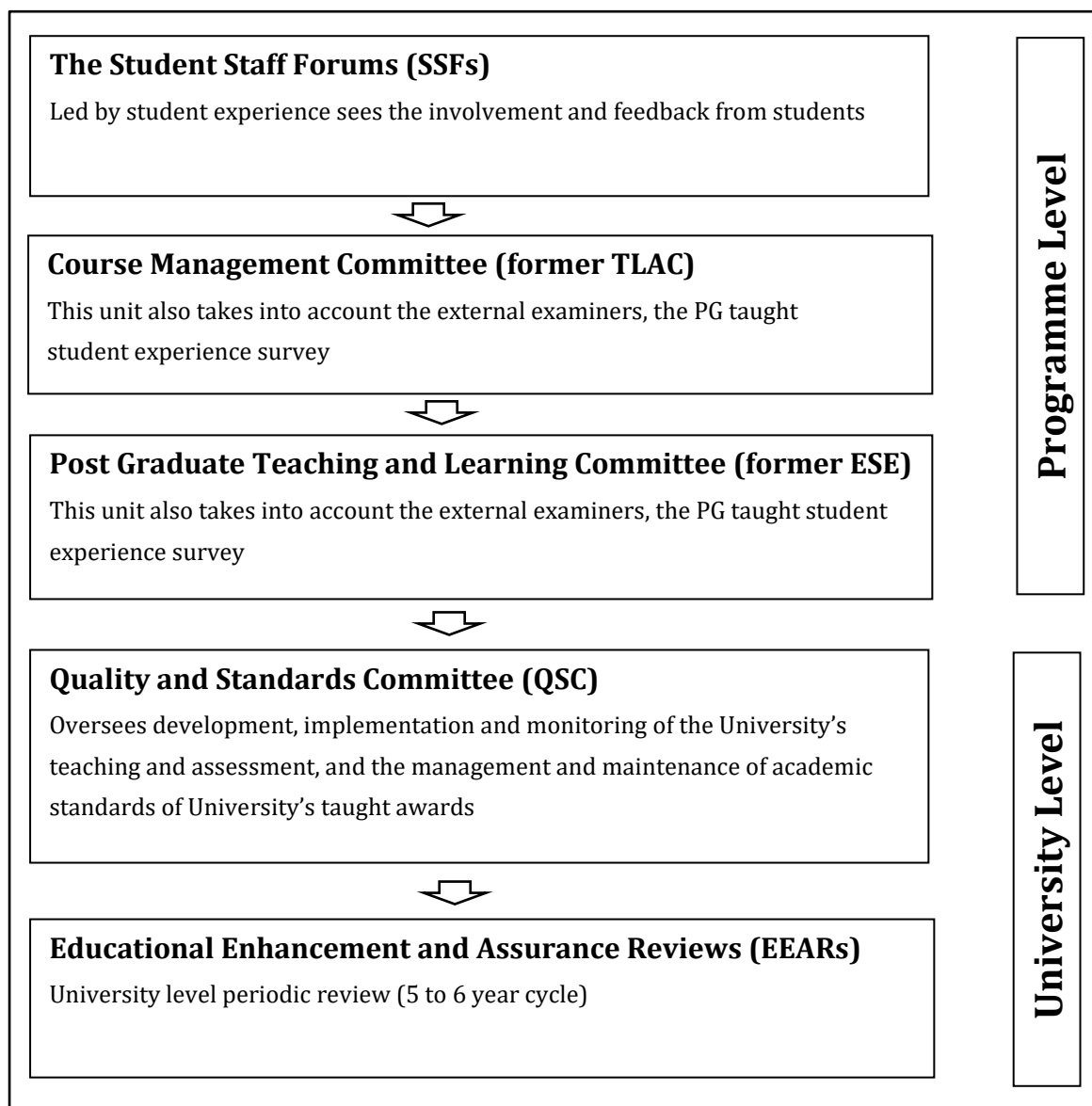


Figure 2: Representation of Quality Management system presented during the visit

7.3 Feedback on quality of the programmes and institutional provisions is provided to faculty, students and other persons involved.

Feedback on changes are included in the University’s “you said, we did” approach and is transmitted by Newsletters, student fora and townhalls.

Conclusion: This sub-criterion is met

7.4 The institution provides evidence that recommendations received during previous reviews (by APHEA or any other national/international review body) have led to changes in curricula, organisation of the programmes or institutional activities.

Within the UK there is no Accreditation system found within many systems. The UK’s QAA allow for institutions to award their own degrees, so-called degree awarding powers and

these are reliant on resilient quality management processes. As previously mentioned, the Centre develops action plans to address concerns of the external examiner which are part of the quality management structures in place. The Centre had positively responded and had made changes based on the comments deriving from the curriculum validation processes, most notably on ethics.

Conclusion: This sub-criterion is met