

St George's, University of London

Senate

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 19<sup>th</sup> January 2017

**Present:**

Dr Anne-Marie Reid (Chair)

Dr Rachel Allen

Tanisha Amin

Professor Annie Bartlett

Professor Deborah Bowman

Corey Briffa

Professor Judith Cartwright

Dr John Hammond

Dr Judith Ibison

Professor Jane Lindsay

Professor Iain MacPhee

Dr Elizabeth Miles

Dr Janette Myers

Professor Michael Ussher

**In attendance:**

Derek Baldwinson (secretary)

Riaghach Loughran

Apologies for absence have been received from Dr Iain Beith, Denise Cooper, Sue David, Dr Aileen O'Brien, Professor Jane Saffell and Dr Ahmed Younis.

**1. Minutes of the meeting of 10<sup>th</sup> November 2016**

The minutes of the meeting held on 10<sup>th</sup> November 2016 were received and approved.

**Paper QAEC/16-17/3/A**

**2. Matters arising from the minutes of the meeting of 10<sup>th</sup> November 2016 (and previous meetings) not covered elsewhere**

2.1. An *Action Points* list providing an update on actions taken since the November 2016 meeting and previous meetings was received for discussion.

**Paper QAEC/16-17/3/B**

2.2. **External examining (arising from 2.3)** - Polly Goodfellow was leading on the development of new report forms. DB was asked to check on progress with this work.

2.3. **Student Experience Internal Audit by Deloitte (arising from 2.4)** – the Deloitte report had included a range of requirements that covered governance, communications and student representation. Regarding student representation, Dr Ibison had reviewed a number of aspects of the course rep system including arrangements for training. It was noted that further follow up work in this area would be overseen by the Student Experience Committee.

2.4. **Appointment of a learning technologist (arising from 2.5)** – it was unclear whether an application to establish a learning technologist project post to support Turnitin/EMA had been submitted to SRC (action: DB to check).

2.5. **Learning, Teaching and Assessment Strategy (arising from 2.8)** - the development of the Learning, Teaching and Assessment Strategy was on hold pending the approval of the Education Strategy. Professor Saffell hoped to present a draft Education Strategy to QAEC for discussion in the spring term (Action: JS).

- 2.6. **QAA Report on Plagiarism in Higher Education: Custom essay writing services (arising from 3)** – it was agreed that teaching materials developed by Dr Myers would be disseminated to course leaders so that they could be included in programme-level teaching on academic integrity. Dissemination would be through the IMBE course leaders forum (and equivalent forum in FHSCE) and through TPCC. Dr Myers would also develop text that could be included in student handbooks.
- 2.7. **Validation and Review: PgDip Diabetes (arising from 5.3b):** a brief “lessons learned” enquiry in relation to the approval of the PgDip Diabetes may no longer be needed in view of the wider review of collaborative procedures (to be discussed with JS).
- 2.8. **Validation and Review: academically-led review of the programme-approval processes (arising from 5.3d):** work had yet to commence (action: DFB).
- 2.9. **Internal Quality Audit (arising from 6) - the IQA** of the quality of feedback was not yet underway. The IQA would complement parallel work initiated by the Student Experience Committee (action: DFB).
- 2.10. **Data package for periodic review (arising from 8)** – Dean Surtees had not reported back on the outcomes of any discussions with the Registry Systems team on the implications of the proposal to improve the way in which data is used to support the periodic review process. To be followed up with Dean Pateman.
- 2.11. **New course developments schedule 2016-17 (arising from 10.2)** – the possibility of offering an Offender Care pathway within the FdSc Healthcare Practice programme was being explored. The FdSc programme (including a new Nursing Associate pathway) was now being offered as an apprenticeship. A progress report on work to develop an overarching policy position on apprenticeships and degree apprenticeships was awaited (Action JS).
- 2.12. **Modifications to the MRes Biomedical Science (arising from 10.7)** – modifications to the MRes would be considered by TPCC on 26<sup>th</sup> January 2017. It was unlikely that the proposal would require any strategic issues to be discussed at SPARC.
- 2.13. **Programme Specifications (arising from 11)** – 2016 entry Programme Specifications have not been received for MBBS, international MBBS, BSc Physiotherapy, PgCert ICAG, MSc Healthcare Practice and MSc PA. The MSc Family Medicine Programme Specifications is being reviewed in anticipation of a February 2017 intake. These would continue to be chased (action: DB).
- 3. International (INTO) Medicine MBBS 2015–16**
- 3.1. The GMC report on the International (INTO) Medicine MBBS (2015–16) and the SGUL response to the report was received for discussion.
- Paper QAEC/16-17/3/C and D**
- 3.2. It was noted that the GMC report contained strongly worded criticisms of SGUL’s management of the International (INTO) Medicine MBBS programme. These criticisms related to USMLE support, the governance of the programme and student communications. The GMC report stated that a number of its concerns were longstanding and there was no evidence of an adequate response from SGUL to these concerns and, when actions had been taken, they had not had the intended impact.
- 3.3. An action plan to address the findings contained in the report had been submitted to the GMC and a response was awaited. The plan had been developed by Professor MacPhee and, in terms of academic leadership, responsibility for delivering the plan rested with Professor MacPhee and Dr Banerjee. Professor MacPhee and Dr Banerjee

were accountable in this regard to the International MBBS operations group, a subcommittee of the MBBS course committee and through the course committee to UMBC.

- 3.4. QAEC was very concerned by the severity of the criticisms contained in the GMC report and their implications for medical education at St George's. The Committee was particularly concerned at the widespread and entrenched dissatisfaction amongst the international MBBS student cohorts and the inability of the institution to address students concerns effectively. The extent of student dissatisfaction had not been apparent from the Annual Programme Monitoring Reports or from the summary reports from UMBC. This was perhaps, was a reflection of the way in which staff had engaged with the annual monitoring process. The Committee also noted that SGUL's risk management framework had been ineffective in mitigating the risks presented by the international MBBS programme.
- 3.5. Tackling student concerns and the concerns of the GMC was, for QAEC, an urgent quality issue that required immediate and targeted intervention. The Committee therefore agreed to establish a QAEC sub group to, inter alia:
  - a) Advise senior management on the adequacy of SGUL plans to address the concerns of students and the GMC;
  - b) Check that the improvement plans are adequately resourced and that Professor MacPhee and others are supported in delivering these plans;
  - c) Monitor progress against the intentions of the plans;
  - d) Provide periodic progress reports to senior management.
- 3.6. Dr Ibison, Dr Myers, Professor Bartlett and Tanisha Amin agreed to join the group which would be convened by Dr Reid.

#### **4. Partnership Review: Programmes provided by St George's and INTO University Partners**

- 4.1. The executive summary and recommendations arising from the partnership review of the programmes provided by St George's and INTO University Partners were received for discussion.

##### **Paper QAEC/16-17/3/E**

- 4.2. It was noted that, under the 2011 Quality Assurance Agreement between SGUL and INTO University Partnerships, SGUL was required to carry out a partnership review of its activities with INTO no later than the fifth anniversary of the agreement. Professor Bowman, as a senior member of staff who had not been involved significantly with the INTO joint venture, had been asked to carry out the partnership review by the Principal.
- 4.3. SGUL did not have a pre-existing partnership review methodology. Professor Bowman had reviewed the methodologies of other HEIs and had developed a bespoke process for the partnership review. SGUL's internal collaborative provision procedures and the SGUL Quality Manual had informed the partnership review process, as had the relevant chapter of QAA's UK Quality Code.
- 4.4. The terms of reference for the review were a) the nature of the partnership; b) the strategic context for the partnership and changes/influences relating to the same; c) academic standards, quality, the student experience and the performance of the partnership; d) risks and benefits for each party in the partnership; and e) recurrent

and emergent themes. The review methodology was included a documentary review and participant interviews with individuals from INTO and SGUL.

- 4.5. Professor Bowman had delivered her partnership review report to the Principal on the 11<sup>th</sup> January 2017. The review report had subsequently been shared with the members of the LLP Management Committee including the INTO members of that Committee. The LLP Management Committee had been invited to comment on the report and the recommendations within it. As a consequence, the full report would not be available for circulation at this time until after it had been considered by the LLP Management Committee at the meeting due to take place on 26<sup>th</sup> January 2017.
- 4.6. In its consideration of the partnership review report, QAEC focused on the conclusions and recommendations as they relate to academic standards, quality and the student experience. QAEC concluded that the partnership review was independent and diligently conducted. Its findings were objective and evidence-based and, in many ways, mirrored the concerns expressed by the GMC in relation to the international MBBS programmes delivered through the Joint Venture and the capacity of those programmes to meet GMC standards.
- 4.7. On the basis of the information available to it, the Committee concurred with the recommendation that, as a minimum, recruitment to the international MBBS programmes was suspended while SGUL considers whether it is able to work with the LLP to rectify the problems set out in the partnership review report before reaching a final decision. In reaching this view, QAEC emphasised that the protection of the interests of students currently enrolled on the programmes provided by St George's and INTO University Partners was paramount.
- 4.8. QAEC noted that its role in relation to partnership activities of this kind was peripheral. The Committee had previously agreed that a review of collaborative provision procedures was timely. As part of the review, it was agreed that QAEC's role in the oversight of partnership agreements should be more prominent.

## **5. Report from the Access Agreement Monitoring Group**

- 5.1. The Committee received the annual report from the Access Agreement Monitoring Group (AAMG) for the twelve month period to January 2017 for discussion.

**Paper QAEC/16-17/3/F**

- 5.2. From the discussion, the following points are noted:
  - a) All in-year Access Agreement project and activity targets for academic year 2015-16 have been met.
  - b) The number of applications for student-led projects to develop inclusive practices for student support, retention and success has been small. A single application process for funding from SGUL Change, the Alumni Fund and the Access Agreement Fund has been developed to simplify the application process for students. A part-time Student Union Officer for inclusion post has been established to support the application process.
  - c) The AAMG aimed to evaluate the impact of the adjusted entry criteria scheme and had applied for funding to support this work. At this stage, it was unclear however whether there was sufficient data to support a meaningful evaluation.

5.3. The AAMG funded Data Inclusion and Evaluation officer had carried out an evaluation of student attainment related to a number of demographic characteristics recorded via SITS. This evaluation showed that there is statistically significant lower attainment (1<sup>st</sup> or 2.1) for students with Black and Asian ethnic backgrounds and for students whose parents did not have HE experience. A student attainment working group had been established to explore reasons for the attainment gap and to develop successful interventions. Funding for the Data Inclusion and Evaluation officer's post had been extended to October 2017 to support this work. At this stage, the focus was on putting in place a programme of training and staff development with the support of Khalid Joomaye. Dr Miles expressed an interest in being involved in this work.

5.4. The Committee requested a further report on the work of the student attainment working group. The report should include a communication strategy for raising awareness of the group's work (action: Professor Ussher).

#### **6. Teaching Excellence Framework**

6.1. SGUL's draft TEF2 submission was received. Colleagues wishing to provide feedback on the draft were asked to send comments to Dr Reid by 5pm on 20<sup>th</sup> January 2017.

**Paper QAEC/16-17/3/G**

#### **7. SGUL Education Day: "Excellence in Higher Education"**

7.1. A report from Dr Miles on the 2016 SGUL Education Day was received for discussion.

**Paper QAEC/16-17/3/H**

7.2. The SGUL Education Day continued to be well-attended and positively evaluated by those that took part. Feedback indicated that an inclusive community of educators and students valued the time and space to focus on scholarship and to develop networks.

7.3. A provisional date had been set for the 2017 SGUL Education Day and, at this stage, room availability was being explored. Rooms had not yet been allocated in view of the overall pressure on teaching accommodation. In 2017, organization of Education Day would transfer to the Centre for Innovation and Development in Education although the current structure and format for the day was likely to be retained.

#### **8. Governance of Short Course (Professional Education) Provision at SGUL**

8.1. A proposal from the Head of the Graduate School to establish governance arrangements for short course provision was received for discussion.

**Paper QAEC/16-17/3/I**

8.2. The aim of the proposal was to put in place a centrally-coordinated framework for the quality assurance and governance of short course provision. Provision approved under the central QA framework would be promoted on a short course on the SGUL website. Access to the central framework (including inclusion on the website) was open to Faculty provision.

8.3. The proposal had been developed by the Head of the Graduate School. The remit of the Short Course Committee was not intended to be limited to provision offered at level 7.

8.4. QAEC endorsed the proposal. In endorsing the proposal, QAEC recommended that:

- a) Consideration is given to the development of a dissemination strategy to make colleagues aware of the approval pathway for short courses and the opportunity to publicise short courses on the web;
- b) The Short Course Committee might consider developing a definition of a “short course” because, it was assumed, small scale activities would not require approval;
- c) The way in which (in the absence of an annual monitoring process), the website is kept up-to-date.

**9. Annual Report to QAEC on External Examiners session 2015-16**

9.1. The Annual Report to QAEC on External Examiners (session 2015-16) was received for discussion:

**Paper QAEC/16-17/3/J**

9.2. From the report, the following points are noted:

- a) Two reports from examiners for undergraduate programmes had yet to be received. It was proposed that a termination of appointment letter is sent to one of these externals (Dr Kyle Dyer, iBSc/Biomedical Science). The second external who had not submitted a report had resigned her appointment as a consequence of the UCU industrial action. The status of Suzanne Shale (as EE for the iBSc/BMedSci Ethics and Law Module) was being investigated.
- b) All reports from examiners for postgraduate programmes had been received with the exception of the MSc Family Medicine. The Board of Examiners for this programme had yet to take place.
- c) SGUL now expects all externals to receive a response to any issues that they have raised in their reports. A number of responses had yet to be sent and these would be chased. QAEC would receive a progress report in due course.
- d) External examiners are asked to confirm that SGUL is maintaining threshold academic standards; that the assessment process measures student achievement rigorously and fairly; and that the academic standards and the achievements of SGUL students are comparable with other UK institutions. External examiner reports for all programmes provided these confirmations.

9.3. From the discussion of the report, the following points are noted:

- a) The report included an appendix listing the comments that had been included in the “good practice” section of the report forms. The comments had been reproduced to facilitate the sharing of good practice and to aid the preparation of the TEF narrative. It was noted that externals often refer to good practice throughout their reports and positive comments are not limited to the “good practice” section.
- b) External examiners had commented favorably on the “enhanced module” mark protocol that is used to determine honours degree classifications. A commentary on the protocol had been included in early drafts of the TEF narrative but the commentary had been edited out because of a lack of space.
- c) At present, external examiner reports are made available to students reps who attend course committee meetings. Reports are also available on request to any student although, to date, individual students have not asked to see external examiner reports. In view of the positive picture of assessment and assessment practice that emerges from a reading of reports, Course Directors and other could be encouraged to share the content of reports to be shared with students more widely. Also, in view of the comments related to feedback and feedforward,

students might find it reassuring to know that SGUL approaches are, in the view of many of our externals, examples of good practice.

9.4. It was agreed that:

- a) A termination of appointment letter would be sent to Dr Dyer (Action: DB).
- b) The status of Suzanne Shale would be investigated (DFB/DB)
- c) Course Directors/assessment leads who had yet to do so would be reminded of the need to repose to external examiner reports (Action: Registry Examinations Team).

#### **10. Collaborative provision – review of procedures**

10.1. A paper setting out proposed revisions to the quality assurance arrangements for collaborative provision was received for discussion.

##### **Paper QAEC/16-17/3/K**

10.2. SGUL's Collaborative Provision (CP) procedures were approved in 2015 and included in the 2015 Quality Manual for the first time. When it met in November 2016, QAEC agreed that SGUL's CP procedures would be reviewed to determine whether they are clear in terms of purpose, the allocation of responsibilities and governance arrangements. Although SGUL does not have extensive CP, a review of new processes after the first full year of their use is customary.

10.3. The review would allow issues arising from the approval of the PgDip Diabetes programme to be considered and allow for the development of a procedure for reviewing a partnership.

10.4. An initial review of CP processes had been carried out by Derek Baldwinson and Simon Fitch (Director of International Development). A series of recommendations emerged from the review which, with agreement of QAEC, would be developed for consultation within SGUL. These recommendations included *inter alia*:

- a) The addition of new models of collaboration.
- b) A requirement for a Completion of a Collaborative Provision checklist (CP1) to be completed before development work and negotiations with partners is begun.
- c) An academic lead from the sponsoring institute or school must be identified at the outset.
- d) The allocation of responsibility for the oversight of the full due diligence process for international CP to the Director of International Development or nominee. For UK CP, responsibility will rest with GLAS.
- e) The preparation of a risk register is made an explicit requirement and that risk management takes place in accordance with SGUL's risk management principles (including reporting to RMEC). The sponsoring institute/school will therefore prepare a risk register specific to each collaboration and incorporate it within local risk registers.
- f) The Director of International Development will maintain a register of internal CP. The register will be reviewed periodically by IC and QAEC will be asked to note the register on an annual basis. GLAS will maintain an equivalent register of home CP.
- g) That a partnership review process is developed to enable the partners to reflect jointly on the future of the partnership and whether it remains consistent with SGUL's and the partner's strategic objectives. A partnership review process would

complement periodic review but consider a broader range of strategic and tactical issues.

- h) A formal mechanism for reviewing compliance with the provisions of institutional agreements is developed.
- 10.5. QAEC endorsed the recommendations subject to the following:
- a) The allocation of responsibility for the oversight of the full due diligence process needed to be mindful of potential conflicts of interest.
  - b) Opportunities for QAEC to comment on the academic merits of the proposal are built into the process.
  - c) Following initial approval of the CP1 and the AIP form, the facility to reflect on the continuing merits of a proposal prior to validation could usefully be built into the CP procedures.
  - d) St George's University Hospitals NHS Foundation Trust occupied an anomalous position in terms of CP because, although SGFT and SGUL were independent bodies, partnership working was embedded within both institutions particularly in relation to education and training. The revised CP procedures could usefully be adapted to reflect the nature and extent of these relationships.

10.6. Revised procedures would be brought back to the Committee for discussion in due course (Action DB).

**11. New course developments schedule 2016-17**

The schedule of new courses in development was received and noted.

**Paper QAEC/16-17/3/L**

**12. Dates of future meetings**

Thursday 9 March 2017

Thursday 18 May 2017

All meetings will start at 2pm (unless otherwise stated) and take place in H2.5 (unless otherwise stated).