

Council

Away Day Notes

27 April 2012

Present:

Ms Judith Evans (Chair)
Mr Anthony Bicknell
Professor Nigel Brown
Mr Michael Draper
Professor Pat Hughes
Dr Andy Kent
Professor Peter Kopelman
Dr David Mackintosh
Mr Chris North
Mr Christopher Smallwood
Mr Mike Stevens
Ms Catherine Swarbrick
Mr Graham Turner
Mr Luke Turner
Ms Cathy Wilson
Professor Sir Nicholas Wright

In attendance:

Mr Laurence Benson
Mr Mark Bery
Mrs Sophie Bowen
Dr Ruth Harris
Dr Tony Michael
Ms Susan Trubshaw
Mr Tim White
Ms Portia Woodman

Research Presentations:

Professor Mark Fisher
Professor Clive Robinson
Professor Peter Whincup
Dr Ruth Harris

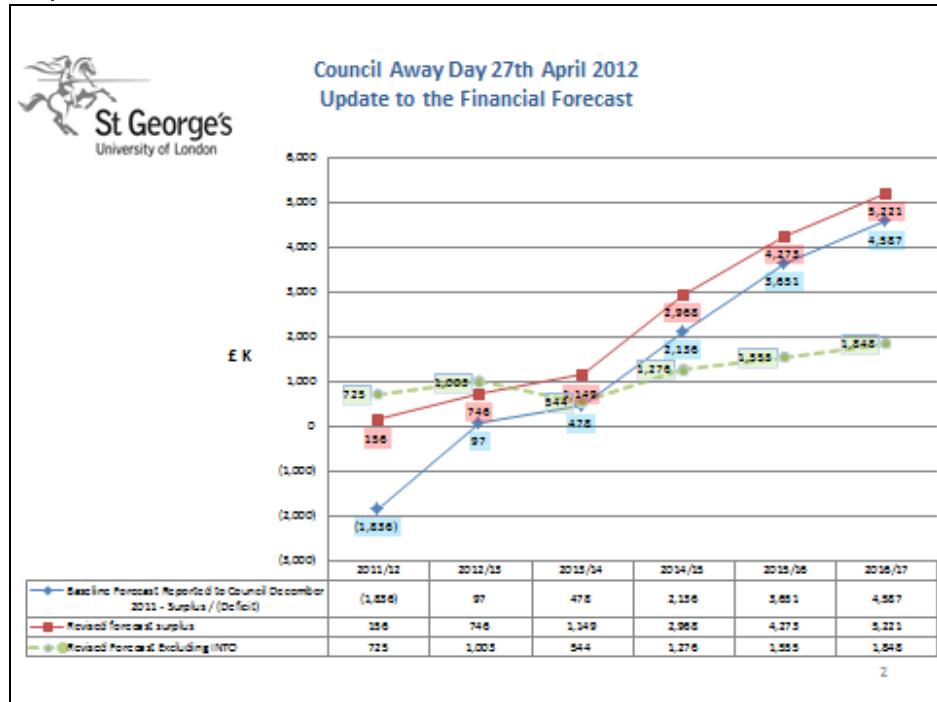
1. Introduction (Professor Peter Kopelman)

- 1.1 St George's, University of London had developed and published an ambitious strategic plan in 2010. Since then there had been major changes to the funding environment, although the picture was now clearer than it had been 12 months ago.
- 1.2 SGUL needed to review its current position and consider the priorities for the next year or two, and consider where SGUL should focus its efforts to best effect to achieve the aims set out in the Strategic Plan. This encompassed the student experience, research excellence (REF2014) and developing a range of partnerships
- 1.3 Sir Alan Langlands, Chief Executive of HEFCE, had noted that the Comprehensive Spending Review would take place in 2014, and that it was likely that the financial position for HE would remain stable until this time. However, there was concern within the Government with regard to the sustainability of the student loan system, and that this might lead to policy changes on funding in the future.

2. Financial Position (Mark Bery)

- 2.1 SGUL had been forecasting a deficit in 2011-2012 of £1.8 million, moving to breakeven in 2012-2013 and then to a surplus position thereafter (Graph 1 - red line). As a result of a favourable variance the forecast for 2011-2012 was now breakeven (blue line).

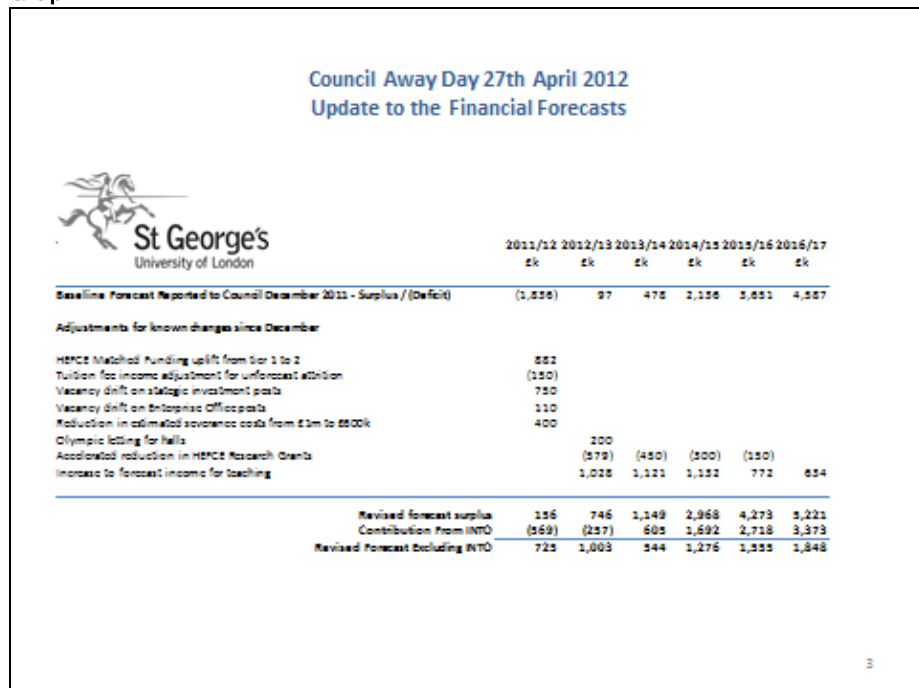
Graph 1



2.2 The green line indicated how the forecasts would be affected without INTO. It was noted that HEFCE were now recommending that HEIs should realise a surplus of 5% in order to cover the capital funding that was being withdrawn from university funding. Five per cent for SGUL equated to approximately £5 million.

The graph below shows the adjustments that have occurred since December 2011.

Graph 2



- 2.3 For 2011-2012 amongst other changes this included £882k additional contribution from the 'Matched Fund for Voluntary Giving' from HEFCE. SGUL had not spent the £1 million set aside for the cost saving programme, and this had been reduced to £600k. The Halls of Residence would be let out for the Olympics for the sum of £400k.

3. Student Funding (Sophie Bowen)

- 3.1 SGUL was facing a number of challenges as a result of the funding regime changes, including the student number control, and the increases to fees. Like many HEIs, SGUL was looking for overseas student numbers to fill the funding gap, which had led to the INTO and University of Nicosia initiatives.
- 3.2 The Access Agreement put forward by SGUL had set the fees at £9000 for all programmes aside from Foundation Degrees where fees had been set at £6000. In turn SGUL had to meet a number of targets around Widening Participation, student bursaries and other financial assistance. If these targets were not met then an HEI would be obliged to reduce its fees and would not be able to charge more than £6000. The 2012-2013 agreement was in place, and HEIs had now been requested to provide Access Agreements for 2013-2014.

4. Comments

- 4.1 It had been noted there were current concerns that there were too many doctors being trained. It was felt that this had been reported from a financial point of view, and not from the position of need within the sector. It was noted that training doctors was a long process and that it was hard to predict workforce requirements up to 40 years in the future. It was also noted that if there was any reduction in medical student numbers this would come into affect after October 2013 or beyond.
- 4.2 In response to a question regarding which WP initiatives were most successful, it was indicated that it was work within primary schools and early years that appeared to be the most effective. SGUL, unlike many Medical Schools, also had an adjusted criteria admissions scheme for WP students.

5. Education (Dr Andy Kent)

- 5.1 SGUL had been innovative in medical education over the last ten years. For example SGUL had developed the Graduate Entry Programme (GEP), allowing graduates with any first degree to enter the programme if they passed the GAMSAT (a specially developed entrance test). The programme used an innovative programme of small group teaching centred on PBL (Problem Based Learning). However this was a labour intensive and expensive method of teaching. The programme also used e-learning technologies.
- 5.2 A recent development had been a franchise of the Graduate Entry Programme to the University of Nicosia. This was being quality assured by the GMC who had commended the development.
- 5.3 SGUL also had a range of partnerships which helped it to provide good quality education, including a long relationship with SGHT. SGUL also shared the Faculty of Health and Social Care Sciences (FHSCS) with Kingston University, and had a good working relationship with initiatives beyond FHSCS (eg the joint MPharm programme).
- 5.4 It was felt that SGUL was good at adding value to the student experience, but was not good at showing this to the wider world.

6. Student Experience (Sarah Fitch)

- 6.1 It was felt that feedback to students had improved. They particularly appreciated the Dean's Letter 'You said', 'we did'. Also there had been improved feedback from OSCEs, and a good response to issues raised via the student survey.
- 6.2 It was felt that support for students was good, including the 'moving in weekend', Counselling Services etc.
- 6.3 There were areas for improvement including the provision of timely, consistent information, extra computers, more base rooms, improvements to Moodle, and prompt feedback on written work.
- 6.4 It was noted that some issues were being addressed, in particular the Library refurbishment was appreciated by the student body. It was suggested that students were probably not aware of the current resource issues and the processes that went on behind the scenes.
- 6.5 Professor Sir Nick Wright reported on an initiative that had been introduced by Barts and The London four to five years ago. A student led Away Day had been established and this was held every year. Any issues that were raised were considered and action taken and were reported back to the students. By the time the medical students came to complete the NSS in their final year, they had had the experience of the student led Away Day for several years. It was noted that scores in the NSS had improved.

7. Graduate Students (Dr Tony Michael)

- 7.1 SGUL had recently provided space for a Graduate School which would open in the summer.
- 7.2 It was noted that with respect to PGR (Post Graduate Research) students, there was a movement away from 'apprenticeship' to 'cohort training'. Funding Councils were still supporting PhDs but were putting resources into a smaller number of institutions. The funding was largely focussed on Russell Group institutions such as UCL, IC and KCL.
- 7.3 An option for SGUL would be to team up with a larger institution (or several) in a 'Doctoral Training Partnership' which would enhance the experience for PhD students. Summer Schools were also being reinstated to encourage applications.
- 7.4 Overall SGUL had approximately 200 PGR students.

8. Co-Production (Professor Pat Hughes)

- 8.1 SGUL was faced with the dilemma of matching limited resources to the high expectations of students.
- 8.2 SGUL needed to work closely with employers to ensure that students had the right skills for employment.
- 8.3 It had been suggested that SGUL should provide business and commerce modules for students in order to prepare them for work within the National Health Service.
- 8.4 'Sufficiently trained, sufficiently competent, and appropriately equipped'.

9. Research (Professor Nigel Brown)

9.1 SGUL was doing well in attracting grant income from the EC, NIHR, and Research Councils. A strong element of the research projects revolved around collaboration.

9.2 Presentations

Mark Fisher	DNA Supercoiling
Clive Robinson	Asthma triggered by Allergens (House Dust Mites)
Peter Whincup	Studying the origins of ethnic differences in childhood Disease
Ruth Harris	FHSCS Research Base including patients (service users) and carers

All presentations were examples of collaborative studies.

9.3 It was suggested that SGUL needed to publicise more of its research.

9.4 The relationship between research and teaching was noted particularly in respect of postgraduate students. The importance of multidisciplinary research was also emphasised by the range of research within FHSCS.

9.5 Professor Sir Nick Wright noted that at Barts and The London there was an 'enrichment' lecture for undergraduate students each week which showcased particular aspects of research.

10. Partnership Working

10.1 SGUL had a range of partnerships including:

- Kingston University
- International Partnerships
- St George's Healthcare NHS Trust (SGHT)

10.2 In relation to SGHT a Memorandum of Understanding (MOU) was being developed in order that SGUL and SGHT could capitalise on their co-location and the opportunities that this presented in the light of the developments within the NHS.

10.3 Developments included the establishment of Health Education England, which would be devolving education and training to Local Education and Training Boards (LETBs). The LETB would have responsibility for commissioning and workforce planning. The development of the MOU would allow 'Greater St George's' to act together as part of the LETB. The London Deanery would also be part of the LETB

10.4 The South West London Academic Health System had been established and 'real' outputs had been realised from this partnership.

10.5 St George's would also need to become part of an Academic Health Science Centre (AHSC) and consideration was being given to the three London based AHSCs, Imperial College (West London), UCL (Central, East and North London) and King's Health Partners (KHP) (South London). Currently KHP was the most probable AHSC and discussions were underway.

10.6 The Government had also proposed the establishment of Academic Health Science Networks (AHSN) (similar to the model for the SW London Academic Health Science System). It was likely that there would be three AHSNs in London.

- 10.7 The changes within the NHS Structure had both benefits and risks for SGUL, and SGUL and SGHT would need to work closely together with regard to membership of the AHSC and the establishment of an AHSN.
- 10.8 A key risk in all of the NHS developments, was the achievement of Foundation Trust status by SGHT. The application was scheduled for submission in April 2014. It was noted that SGHT had met all of the targets for clinical standards and governance, and it was only the achievement of the financial targets that was required for FT status.
- 10.9 It was suggested that the Mental Health Trust might also wish to participate in developments. It was noted that the Mental Health Trust had a turnover of £170 million and was financially stable.
- 10.10 It was felt that SGHT and SGUL needed to work together as 'Greater St George's' to ensure its identity, particularly within the AHSC. There was concern that a partnership with King's in any guise would be tantamount to take-over, and St George's needed to ensure that in joining the AHSC that this was in true partnership with KHP.
- 10.11 It was suggested that consideration should be given to defining the brand of 'St George's' in order to differentiate from others, and that it might be worthwhile to undertake some research with stakeholders to assess current opinion.

11. End of Session

- 11.1 The Chair asked members of Council to reflect on the discussions and presentations that had taken place during the day.

The three key themes had been:

- The Student Experience
- Research
- Partnerships

Members were asked to highlight any key points, and to suggest priority actions by email to either Judith Evans or Professor Peter Kopelman.

12. Remuneration Committee

Mrs Susan Thomas had agreed to Chair the Remuneration Committee. As a result of Mrs Thomas' continued serious illness an alternative Chair for the Remuneration Committee would be sought from amongst the Independent Members of Council.

SJT/23 June 2012