

## **ST GEORGE'S, UNIVERSITY OF LONDON**

### **PERIODIC REVIEW REPORT**

#### **MRes Biomedical Science**

**9<sup>th</sup> April 2019**

#### **Panel Membership**

Dr Kate Everett (Chair)	MSc Genomic Medicine Course Director, Institute of Medical and Biomedical Education, St George's, University of London
Dr Kevin Tetteh	Assistant Professor, Department of Immunology and Infection, London School of Hygiene & Tropical Medicine
Prof Charles Kelly	Professor of Oral Immunology, King's College London
Dr Kirstie Coxon	FHSCE, Joint Faculty SGUL & Kingston University
Victoria Scott	Student Reviewer, St George's, University of London
Ratna Romy	Student Reviewer, St George's, University of London

#### **In attendance**

Derek Baldwinson	Director of Quality and Partnerships, St George's, University of London
Glen Delahaye	Quality Assurance & Enhancement Manager, St George's, University of London
Amal Awadh	Quality & Partnerships Officer, St George's, University of London

#### **Introduction and context**

- 1) The MRes Biomedical Science was validated in April 2007 and enrolled its first cohort in September 2007. It was previously reviewed in February 2013.
- 2) The programme was designed to provide the first year of a 1+3 route to gaining a PhD or as a stand-alone research training experience that would prepare students to enter the job market and it offers five focussed pathways.

- 3) The scope of the Periodic Review would cover the academic years 2012/13 to 2017/18.

### **Conduct of the meeting**

- 4) Prior to the meeting, the Panel received the documents listed in Annex A. Documents were received three weeks ahead of the review and additional documents were received one day ahead of review, as a response to requests from the Panel.
- 5) The Panel members held a private meeting at which they confirmed the range of issues that they wished to discuss with the programme team. The full Panel then conducted a meeting with eight students who were studying on or who had recently completed the programme and a meeting with members of the programme team. Attendees are listed in annex B. At the conclusion of these meetings, the Panel members held a second private meeting in which they agreed the outcome, including areas of good practice and action points. These are recorded in paragraphs 6 to 21.

### **Outcome of the meeting**

- 6) The Panel recommended to Senate that the period of approval of MRes Biomedical Science should be extended for a period of five years. A number of action points were agreed by the Panel, as well as areas of Good Practice. The deadline for responding to the action points was agreed as 4<sup>th</sup> July 2019.

### **Good practice**

- 7) The following points were highlighted by the Panel as Good Practice:
- 8) The improvements to the admission process that have sped up response times and increased the number of applicants attracted to the programme (paragraphs 22 and 34).
- 9) The information provided to the Panel on the destinations of students who had completed the programme, which demonstrated that the programme was equally effective in preparing its students for further study or work. The Panel suggested the information could be anonymised and provided to the next cohort of students.
- 10) The ongoing development of pathways, including the phasing out of less popular pathways and the introduction of new pathways to reflect the team's strengths and student demand (paragraph 31).
- 11) The student's satisfaction in the supervision of projects, including the support provided during project selection (paragraph 21).
- 12) The ongoing efforts made to modify the programme and how it is taught, in response to feedback received from students (paragraphs 36, 37 and 41).
- 13) The recruitment of BSc Biomedical Science students on to the MRes programme (paragraph 22).

## **Action points**

- 14) The following essential action points were agreed by the Panel:
- 15) In order to ensure that students on Common Postgraduate Framework modules utilised by the MRes Biomedical Science programme receive an experience that is relevant to their area of study and meets their needs, review and implement changes to these modules in time for a 2020 start (paragraphs 26 and 36).
- 16) Ensure equivalence of experience on specialist modules, in terms of approach to assessment and coherence of teaching (paragraphs 27-28).
- 17) Ensure that the process and timing of allocating projects is aligned with other programme that make use of the same pool of projects, so that all students have an equal opportunity to select their preferred project (paragraph 21).
- 18) The following advisable action points were agreed by the Panel:
- 19) Continue to monitor the improvements made to assessment feedback to ensure that feedback continues to be timely and useful to students (paragraph 28).
- 20) Consider how to make the best use of the period at the beginning of the programme between induction and the start of classes to ensure that it supports students in transitioning onto the programme (paragraphs 25 and 35).

## **Meeting with students**

### Project selection

- 21) The students were generally satisfied with the programme's process for project selection. They were well supported by the staff, who were readily available and able to provide suggestions and further information. They noted that there was an overlap between the projects made available to them and other Masters programmes at St George's. As the selection processes were not aligned, this disadvantaged the MRes Biomedical Science students, as in some cases their preferred projects were no longer available by the time they were able to put forward their selections.

### Recruitment

- 22) A number of factors were cited by the students as being selling points for them when they chose to study at St George's. In particular, it was noted that St George's was one of the few institutions to offer research projects of such a lengthy duration, which enabled students to engage with a depth of research that wouldn't be achievable with a shorter project. Other reasons included the specialist focus of the pathways, the duration of the programme, the price and the facilities. Some students had previously studied at St George's at undergraduate level and some of them had known other St George's students. They praised the short amount of time it took to receive a response after they had submitted their applications to the programme.

### Career Opportunities

- 23) All of the students in the meeting either intended to complete a PhD following completion of the MRes or were already doing so. The students stated that even if they weren't pursuing a PhD, the programme would still be beneficial as it helped them to become independent, more so than an undergraduate programme would. They suggested that the MRes would be sufficient for them to find work, such as working as a lab assistant.

### Programme structure

- 24) It was noted that the late end date of the programme made it difficult to apply for a PhD in the following academic year. The students did not see this as a problem, nor did they believe that it could easily be adjusted without creating different problems.
- 25) The timing of the programme created some problems in the first weeks. Following induction, there was a period of several weeks in which there were no classes. The students did not see this as a good use of their time, with the exception of one student who made use of the time by working to raise money to cover their course fees. Following this slow start, the programme had no breaks except for Christmas. Some of the students stated that they would have preferred more classes in the early weeks of the programme to allow for a longer break at Christmas.
- 26) The students shared modules with students on other programmes. The way these modules was taught did not always suit the MRes Biomedical Science students. For example, one student stated that the Infection and Immunity module was aimed mainly at Global Health students. Additionally, the students agreed that the Statistics module was clinically-focused and therefore difficult for them to apply it to their lab work. Their lecturer had made efforts to support them by providing lab-based examples, but it was not the lecturer's area of expertise.

### Assessment and Feedback

- 27) The students were not always clear on what was expected from them in their assessments and suggested that more guidance would have been helpful. For example, there was a drop-in session for Research Project Planning and Management, but the titles and scenarios were released after the session, rendering the session ineffective. Issues with Canvas also caused problems, as information that was uploaded was sometimes only visible to students on certain pathways even if it was intended for all pathways.
- 28) The quality of assessment feedback varied, depending on who had marked it. Some assessors provided point-by-point feedback, but other feedback was not always helpful. The 500 word reflective piece on the Research Project Planning and Management module had been an obstacle for students, as there wasn't sufficient guidance provided in advance of it and students who had not passed did not receive sufficient feedback to understand where they had gone wrong. Some students stated that it was difficult to provide an in depth and emotional connection due to the short word limit.

### Student Support

- 29) One of the students who met with the Panel was an international student and stated that international student support had been fantastic. The other students agreed that the student support was good, although they had not been made aware of all of the services that were available to them. One of the students, who had also completed an undergraduate degree at St George's, stated that postgraduate students did not receive as much information about the support available to them as the undergraduate students did, but that the support could be accessed by all students.
- 30) Overall, the students were very satisfied with their experience with the programme and recognised that they would have likely faced similar difficulties at another institution.

### **Meeting with programme team**

#### Changes to the programme

- 31) The Panel heard that two new pathways had been introduced and some had been modified. Decisions to make changes to the pathways on offer usually reflected changes made at St George's and recruitment to the pathways. In the long term, there is an intention to avoid committing to specialist areas that could go out of demand quickly and instead to offer generic pathways with minor adjustments that would align them with trends.

#### Recruitment

- 32) The number of students recruited to the Global Health pathway had been low. In the previous academic year, there had only been 1 student on the pathway and this was difficult to manage. The broad range of topics make Global Health a difficult pathway to run. Additionally, there is competition from the MSc Global Health programme already on offer. The pathway had already received applications for the 2019-20 academic year and so it would be offered, but there had been discussions about discontinuing it later on.
- 33) There had typically been about 20 students on the programme, with a target of 25-30. The team was confident that numbers would grow and that the target would be met in the 19-20 academic year.
- 34) The programme team had made a number of changes to the admission process to improve response times. The programme has a dedicated marketing officer and once applications are received, they are passed directly to the course director, who then responds immediately and arranges interviews with the module leads. This has increased the workload for the course director, but has reduced the number of applicants lost.

#### Programme Structure

- 35) The Panel asked the team about the initial weeks of the programme, which they had heard from the students was underutilised. The programme team stated that some specialist modules were previously taught during this period, but in order to maximise resources they had merged Infection and Immunity modules with Global Health modules, which were taught later in the academic year. They considered this to be an acceptable compromise, as delivering the same module twice in the

academic year would have been cost ineffective. The team expected students to make use of this time at the beginning of the programme by preparing themselves for the rest of the programme.

- 36) The team was aware that students were not always comfortable with the way in which their modules were shared with other programmes, in particular the modules that were too “clinical”. The team had been considering ways to reshape the programme, including running parallel sessions to provide more bespoke teaching, followed by more generic sessions.
- 37) The Journal Club assessment, for which students are required to complete a presentation on a paper of their choice, had recently been introduced in 2016/17. Difficulties had arisen from it, as there had been inconsistency in the level of guidance provided to students depending on which pathway they were on. The team is currently rectifying this and did not believe the disparity had impacted on the previous students’ performance.

#### Assessment and Feedback

- 38) The Panel was impressed with the use of double-marking, which is employed across the programme and had been praised by external examiners and students, who appreciated that it was fairer. It does, however, utilise significantly more resource and can have an effect on feedback turnover times. Furthermore, as other Masters programmes do not offer double marking, the shared modules on the programme have two different systems operating simultaneously, with some students having their work double marked and other students work is not.
- 39) The programme team agreed that the reflective piece for the RPPM module was not relevant and they intend to replace it with an alternative assessment.

#### Compensation scheme

- 40) Unlike other Masters programmes at St George’s, the MRes Biomedical Science offers a compensation scheme that allows students to pass the programme, even if they fail one of the taught modules provided they compensate that module by gaining enough credits in another taught module. It was introduced in 2012-13, following an external examiner recommendation. The team stated that the scheme was rarely used, but believed that it should be continued and that it could be considered for the Research Project Planning and Management module, as well as Statistics. The Panel agreed that it required further discussion at an institutional level and that a discussion should be initiated at TPCC.

#### Virtual Learning Environment

- 41) The team accepted that they had faced difficulty when adopting Canvas. It had been difficult to determine where to upload materials that were intended for multiple pathways, as Canvas was divided into separate modules and did not provide an area for general information. They would continue to optimise the way they communicated information to students through Canvas.

*GD/April 2019*

## **Annex A: Documents**

Self-Evaluation Document  
Programme Regulations  
Programme Specification  
Scheme of Assessment  
Marking Criteria RPPM  
Course Handbook  
Journal Club Marksheet  
Module Directory  
Reflective Comment Sheet  
RM Assessment Outline and Marking Scheme  
Specialist Module Essay – Assessment and Criteria

## **Annex B: List of Attendees**

### Programme team

Dr Rajko Reljic (Course Director)  
Dr Carwyn Hooper (Global Health Pathway Lead)  
Dr Soo-Hyun Kim (Reproduction and Development Lead)  
Anne-Marie Hassenkamp (Representative for Common Postgraduate Framework)  
Jenna Cooper (Postgraduate Administrator)