ST GEORGE'S, UNIVERSITY OF LONDON

Periodic Review - 29th March 2017

Masters of Research in Clinical Research (MResClin)

Panel

Dr Fran Gibson (Chair)	Head of Centre for Biomedical Education, Institute of Medical and Biomedical Education, St George's, University of London
Adele Atkinson	Associate Professor, Learning and Teaching, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London
Dr Claire Diver	Assistant Professor (Physiotherapy) and Director for the MA Research Methods (Health), University of Nottingham
Dr Mark Pearson	Senior Research Fellow in Implementation Science, University of Exeter Medical School
Diana Al-Jiboury	MSc Physician Associate Studies (Student reviewer)

In attendance

Derek Baldwinson	Governance, Legal and Assurance Service, (SGUL)

Introduction and context

1. The Health Education England (HEE) and the National Institute for Health Research (NIHR) Integrated Clinical Academic (ICA) Programme provides research training awards for non-medical healthcare professionals who wish to develop careers that combine clinical research and research leadership with continued clinical practice. The ICA programme includes a number of schemes including an MRes Clinical Research Studentship Scheme. In essence, the Studentship Scheme allows students to be seconded from the workplace to complete an academic programme. The student's employment costs are reimbursed and this enables the NHS employer to arrange cover in the student's absence.

2. In 2009, the Faculty of Health, Social Care and Education successfully bid for funding under the MRes Clinical Research Studentship Scheme. The first cohort of students was admitted to the Faculty's MRes Clinical Practice in October 2009. The Faculty has bid successfully for renewed funding in 2011, 2012 and 2015. The current funding allocation covers intakes up to 2017 and includes full-time and part-time routes. In 2015, the award title was changed to Clinical Research (MResClin) to reflect the broader range of professions eligible to apply for the MRes.

3. The MRes was approved by SGUL for three intakes in May 2009 and was the subject of a periodic review in academic year 2011-12. Under SGUL's quality assurance framework,

programmes are usually reviewed on a quinquennial basis. The current review was therefore the next scheduled review of the MResClin programme.

Conduct of the review

4. To support the review the panel received the following documents in advance of the meeting:
   - Self-evaluation Document
   - Volume of Supplementary Documents
   - course handbook
   - project handbook
   - Supplementary Information Related to HEE/NIHR (Pre-MRes) Internship Scheme (March 2017).

5. Further information was also available for scrutiny on the day of the review meeting. This information included module guides; assessment briefs, assessment criteria and guidance for markers; samples of student work (showing how marking has been moderated and feedback provided to students); and student evaluation questionnaires and analysis. The panel members also asked to see a small number of supplementary documents and these were also available on the day.

6. The panel held a private meeting at which it confirmed the issues that it would discuss with the MResClin course team. The panel then met with two full-time students, a pre-MRes intern and three MRes graduates. Two graduates are now employed as lecturers by the Faculty. Issues raised with students are summarised at the end of this report (paragraphs 41 to 54).

7. After the student meeting, the panel then met the MResClin course team. The members of the MResClin course team who attended the review meeting are listed in Appendix A, p10. After the student and course team meetings, the panel held a second private meeting at which it agreed the decision and action points recorded in paragraph 8 and subsequent paragraphs.

Decision

8. The panel recommended to Senate that the approval period of the MResClin should be extended for four years commencing with the October 2017 intake. The MResClin will therefore next be reviewed in academic year 2020/21 to enable further intakes to enrol on the programme in academic year 2021/22. The panel noted that the Faculty would be bidding for further funding from the NIHR in 2017-18. If the Faculty was awarded NIHR funding for three years, the approval period of the MResClin and the period of NIHR funding would be co-terminus.

9. In reaching its decision, the panel concluded that the programme continued to be academically and clinically relevant. The Self-Evaluation Document confirmed that since its inception the course team had responded constructively to feedback from all stakeholders to improve the quality of programme. The team had been particularly attentive to feedback from students and student referred to the opportunity to enrol on the MResClin as a privilege. Academic outcomes were also strong. Since 2009, 76 students had graduated from the programme and this amounted to a 100% pass rate with no attrition. The panel also noted that the team had been successful in its bids for

renewed NIHR funding and that this was further evidence of the quality of the MResClin. Specific examples of good practice are reported in appendix B, page 10.

Action points

10. The panel's recommendation to Senate to extend the approval period of the MResClin is subject to a satisfactory response to the following action points. The deadline for responding to the action points is 19 May 2017.

Essential action points

1	**The team is asked to consider whether the operational responsibility for the MRes should transfer to an academic school.**

11. At present, the MResClin is located within Centre for Health and Social Care Research (CHSCR) and is not part of one of the Faculty's three academic schools. The location in CHSCR has a number of benefits. It preserves the inter-professional focus of the programme and accommodates the research interests and learning needs of a diverse body of students. The students also felt themselves to be part of the Faculty's research community and benefit from their engagement with the community and this was perhaps a consequence of the CHSCR location.

12. In conversation with team, it became apparent that there were a number of disadvantages stemming from the location in CHSCR. The Faculty's committee structure is largely School-based and so the course director was not part of the Faculty's structures for developing educational policy and sharing good practice in teaching and learning. Also, faculty staff are based in schools for line-management purposes and so the staffing needs of the MResClin have to be negotiated with Heads of School.

13. The panel understood that the optimal location of the MResClin was a matter for the Faculty Management Group. However, on balance, the panel came to the view that the needs of the MResClin would be better served if the programme was school-based. Relocation to a school would enable organisational and leadership roles to be distributed more widely and free up the Course Director to focus on the strategic direction and future development of the MResClin. At present there was an apparent overreliance on the contributions of the Course Director and the risks of this overreliance would be mitigated if leadership roles were allocated to a pool of staff.

14. In reaching this view, the panel noted that it would be possible to retain the advantages of the current centre location in terms of the inter-professional focus of the course and the inclusion of students as part of the Faculty's research community.

2	**The MResClin team is asked to review arrangements for preparing, supporting and evaluating staff who supervise MRes research projects.**

15. In its Self-Evaluation Document, the team indicated that variability in the support provided by project supervisors had been raised by students as a recurring concern. The concern was by no means widespread and many students commended the support that they received from their supervisors and clinical mentors.

16. At present the faculty did not operate a "licence to supervise" and staff were not required to undergo training before they were asked to supervise MRes students. Co-supervisory arrangements were used to provide mentorship support to staff who were new to supervision.

17. A number of interventions had been adopted by the team to ensure greater consistency in supervision with some success. The research student handbook had been revised extensively to provide greater clarity about roles and responsibilities. Also, records of the tripartite meetings between the student, the supervisor and the clinical mentor are kept and the course director reviews the records of these meetings to identity issues with supervision. Despite these interventions, the perception of variability remains amongst students and this perception was reinforced by the panel's discussions with MResClin students.

18. The panel was told that Faculty Quality Committee has initiated a review of the role description for academic supervisors. The panel felt that the FQC initiative was relevant and timely in the context of the MResClin. As part of this review, the panel encouraged the faculty to review the training of supervisors and the arrangements for providing ongoing support to supervisors. The panel understood that at present supervisors do not receive feedback on their performance as supervisors. The panel suggested that processes that enabled staff to reflect on and enhance their supervisory practice might alleviate the concerns that students have in this area.

Advisable action points

3	**The MResClin team is advised to review the credit-rating of the project.**

19. The MREs included a 105 credit Research Project module. A 105 credit project was disproportionately large in comparison with equivalent programmes elsewhere and the panel queried the rationale for such a large project. In response, the team explained that when the MResClin was first developed in 2009, a 105 credit project was included in the programme to ensure that the structure of the programme was consistent with that of SGUL's existing MRes in Biomedical Science. The MRes in Biomedical Science includes a 105 credit project. The team understood that its scope to vary the credit-rating was therefore limited by current SGUL policy.

20. The panel advised the team to explore whether there was scope to reduce the credit-rating of the project to 90 credits. In offering this advice, the panel indicated that a programme within which the research and taught components were equally weighted (90 + 90) would allow for the development of a more rounded clinical researcher. The panel accepted however that the MResClin team might be constrained by institutional policy and by its contractual obligations to the NIHR.

4	**The MResClin team is advised to allocate personal tutors who are not extensively involved in teaching or assessing their tutees.**

21. The panel was told that student's research supervisor also acted as the student's personal tutor. Students were allocated a supervisor when they commenced the programme and, once the student had completed the taught elements of the course, the student's main contacts were with the supervisor. The arrangement by which the research supervisor also acted as personal tutor was therefore a consequence of the

structure of the programme. If they preferred, students could also raise issues with the course director.

22. In its discussions with students, some students had referred to difficult relationships with their supervisors. Where this was the case, students indicated that they would have found it difficult to raise issues because the supervisor marked the student's dissertation. Students also were reluctant to escalate issues to the course director for the same reason.

23. The current arrangements were unproblematic for the majority of students. However, personal tutor meetings commonly provide a forum in which students can raise issues openly and in confidence; issues raised in personal tutor meetings are only shared with staff with organisational and leadership roles with the explicit agreement of the student. It was apparent to the panel that some students may not feel able to raise any issue in confidence and this might be detrimental to their learning. The panel therefore advised the team to implement a procedure within which students are allocated personal tutors who are not extensively involved in teaching or assessing their tutees. An arrangement of this kind would avoid the possibility of a conflict of interest.

Desirable action points

5	**The MResClin team is asked to review the weighting of research methodologies teaching to reflect the MRC's complex intervention framework and to expose students to different research paradigms.**

24. In reviewing module content and teaching and learning strategies, the panel noted an apparent imbalance in the coverage of quantitative and qualitative research methods. Teaching seemed to be weighted towards quantitative methods. The panel also noted that mixed methods approaches were not obviously covered. The team explained that there was a mixed methods lecture but content was limited because it was impractical for students to carry out a mixed methods project within the timescales available.

25. Regarding the imbalance between quantitative and qualitative research methods, the panel cited the Critical Appraisal module as an example. 15 hours were allocated to statistical lectures, quantitative tutorials and computer workshops compared to 7.5 hours for qualitative workshops. The MResClin team was asked to review the weighting of research methodologies teaching to reflect the MRC's complex intervention framework and to expose students to different research paradigms.

6	**The MResClin team is asked to review its engagement with the Common Postgraduate Framework modules to ensure that the modules remain relevant to the MResClin and support student learning.**

26. The MResClin includes Research Methods and Critical Appraisal as compulsory modules. Students also take either Statistics or Data Analysis as option modules. These modules are drawn from the Common Postgraduate Framework and available to students on other postgraduate programmes. Making use of the CPF modules is advantageous because, by accessing a pre-existing lecture programme, the teaching burden on the MResClin team is reduced.

27. The use of the CPF modules also has disadvantages. For example the CPF modules determine the MResClin timetable which, from a student perspective, is very demanding. Also feedback from MResClin students on the CPF modules has not always been positive and the team's scope to respond to that feedback is limited. The CPF had a separate presence on the VLE would has an impact on the experience of MResClin students. Lastly, the team's capacity to adapt the curriculum to meet the changing needs of MResClin students is limited. For these reasons, the team was asked to review its engagement with the Common Postgraduate Framework modules to ensure that the modules remain relevant to the MResClin and support student learning.

Meeting with the MResClin team – summary of key points

Recruitment issues

28. The MResClin was available to students who were not funded by NIHR. The programme had not however recruited any self-funding students in part because applicants who were not offered a funded place preferred to reapply for a funded place. In addition, the MResClin timetable which required students to attend on several days each week was inaccessible for self-funding students. The issue of visas was a further complication for international students.

29. The split between full-time and part-time students was different each year. Part-time students recruited in 2017 would be able to complete the programme even if NIHR funding was not extended because part-time students would have completed the taught component in early 2018. Part-time students could be supported to complete the project and submit any remaining assessments.

30. The future of the MResClin would be in doubt if NIHR funding was not renewed. However it would be possible to develop a timetable that was more accessible for self-funding students if direct funding was lost. Also self-funded students would have access to loan support from the Student Loans Company.

31. The Faculty had well-established links with St George's University Hospitals NHS Foundation Trust and South West London and St George's Mental Health NHS Trust. Recruitment extended beyond the local trusts and students from across London had been admitted. Recruitment was largely limited to London and the South East because students who were unable to commute would find it difficult to meet accommodation costs.

32. The programme was open to a wide range of healthcare professions. The team worked with professional and regulatory bodies at the national level to raise awareness of the programme. Applications from new professions were followed up assiduously to add to the interprofessional mix of the intake.

Quality of the learning environment

33. In its Self-Evaluation Document, the team indicated that students had been critical of the quality of the some of the teaching rooms. The course team had raised the student concerns with SGUL management and would continue to do so. There had been improvements and it was hoped that more could be done in the future to find appropriate rooms for students who were onsite for a full day. The Self-Evaluation

Document also reported that students saw little value in the Graduate Centre because it lacked appropriate facilities and research-related resources.

Recognition of Prior Learning

34. The internship scheme comprised the Implementation and Improvement Science Module and the Research Methods Module. Both modules also form part of the MResClin programme. Students who complete the internship scheme and progress to the MResClin will already have accumulated 30 credits that count towards to the credit requirements for the MResClin. Students are eligible for an RPL allowance but there are not obliged to make an RPL claim. Instead, they could opt for the negotiated independent learning module. However the students do in fact make an RPL claim.

35. The team explained that students who progress from the internship scheme are invited to attend the Research Methods lecture programme which is different from the internship programme. Students also have to submit a project proposal. However it was the case that the workload for internship students who progress to the MResClin is reduced in comparison with the workload of the direct entrant students. Whilst this created issues of fairness, these issues were a consequence of the contractual arrangements with NIHR.

Programme structure

36. The panel asked the team to respond to comments made by students regarding the intensity of the programme. The team explained that this was to a certain extent the consequence of the way in which the Common Postgraduate Framework modules were delivered. The lecture programme for these modules is front-loaded in the first term. Feedback from students indicates that students are accepting of the current structure because they want to cover as much of the core content as possible before they are required to submit their research proposal.

Projects - marking

37. The panel queried the involvement of project supervisors in the marking of the project. This approach was unusual at SGUL. In response the team explained that it was important for markers to be expert in the area covered by the dissertation and, in many cases, the supervisor was best suited to mark the dissertation. Internal moderation was used to ensure that marking was valid and reliable. External examiners also had an oversight role in relation to project marking and the reports from externals had not raised any issues.

Virtual learning environment

38. The team acknowledged in its Self-Evaluation Document that a number of issues had prevented the team from fully using Moodle, the current VLE used by SGUL, as an educational tool. The main issue for students had been navigation difficulties and problems in finding relevant resources. Student feedback had also indicated that the management of Moodle could be better coordinated because there are sometimes no lecture notes posted prior to the lecture.

39. Kingston University and SGUL were both adopting Canvas as the new VLE although the timescales for transitioning to Canvas were different in the two universities. For KU, all

programmes would migrate to Canvas for academic year 2017-18 and so planning was at an advanced stage. For SGUL, some programmes would migrate in 2017-18 as an institutional priority and the remainder would follow in the subsequent academic years.

40. Because the Faculty offered programmes that lead to KU awards, a number of protocols and processes had been developed to enable the Faculty to make best use of the educational potential offered by Canvas. The MResClin had been keen to be an early adopter of Canvas. However, the CPF modules would remain on Moodle in 2017-18 and this was a complicating factor for the team. On balance, the MResClin team was confident that many of the difficulties experienced with Moodle in the past would be ironed out in the migration to Canvas.

MEETING WITH STUDENTS

41. The panel met with two full-time students, a pre-MRes intern and three MRes graduates. Two graduates are now employed as lecturers by the Faculty. The students spoke positively about the course; one student indicated that the opportunity to complete the MRes had been a privilege.

42. The graduates were asked how easy it had been to apply their research skills and enhanced knowledge base when they returned to clinical practice after completing the programme. The graduates explained that the course had given them a secure grasp of research principles and they were more questioning of the practice environment. It was difficult to initiate change without the engagement of the team within which they were working and this was frustrating. Often service pressures in the clinical environment made it difficult to have an impact. Two graduates had in fact left clinical practice and were working in higher education.

43. The students confirmed that were asked to provide feedback about the course in a number of ways. Students were asked to complete paper-based forms and on-line questionnaires. Students were invited to staff-student consultation meetings and course reps attended biannual course committee meetings. From a student perspective, there were frequent opportunities to provide feedback.

44. The VLE was used primarily by staff as a repository for information. The students referred to glitches in terms of VLE access and pointed to inconsistencies in the information available on the online platform. On balance, the students agreed that the VLE was underused by the course team. The students used WhatsApp and email groups to communicate with each other.

45. The students felt themselves to be part of the research community at St George's. They were invited to research related events including the Research Day and research-themed seminars and workshops. They had also been added to internal circulation lists that were relevant to them.

46. The students were asked about induction arrangements and their preparedness for postgraduate study. The students felt that the induction programme eased them into course and there had been a step change when the modular teaching started. The Mondays and Thursdays were described as "full-on" and "intense" and many of the CPF lectures were crammed and fast-paced in terms of delivery. In the second term, there was less contact teaching but assessment deadlines were more frequent and students

also needed to make progress with their project work. From a student perspective, the course was "all-consuming" and it could be difficult to switch off although this was no different from clinical practice. The students felt that there capacity to adapt was dependent on their personal resources, time management skills and aptitude for independent learning.

47. Regarding assessment, students were asked to hand in assignments some months after the end of the teaching for the module. The students did not feel disadvantaged by the lag. Refresher sessions were scheduled to help students prepare their assignments.

48. The students were asked to submit a research topic as part of the application process. This was discussed in the interview process and used to allocate a supervisor. It was not a formal research proposal as such and every element could evolve in discussion with the supervisor. The students felt that the allocation process worked well.

49. In terms of the quality of research supervision, the students raised a number of issues. One student indicated that the supervisor had been slow in responding to queries and requests to schedule meetings and the student had had to be persistent in seeking a response. As second student said that the relationship with the clinical mentor had "broken down" and the student had relied wholly on support from the faculty-based supervisor. When asked by the panel, the students indicated that they had not raised these issues with the Course Director and would have found it difficult to do so. The students agreed that the project handbook was clear about the minimum levels of support a student could expect but there was a perception that some students received more support than others.

50. The students were asked about the tripartite supervisory meetings. The students confirmed that these meetings did take place and they were valuable in terms of clarifying roles, monitoring progress and defusing tensions. The students did point to problems with supervisor access in summer because many staff were on leave at this time.

51. The students were asked who they would turn to for pastoral or welfare support. The students indicated that there was not a named person although students could go to the Course Director who was accessible and welcoming.

52. The students were asked how that had found out about the course. Most students had received and responded to an email circulated in their employing trust. The students were surprised that interest in the course was not more widespread. This may be because administrative issues related to backfill arrangements might make it difficult for potential students to secure "middle management" support even if their application was endorsed by local line managers and trust leadership.

53. Other comments in relation to the programme are summarised as follows:
    a) Clinical attachment days had been eye-opening and had given students an insight into the way in which organisations worked.
    b) There were very few clinical academics who might be role models for students. Students did meet and were impressed by the clinical academics they met at NIHR events.
    c) Students were urged to promote the course. To this end, students were encouraged to attend conferences, participate in open days, and contribute to webinars and

NIHR events. The team was astute in the way in which it promoted the course and adept at using social media to raise its profile.

54. Students suggested that it would have been useful if the programme had helped them to develop a business case. It would also have been helpful if the programme had helped students to develop their influencing skills.

DB/April 2017

V:\MRes Clinical Practice\PR 2016-17\MResClin report 29 March 2017.docx

---

Appendix A - MResClin Course Team

Dr Cheryl Whiting – course director (MResClin module leader for Applied Research, Research project and Negotiated independent learning module)
Prof Tom Quinn – Associate Dean for Research
Prof Jane Lindsay - Associate Dean for Learning and Teaching
Prof Annette Boaz - MResClin team - I&IS MRes module leader
Dr Mary Halter - MResClin team – Critical Appraisal MRes module leader
Dr Ann Ooms - MResClin team – Research Methods MRes module leader
Dr Ahmed Younis – MResClin team – currently MRes and Pre-MRes supervisor / support with Statistics and School Director of Learning and Teaching
Ms Ann Marie Hassenkamp – SGUL core framework leader
Ms Gill Mein – SGUL module leader for Data Analysis

Appendix B

MResClin Good Practice

Areas of good practice for sharing

1. Implementation and improvement science module – this is an excellent initiative developed in response to national and international drivers to improve quality and enhance patient safety. The aim to encourage students to consider implementation of Evidence based practice (EBP) within the contextual landscape (environment and policy) is also commended.
2. Targeting of selected professional groups to improve recruitment to programme.
3. The use of service users in curriculum development and as a visiting lecturer.
4. Monthly cohort meetings to endure timely feedback of problems/concerns from both parties.
5. Student 'ownership' and involvement including alumni, at student events and recruitment.
6. Use of social media e.g. Twitter to disseminate information about the programme.

Areas of good practice

1. A clearly articulated course philosophy.
2. Clear learning outcomes that the majority of the time reflect the taught content of the individual modules. Where these cannot all be met with the summative assessment they are evaluated elsewhere in the formative assessment e.g. Applied research module p. 56 course handbook

3. The individual modules support the overall aims of the programme and the learning outcomes. There is clear consideration given to the needs of part-time students.
4. Variety of assessment types and the use of assessment briefings to ensure students are informed about the assessment with this repeated for part-time students where there is a time lag.
5. There is a comprehensive pre-entry package and five day induction process that supports the transition of students into the academic environment in order to provide appropriate orientation to support a return to studying.
6. Clear examples of plagiarism in the course handbook to direct students to examples of good practice in using external sources in their work.
7. Word limits clearly articulated what is and is not counted and penalties that are incurred.
8. Process and examples of what constitutes mitigating circumstance and reasons for extensions clearly described.
9. Support offered to part-time students which recognises the unique difficulties they might experience not only form a study perspective but also in terms of social interaction within the peer group/university.
10. The change of title of the programme to reflect the different professions now eligible under the revised ICAP pathway.
11. Evidence of response to external examiner and student feedback in development of the programme/teaching/environment.
12. Some choice of modules to tailor to individual students needs whilst also meeting the requirements of a clinical academic researcher and NIHR/HEE.
13. Throughout the programme there is a strong emphasis on peer support, peer review and peer learning.
14. Use of vitae framework to support learner development.
15. The cubic curriculum which works well for the programme

Masters of Research in Clinical Research (MResClin)

MResClin team's response to the Periodic Review panels conditions and recommendations following review on 29th March 2017. The information below has been compiled by Dr Cheryl Whiting – MResClin course director on behalf of the MResClin team.

In relation to the following essential action points:

1. **The team is asked to consider whether the operational responsibility for the MResClin should transfer to an academic school.**

   At present, the MResClin is located within Centre for Health and Social Care Research (CHSCR) and is not part of one of the Faculty's three academic schools. The Faculty Management Group (FMG) has considered this, and has agreed that from September 2017 the MResClin programme will be hosted from within the School of Allied Health Midwifery and Social Care (AHMSC) The School is inter-professional in nature, with a diverse range of academic staff many of whom already contribute to the programme, but will, in addition to retaining existing support also widen the resources and expertise that can be drawn upon.

   There are on-going discussions about moving this forward in manner which is timely and advantageous to all parties. The MResClin course director is in consultation with the AHMSC Head of School to ensure that:

   - The programme is adequately resourced and that academic staff from the school are formally assigned key roles and responsibilities within the MResClin programme.
   - Organisational and leadership roles are distributed more widely and ensure that the interests of the MResClin are represented within the Faculty's Committee structure in order to alleviate against the current overreliance on the contributions of the Course Director, affording the course director more time to focus on the strategic direction and future development of the MResClin and internship programmes, and prepare for the next tender in 2018.
   - Close ties are retained with the CHSCR and that engagement with the community with the researchers within the CHSCR is maintained such that the MResClin programme and its students benefit from the CHSCR knowledge and expertise.

   The MResClin course director will report back to the Faculty Quality Assurance and Monitoring Committee (FQAMC) and to the Taught Postgraduate Course Committee (TPCC) on the outcome of these discussions in September 2017 prior to the start of the MResClin and Pre-MRes internship programmes.

2. **The MResClin team is asked to review arrangements for preparing, supporting and evaluating staff who supervise MRes research projects.**

In recent weeks the FHSCE has set up a working group in order to standardise practice in relation to research supervision and the training provided to

supervisors, in order to ensure greater consistency in research supervision. The MResClin team has representation within this group where interventions to overcome the variability in the support has been discussed. The Group is working on a Faculty wide strategy that will endorse and support the development of the following:

- Annual training and yearly review of supervisory practice as part of appraisal performance review which will enable staff to reflect on and enhance their practice. Identifying areas for personal development.
- Clear role descriptions/expectations for supervisors (this is to be in place by Sept 2017).
- Production of resource, and signposting supervisors towards key information and contacts via an electronic repository.
- Co-supervisory arrangements will continue to be used to provide mentorship support to staff that are new to research supervision.

The MResClin course director will report back to the FQAMC and TPCC on the outcomes and agreed interventions by the working group in September 2017 prior to the start of the MResClin and Pre-MRes internship programmes.

In relation the following advisable action points:

4. **The MResClin team is advised to allocate personal tutors who are not extensively involved in teaching or assessing their tutees.**

The move to host the MResClin within the School of School of Allied Health Midwifery and Social Care widens the potential for academic and student support. From September 2017 the MResClin programme will be able to assign each student a personal tutor, as well as a researcher supervisor in line with SGUL expectations for personal tutoring. It is anticipated that the personal tutors will not be extensively involved in teaching or assessing their tutees. This will prevent conflicts of interest and will allow students to raise issues openly and in confidence; without perceived detriment to their learning. Guidance produced by FHSCE supervision working group (as identified in point 2) will offer clarity into roles and responsibilities for both supervisors and personal tutors. Personal tutors will be encouraged to access the SGUL training for personal tutors and be provided with the revised SGUL Personal Tutor Handbook which will also contain course specific information.

In relation to the following advisable* and desirable action points:

3. **The MResClin team is advised to review the credit-rating of the project*.**
5. **The MResClin team is asked to review the weighting of research methodologies teaching to reflect the MRC's complex intervention framework and to expose students to different research paradigms.**
6. **The MResClin team is asked to review its engagement with the Common Postgraduate Framework modules to ensure that the modules remain relevant to the MResClin and support student learning.**

The MResClin team accept the recommendations to list above. The MResClin programme is currently funded by HEE/ NIHR, as part of an Integrated Clinical Academic Career training programme (ICAC). The current funding arrangements will come to an end in September 2018. It is hoped that the HEE / NIHR will issue a tender for further funding. However it is known that the ICAC pathway is currently undergoing a strategic review and it cannot be assumed that the terms and

conditions of funding will be similar to previous years. The uncertainty of the nature and structure of the ICAC pathway and future funding arrangements brings the need to consider flexible and alternative options for course delivery in order to ensure continuation of the programme.

Mindful of this and the advisable and desirable actions presented by the panel, the MResClin team can at this stage only say that in the run up to the next funding round and prior to September 2018 there will be a series of curriculum review meetings which will include input from students, FHSCE staff and service users. During which the MResClin team will seek to equalize the balance between quantitative and qualitative research methods, bring equal weighting to the research and taught components of the programme and review the MResClin engagement with the Common Postgraduate Framework modules to ensure that the programme remain relevant, supports student learning and meets the needs of the organisation and potential funders.

Following on from the review the MResClin team will produce an action plan which will note key changes and include inter alia timelines, decision points, an evaluation of the costs and an outline marketing strategy. The MResClin course director will report back to the FQAMC and TPCC and subsequent outcomes and actions will be tracked through course Annual Monitoring Reporting (AMR).