

ST GEORGE'S, UNIVERSITY OF LONDON

PERIODIC REVIEW REPORT

MSc Sports Cardiology

31st January 2020

PANEL MEMBERSHIP

Dr Rachel L. Allen (Chair)	Head of the Graduate School, St George's, University of London
Prof Paul Leeson	Head of Oxford Cardiovascular Clinical Research Facility, Oxford University
Chloé Wilson	Student Reviewer, St George's, University of London
Tony Dennis	Associate Professor, Radiography Admissions Lead and Diagnostic Clinical Lead, Faculty of Health, Social Care and Education, Kingston University & St George's, University of London

In attendance

Glen Delahaye	Quality Assurance and Enhancement Manager, St George's, University of London
---------------	--

Introduction and context

- 1) The MSc Sports Cardiology was validated in May 2016 for an October 2016 launch and has been running since then. The validation had been for a period of three years and a review therefore should have taken place in 2018/19. Due to staff shortages within the team, the periodic review ultimately took place in the 2019/20 academic year.

Conduct of the meeting

- 2) Prior to the meeting, the Panel received the documents listed in Annex A. Documents were received three weeks ahead of the review.
- 3) The Panel members held a private meeting at which they confirmed the range of issues that they wished to discuss with the programme team. Meetings were then conducted by the Panel. These included a meeting with five students and a meeting with the programme team. At the conclusion of these meetings, the Panel members held a private meeting in which they agreed the outcome, including areas of good practice and action points. These are recorded in paragraphs 4 to 20.

Outcome of the meeting

- 4) The Panel recommended to Senate that the period of approval of MSc Sports Cardiology should be extended for three years. The programmes would therefore next be reviewed (or revalidated) in the academic year 2022/23 to enable further intakes to enrol on the programme in the subsequent academic year 2023/24. The Panel agreed a number of action points and identified areas of good practice. The deadline for responding to the action points was agreed as 3rd April 2020.
- 5) This decision to approve the programme was subject to the approval of a business case, which the programme team would be required to submit to the Education and Student Strategy Committee (ESSC) by the 16th April 2020, to be considered by the meeting on the 23rd April 2020.
- 6) The Panel also concluded that the MSc Sports Cardiology was in principle compliant with the expectations of the UK Quality Code for Higher Education published by the QAA.

Good practice

- 7) The following points were highlighted by the Panel as Good Practice:
- 8) The high quality content of the programme and its value to the students.
- 9) The commitment of the course director to support students.

Essential action points

- 10) The following essential action points were agreed by the Panel:

Action 1

- 11) Ensure a consistent approach to admissions with a formal and clearly documented process, clarifying the entry criteria, including whether students who may not be competent in the interpretation of 12-lead ECG would be required to complete a supplementary online short course (paragraphs 25 and 35).

Action 2

- 12) Review the module descriptors to ensure consistent learning outcomes that are appropriate to level 7.

Action 3

- 13) Highlight the academic support services available to students, for example through Canvas and regularly including it on lecture slides (paragraph 32).

Action 4

- 14) Provide students with information about the programme ahead of induction, including a timetable, and regularly update the student handbook (paragraphs 23 and 28).

Action 5

- 15) Determine and enforce a cut-off point for the admission of students and design an induction programme that provides students with programme-specific information, including how assessment will work and an introduction to individual modules (paragraphs 27 and 37).

Desirable action points

16) The following desirable action points were agreed by the Panel:

Action 6

17) In order to broaden the academic responsibility of the programme, hold developmental meetings with the programme team that incorporate training and could include the sharing of good practice (paragraph 47).

Action 7

18) Work towards consistency of marking criteria across modules and ensure allocation of marks to students is fair, equitable and clear (paragraph 32).

Advisable action points

19) The following advisable action point was agreed by the Panel:

Action 8

20) Consider having one entry point in the year, instead of two (paragraph 37).

Meeting with students

21) The Panel met with four current students and a fifth student who had already completed the programme and joined the meeting via Skype. This meeting included both home/EU and international students.

Admissions

22) The ways in which the students had learned of the programme included meeting members of the programme team at conferences, as well as coming across the programme by searching on the internet. The MSc Sports Cardiology was the first formal qualification in its field, making it particularly relevant to international students. Several of the students highlighted that the programme had offered them knowledge and experience that they couldn't easily have gained in their own countries and that upon returning home, they would be the first in their country to hold a formal qualification in sports cardiology.

23) Some of the students reported difficulty in navigating the website and locating information about what modules they would be taking, but they were able to obtain information about the programme from the course director directly. One student also praised the support for international students given by the University.

24) As part of the selection process, the students were required to submit their CVs, qualifications and a personal statement about their background and relevant experience. The majority of the students had completed MBBS or equivalent and had backgrounds in cardiology.

25) The criteria for admissions indicated that candidates were expected to have basic competency with the interpretation of 12-lead ECG, which is part of the curriculum for MBBS. The students that met with the Panel were not required to prove that they were competent in reading ECGs before joining

the programme. One of the students who had not completed an MBBS was sent an online ECG course and completed it, but did not believe it was mandatory.

Induction

- 26) The induction programme provided the students with general information. A separate induction event was held for international students, which they found useful.
- 27) The students noted that the induction programme could have benefited from more programme-specific information, as well as more detailed information about the use of Canvas. They found their initial lectures to be challenging and would have appreciated an introduction to their modules.
- 28) Some of the students reported difficulties in obtaining a timetable ahead of the programme's start and had difficulty locating their lectures on the first day. They later learned that a timetable had been available online, but it had not been easy to find.

Assessment

- 29) All modules included a formative assessment. In the case of several modules, students completed a formative presentation, which then formed the main part of the module's summative assessment. The presentation allowed them to gain feedback to incorporate into the summative assessment.
- 30) The students found that there were delays in receiving assessment feedback. The feedback from one assignment would often arrive after they had already submitted the next assignment.

Student Support

- 31) The students reported that the specialist support on the programme had been great, in particular during clinics where they were able to discuss and seek advice on cases. The students also had their own WhatsApp group, which they used to share information between each other.
- 32) One of the students stated that they had difficulties with academic writing, due to not being a native speaker. The student reported receiving lower marks on assessments as a result of their English writing skills, despite successfully demonstrating that they had the knowledge that was being assessed. The student found this to be frustrating. There were support services within SGUL for students with difficulties in writing in the English language, but the student preferred to seek support through friends.

Additional points

- 33) The students highlighted that in general the programme had been well managed and that they found the content to be of a particularly high quality. Additional strengths that they noted included the networking and the order of the modules, which naturally progressed from one to the next. The recommended reading for each module had helped them to learn more detailed information about topics that interested them and the overlapping of programme content between modules meant that

the programme was easy to follow for students who were part time and therefore had wider gaps between modules.

Meeting with the programme team

Admissions

- 34) The programme had a maximum capacity of 25, which had not been reached. The programme team was in the process of building a profile for the programme. They were currently considering making changes to the entry criteria, which would make the programme more accessible to intercalating students. They had also considered designing MOOCs that could be available for free and may attract prospective students to the programme.
- 35) The suitability of applications was assessed by scoring them on a scale from one to 100. Each application was reviewed by at least two members of the programme team. The team acknowledged that their approach to determining if the applicant had successfully demonstrated sufficient knowledge of ECG was somewhat subjective. They would review earlier courses that the applicant had completed and would recommend an online course and free online resources to applicants they deemed needed them.
- 36) Applicants were provided with information about the programme as soon as their application was received. The course director personally emailed them this information, which included the dates of the programme, but not a specific timetable. The course director was then available to them, in case they had any further questions.
- 37) The programme had two intakes each year. The programme team acknowledged that they weren't strictly adhering to their cut off dates for the two intakes, meaning that applicants sometimes received information about the programme only shortly before the start date.

Assessment

- 38) Students who were having difficulties in their assessments were invited to meet with the course director and received oral feedback, with advice about how to improve in upcoming assessments.
- 39) Rubrics were used to breakdown feedback to students, indicating where they would need to improve. This had been one of the advantages of the move to Canvas, as all assessments and feedback were now processed electronically.
- 40) Students received excerpts of past assignments to provide an understanding of how to construct their assessments, including examples of well written work and work that did not satisfy the requirements.
- 41) Formative assessments included presentations, but students who were unable to attend to present their work could submit their presentation to the module lead and would receive feedback.

Attendance

- 42) Student attendance was monitored through paper registers and participation in modules was monitored on Canvas. As the number of students was relatively low, the programme team did not find it difficult to monitor their attendance and engagement. With the exception of Tier 4 students, where attendance was monitored to comply with UKVI regulations, the purpose of tracking attendance was to identify where students might be struggling and could benefit from additional support.

Student feedback

- 43) There had been difficulties in collecting formal student feedback, in part due to the low number of students and also due to technical difficulties. The Student Online Teaching and Learning Survey (SOLT) had not functioned correctly. There had been feedback through PTES, but the number of students participating was too low for the feedback to be considered representative of the whole cohort. The programme team expected the student feedback system to work better in the following year.

Resources

- 44) The programme team was aware that there had been difficulties with the induction programme (as noted by the students in paragraph 28) and reported that the course administrator had been on jury duty and that there was therefore a lack of administrative support around that time. They also reported that there had been delays with the processing of student applications, which resulted in induction and enrolment being arranged late.
- 45) A number of key players had left since the launch of the programme, causing an increase in responsibilities for the remaining members of the programme team. To address this, new staff were being recruited. The new position of Programme Manager for Taught Degrees had been created and recruited to. An additional admissions person would also be recruited in the near future. A former member of the MSc Sports Cardiology programme team was expected to return and would work closely with the course director to share responsibility for the programme.
- 46) Additionally, the administration team reported that they had been developing a process manual to ensure that staff could cover for each other during absences, as well as smoother handover of roles during staffing changes. They had also been encouraging students to bring non-academic matters, such as extensions to assessments, to the course administrator instead of to the course director.
- 47) To support the development needs of the programme team, there was typically an annual staff development event aimed at the less experienced members of the team arranged by the University's Centre for Innovation and Development of Education (CIDE). This event had not been held this year and the programme team acknowledged a need for more opportunities for their staff to develop themselves.

Distance learning

- 48) Although this periodic review concerned approval of the programme in its current format, the programme team was intending to gradually convert the programme into a distance learning degree. They were already in the process of increasing the use of online materials, such as Panopto recordings to make the programme more flexible. The majority of their students were professionals in full-time employment with families and a distance learning degree would provide the opportunity for more home/EU and international students to join the programme.
- 49) The Panel highlighted that the current and former students had been enjoying working as a group, as well as the opportunity to network with and receive support from specialists. The Panel advised the programme team to ensure this could be maintained when the programme was converted to a distance learning degree.

GD/Feb 2020

Annex A: Documents

Self-evaluation Document
Programme Specification
Programme Regulations
Scheme of Assessment
Student Handbook
Sports Cardiology MSc policy on word limits in assignments
Module Descriptors
Validation Report (2016)

Annex B: List of Attendees

Georgia Baines (Course Administrator)
Dr Maxine Esser (Programme Manager: Taught Degrees)
Kat Henley (Head of Postgraduate Administration)
Dr Bashar Ibrahim (Module Lead for Cardiovascular Anatomy and Physiology)
Dr Hamish MacLachlan (Module Leader for Principles of Cardiovascular Screening)
Dr Dimitra Nikolettou (Module Leader for Cardiac Rehabilitation)
Dr Michael Papadakis (Course Director)
Prof Sanjay Sharma (Course Director)
Dr Maite Tome (Module Lead for Advanced Management and Genomics of Inherited Cardiac Conditions)