

St George's, University of London

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 5th October 2017

Present:

Professor Deborah Bowman (Chair)
Dr Rachel Allen
Professor Annie Bartlett
Professor Iain Beith
Sue David
Dr John Hammond
Professor Andy Kent

Sam Khavandi
Professor Jane Lindsay
Professor Iain MacPhee
Dr Elizabeth Miles
Dr Janette Myers
Professor Jane Saffell
Dr Ahmed Younis

In attendance:

Derek Baldwinson (secretary)

Apologies for absence: Professor Judith Cartwright, Denise Cooper, Professor Roberto di Napoli, Dr Judith Ibison, Jenny Laws, Dr Julie Leeming (JAL) and Dr Aileen O'Brien.

1. Minutes of the meeting of 11th July 2017

1.1. The minutes of the meeting held on 11th July 2017 were received and approved.

Paper QAEC/17-18/1/A

2. Matters arising from the minutes of the meeting of 25th May 2017 (and previous meetings) not covered elsewhere

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

Paper QAEC/17-18/1/B

2.2. **PgDip Diabetes** (arising from 2.2) – It was reported that the Education and Student Strategy Committee had discussed the partnership with iHEED, but had yet to decide whether SGUL should renew its agreement and continue to provide the PgDip. A 'lessons learned' enquiry in relation to the approval of the PgDip Diabetes would be carried out when that decision had been taken. Professor Saffell would lead on this work.

2.3. **Academically-led review of programme approval procedures** (arising from 2.3) – Professor Bowman reported that little progress had been made in the review of programme approval procedures due to competing priorities and pressure of work. This project would be picked up in 2017-18 and Professor di Napoli's plans to strengthen programme approval and review processes would feed into the review Action: Professor Deborah Bowman.

2.4. **IQA – quality of feedback to students** (arising from 2.4) – it was reported that the audit was underway and the IQA team was on track to report to QAEC in December 2017.

2.5. **Data package for periodic review** (arising from 2.5) – it had previously been reported that a range of standard SITS reports was being developed by Registry. The Committee agreed that it would be useful to receive a progress report on this work from Jenny

Laws (Action: Jennifer Laws). In particular, it would be useful for course teams to receive an update on the availability and quality of data to support the annual programme monitoring process.

- 2.6. **Periodic review - The MSc Healthcare Practice (arising from 4.4)** - The MSc Healthcare Practice was due to be reviewed in 2017-18 and the programme team had requested a one-year deferral. FQC had endorsed the proposal and the views of TPCC were awaited (Action: Professor Annie Bartlett).
- 2.7. **Annual Programme Monitoring Process (arising from 6)** - it was noted:
 - a) That the APMR form had been redesigned and reissued to course directors and would be used for the 2016-17 monitoring cycle.
 - b) That a template for monitoring committee (FQC/TPCC/UMBEC) reports to QAEC would be developed. The aim of the template was to reduce the overall burden on monitoring committee chairs by allowing them to report on the monitoring committee's improvement plans and to escalate institution-wide issues to QAEC and Senate (Action: Derek Baldwinson).
 - c) That it had been agreed that a small Task & Finish group would be convened to review the data required to support effective annual monitoring. A meeting had yet to be convened although this work was linked to the earlier discussion on data requirements (see minute 2.5) (Action: Jenny Laws to include an update on this group's composition and work in her report to QAEC).
- 2.8. **Quality Manual Reissue (arising from 8)** - it was noted that the Quality Manual would be reissued before the end of the calendar year.

3. Membership and terms of reference

- 3.1. The Committee received its existing terms of reference and proposed membership (updated to reflect staff turnover, changes in role and internal structures).

Paper QAEC/17-18/1/C

- 3.2. To inform the review of its existing terms of reference, the Committee received the terms of reference of the Education and Student Strategy Committee, the Faculty Quality Committee and the Faculty Education Committee.

Paper QAEC/17-18/1/D/E/F

- 3.3. From the discussion of the ToRs, the following points are noted:
 - a) Education and Student Strategy Committee (ESSC) was constituted in prototypical form in June 2017 and met formally for the first time in August 2017. ESSC will report on educational matters to Senate and so the intention to constitute ESSC will require Senate approval. Professor Saffell would present a paper for Senate approval in due course (Action: Professor Saffell).
 - b) There are areas of overlap between the terms of reference of QAEC and ESSC. Previously, responsibility for the development of SGUL's Education Strategy had fallen to QAEC and this role would transfer to ESSC. ESSC had developed an institutional Education and Student Strategy and taken responsibility for oversight of its implementation in its ToRs.
 - c) It was intended that QAEC would retain its responsibility for quality, quality assurance for the development of enhancement plans arising from quality processes. ESSC's focus was on strategic, resourcing and policy matters related to education and the student experience. However there was concern that the

different purposes of the two committees might be difficult to capture in an unambiguous way in the ToRs.

- d) The question of resourcing issues identified by monitoring committees in the application of quality assurance processes was an area of specific ambiguity. Currently, these issues are reported to QAEC although responsibility for approving resource matters rests with ESSC.
- e) Formal cross-reporting between ESSC and QAEC might provide a mechanism for ensuring that there are no areas of overlap or omission between the two committees.
- f) Staff in general and course directors in particular would need to be aware of and understand the rationale for the committee structure.

3.4. It was agreed that the purpose of QAEC (which appears in the preamble to the ToRs) would be re-written to emphasis the way in which the role of the Committee differed from that of ESSC (Action: Professor Deborah Bowman).

3.5. Regarding the membership of the Committee, it was agreed that membership would be reviewed again when the terms of reference had been finalised. It was however noted staff who are members of both ESSC and QAEC might opt to remain on the committee that was most relevant to their role.

3.6. The following changes to the membership were agreed:

- a) Dr Vanessa Ho (Associate Dean (Equality, Diversity and Inclusion)) would be added to the membership of QAEC.
- b) Professor Jane Lindsay was an ex officio member of QAEC as chair of FQC. In the past, the Faculty of Health, Social Care and Education (through the Dean) had had the flexibility to nominate additional committee members to ensure parity of membership. It was agreed that this facility would be retained. Professor Kent was therefore invited to nominate Committee members.
- c) Professor Saffell could nominate an UMBEC member to join QAEC.

4. Quality and Partnerships Directorate

4.1. The Committee received from the chair a paper on the establishment of a new Quality and Partnerships Directorate.

Paper QAEC/17-18/1/G

4.2. The starting point for the establishment of the Quality and Partnerships Directorate had been an observation from the Chief Operating Officer that SGUL lacked a quality office or its equivalent and the new directorate had been established to fill that gap. Derek Baldwinson had been appointed as the Director of Quality and Partnerships, reporting to the Deputy Principal (Institutional Affairs). The QPD would be supported by an Executive Assistant and a Quality and Partnerships Officer.

4.3. It expected to begin its work formally towards the end of 2017. A key early task of the QPD is to develop, articulate and communicate a strategic vision for quality and partnerships to the wider St George's community and QAEC would have a key role in contributing to, and advising on, the development of that vision.

5. Annual Provider Review

5.1. The Committee received a report on the HEFCE Annual Provider Review requirements.

Paper QAEC/17-18/1/H

5.2. The Annual Provider Review includes within it an expectation that SGUL's Council will provide assurances to HEFCE on quality and standards. The specific assurances that Council are expected to provide are:

- a) The governing body has received and discussed a report and accompanying action plan relating to the continuous improvement of the student academic experience and student outcomes.
- b) The methodologies used as a basis to improve the student academic experience and student outcomes are, to the best of our knowledge, robust and appropriate.
For providers with degree awarding powers:
- c) The standards of awards for which we are responsible have been appropriately set and maintained.

5.3. In 2016, the report and plan was developed by Dr Anne-Marie Reid. Dr Reid's report explained the purpose of SGUL's QA framework and drew together a number of strands of work which amounted to SGUL's improvement plan. Council did accept the Report and Plan at its assurance meeting in November 2016 but concluded that a separate plan setting out the actions that were in train or planned would be helpful to Council members in monitoring progress and recognising obstacles that might delay the implementation of the Plan.

5.4. From the discussion of the Annual Provider Review requirements, it was noted that:

- a) Information, particularly student data, to support academic planning is unavailable or of low quality and this is unlikely to be remedied in the near future.
- b) ESSC had developed an Education and Student Strategy and supporting plan. This could form the basis of the continuous improvement that Council is expecting to receive.
- c) QAEC had previously identified a number of follow-up plans emerging from the annual monitoring process and elsewhere. These activities could be added to the improvement plan.
- d) The requirement to submit a report and accompanying action plan to Council is a recurrent requirement and steps needed to be taken to embed the preparation of the report and plan within SGUL's business plans and operations.

6. Curriculum approval process

Item deferred due to the absence of Professor di Napoli.

Paper QAEC/17-18/1/I

7. Teaching Excellence Framework

7.1. The Committee received an update on the Teaching Excellence Framework subject and teaching intensity pilots and on the arrangements for TEF3.

Paper QAEC/17-18/1/J

7.2. It was noted that the TEF oversight group had recommended that:

- a) SGUL should enter the TEF subject-level pilots and the teaching intensity pilot. SGUL find out whether it had been accepted for the pilots before the end of October 2017.

- b) At this stage, SGUL should not enter TEF3 in order to seek to improve on SGUL's TEF2 bronze award. This was an interim recommendation and may change when the TEF3 specification was published and the TEF metrics are available.

8. International MBBS – programme closure process

- 8.1. A paper setting out the arrangements for managing the closure of the international MBBS programme was received for discussion.

Paper QAEC/17-18/1/K

- 8.2. The paper set out the overarching programme closure plan. It was the precursor for the development of a more detailed operational plan which will include within it specific targets, timelines, clear allocation of responsibilities for action and KPIs where relevant. The overarching programme closure plan and the more detailed operational plan will be agreed by QAEC and reviewed, as a minimum, on an annual basis by QAEC.
- 8.3. It was noted that the statements about Student Experience and Student Satisfaction and Student Engagement (other than to note their priority) were relatively brief. It was assumed that these domains would be prominent features of the operational plan and have clear targets and responsibilities linked to them.
- 8.4. The Committee noted that the programme closure plan had been considered by UMBEC and SGSU sabbatical officers would therefore have had the opportunity to comment on its scope and purpose. The Committee also suggested that the plans should be shared with international MBBS students to reassure them that a comprehensive plan is place to support them through to graduation. QAEC would also be reassured if the action plan had the confidence and support of the students whose interests it was intended to protect. **Action: Soosan Atkins to provide Action Plan.**

9. Internal Quality Audit

- 9.1. A paper setting out possible topics for an internal quality audit was received for discussion.

Paper QAEC/17-18/1/K

- 9.2. The following were suggested as possible IQA topics:

Topic	Proposed by
The student recruitment and admissions pathway	Professor Iain MacPhee
Assessment	Dr Judith Ibison
Postgraduate admissions, systems, procedures and student experience	Professor Debbie Baines

- 9.3. Admissions had been considered by QAEC as a possible IQA topic in October 2016. However it had been decided that an audit of admissions processes was premature because an end-to-end process review of admissions had been initiated by the Chief Operating Officer and that review was expected to deliver significant improvements to the procedures and to the applicant experience.

9.4. QAEC members who are actively engaged with admissions processes were of the view that admissions processes continued to be inadequate. It was reported that many applicants were arriving at SGUL with a negative impression of the Institution that was difficult to counteract. In view of the acute nature of the reported problems and the overall importance of admissions, a quality audit may not be an adequate vehicle for investigating the underlying issues. Even so, it was agreed that the chair would raise the Committee's concerns with the Chief Operating Officer and Academic Registrar.

9.5. It was agreed that Assessment would be the subject of the Internal Quality Audit. An academic lead for the audit would be selected the detailed terms of reference for audit would be articulated. **Action: Professor Bowman to identify lead.**

10. MBBS Periodic Review

10.1. The proposal to defer the periodic review of the MBBS programme to academic year 2018-19 was received and approved.

Paper QAEC/17-18/1/L

10.2. In agreeing the proposal, it was noted that there were no quality concerns in relation to the MBBS and that the deferral would enable the MBBS leadership team, some of whom were new appointments, to capitalise on the opportunities afforded by the review process.

11. MBBS (SGUL UNic) Periodic Review

11.1. The report of the periodic review of the MBBS (SGUL UNic) programme and UNic's response to the action points arising from the review were received and noted.

Paper QAEC/17-18/1/M/N

11.2. The Committee noted that the panel had indicated that the current (quinquennial) schedule of periodic review was insufficient in part due to the complex nature of the arrangements for the programme. The Committee concurred with this view and suggested that a three yearly cycle might be more effective. It was however noted that this was a matter for SGUL-UNic Joint Strategic Executive Committee. Derek Baldwinson was asked to provide an update on the JSEC discussion.

12. Procedure for additional assessment and examination arrangements for students with disabilities or Specific Learning Difficulties

12.1. A revised procedure was received for discussion.

Paper QAEC/17-18/1/O

12.2. It was reported that the procedure had been revised to make it clear that extra time is not normally allowed in tests where a direct observation of the candidate's professional abilities under realistic time constraints is being made. The revised procedure also explained the basis on which the amount of reading time for all OSCE candidates had been doubled.

The Committee was not entirely persuaded by the rationale for extending the reading time for all students because reasonable adjustments are made on an individual basis and not applied to all students. However the Committee was prepared to accept the recommendations of the working group that had reviewed the procedure. The

Committee did however feel that the research referred to in the procedure should be referenced.

12.3. The panel also suggested that:

- a) The Procedure could refer to the GMC's 'Gateways to the Professions' reports and resources which include advice on ways in which programmes can be made more accessible;
- b) That, if possible, the impact of the Procedure could be monitored and evaluated;
- c) The Procedure should be publicised to Course Directors.

13. Dates of future meetings

Thursday 9 November 2017

Thursday 18 January 2018

Thursday 7 March 2018

Wednesday 16 May 2018

All meetings 2 to 4pm in H2.5

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