



St George's, University of London

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 8th November 2018

Present:

Prof Deborah Bowman (Chair)
Dr Rachel Allen
Derek Baldwinson
Denise Cooper
Sue David
Prof Roberto Di Napoli
Dr Frances Gibson
Dr John Hammond

Dr Vanessa Ho
Dr Marcus Jackson
Jenny Laws (until 3.30 pm)
Prof Jane Lindsay
Prof Iain MacPhee
Dr Janette Myers
Prof Jane Saffell
Annabel Strachan

In attendance: Eduardo Ramos (clerk)

1. Apologies for absence

Apologies for absence were received from Muhammad Omar Hijazi, Dr Aileen O'Brien, Miss Philippa Tostevin, Dr Ahmed Younis and Dr Saranne Weller.

2. Minutes of the meeting of 9th October 2018

To receive and approve the minutes of the meeting.

Paper QAEC/18-19/2/A

The minutes were agreed to represent an accurate record of the meeting

2.1 That the CIDE workshop on feedback had not been greatly attended and alternative options to work within local constituencies are being explored (e.g. CIDE educationalists and course nominees developing and monitoring commonly agreed action plans).

3. Matters arising from the minutes

To consider matters arising from the minutes of the meeting not covered elsewhere on the agenda.

Paper QAEC/18-19/2/B

Noted

3.1 Review admissions processes: update (from minute 3.1 May): that the Terms of Reference of the Admissions Decisions Group (chaired by the Associate Dean for Admissions) and Recruitment and Admissions Group (chaired by the COO) have been approved. Agendas for the

first meeting of both groups are under consideration and there is still a degree of uncertainty of how the groups would operate. QAEC retains oversight of the quality assurance of application and enrolment processes and it was requested that a report be submitted in the spring on Systems, Staff experience and the Applicant experience of the new governance arrangements.

3.2 To feedback on the feasibility of providing diversity and inclusion data for annual monitoring reports (from minute 3.2 June). This item was addressed through point 10 of the agenda.

Agreed

3.3 Suggest academic lead to steer the Internal Quality Audit – assessment for QAEC’s next meeting. **Action: RDN / RA to update following consideration of Paper D (see item 5 below)**

4. Schedule of Business

Received

The Committee’s schedule of business for 2018-19.

Paper QAEC/18-19/2/C

Approved

4.1 The Committee’s schedule of business for 2018-19.

Noted

4.2 That the Careers and Access Agreement Monitoring Committee will report to ESSC in future.

4.3 That oversight and discussion of the IQAs on feedback and assessment have not been programmed into the schedule of business.

4.4 That the Student Support and Welfare Committee reports to QAEC. The decision-making powers of the committee and how QAEC supports its work would need to be articulated.

4.5 That the SHINE scheme carries within it an expectation that QAEC will receive qualitative reports on the operation of SHINE (to parallel monitoring committee reports on annual monitoring. These reporting lines have yet to be established.

Agreed

4.6 To discuss with the chair of SSWC and Access Agreement Monitoring Committee how reporting lines to QAEC will be articulated. **Action: DFB to discuss with AOB the ways in which QAEC and SSWC interact.**

5. Internal Quality Audit

Received

The action plan stemming from the Internal Quality Audit (feedback).

Paper QAEC/18-19/2/D

Noted

5.1 That the action plan is in preliminary format, with actions graded in high, medium and low priority. Leads are in tentative form and it is expected that more precise timelines will be agreed with leads through QAEC.

5.2 QAEC noted a number of actions that should be more clearly included, namely:

- a. That issues around returning exam papers (students being able to access marked exam papers) will require a review at the institutional level.
- b. That a review of the turnaround time may be tied with returning exam paper policy.
- c. That staff development on feedback becomes compulsory for all involved in working with students and in education.

Agreed

5.3 All leads are asked to add an indicative timeline to the action plan for consideration at the next meeting. ER will distribute the action plan with a column for additions. **Action: ER**

5.4 Initiate developmental work on exam paper return to students' institutional policy. **Action: JS / RDN**

5.5 Include an action relating to staff development becoming compulsory in the action plan. **Action: DFB**

Received

A proposal to amend the current turnaround times in the Feedback policy.

Paper QAEC/18-19/2/E

Noted

5.6 That formative assessment for feedback does not have a precise time scale. It is difficult to establish a precise timeline given the diversity in the format of formative assignments and also the feedback medium (oral, written).

5.7 That it was proposed that the policy reflects 20 working days to provide feedback on SBAs, OSCEs, extended to 10 working days of the board where there is an exam board at the end of the assessment period and that we do not provide feedback before the board.

5.8 That the problem and causes are complex and multifactorial. It would be useful to understand it as a process review encompassing all aspects of the assessment timeline before making a decision.

Agreed

5.9 The action to review the feedback policy is kept as an action in the action point table of the IQA, further analysis will help review the process in its entirety which will enable a decision to be made regarding feedback.

5.10 QAEC therefore declined to change the published turnaround times until a process review is conducted. **Action: JL to lead on a process review, working with colleagues, to identify the influences and factors informing the marking and feedback timeline.**

Received

A programme for the Internal Quality Audit (assessment).

Paper QAEC/18-19/2/F

Noted

5.11 That the decoupling of assessment and feedback is to a degree artificial and the work from each activity must be considered in an integrative fashion when developing policy and frameworks as a result of the findings.

Agreed

5.12 Members to feedback to CIDE and the Head of the Graduate School on the contents of the paper via the Chair and to make any proposals for change by 3 December 2018. **Action: DFB / RA**

6. BSc Clinical Pharmacology Validation

Received

An oral update on the outcome of the validation event of the Clinical Pharmacology programme.

Noted

6.1 That a small number of conditions relate i) to a greater level of definition about the final year of the programme and ii) to reviewing the ways in which assessment is constructed and scheduled. The recommendation of the event was to validate subject to conditions and recommendations.

7. MBBS (International) Periodic Review

Received

An oral update on the results of the periodic review event.

Noted

7.1 That the review was developed in two phases due to the panel wishing to meet students. That meeting took place on the 31st of October.

7.2 That student satisfaction, trust and communications has been a major issue. The course team expects to receive a number of actions that will help improve these areas.

7.3 That the closure plan will incorporate the conditions and recommendations that will come out of the periodic review.

8. Data Improvement Group - Update

Received

An oral update on the presentation of the data Workbooks to course leaders.

Agreed

8.1 To maintain liaison between education leadership, programme development teams and QPD to ensure student online teaching schemes and similar developments are communicated and acted upon through the validation process. **Action: DB**

9. Quality Manual reissue

Received and approved

The updated Modifications to programmes of study and modules (Quality Manual – section D).

Paper QAEC/18-19/2/G

Noted

9.1 That the deadlines in the section can be highlighted as being 31st March for major modifications and 31st of July for minor modifications.

Received and approved

The updated Programme Specifications (Quality Manual – section J) for consideration and approval.

Paper QAEC/18-19/2/H

Noted

9.2 That the marketing team has clear views on what prospective students need to know before they come. These proposed modifications will allow the marketing team to track changes to be

advertised. CMA compliance plays a role as the team needs to have a single source of accurate and up-to-date information.

Received and approved

The guidance to facilitate meetings between external examiners and students (Quality Manual – section I Appendix).

Paper QAEC/18-19/2/I

10. MBBS (International) closure action plan

Received

An updated closure action plan document.

Paper QAEC/18-19/2/J

Agreed

10.1 That the closure plan be revisited once the outcome of the periodic review is known and will incorporate its action points. **Action: IMcP**

11. Programmes under development

Received

The updated programmes under development tracker for information.

Paper QAEC/18-19/2/K

12. Any other business

Noted

12.1 That it was suggested to include a discussion on student contracts as a substantive agenda item for the first QAEC meeting of 2019.

12.2 That terms and conditions or contract are developed by other universities and is useful to signpost some of the policies that are currently under development.

12.3 That as a condition of OfS registration, SGUL has had to present how CMA compliance to presentation of programmes is undertaken, in a durable form (generally meant to be an email).

12.4 That the CMA compliance sub-group could prepare and present a report for QAEC to review.

Agreed

12.5 To identify what is current practice and what the options are based on a report presented at the first meeting of 2019. **Action: VH (to lead)**

13. Dates of future meetings

Tuesday 11 December 2018 (H5.21)

Wednesday 9 January 2019

Wednesday 13 March 2019

Wednesday 10 April 2019

Tuesday 14 May 2019

All meetings will start at 2pm (unless otherwise stated) and take place in H2.5 (unless otherwise stated).

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ER/November 2018