St George's, University of London

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 9th November 2017

Present:

Dr Rachel Allen (Chair)	Dr Judith Ibison
Bethany Agnew	Jenny Laws
Professor Annie Bartlett	Professor Iain MacPhee
Professor Iain Beith	Dr Janette Myers
Professor Roberto Di Napoli	
Dr John Hammond	

In attendance:
Derek Baldwinson (secretary)
Paul Ratcliffe (Chief Operating Officer)

Apologies for absence: Professor Deborah Bowman, Professor Judith Cartwright, Denise Cooper, Sue David, Professor Jane Lindsay, Dr Elizabeth Miles, Dr Aileen O'Brien, Professor Jane Saffell and Dr Ahmed Younis.

1. **Minutes of the meeting of 5th October 2017**

   1.1. The minutes of the meeting held on 5th October 2017 were received and approved.

   Paper QAEC/17-18/2/A

2. **Admissions Processes**

   2.1. The Committee received an oral report from Paul Ratcliffe, Chief Operating Officer, on the review of admissions processes.

   2.2. From the Chief Operating Officer's report, the following points were noted:

   a) Concerns about the admissions processes reported at QAEC and elsewhere were not a surprise and a wide-ranging review of the entire cycle was being undertaken to address these concerns. Jenny Laws had the operational responsibility for admissions and she would lead the review.

   b) The priorities for the review included the functions of the admissions team and individuals within it; its business processes; and the MMI experience.

   c) Michelle Butcher (Senior Admissions Officer) would leave SGUL shortly and the purpose of the Senior Admissions Officer role would be reviewed before a replacement was sought. Two experienced admissions officers had recently been recruited to the team.

   d) As a consequence of the earlier review of marketing and recruitment, the international and home recruitment teams had been merged into a single team to provide a greater emphasis on effective marketing. At that time it had been decided not to merge recruitment and admissions. However, the review of business processes related to admissions will consider ways of improving joint working between the admissions and recruitment and marketing teams. The priority in this context was to improve conversion rates to ensure more high quality applicants came to SGUL.

e) Improving the customer service skills was an immediate priority. Specific training had been commissioned and this would be delivered before the end of the calendar year and would extend beyond the admissions team.

2.3. A number of course directors had provided written comments on admissions processes and these comments had been shared with the Paul Ratcliffe and Jenny Laws. Specific feedback from course directors focused on timeliness of responses; the tone of communications; inadequate tracking of enquiries; a lack of clarity about roles; a lack of understanding of the portfolio of programmes offered by SGUL; competence of individuals; contingency plans in the event of staff absence; and the availability of data about the volume of applications and the status of applications. Again, it was noted that these concerns were not new and would be considered as part of the review of admissions.

2.4. From the discussion, the following points are noted:
   a) The admissions team may be under-resourced when the volume of applications and the complexities and challenge of organizing MMIs is taken into account.
   b) The introduction of new programmes adds to the demands placed on the admissions team. The increasing demand may not have been considered fully when business cases for new programmes are developed. The new approach to curriculum development within which ESSC considers the resource implications of new programmes is intended to address this issue.
   c) There is a perception that non-faculty programmes are the priority in terms of the processing of applications and that the needs of the MBBS takes precedence over all other programmes.
   d) Concerns that inappropriate applicants are admitted because of a late recruitment push. This risk is exacerbated if suitably qualified applicants decline offers because of failings in SGUL's admissions processes.

2.5. Paul Ratcliffe was thanked for a helpful report. It was agreed that the Committee would receive a follow-up report from Paul Ratcliffe when it meets on 7th March 2018. In the interim, it would be helpful if course directors and admissions leads could receive an update on the review, its terms of reference and indicative timescales. It would also be helpful if an update on the structure of the teams and the roles of individuals within them could also be provided to course directors and admissions leads.

3. **Matters arising from the minutes of the meeting of 25th May 2017 (and previous meetings) not covered elsewhere**
   3.1. **PgDip Diabetes** (arising from 2.2) – It was reported that the Education and Student Strategy Committee had to decided not to extend the agreement with IHEED to validate the PgDip. A 'lessons learned' enquiry in relation to the approval of the PgDip Diabetes would be carried out in due course. Professor Saffell would lead on this work.
   3.2. **Academically-led review of programme approval procedures** (arising from 2.3) – the review was on hold. Action: Professor Deborah Bowman.
   3.3. **IQA – quality of feedback to students** (arising from 2.4) – it was reported that the audit was continuing.
   3.4. **Periodic review - The MSc Healthcare Practice (arising from 3.4) -** The periodic review of the MSc Healthcare Practice had been deferred to 2017-18.
   3.5. **Quality Manual Reissue (arising from 2.8)** - it was noted that the Quality Manual would be reissued before the end of the calendar year.

3.6. **Membership and terms of reference (arising from 3)** – the Committee would revisit its membership and terms of reference when the outcomes of the committee review had been published.

3.7. **International MBBS (arising from 8)** – the plan to manage the closure of the international MBBS programmes would be made available to QAEC in January 2018.

3.8. **Internal Quality Audit (arising from 9)** – arrangements for a follow-up audit of assessment-related activity would be put in place when the recommendations of the IQA on feedback were available.

3.9. **Periodic Review of the MBBS (SGUL-UNic) (arising from 10)** – an update from JSEC on the timing of the next periodic review was awaited.

4. **Annual Provider Review**

4.1. The Committee received for discussion the draft report to Council on the continuous improvement of the student academic experience and student outcomes.

<div align="right">**Paper QAEC/17-18/2/B**</div>

4.2. From the discussion of the draft report, the following points are noted:
   a) SGUL had not formally defined what might constitute a good or excellent academic experience for students. Similarly there was no standard for what constituted a good or excellent teaching session. Professor Saffell's work on the development of the educational and student related elements of the Operational Plan (2017-22) would address these issues.
   b) The UK Professional Standards Framework offered a comprehensive set of professional standards and guidelines for everyone involved in teaching and learner support and was a valuable reference point in this context.
   c) The introduction of flow diagrams would make the report easier to read.
   d) The report identified key strategic decisions taken by SGUL to enhance the student experience. It also included as contextual information related to changes in structure and role. The report would be more coherent if strategic issues and contextual information were presented separately.

4.3. It was noted that Professor Saffell and colleagues would continue to modify the report prior to its submission to Council.

5. **Curriculum Approval Process**

5.1. The Committee received from Professor Di Napoli proposed revisions to the curriculum approval process.

<div align="right">**Paper QAEC/17-18/2/C**</div>

5.2. The proposal had previously been discussed and endorsed by the Education and Student Strategy Committee and was presented to QAEC for discussion and approval.

5.3. The proposals are intended to ensure that curricula benefit from iterative rounds of quality improvement by being formatively reviewed in order to ensure fitness of purpose and alignment with disciplinary and institutional priorities. Under the proposal, Programme Leads will be responsible for liaison with the Head of CIDE who will in turn facilitate discussions with the Curriculum Advisory Group (CAG) at phase 1 and phase 2 of the process. Thereafter ESSC would be provide early strategic approval and approve the business case (phase 3 and phase 4). QAEC would be asked to approve in principle the academic case in support of the programme (phase 5).

5.4. The advantages of the proposal are:
   a) Pedagogic support for curriculum development is embedded at the start of the development process;
   b) The levels of support provided by CIDE and the CAG can be tailored to reflect the needs of the programme team, the complexity of the programme and capacity within CIDE;
   c) Early engagement with External Relations and Communications allows for an assessment of the likely demand for new programmes and for the development of an effective marketing strategy;
   d) The consideration of the business case within ESSC would allow for all direct and indirect costs to be calculated.

5.5. The proposal was supported. The validation process (section A of the Quality Manual) would be updated to incorporate the principles contained within the paper.

6. Annual Report on Validation & Review Activity (2016- 2017)

6.1. An overview report on validation and review activity (session 2015-17) was received for discussion.

6.2. QAEC had previously initiated an academically-led review of programme approval processes with Professor Bowman leading that work. This work has yet to begin (because of competing priorities) and is planned for 2017-18. Particular issues to address are:
   a) The extent to which programme approval procedures can be reconfigured to provide a greater focus on the likely experience of students admitted to a new programme and
   b) Diversity and inclusion issues in the curriculum.

6.3. As discussed (minute 5 above), Professor Di Napoli has proposed changes to the curriculum approval process. These proposals would be incorporated into programme approval procedures for implementation in 2017-18 where possible.

6.4. The report was approved.

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.

7.2. It was noted that:
   a) SGUL had been accepted for the TEF subject pilots in models A and B. The TEF oversight group was overseeing the submission process. For the purpose of the pilots, its membership was supplemented by representatives from the subjects offered by SGUL (medicine and dentistry; nursing; other subjects allied to medicine).

b) The TEF oversight group had previously recommended that SGUL should not enter TEF3. This had been an interim recommendation because the TEF metrics had yet to be published. The TEF3 metrics are now available and the initial hypothesis for SGUL is bronze (based on 1.5 flags derived from the NSS metrics). With the submission of the provider narrative, it might be possible to achieve a silver outcome. However the view of the TEF oversight group was that SGUL would find it difficult to achieve a silver award. The Group was therefore reaffirming its earlier recommendation to SPARC not to enter TEF3.

7.3. The report was noted.

8. **Annual Monitoring Data**

8.1. The Committee received an update from the Academic Registrar on the availability of data to support the annual monitoring process.

Paper QAEC/17-18/2/F

8.2. It was reported that:
   a) The production of data for the Annual Monitoring reports has begun within the Admissions Team.
   b) A SITS Working Group had been constituted with an operational focus. The Group was considering ways to standardize data processes and improve the quality and availability of data. A number of proposals had been identified and would now be prioritised and resource allocated to each item. The list of proposals was ambitious and resource within the Student Systems Team was currently stretched. Development work was therefore challenging to deliver.

8.3. It was noted that a number of students had not completed re-enrolment formalities. These students had been alerted to the fact that their access to buildings was at risk unless if they did not re-enrol. Approximately 70 students fell into to this category. Programme teams were aware of the issue.

8.4. The Student Systems Team was not currently able to meet the data requirements for a wider range of quality assurance processes. It was also noted that the team reviewing the personal tutor system had felt it would be useful if personal tutors were able to access the assessment records for their tutees. At present, this facility was not available in SITS.

8.5. The report was noted.

9. **Dates of future meetings**
Thursday 18 January 2018
Thursday 7 March 2018
Wednesday 16 May 2018

All meetings 2 to 4pm in H2.5