



Quality Assurance and Enhancement Committee

11th December 2018

Minutes

Present: Dr Rachel Allen (chair), Denise Cooper, Dr Fran Gibson, Dr Marcus Jackson, Professor Jane Lindsay, Professor Iain MacPhee Dr Janette Myers, Professor Jane Saffell, Pippa Tostevin.

In attendance: Derek Baldwinson

Apologies were received from: Professor Deborah Bowman, Dr Vanessa Ho, Dr Ahmed Younis, Annabel Strachan, Professor Roberto Di Napoli

1. Minutes

Received and approved:

The minutes of the meeting held on 8th November 2018.

Paper QAEC/18-19/3/A

2. Action points and matters arising from the minutes not covered elsewhere

2.1 Review of admissions processes (arising from 3.1)

Agreed:

The Committee would receive a report and accompanying action plan on the impact of changes to the applicant process when it meets in March 2019.

Action: Jenny Laws

2.2 Schedule of business – SHINE (arising from 4.5)

Reported:

The Committee would receive a monitoring report on SHINE when it meets in January 2019.

Action: Dr Saranne Weller

2.3 Schedule of business – reporting arrangements with SSWC (arising from 4.6)

Noted:

Professor Bowman was in discussion with Dr O'Brien about the way in which SSWC would report to QAEC.

Action: Professor Deborah Bowman

2.4 Internal Quality Audit - feedback (arising from 5)

Reported:

The Committee would receive an updated version of the IQA (Feedback) action plan when it meets in the New Year.

Action: Quality and Partnerships Directorate to facilitate updates to the IQA action plan.

2.5 Internal Quality Audit – turnaround times in the current feedback policy (arising from 5.10)

Reported:

Jenny Laws had not presented further proposals regarding changes to the turnaround times contained in the current feedback policy.

2.6 Internal Quality Audit - assessment (arising from 5.12)

Agreed:

No comments had been received on the proposed terms of reference and methodology for the Internal Quality Audit (Assessment). The Audit would therefore go ahead as planned.

Action: Dr Rachel Allen.

2.7 Quality Manual reissue (arising from 9)

Reported:

The publication of the 2018 Quality Manual had been delayed pending the launch of the new website. In view of the delays with the website, the 2018 manual would be published on the current site.

Action: Quality and Partnerships Directorate.

2.8 Student Contracts (arising from 12)

Reported:

Professor Bowman was convening a meeting to discuss student contracts. The meeting would take place in January 2019.

Action: Professor Bowman.

3. Validation Procedure

Received for discussion:

The revised validation procedure.

Paper QAEC/18-19/3/B

Reported:

The validation procedure had been revised to consolidate in-year changes to the procedure implemented in 2017-18 and to incorporate changes to the procedure agreed at a workshop in August 2018.

Agreed:

To approve the procedure subject to the following changes:

- a) The role of the Curriculum Advisory Group (CAG) should be expanded to allow the CAG to offer advice to teams opting to revalidate an existing programme. This role would be articulated in paragraph 18 and in the definition of stage 1.
- b) At present it is recommended that presentations to the CAG should be accompanied by a marketing questionnaire completed by ERCOM. This does not happen in practice. The questionnaire is a requirement at stage 2 but questionnaires are not consistently submitted. These requirements needed to be applied more diligently. Kingston University's forms considered its Market Evaluation Group could be used as reference points for the update of an SGUL questionnaire.

- c) ESSC did not need to receive a detailed outline of the structure of a programmes at stage 2.
- d) Curriculum development teams would be invited to develop a project plan and prompted to discuss their proposals with professional support service leads as per paragraph 40. All professional support service leads could be identified by function in this paragraph of the procedure (or in an annex to it).
- e) Students should be added to the list of stakeholders referred to in paragraph 43h).
- f) At stage 3, criterion f) (paragraph 43) should be unpacked to so that (i) curriculum development teams are encouraged to consider “rigour and stretch” (ii) and to reflect on how students will develop as they progress through the programme (“the student journey”).
- g) The arrangements for evaluating the quality of the programme should include SGUL’s general approaches to quality assurance and measures that are specific to course (paragraph 68p). In this context, it was agreed that SGUL’s usual measures, including the requirement to schedule Staff-Student Liaison Committees, should be mandatory. Section H of the Quality Manual (on Student Engagement) would be updated accordingly.
- h) The validation documents should include an operational document as per paragraph 61.
- i) The centre head/head of department should have a role in presenting documentation to ESSC at stage 2 of the procedure. The centre head/head of department should also have a role in presenting the business case at stage 4.
- j) The student handbook could be presented in an appropriate format e.g. as series of draft pages on the VLE. In the longer term, it would be helpful if the content of handbooks could be standardised so that curriculum development teams need not draft a handbook from first principles. QPD/registry would explore the feasibility of this
- k) At the business case approval stage (stage 4), the professional support services involved in programme delivery should be listed so that the indirect cost of delivering a programme can be fully accounted for.

Action: Quality and Partnerships Directorate to lead on updates to the procedure.

4. Validation Procedure

Received for discussion:

A report on validation and review activity in academic year 2017-18.

Paper QAEC/18-19/3/C

Agreed:

To note the report subject to (i) clarification of whether recruitment to the MRes Clinical Practice was suspended in the period covered by the report and (ii) the addition of any new modules approved by UMPEC.

Action: Quality and Partnerships Directorate.

5. UKSCQA degree classification consultation

Received:

A report on the current consultation on degree classification outcome conducted by QAA on behalf of UKSCQA.

2017-18.

Paper QAEC/18-19/3/D

Reported:

Staff wishing to contribute to SGUL’s response to the consultation should send comments to Derek Baldwinson or Julie Leeming by 18th January 2019. The consultation would close on 8th February 2019. The SGUL response would be signed off by the chair of QAEC prior to submission to QAA.

Discussed:

It would be useful if the consultation documents could be discussed at the next meeting of the Programmes Forum.

6. BSc Clinical Pharmacology Validation

Received:

The report of the Clinical Pharmacology validation.

Paper QAEC/18-19/3/E

Reported:

The conditions of approval included a requirement to develop a detailed Scheme of Assessment. As part of the revisions to the validation procedure, a guidance note on preparing a scheme of assessment would be developed to support curriculum development teams who were unused to drafting assessment regulations.

7, MBBS (International) Periodic Review

Received:

The report of the periodic review of the international MBBS programme

Paper QAEC/18-19/3/F

Reported:

The periodic review panel had highlighted a number of issues that were already known to the international MBBS. Finding a solution to these problems had proven to be very difficult.

The panel had asked the team to identify a member of staff to focus on building strong relationships with students and developing a culture and vision for the teach-out phase of the programme. The identification of a suitable person would be crucial to the success of the teach out.

8. BSc/MSci Biomedical Science

Received:

The report of the visit from the Institute of Biomedical Science.

Paper QAEC/18-19/3/G

Reported:

The IBMS panel had declined to accredit the programmes because, in the view of the panel, the programme was not fully mapped to the QAA subject benchmark statement for biomedical science.

This outcome was disappointing because:

- a) the IBMS had been present at the revalidation of the programme in September 2016 and had not raised any queries about mapping against the subject benchmark statement.
- b) In terms of the coverage of key biomedical science disciplines, the revalidated programme was similar to its predecessor which had been accredited by the IBMS. It was unclear therefore why the programme no longer met IBMS requirements.
- c) The IBMS concluded that the number of teaching sessions in some areas was insufficient. This conclusion appeared to be at odds with the QAA benchmark statement which identified the subjects that a biomedical science should generally include but did not stipulate how much time should be set aside for each subject.

A more detailed report from the IBMS was awaited and Dr Gibson and colleagues would respond to the report when available. In this context, it was noted that current IBMS accreditation did not cover the 2018 intake and SGUL would work to protect the interests of these students. Professor Bowman had been consulted on this issue.

9. Data Improvement Group

Reported:

The Data Improvement Group would next meet on the 12th December 2018. The Group would receive and consider a report on awards and progression for all programmes and a separate report on student satisfaction (NSS and SES) and employability/further study.

10. Regulations for the use of Library Services 2018/19

Received for approval:

The Regulations for the use of Library Services

Paper QAEC/18-19/3/H

Discussed:

The extent to which the regulations applied to staff not directly employed by SGUL (e.g. honorary and visiting staff) could be made clear. In addition, the regulations could usefully cross-refer to SGUL's Prevent Duty.

11. QAA UK Quality Code

Received:

A brief paper on the publication by QAA of advice and guidance on implementing the UK Quality Code,

Paper QAEC/18-19/3/I

Agreed:

Monitoring Committees would be asked to note the publication of the advice and guidance. In addition, staff and committees with roles that aligned with chapters in the advice and guidance would be asked to consider the implications of the advice and guidance to their work.

Action: Quality and Partnerships Directorate to coordinate.

12. Dates of Meetings in 2018 -2019

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).

DB/17 December 2018