St George's, University of London

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 18th January 2018

Present:

Dr Rachel Allen (Chair)	Professor Iain MacPhee
Professor Iain Beith	Dr Elizabeth Ann Miles
Dr Judith Ibison	Dr Janette Myers
Sam Khavandi	Professor Jane Saffell
Jennifer Laws	Dr Vanessa Ho
Professor Jane Lindsay	

In attendance:
Derek Baldwinson (secretary)
Eduardo Ramos

1. **Apologies for absence**

Apologies for absence were received from Bethany Agnew, Professor Annie Bartlett, Professor Deborah Bowman, Professor Judith Cartwright, Denise Cooper, Professor Roberto Di Napoli, John Hammond, Professor Andy Kent, Dr Aileen O'Brien, Professor Michael Ussher and Dr Ahmed Younis.

2. **Minutes of the meeting of 9th November 2017**

   2.1. The minutes of the meeting held on 9th November 2017 were received and approved subject to deletion of minute 2.4 d).

   Paper QAEC/17-18/3/A

3. **Matters arising from Minutes of the meeting of 9th November 2017 (and previous meetings) not covered elsewhere**

   3.1. **Admissions processes (arising from 2.5)** course directors and admissions leads had yet to receive an update on the review of admissions processes. **Agreed: Jenny Laws agreed to follow this up.**

   3.2. **PGDip Diabetes (arising from 3.1)** the agreement with iHeed was extended to cover the cohort entering the programme in 2017. SGUL has agreed in principle to extend the approval period to cover a 2018 intake if iHeed was unable to identify an academic partner. A 'lessons learned' enquiry in relation to the approval of the PgDip Diabetes was judged to be no longer necessary.

   3.3. **The review of programme approval procedures (arising from 3.2)** is on hold. DB would discuss with DFB how that work could be carried forward. The Quality and Partnerships Directorate will provide support in cases where programme development includes partnerships with external organisations.

   3.4. **Internal Quality Audit of feedback (arising from 3.8)** – it was reported that the audit was continuing with focus groups being formed. Early notes of focus groups to be provided to monitor progress.

   Agreed: RA and DB to provide initial findings from the audit to JS.

3.5. **Quality Manual Reissue (arising from 2.8)** - it was noted that the Quality Manual would be reissued in due course.

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. **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.

3.8. **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**

The Committee received for discussion the report to Council and accompanying action plan on the continuous improvement of the student academic experience and student outcomes.

Paper QAEC/17-18/3/B

4.1. From the discussion of the report, the following points are noted:
   a) The report and accompanying action plan had been accepted by Council.
   b) The Annual Provider Review process may disappear in its current form once the Office for Students formally takes on HEFCE's regulatory functions (1st of April 2018).

4.2. QAEC is designated as accountable committee for a number of actions (page 27):
   a) Action number 4: review of data to support quality assurance and educational decision-making, an ad hoc oversight group needs to be formed to determine data needs from a joined-up educational perspective.
   b) Action number 5: development of an annual programme monitoring process: changes to bring greater reflection and critical analysis and a focus on student outcomes have been made. This point is largely complete.
   c) Action number 6: review of regulatory frameworks for collaborative provision.
   d) Action number 7: academically-led process review is in progress, with revised elements to be introduced progressively.
   e) Actions number 12 and 13 internal quality audit for feedback and assessment: an audit of quality can be conducted simultaneously to improvements being made.

   Agreed: DB to follow up on all actions.

5. **Programme Approval Procedure**

The Committee received proposed changes to the Programme Approval Procedure to encompass innovations developed by Prof Jane Saffell and Prof Roberto Di Napoli.

Paper QAEC/17-18/3/C

5.1. The proposal includes a repositioning of QAEC to act as a body with a role in reviewing initial proposals to develop new programmes and to scrutinize draft validation documents.

5.2. Concerns were expressed around the number of forms that course development teams need to complete. It was clarified that QAEC and ESSC early approval would be light-touch and aimed at helping course teams identify areas that may require further development and manage risks.

5.3. It was noted that responsibility for approving new modules would continue to be delegated to monitoring committees.

5.4. It was noted that QAEC may need to review its membership and the frequency of its meetings to reflect changes stemming from the Programme Approval Procedure.

   Accepted: QAEC role in the procedure.

Noted: content of the Initial Programme Proposal Form.

Agreed: scrutiny of draft validation documents would now fall within the remit of QAEC.

5.5. A tracker of the stage of development of programme proposals was under development and will be provided at the next QAEC meeting.

Agreed: Quality and Partnerships Directorate to provide a programme development tracker for information.

6. Lecture Capture Policy

The Committee received a copy of the Lecture Capture Policy.

Paper QAEC/17-18/3/D

6.1. It was noted that formal approval of the opt-out system for recording lectures resides with the Deputy Principal (Education) and QAEC would be responsible for monitoring the implementation of the policy.

6.2. It was noted that Copyright infringements need to be avoided (point 11) and a specific communication may need to be addressed to teaching staff on this point.

6.3. It was noted that section 13 of the policy could usefully be cross referenced to the 'Behavioral contract' signed by students on enrolment.

Agreed: JS to arrange for the cross referencing of the policy to the behavioral contract. DB would reword the section on procedural arrangements.

7. SGUL International MBBS – Programme Closure Action Plan

The Committee received the SGUL International MBBS – Programme Closure Action Plan.

Paper QAEC/17-18/3/E

7.1. It was noted that the action plan addressed issues raised in GMC reports and by students.

7.2. It was noted that in order to compensate the shortage of placements in the US in the present academic year, SGUL has allowed students not placed in the US to complete the MSc in Global Health at no extra cost to keep student status (and student visa). Members noted that the Action Plan could be made available to students to receive feedback.

7.3. The Plan included 12 KPIs some of which are at "red" RAG rating. In this instances, the KPI included a statistical target (eg achieve 70% satisfaction in the annual student survey) which had yet to be measured. The actions linked to the KPI outlined the actions that would be taken to achieve KPI.

7.4. The Plan has yet to be shared with international MBBS students.

Agreed: IMcP to present regular updates of the implementation of the plan to QAEC. In presenting these updates, it would be useful if significant updates to the previous iteration of the plan could be highlighted.

8. Student Conduct and Compliance

The Committee received the Annual Report from the Student Conduct and Compliance team (session 2016 – 2017).

Paper QAEC/17-18/3/F

8.1. It was noted that accountability for Student Conduct and Compliance resides in GLAS, which reports to the COO.

8.2. It was noted that it would be useful to show percentages that compare the number of cases with total student population and increase or decrease year on year.

Agreed: DB to request from the Student Conduct and Compliance team that they include percentages in the next report.

8.3. It was noted that QAEC would be communicating significant trends to programme teams so that monitoring committees can address them.

Agreed: that the report would be shared with monitoring committees so that significant trends and differences between programmes could be identified.

Agreed: the Student Conduct and Compliance Team might be able to use SITS to ease the record-keeping burden on the team. Jenny Laws to discuss options with the team.

8.4. The report was noted.

9. External Examining

The Committee received the annual report on External Examiners (session 2016-17).

Paper QAEC/17-18/3/G

9.1. It was reported that:
   a) A small number of reports are still awaiting receipt.
   b) Some course directors/assessment leads had not responded to external examiner reports. Outstanding responses would be chased.
   c) Feedback had been largely positive, with few negative comments.
   d) Biomedical Science BSc final projects are marked by external examiners.

9.2. It was noted that soliciting the participation in marking from external examiners may suppose an extraordinary use of resource and requires proper justification.

Agreed: JS to request from the Chief Examiner further information on the reasons for asking External examiners to mark iBSc/Biomedical Science BSc final projects.

9.3. It was suggested that facilitating a meeting between externals and students in order to identify points for improvement could be useful. DB to consult with course directors on the feasibility of this approach.

Action: DB to consult with course leads on the possibility of sharing the positive comments from External Examiners (especially in relation to feedback) with students.

10. Teaching Excellence Framework

10.1.   It was reported that:
   a) SGUL had entered the TEF pilot for institutional and subject evaluation in both model A and model B.
   b) That a specific TEF Pilot group is monitoring SGUL's involvement and narrative returns.
   c) That a series of LEGACY learning points are being extracted and will inform further improvement and progress towards the goal of reaching Silver in SGUL's next submission (2019).

10.2.   It was noted that it would be useful to share a TEF Pilot briefing document with members involved in teaching and learning improvement.

Action: JS to share a TEF Pilot briefing document with EM and Prof JL.

11. Periodic review schedule

11.1.   It was noted that the approval period for the PgDip Diabetes may need to be extended to cover the 2018 cohort if iHeed are unable to secure an alternative partner provider.

11.2.   It was noted that the Periodic Review of the PgCertHE Healthcare and Biomedical Education, scheduled originally for February 2018, is now due to be in April 2018.

12. Dates of future meetings
Wednesday 7 March 2018 (J1.11)
Wednesday 16 May 2018 (H2.5)

V:\Committees\Quality Assurance and Enhancement Committee\2017-2018\2018_04_11_Papers\Paper A QAEC minutes 18 January 2018.doc

ER/21 March 2018