



Quality Assurance and Enhancement Committee

01 February 2019

Minutes

Present: Professor Deborah Bowman (chair), Dr Fran Gibson, Dr Vanessa Ho, Annabel Strachan, Derek Baldwinson, Verity Allison, Godfrina McKoy, Dr Saranne Weller, Jenny Laws, Professor Roberto Di Napoli, John Hammond

In attendance: Glen Delahaye (clerk), Dr Julie Leeming (for Agenda item 4), Denise Chase (for Agenda item 7), Rachael Elliot (for Agenda item 7)

1. Apologies for absence

Apologies for absence were received from Dr Rachel Allen, Denise Cooper, Dr Marcus Jackson, Professor Jane Lindsay, Professor Iain MacPhee, Dr Janette Myers, Professor Jane Saffell, Pippa Tostevin

2. Minutes

To receive and approve the minutes of the meeting held on 11th December 2018.

Paper QAEC/18-19/4/A

Reported

Dr Rachel Allen was thanked for having chaired the meeting of the 11th December 2018 in Professor Deborah Bowman's absence.

Agreed

The minutes were agreed to represent an accurate record of the meeting, subject to the following modifications:

Professor Roberto Di Napoli's apologies for absence to be added.

The statement under agenda item 3 "marketing questionnaires are rarely submitted to CAG" to be changed to "marketing questionnaires are not consistently submitted to CAG"

3. Action points and matters arising not covered elsewhere

Received

The action points arising from the minutes not covered elsewhere.

Paper QAEC/18-19/4/B

Reported

Review admissions processes: report on systems, student experience and staff experience. - A paper on this would be submitted to QAEC in March 2019. **Action: JL**

Cross-referencing of the Lecture Capture Policy to the student 'behavioural contract'. - This had been completed and the policy made available on the portal. Item closed.

Provide feedback on the timeline for Heart Failure MSc validation. - There was no update. **Action: DB to follow up**

Draft membership, ToR, reporting and governance arrangements of the QAEC Data Improvement sub-group to be presented. - A further meeting had been scheduled and would be chaired by Dr Rosie MacLachlan.

Develop a table of actions to be undertaken as a result of the audit on Feedback, identifying and prioritising recommendations and proposing leads for each. - This item would be addressed through agenda item 6.

To explore the option of including some specific questions on feedback in the external examiner form. - This action was currently with the Examinations Administrator and DB would follow up on it. **Action: DB**

Draft form that will merge programme approval forms and templates into a single form to be cumulatively completed through validation process stages. - A form had been developed and would be circulated to QAEC.

To develop a checklist to confirm involvement and liaison in course development of different sections in the organisation and to set a timescale for programme validation based on the minimum requirements set by Kingston University. - This had been incorporated into the revised Validation procedure and would be circulated.

To submit a monitoring report on SHINE in January 2019 - This would be addressed through agenda item 10.

To report on discussion with Dr O'Brien about the way in which SSWC would report to QAEC - This had not yet been completed. **Action: DFB to report at March meeting**

To facilitate updates to the IQA (Feedback) action plan. - This would be addressed through agenda item 6.

To go ahead with the IQA (Assessment) as planned. - The IQA was in progress and being led by RA. **Action: RA**

To complete the 2018 Quality Manual for publication on the website. - The Quality Manual was being finalised and would be published shortly.

To convene a meeting to discuss student contracts. - A meeting had been held, but had not yet determined if student contracts were necessary and the action was therefore ongoing. **Action: DFB to continue to keep QAEC informed of progress**

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 UMBEC. - Clinical Practice would be relaunching in Autumn 2019.

To ensure that staff and committees with roles that aligned with the revised UKQC consider the implications of the Advice and Guidance to their work - This had not yet been completed. **Action: DB / GD**

4. Degree classification

Received

A summary paper on the OfS publication 'Analysis of degree classifications over time: Changes in graduate attainment' OfS 2018.54

Paper QAEC/18-19/4/C

Reported

OfS had published data showing changes in degree classifications between 2010-11 and 2016-17 at individual provider level. OfS have an objective to ensure 'qualifications hold their value over time'. The analysis flagged where universities had a statistically significant percentage of "unexplained" increases in first and upper-second class awards over time. SGUL had been flagged, but was in the lower half of the table of rankings on

- a. percentage of unexplained attainment by 2016-17 (compared to 2010-11) and
- b. number of flags of significance.

The group noted that there had been no particular changes at SGUL, in terms of degree algorithms or assessment practices that could have contributed to an unexplained increase in more 1st and 2:1 classifications.

SGUL may be required to address the increase (probably via ongoing registration), although the way in which the OfS would want this to be explained had not yet been made clear.

Agreed

QPD and JAL would develop a form that each course team would be required to complete to reflect on their own degree inflation, compared with that of the rest of the University and the Sector. That work would come back to QAEC once completed. **Action: JAL / DB / GD**

5. Annual Report on External Examiner session 2017-18

Received

The Annual Report on External Examiner session 2017-18

Paper QAEC/18-19/4/D

Reported

A number of External Examiners had not yet submitted their reports, but this was being followed up on by the registry. Also, responses to externals had yet to be sent. **Action: JL to report back at the next QAEC meeting on progress.**

Agreed

To share a sample institutional External Examiner overview report with DB. **Action: FG**

6. Assessment and Feedback Enhancement Plan

Received

The Assessment and Feedback Enhancement Plan

Paper QAEC/18-19/4/E

Reported

The Assessment and Feedback Enhancement Plan had been developed following the IQA of feedback. A separate IQA of assessment was currently underway.

The plan proposed the introduction of Education Enhancement Leads (EEL), a new role that staff could take on alongside their current roles. Some questions were asked regarding capacity and the potential for additional work. However, QAEC agreed that given the priority of improving performance in assessment and feedback and wider conversations about workload, it should be trialled.

Agreed

That the role of the EEL would need to be reviewed after one year.

That a group could be formed to commence development of the new Feedback policy. QPD would provide support. **Action: RDN / DB / GD**

The Assessment and Feedback Enhancement Plan should be shared with Professor Jane Saffell for feedback, particularly an update on training student ambassadors. **Action: RDN**

The Assessment and Feedback Enhancement Plan was approved, subject to modification and feedback from Jane Saffell.

7. Annual Report on Student Procedures 2017-18

Received

The Annual Report on Student Procedures 2017-18

Paper QAEC/18-19/4/F

Reported

That there had been an increase in appeals and complaints due to incorrect results and degree classifications having been released to students. The financial cost to the institution and reputational impact of these in the last academic year was noted.

The report highlighted that the Examination Hall Code of Conduct required updating to take modern technology into account. Investigators and Course Leads had indicated that training for assessment leads and invigilators specifically covering the types of electronic cheating methods and the institutional approach for prevention and detection would be welcomed.

BSc Healthcare Practice had been the highest user of the Discretionary Panel Procedure.

Each CPPD module on BSc Healthcare Practice allows for a third discretionary attempt and this had significantly added to the administrative burden. Most students had not made an application for the third attempt and the quality of the applications that had been made was poor.

The suitability of discretionary provision for modular programmes should be reviewed.

It was proposed that a series of discretionary panels could be arranged that would consider applications from all courses, instead of holding individual panels for each course.

Concerns had been reported over inconsistencies in student records. JL reported that work was ongoing in Registry regarding records, particularly via the development of institutional guidance, which would ensure consistency in record holding across courses.

Agreed

DB to meet with RE to discuss the remaining recommendations arising from the report. **Action: DB / RE**

To submit the Student Record progress, including on Guidance and Standards to QAEC in March. **Action: JL**

8. MSc/PG Dip Advanced Clinical Practice Curriculum Validation

Received

A paper on the development of MSc/PG Dip Advanced Clinical Practice Curriculum Validation

Paper QAEC/18-19/4/G

Reported

An Advanced Clinical Practice (ACP) pathway was being developed that would sit within the Healthcare Practice framework and would potentially be available as an apprenticeship.

QAEC was invited to agree an appropriate approval process for the pathway.

Agreed

That it was not necessary for all six stages of the validation process to be completed and that instead a more bespoke approach could be taken. **Action: DB / GD**

9. MBBS Teach Out Plan

Reported

The MBBS teach out plan could not be updated in time for the QAEC to receive it.

~~Paper QAEC/18-19/4/H~~

Agreed

It was agreed that review of the MBBS Teach Out Plan should be deferred to the next meeting, to allow staff involved in the plan to focus on the periodic review response and the GMC visit. **Action: IM**

10. SHINE

Received

The Annual Review of SHINE 2017-18

Paper QAEC/18-19/4/I

Reported

QAEC's role was to monitor the operation of the scheme against its original intentions.

SHINE was currently under review in advance of submitting an application for Advance HE re-accreditation by 31 March 2019.

Externality is built into the scheme through an external reviewer and external assessor.

Uptake in SHINE had been low, in part due to staff not being aware of the benefits and difficulties in completing it alongside other commitments.

SHINE could be combined with other activities, such as informal discussion groups that could be arranged around particular topics.

The SHINE lead left in July 2018 and it was no longer clear what the original intentions of SHINE had been.

Agreed

That Professor Jane Saffell should be consulted on the next steps for SHINE and its strategic intent and relationship to the educational strategy and supporting implementation plans. **Action: SW**

The SHINE report was approved.

11. Any other Business

There were no other items of business.

12. Dates of Meetings in 2018-19

Wednesday 13 March 2019

Wednesday 10 April 2019

Tuesday 14 May 2019

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

GD/Feb 2019