



St George's, University of London

Quality Assurance and Enhancement Committee

Minutes of the meeting held on 7<sup>th</sup> March 2018

**Present:**

Dr Rachel Allen (Chair)  
Professor Roberto Di Napoli  
Dr John Hammond  
Jennifer Laws

Professor Jane Lindsay  
Professor Iain MacPhee  
Dr Vanessa Ho  
Dr Ahmed Younis

**For items specific to them:**

Dr Eqram Rahman  
Dr Axel Nohturfft

**In attendance:**

Derek Baldwinson (secretary)  
Eduardo Ramos

**1. Apologies for absence**

Apologies for absence were received from Bethany Agnew, Professor Annie Bartlett, Professor Iain Beith, Professor Deborah Bowman, Professor Judith Cartwright, Denise Cooper, Sue David, Dr Judith Ibison, Professor Andy Kent, Dr Elizabeth Ann Miles, Dr Janette Myers, Dr Aileen O'Brien, Professor Jane Saffell and Professor Michael Ussher.

**2. Programme Approval – MSc Human Anatomy: Regional, Applied and Scientific**

2.1. The initial Programme Proposal Form for the MSc Human Anatomy: Regional, Applied and Scientific was received.

**Paper QAEC/17-18/4/A**

2.2. The following points were noted

- a) The MSc has obtained Approval in Principle from Education and Students Strategy Committee (....). A business case is under development.
- b) The proposed IELTS English test score requirement for non-native English speakers is 6.5 (with 6.0 in each subcomponent), aligned with the standard required for medical electives.
- c) There are no specific induction measures for international students. The target population are graduates in Medicine who are expected to have developed the skills and knowledge to succeed in a programme of this nature. Trimester 1 modules across all streams are designed to offer a platform to refresh and develop basic skills to progress to more specific training from trimester 2.
- d) Gaps in the contextualization and characterisation in each of the course/stream proposal are apparent. This may stem from that of appropriate guidance in the way the form is conceived. More specific guidance may be welcomed by programme development teams.

**Noted:** content of the Initial Programme Proposal Form.

**Agreed:** QAEC did not approve the proposal to offer an MSc Human Anatomy: Regional, Applied and Scientific for 2018 entry.

In reaching this decision, QAEC concluded that the proposal needed more input from Roberto Di Napoli and colleagues in CIDE. Delaying the launch of the programme to 2019 will allow time involve staff in the anatomy team and elsewhere in curriculum development (including future module leads).

**Agreed:** to recommend that the MSc Human Anatomy suite proposal is further developed with support from CIDE with a view to a 2019 start.

### 3. Programme Approval – MCh (Magister Chirurgiae) suite

3.1. The initial Programme Proposal Form for the MCh suite was received.

Paper QAEC/17-18/4/B

3.2. The following points were noted

- a) The MCh has obtained Approval in Principle from Education and Students Strategy Committee (....). A Business Case is under development.
- b) Teaching and learning strategy and assessment sections are unspecific. These sections could usefully be re-written to draw out why the teaching and learning strategy and methods and approaches to assessment are appropriate for target student population and for the programme aims and outcomes.
- c) Objective Structured Clinical Examinations (OSCEs) will be included across Specialist Clinical Modules, one OSCE covering all modules rather than one per module.
- d) Optional modules (15 credits each) will involve 2 weeks of lecture-based training, the rest being observership time.
- e) Clinical observerships will not involve patient contact, mitigating direct competition for scarce rotation time at the SGUH Trust. Students will fund the observership through their £12K fee. The programme team is committed to planning ahead to ensure that enough supervisors are identified for each cohort.
- f) The proposed IELTS English test score requirement for non-native English speakers is 6.5 (with 6.0 in each subcomponent), aligned with the standard required for elective observerships which seems a sensible approach given that placements do not require patient contact.
- g) Accreditation by the Royal College of Obstetricians and Gynaecologists could be sought for the MCh suite. The cost is £5K and the process involves programme review and onsite visit.
- h) There are no specific induction measures for international students. The target population are graduates in Medicine who are expected to have developed the skills and knowledge to succeed in a programme of this nature. Trimester 1 modules across all streams are designed to offer a platform to refresh and develop basic skills to progress to more specific training from trimester 2.
- i) Gaps in the contextualization and characterisation in each of the course/stream proposal are apparent. This may stem from that of appropriate guidance in the way the form is conceived. More specific guidance may be welcomed by programme development teams.

**Noted:** content of the Initial Programme Proposal Form.

**Agreed:** QAEC agreed that the Master of Surgery MCh could proceed to the final stages of the validation process (Validation Panel decision and business case approval at ESSC.)

**Agreed:** the initial proposal form would benefit from being reworked to take into account the feedback from QAEC, with support from CIDE. The form doesn't need to be resubmitted to QAEC, its Chair may sign off on behalf of QAEC.

**Agreed:** Once the validation cycle is complete, Derek Baldwinson to work on the Initial Programme Proposal Form template to include more specific guidance for programme teams.

#### 4. Programme Approval – PGCert, PGDip, MRes, MSc in Translational Medicine

4.1. The initial Programme Proposal Form for the Translational Medicine MSc/MRes was received

Paper QAEC/17-18/4/C

4.2. The following points were noted

- a) More detail in sections 6 (Overall educational aims of the programme) and 9 (Teaching, assessment and feedback on academic progress) might help better determine the educational scope of the programme.
- b) Specific learning outcomes at the PGCert and PGDip level may help the Validation Panel determine if the award requirements are met. It might be useful to present the learning outcomes cumulatively (ie holders of the PgCert will be able to...in addition, holders of the PgDip will be able to...).
- c) Some sections of form were rather generic – the teaching and learning strategy was an example. These sections could be re-written to draw out why the teaching and learning strategy and methods are appropriate for the type of students you hope to attract and for the Translational Medicine discipline.
- d) The distribution of responsibility of the programme team was clarified:
  - Síle Molloy: Clinical trials
  - Alina Humdani: Population Health
  - Kate Tatton-Brown: Genomic Technologies in Clinical Diagnostics
- e) It is foreseen that employability will be enhanced through placements in industry and site visits.
- f) It was noted that given common points between the MRes and MSc, one single Validation Event could consider all programmes although it is planned that the former will be launched in 2018 and the latter in 2019.
- g) It was noted that there was an unusually large number of modules on offer, although this may reflect the fact that some are already existing modules (contributing to the early delivery of the MRes). It would be useful, within the teaching and learning strategy, explaining how existing modules would be integrated within the course and made relevant to its students. Undergraduate modules will need to be re-presented as level 7 modules as part of the validation process.
- h) The programme development team could be updated to identify staff who will have a significant role in curriculum/programme development and/or contribute to the delivery of the Translational Medicine programme, eg, as module leads.

**Noted:** content of the Initial Programme Proposal Form.

**Agreed:** QAEC agreed that the PGCert, PGDip, MRes, MSc in Translational Medicine could proceed to the final stages of the validation process (Validation Panel decision, provided business case approval has been gathered at ESSC) with a view to a 2018 start for MRes and a 2019 start for PGCert, PGDip and MSc.

**Agreed:** the initial proposal form would benefit from being reworked to take into account the feedback from QAEC, with support from CIDE. The form doesn't need to be resubmitted to QAEC, its Chair may sign off on behalf of QAEC.

**Agreed:** that the programme team could provide more detail on overall educational aims and teaching, assessment and feedback, with a stronger emphasis on key aspects of the programme, e.g. teamwork.

## 5. Other programmes under development

The Committee received the programmes under development schedule (session 2017-18).

**Paper QAEC/17-18/4/C**

5.1. It was noted that work on the Clinical Ultrasound PGCert has not been pursued for some time and that the course is not currently under development.

5.2. It was noted that members may want to comment on the schedule by circulation for a new version to be presented at the next committee meeting.

**Agreed:** to comment on the document by circulation.

**Agreed:** to note that the Clinical Ultrasound PGCert is unlikely to progress to validation in the current cycle and could be taken out of the schedule.

## 6. Dates of future meetings

Wednesday 11 April 2018 – 10.00 to 12.00 in JB.1 (Jenner Wing Basement)

Wednesday 16 May 2018 – 14.00 to 16.00 in H2.5 (Hunter Wing, 2nd Floor)

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ER/27 March 2018