

**St George's, University of London**

**Senate**

**Quality Assurance and Enhancement Committee**

**Minutes of the meeting held on 4<sup>th</sup> April 2017**

**Present:**

Dr Anne-Marie Reid (Chair)

Dr Rachel Allen

Tanisha Amin

Professor Annie Bartlett

Professor Deborah Bowman

Corey Briffa

Sue David

Professor Jane Lindsay

Dr Elizabeth Miles

Dr Janette Myers

Dr Aileen O'Brien

Professor Jane Saffell

**In attendance:**

Derek Baldwinson (secretary)

Dr Julie Leeming (for items 3 and 4)

Dr Alice Moon (for item 3 and 4)

Apologies for absence have been received from Professor Iain Beith, Professor Judith Cartwright, Denise Cooper, Dr John Hammond, Dr Judith Ibson, Professor Iain MacPhee, Dean Pateman, Professor Michael Usher and Dr Ahmed Younis.

**1. Minutes of the meeting of 9<sup>th</sup> March 2017**

- 1.1. The minutes of the meeting held on 9<sup>th</sup> March 2017 were received and approved subject to the addition of "it was feared that" at the start of the final sentence in minute 3.3 to read "It was feared that any attempt to reinforce the educational value of peer tutoring was likely to be counterproductive at this stage"

**Paper QAEC/16-17/5/A**

**2. Matters arising from the minutes of the meeting of 19<sup>th</sup> January 2017 (and previous meetings) not covered elsewhere**

- 2.1. **Apprenticeships (arising from 2.7)** – it was reported that Dr Reid had arranged for Dr Murphy to contact Jo Gregory to discuss the Faculty's approach to developing an apprenticeship route for FdSc Healthcare Practice.
- 2.2. **International (INTO) Medicine MBBS 2015–16 (arising from 3)** – it was reported that Professor Iain MacPhee was responsible for implementing the requirements of the action plan developed in response to the concerns of the GMC and students regarding the international (INTO) MBBS programme. In this role, Professor MacPhee was reporting directly to Professor Saffell. The decision had therefore been taken to discontinue the QAEC sub group that had been convened to provide additional support to the international MBBS programme team and to Professor MacPhee. Dr Reid would however continue to review progress on behalf of QAEC.

- 2.3. It was reported that the student feedback from the most recent SGSU Senate had been positive and it was hoped that progress was being made in responding to the concerns of the international (INTO) MBBS students.
- 2.4. It was unclear whether the Kaplan lecture series requested by students had been purchased. Dr Reid would follow up with Professor MacPhee.
- 2.5. **Faculty Quality Committee Annual Report: admissions concerns (arising from 4.7)** – Dr Reid had met with Dean Pateman to discuss concerns about an apparent delay in processing applications and scheduling interviews for some faculty programmes. At the meeting, Dr Reid had been reassured that the perception of delays related to a misunderstanding of the status of some applications. Dean Pateman agreed however to undertake further checks to allay any concerns. It was also confirmed that the process review of admissions was underway and a number of improvements had been implemented and further improvements were planned.
- 2.6. **The summary report on Annual Programme Monitoring from TPCC (arising from 5.2)** – the MSc Physiotherapy annual monitoring report would be made available to Professor Bartlett (action: DB).
- 2.7. **Plagiarism in higher education: custom essay writing services (arising from 7.2)** – TPCC had discussed the use of Turn-it-in and agreed that students should be able to review draft coursework submissions on Turn-it-in on one occasion to help them to identify and correct potential referencing issues.
- 2.8. It was reported that the faculty was reviewing its provision in critical thinking and analysis to ensure that students have access to the same offer. It was expected that this work would help students to be better understand issues related to academic integrity. Dr Rosie MacLachlan is involved with the Faculty in the review.

### **3. Careers Activity and Development Report**

- 3.1. The annual Careers Activity and Development Report from the Careers Committee was received for discussion.

#### **Paper QAEC/16-17/5/B**

- 3.2. From the discussion of the report, the following points are noted:
  - a) Dr Alice Moon, the SGUL careers consultant, is based on site on Mondays and Tuesdays. Feedback from students has been positive and the Careers Service continues to be valued by students, graduates and research staff.
  - b) With the exception of the BSc Healthcare Science, all programmes have a careers lead who is an ex officio member of the Careers Committee. The Careers Committee meets quarterly. However attendance at meetings was erratic and more could be done to emphasise the importance of participating in meetings to the careers leads.
  - c) The Service offers workshops that are embedded within courses. Attendance at workshops fluctuates and the Careers Committee is seeking to better understand the factors that affect student participation.
  - d) The Service is available for one to one appointments. At present, the Service is able to meet student needs. The Biomedical Science team is intending to launch a

professional training year in 2018-19 and this might create additional demands from students seeking placement opportunities.

3.3. The report from the Careers Committee was approved.

#### **4. HESA consultation on NewDLHE**

4.1. A draft response to the HESA consultation on NewDLHE prepared by Dr Leeming was received for discussion.

##### **Paper QAEC/16-17/5/C**

4.2. HESA has developed a new model for collecting information about what higher education (HE) students do after graduating. The new model, referred to as NewDLHE, will replace the current Destinations of Leavers from Higher Education survey. The key components of the new model are:

- a) Students will be surveyed 15 months after graduation. At present students are surveyed after six months. The new model will start with those for those graduating in 2017-18.
- b) There will be a centralised collection process to allow for consistency and efficiencies.
- c) The near real-time access to data and a commitment to continue to allow third party data enhancement
- d) Linkages with data from other sources e.g. salary data from HMRC.

4.3. The Committee supported the NewDLHE proposals although it was noted that the move to a 15 month survey might have a negative impact on response rates. It was also noted that response rates must exceed 70% and providers are responsible for maintaining channels of communication with alumni to ensure that providers have accurate contact details. This will place an additional administrative burden on providers.

4.4. The draft response was endorsed.

#### **5. Student Conduct and Compliance - activity report**

5.1. Data on student appeals, complaints and related procedures (session 2015-16) was received for discussion.

##### **Paper QAEC/16-17/5/D**

5.2. It was noted that:

- a) The student affairs team had processed 285 student cases in 2015-2016. The number of cases considered by the team had increased by 126% in the five year period from 2011-12. The team's workload was growing in terms of the volume and complexity of cases this made it difficult for the team to manage its workload.
- b) The number of appeals upheld by the OIA was small – three in the five year period covered by the report. It would be helpful to why the OIA had found in favour of the students in the two recent cases.
- c) 114 cases were considered by Discretionary Panels in 2016. 75 cases had been considered in the previous year. The fast-track criteria developed in 2016 were not yet in operation and so all 114 cases were considered in full by Discretionary Panels.
- d) It was noted that the numbers of students referred to Discretionary Panels was disproportionately high for some programmes. Paramedic Science was an example.

It would be helpful if course teams reflected on the educational reasons why students failed on two occasions and were in need of Discretionary Panel consideration. Course teams could also be asked, as part of the Annual Programme Monitoring process, be invited to comment on appeals and complaints.

- e) The Committee found it difficult to make sense of the data pertaining to assessment irregularity. 63 allegations had been received in 2016 of which 37 related to Biomedical Science students. It was not clear if the allegations related to intentional misconduct on the part of students or accidental breaches revealed by Turn-it-in. A fuller discussion of the data pertaining to assessment irregularity would therefore have been helpful.
- f) Investigating Officers are appointed to cases under the fitness to practise procedure; the Disciplinary Procedure and the Complaints Procedure. Investigating Officers carry out the role on a voluntary basis and, although the role is reflected in the teaching diary, the importance of individual contributions are not widely recognized within SGUL.
- g) The investigatory process is becoming more complex in part because many students now take legal advice at the informal and formal stages of procedures. This has added to the burden on Investigating Officers and on the student affairs team. One Investigating Officers was reported as having spent 89 hours carrying out an investigation. Investigations are becoming protracted and the current approach may not be sustainable.
- h) The current review of the personal tutor system (led by Dr O'Brien) might consider whether it was possible to identify and offer support to students in difficulty at an early stage.

5.3. It was agreed that Dr Reid would follow up on queries raised by the Committee with Rachael Bevilacqua.

## **6. Undergraduate Medicine and Bioscience Education Committee Annual Report (session 2015-16)**

6.1. The annual report from UMBEC on the outcomes of annual programme monitoring (session 2015-16) was received for discussion.

### **Paper QAEC/16-17/5/E**

6.2. It was noted that:

- a) The MBBS programme had successfully entered clearing. The Biomedical Science programme had under recruited slightly and it was possible that the focus on the MBBS had contributed to the under recruitment.
- b) Systems and processes for MMI interviewer recruitment and pool maintenance are expected to transfer to IMBE for the 2018 intake recruitment cycle.
- c) It had been agreed with UNic that entry requirements for the MBBS franchise programme must be equivalent to the UK programme. The transition would be overseen by the Medical Admissions Group.
- d) There is a seemingly high number of students on an interruption of studies across all years of the MBBS programmes. Dr O'Brien has been working with the MBBS teams in IMBE to maintain accurate data on interrupting students to ensure that they are tracked and that arrangements are in place to reintegrate returning students.

- e) The research institutes had reduced the volume of teaching that they were delivering. IMBE was required to pick up the shortfall in teaching and was creating budgetary pressures in IMBE.
- f) A number of staff held multiple organizational roles. If a member of staff with multiple roles left, the knock on effects could be wide-ranging. Work was underway to map roles across IMBE to mitigate risk.
- g) There was a lack of clarity regarding the role of the International Medicine Operations Group. IMOG had been conceived as a trouble-shooting/problem solving group to, for example, consider ways of addressing the lack of clinical placements. However IMOG included students in its membership. The Committee would not expect students to be involved in groups that were tackling problems of this kind.
- h) Professor Saffell was considering changes to the way in which UMBEC considered annual programme monitoring reports. Options included more frequent UMBEC meetings to allow reports to be considered more thoroughly; tracking the implementation of programme-level action plans; and additional guidance to improve the quality and usefulness of the analysis contained within individual reports.

6.3. The report was approved.

## **7. Annual Programme Monitoring Report (session 2015-16)**

- 7.1. It was agreed that Dr Reid would lead on the preparation of QAEC's summary report annual programme which would be submitted to Senate in June 2017. QAEC members would be asked to contribute to the report as appropriate.
- 7.2. It was agreed that a meeting involving Dr Reid and the monitoring committee chairs would be convened to consider possible adaptations to the annual monitoring process.

## **8. Dates of future meetings**

Thursday 18 May 2017 (NB – deferred to 25 May 2017)

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