



Faculty of Medicine Postgraduate Education Board 13 February 2019, 15.00-17.00 Room 127, Sir Alexander Fleming Building, South Kensington

### Confirmed minutes of meeting held on 13 February 2019

#### Present:

Ms Hayley Atkinson (HA), Ms Trisha Brown (TB), Prof Laki Buluwela (LB), Mrs Nikki Boyd (NB), Dr Alison Cambrey (AC), Miss Lisa Carrier (LC), Prof Dan Elson (DE), Ms Danielle Kurtin (DK), Mr Emmanuel Okwelogu (EO), Dr Michael McGarvey (MM), Dr Duncan Rogers (DR), Dr Sophie Rutschmann (SR) [Chair], Ms Rebecca Smith (RS), Ms Anita Stubbs (AS), Mrs Nousheen Tariq (NT) [Committee Secretary], Dr Jeffrey Vernon (JV), Ms Men-Yeut Wong (MYW)

#### In attendance:

Dr Latha Ramakrishnan (LR), Ms Anna Maria Jones (AMJ), Dr Jill Riley (JR), Dr Louise Blakemore (LBI), Dr David Riley (DR), Dr Hecock Tadese (HT), Ms Jo Tite (JT), Dr Alisdair Smithies (AS), Ms Didi Thompson (DT), Dr Wayne Mitchell, Dr Joana Dos Santos (JDS)

## Apologies:

Prof Paul Aylin (PA), Miss Susan English (SE), Mrs Rebekah Fletcher (RF), Ms Michele Foot (MF), Ms Christine Franey (CF), Mr Gerry Greyling (GG), Dr Jo Horsburgh (JH), Prof Jeremy Levy (JL), Prof Tony Magee (TM), Prof Sue Smith (SS)

Welcome and apologies for absence				
REPORTED:	1.1. 1.2.	Apologies were received as above. The Chair welcomed JDS and WM who attended for item 5 (IMPACTS short course), and programme leads in attendance for approval of curriculum review modifications JR, LB, DR, HT, AS, DT.		
2. Paper 71: Minutes of Previous Meeting and Matters Arising (22 January 2019)				
CONSIDERED and AGREED:	2.1.	Minutes of the previous meeting were approved.		
	2.2.	SR has discussed the applications back-log with Martin Lupton. Registry Admissions have been able to rapidly clear the back-log.		
	2.3.	The Curriculum Review proposals for the following programmes were approved at January PEB and have since been submitted to Programmes Committee – MSc Allergy,		
	2.4.	All other actions were completed		
3. Paper 72:	Curric	culum Review Update		
REPORTED:	3.1.	This paper includes a table with the status of each programme in the Curriculum Review process.		
	3.2.	LR reported that 21 of 28 programmes will have completed curriculum review for academic year 2019-20.		
4. Strategic approval of major modifications - Curriculum Review				

REPORTED:	4.1.	SR thanked the core reviewers and the peer reviewers for assessing the programmes submitted to PEB.		
	4.2.	The PEB chair's summary on Curriculum Review proposals and the full reviews, including comments from College reference panel, were sent to programme teams. The Chair summarised the findings of the reviews including the recommended changes that should be implemented prior to submission to the January and February Programmes Committee.		
	4.3.	The proposals were reviewed by the College Reference Panel, the FEO Curriculum Review Team [Latha Ramakrishnan and Anna-Maria Jones], Jo Horsburgh and Nikki Boyd (Educational Development Unit), and Men-Yeut Wong from the Registry Quality Assurance team.		
CONSIDERED:	4a. P	4a. Paper 83: MSc Cardiovascular and Respiratory Healthcare		
	4.4.	JR represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:		
	4.5.	The PG Certificate (=30ECTS of students' effort) is only associated with 1 Intended Learning Outcome that the students should demonstrate at the end of 750 hours of engagement with the programme. By comparison, the PG Dip, is defined by 5 LO (and the Masters 3 ILO on top of those 6) for a similar amount of engagement. Provide more ILO that the students will be able to demonstrate at the end of the PG Cert.		
	4.6.	Reduce over-usage of some specific verbs in the ILO, such as critically 'evaluate', 'select', 'use your knowledge'		
	4.7.	Feedback: provide similar opportunities for all students (for example in study design or quality in healthcare where students are encouraged to ask for oral feedback, this should be either provided to all students as part of the programme or to none, to ensure the same student experience)		
	4.8.	Ensure a balance of assessments between programmes, for example the 7.5ECTS module 'quality in healthcare' is assessed by a single 10min presentation which seems very short to assess all ILOs.		
AGREED:	4.9.	PEB approved the proposal subject to the Programme Team making the changes outlined in the PEB summary.		
	4.10.	The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.		
	<ul> <li>ACTIONS: MSc Cardiovascular and Respiratory Healthcare programme team:</li> <li>Meet with Latha Ramakrishnan or Anna Maria-Jones from the CR team for guidance and support in making the recommended (tracked) changes as outlined in the PEB summary.</li> <li>Submit to SR and NT by 28 February for final approval by PEB.</li> <li>After PEB approval, the proposal may be submitted to Programmes Committee for College approval.</li> </ul>			
CONSIDERED:	4b. Paper 84: MEd Surgical Education			
	4.11.	DR represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:		
	4.12.	Some ILO are similar between specific modules and the programme specification. However, modules LO are usually more specific than programme ILO and should progressively build up to provide the programme LO. Please rephrase those ILO in the module specification		

- documents. Indicating which of the programme ILOs will be mostly supported by each module is quite nice though.
- 4.13. A large number of modules are assessed by written pieces of work, even though the tasks are often authentic. Thinking about the skills the students will practice during the programme (oral presentations, videos, team work, journal club) or could practice (poster?) as well as the marking burden for the programme team, could some of these written pieces be replaced by alternative assessment whilst still fulfilling the ILO?
- 4.14. Ensure that the proposed assessments are testing all ILOs that the students will be able to demonstrate at the end of each module.
- 4.15. Some modules (Theory and Practice of Learning, Teaching and Assessment for example) require more work on their ILOs. Please see directly the assessors' comments.

#### AGREED:

- 4.16. PEB approved the proposal subject to the Programme Team making the changes outlined in the PEB summary.
- 4.17. The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.

### **ACTIONS:** MEd Surgical Education team:

- Address the major and minor recommended changes as outlined in the PEB summary.
- Re-submit proposal with tracked change documents to SR and NT by 28
  February and, following final approval by PEB, submit for the March
  Programmes Committee to Men-Yeut Wong by 05 March.
- Alternatively, submit a new proposal for <u>PEB in 2019-20</u>, with the aim to implement the revised curriculum for the 2020 intake. Aim for PEB up to and including Feb 2020. The March 2020 <u>Programmes Committee</u> is the last opportunity to gain College approval for the October 2020 intake.

### CONSIDERED:

## 4c. Paper 85: MSc Health Policy

- 4.18. CB represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:
- 4.19. Ensure that the programme ILOs are at level 7 and are phrased as outcomes rather than objectives. Please liaise with the CR team to rephrase them and ensure ICL graduates attributes are imbedded.
- 4.20. Ensure that the 'progression and classification' rules fit within the College approved single set of regulations. Liaise with Registry to rephrase them.
- 4.21. Write all programme and module specification documents in the second person as these are all student facing documents.
- 4.22. Complete boxes #91 on 'learning support' and #92 on 'Pattern of learning and teaching activities'
- 4.23. Tailor the learning and teaching approach to each module, it is currently the same everywhere
- 4.24. Indicate specific feedback procedures for each individual module
- 4.25. Provide a clear timeline for feedback, College suggests 10 working day following submission as best practice.
- 4.26. In the programme specification, provide more examples in the Learning and Teaching Delivery Methods

4.27. In the programme specification, develop further the Assessment strategy to give students a better idea of how they will be assessed.
4.28. This proposal was approved subject to recommendations outlined in the PEB summary, and can proceed to the March Programmes Committee.
4.29. The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.
<ul> <li>ACTIONS: MSc Health Policy team:</li> <li>Meet with Latha Ramakrishnan or Anna Maria-Jones from the CR team for guidance and support in making the recommended (tracked) changes as outlined in the PEB summary.</li> <li>Submit to SR and NT by 28 February for final approval by PEB.</li> <li>After PEB approval, the proposal may be submitted to Programmes Committee for College approval.</li> </ul>
4d. Paper 86: MSc Healthcare and Design
4.30. DF represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:
4.31. Revisit the programme learning outcome to ensure that all are at level 7 and clearly convey to students what they will be able to do at the end of the programme.
4.32. Provide additional information to clearly link the assessments and the ILO it tests and to ensure that all ILOs from a given module are tested by the assessment(s) of that module.
4.33. Consider using alternative forms of assessments than essay and presentation as these can only test a certain type of ILOs, not necessarily the ones you are trying to assess in each module.
4.34. Ensure that the 'progression and classification' rules fit within the College approved single set of regulations. Liaise with Registry to rephrase them.
4.35. Write all programme and module specification documents in the second person as these are all student facing documents.
4.36. Finalise the overall presentation of all documents: remove College guidance in orange and blue and ensure that all 'internal' information (for example items such as 'followed the guidance on authentic assessments from the curriculum review team. See assessment form').
4.37. Provide a clear timeline for feedback, College suggests 10 working day following submission as best practice.
4.38. Complete boxes #91 on 'learning support' and #92 on 'Pattern of learning and teaching activities'
4.39. The programme is still in need of significant input to meet the Faculty quality approval. The programme team should continue to work on improvements and submit their proposal for implementation in academic year 2019-20.
4.40. Re-submit proposal with tracked change documents [and change relevant cell colour in Excel documents] to PEB in 2019-20 via NT, with a view to implement the new curriculum for the 2020 intake.

4.41. The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.

### **ACTIONS:** MSc Healthcare and Design programme team:

- Meet with Latha Ramakrishnan or Anna Maria-Jones from the CR team for guidance and support in making the recommended (tracked) changes as outlined in the PEB summary.
- Submit to SR and NT by 28 February for final approval by PEB.
- After PEB approval, the proposal may be submitted to Programmes Committee for College approval.

# CONSIDERED:

## 4e. Paper 87: MSc Patient Safety

- 4.42. KF represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:
- 4.43. Redesign the MSc learning outcome to reflect the cognitive challenges of QAA level 7
- 4.44. Consider how the Imperial Graduates attributes could be further highlighted in your programme outcomes (team work, critical thinking, ...)
- 4.45. Ensure that the 'progression and classification' rules fit within the College approved single set of regulations. Liaise with Registry to rephrase them.
- 4.46. Additional details should be provided for various individual assessments, notably regarding their length and mark attribution (individual or team). In addition, ensure all are set at 50% pass mark and explain, in the CR proposal document, why some assessments don't have to be passed but presumably the module should be passed. Condoned fail are not allowed on core modules.
- 4.47. Write all programme and module specification documents in the second person as these are all student facing documents.
- 4.48. Complete boxes #91 on 'learning support' and #92 on 'Pattern of learning and teaching activities'
- 4.49. In the programme specification, provide more examples in the Learning and Teaching Delivery Methods
- 4.50. In the programme specification, develop further the Assessment strategy to give students a better idea of how they will be assessed.
- 4.51. Provide a clear timeline for feedback, College suggests 10 working day following submission as best practice.
- 4.52. Tailor the learning and teaching approach to each module, it is currently the same everywhere

### AGREED:

- 4.53. This proposal was approved subject to recommendations outlined in the PEB summary, and can proceed to the March Programmes Committee.
- 4.54. The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.

### **ACTIONS:** MSc Patient Safety team:

- Meet with Latha Ramakrishnan or Anna Maria-Jones from the CR team for guidance and support in making the recommended (tracked) changes as outlined in the PEB summary.
- Submit to SR and NT by 28 February for final approval by PEB.

	After PEB approval, the proposal may be submitted to Programmes     Committee for College approval.		
CONSIDERED:	4f. Paper 88: MSc Genomic Medicine		
	4.55. LB represented the programme. SR presented the PEB summary and recommendations following review of the proposal paperwork:		
	4.56. A large number of modules are assessed by written pieces of work, even though the tasks are very authentic. Thinking about the variety of skills the students will practice during the programme as well as the marking burden for the programme team, could some of these written pieces be replaced by alternative assessment whilst still fulfilling the ILO?		
	4.57. The complete alignment of the assessments to the ILOs in the modules is something that is clarified in the CR Proposal form. However, this can also be clarified for the students by indicating, for each module and in the assessment cell of the details tab, which ILO is tested by each assessment.		
	4.58. Meet with Registry team to re-write your 'Progression and Classification' section in your programme specification to ensure it fits within the College new set of regulations for taught programmes.		
	4.59. Remove formative assessments from the 'assessment' tab but leave/include them in the 'details' tab in the assessment cell.		
	4.60. Write all programme and module specification document in the second person, they are all student facing documents.		
	4.61. Indicate which module is required for the PG cert and the PG Diploma		
	4.62. Complete boxes #91 on 'learning support' and #92 on 'Pattern of learning and teaching activities' in all modules specification forms.		
AGREED:	4.63. This proposal was approved subject to recommendations outlined in the PEB summary, and can proceed to the March Programmes Committee.		
	4.64. The team should also take into account the more detailed individual feedback provided by the assessors and reference panel to further finalise their proposal.		
	<ul> <li>ACTIONS: MSc Genomic Medicine team:</li> <li>Meet with Latha Ramakrishnan or Anna Maria-Jones from the CR team for guidance and support in making the recommended (tracked) changes as outlined in the PEB summary.</li> <li>Submit to SR and NT by 28 February for final approval by PEB.</li> <li>After PEB approval, the proposal may be submitted to Programmes Committee for College approval.</li> </ul>		
5. Paper 89: Strategic approval of short course: IMPACTS: Inclusive Module for Professional and Critical Thinking Skills			
CONSIDERED:	5.1. Proposal for this short course was presented by JDS, with the intention to commence in September 2019 as a pilot. The proposal was reviewed by PA and LC.		
	5.2. IMPACTS is an elective, blended, non-credit bearing short-course aiming to enhance the professional and critical thinking skills of its students, particularly their reading, writing, analytical and reflective skills. This course focuses on providing students with the necessary skills to succeed in their degree and throughout their professional lives, by using the		

- expertise of professionals in the Faculty of Medicine, innovative and inclusive technologies and by stimulating discussion, thought and criticality.
- 5.3. JDS presented the paper and explained that development of this course is funded by The Excellence Fund for Learning and Teaching Innovation.
- 5.4. PAs comments were provided by TH in his absence, and he felt that the rationale could be more clearly articulated, and that the learning outcomes could be more actionable.
- 5.5. There was discussion about what the added value of this course is, and that although we do provide our students with professional skills, these are not necessarily delivered at the start of the academic year, and not explicitly provided by every programme.
- 5.6. Considering that programmes will be expected to deliver the face to face sessions, it was felt that this, along with expectations and resource requirements, needs to be more clearly communicated. Further, the team should provide programmes with a template for each session.
- 5.7. LB reported that from experience of short courses at other universities, the most valuable elements include small group teaching and mentorship, and very clear outcomes from the outset. A checklist of outcomes does not work.
- 5.8. LC had also reviewed the proposal and commented on the demand for study skills type resources for PGT students, as these are only available for PhD students. The face to face will consolidate the online content and community building online, will be facilitated by placing students into one of the themes. They will also be advised to complete the online content prior to the face to face sessions,
- 5.9. LC felt that masters programmes should have been more involved in the development of this programme, and although a trial across four programmes has been positive, it should be noted that in previous such projects, the level of student engagement has been low. Identifying the uptake number that would measure the success of the course would be a good idea.
- 5.10. LC suggested thinking about how many students would have to engage to consider this a success. EO asked that consideration is given to the length of time needed to complete the course, as an overlong session will discourage participants from completing.

### AGREED:

5.11. PEB approved the proposal for submission to the May 2019 Programmes Committee.

### 6. Paper 90: PTES Faculty Report

### REPORTED:

- 6.1. JV presented the Faculty Report and his recommendations that College should resource an assessment and feedback initiative, and each department should identify an assessment and feedback champion to work with their counterparts in other departments.
- 6.2. AC reported that their improvement in feedback came about by sign posting feedback and telling the students whenever they received feedback.

6.3. DE commented that despite not meeting the 10 day turnaround requirement, their score for feedback increased due to taking the time to provide good quality feedback. Erik Mayer commented that Health Policy students demand feedback on time in order to progress, and external examiners look for this too. 6.5. EO added that on his programme, students are not aware of when the feedback will be provided and neither do they receive it on time for their next piece of work. JV asked that departments decide how to or whether to identify feedback 6.6. champions. SR suggested that a draft description of the feedback champion role be prepared in the first instance. **ACTION:** JV to submit the PTES Faculty Report to April FEC. AGREED: ACTION: JV to draft a feedback champion role outline 7. Paper 91: FoM Recruitment Summary: January Report REPORTED: PGT application numbers have increased year on year. PGR is at steady state 7.2. Admissions update from Registry – 1,930 offers have been made across FoM PGT, with 80 offers currently pending JV asked what is being done about helping programmes that appear not 7.3. to have many applications at this stage. A suggestion was made to highlight similar programmes to website visitors. **ACTION:** GW to add similar programme signposting on the next Masters Management Liaison Group (MMLG) agenda. 8. Paper 92: Panopto - use of recordings as evidence REPORTED: Following the use of Panopto recordings as evidence in a recent student 8.1. appeal, there was discussion on this matter at the December PEB where members felt that a change in policy should be investigated. PEB members had reviewed the letter provided in this paper, drafted with a view to solicit a response, followed by a policy change. SR explained that it was suggested a joint postgrad/undergrad letter be 8.3. sent. SR has scheduled to meet with Martin Lupton and will send the letter to John Nielson (College Secretary). **ACTION:** SR to finalise and send letter to John Neilson regarding a new policy on use of Panopto recordings as evidence. 9. Standing item: Good, Bad and Coming up 9.1. Nothing to report Items for Information REPORTED: 10. Paper 79 - Standing items report Nothing to report Paper 93 - Department Education Committees minutes REPORTED:

# Date for next PEB meeting:

Wednesday 03 April, 15.00-17.00, Room 127, Sir Alexander Fleming Building, South Kensington Campus

11.1. No minutes present or available at this time.