

**Faculty of Medicine Postgraduate Education Board**  
**14 March 2018, 09.30-11.30**  
**Room 127, Sir Alexander Fleming Building, South Kensington**

**Confirmed minutes of meeting held on 14 March 2018**

**Present:**

Dr Sophie Rutschmann (SR) [Chair], Prof Tony Magee (TM), Prof Laki Buluwela (LB), Miss Lisa Carrier (LC), Dr Latha Ramakrishnan (LR), Ms Men-Yeut Wong (MYW), Prof Sue Smith (SS), Ms Hailey Smith (HS), Ms Jo Horsburgh (JH), Ms Anita Stubbs (AS)

**In attendance:**

Dr Timothy Ebbels (TE), Ms Kirstie Ward (KW), Prof Helen Ward (HW), Ms Rumi Khanom (RK) [minutes], Mr Scott Tucker (ST)

**Apologies:**

Ms Sophie Aicher (SA), Ms Hayley Atkinson (HA), Mrs Rebekah Fletcher (RF), Ms Michele Foot (MF), Ms Christine Franey (CF), Prof Sue Gibson (SG), Prof Nigel Gooderham (NG), Prof Jeremy Levy (JL), Mr Anwar Sayed (AS), Prof Paul Aylin (PA), Ms Alison Cambrey (AC), Prof Dan Elson (DE), Miss Susan English (SE), Mr Gerry Greyling (GG), Dr Michael McGarvey (MM), Dr Duncan Rogers (DR), Ms Kiu Sum (KS), Mrs Nousheen Tariq (NT) [Committee Secretary], Ms Eleanor Tucker (ET), Dr Jeffrey Vernon (JV)

<b>1. Welcome and apologies for absence</b>	
REPORTED:	<ul style="list-style-type: none"> <li>1.1. Apologies were received as above.</li> <li>1.2. SR welcomed LR, new TF, to her first PEB meeting</li> <li>1.3. ST attended in relation to Annual Monitoring Reports (papers 24a – 24D). Agenda point 3.</li> <li>1.4. KW attended in relation to proposals to change student casework policies and procedures (paper 25). Agenda point 4.</li> <li>1.5. HW attended in relation to new programme proposal – Global Master of Public Health (paper 26). Agenda point 5.</li> <li>1.6. TE attended in relation to major modification of Toxicological Sciences stream in the MRes Biomedical Research programme (late paper submission). Agenda point 7.</li> </ul>
<b>2. Paper 23: Minutes of Previous Meeting and Matters Arising (07 February 2018)</b>	
CONSIDERED and AGREED:	<ul style="list-style-type: none"> <li>2.1. Minutes of the previous meeting were approved without changes.</li> <li>2.2. JL not present. Discussion on late PhD registration to be moved to next meeting.</li> <li>2.3. LB reported on updating the PRES action plan following PEB (07/02/2018) and submitted to PRQC. No feedback received yet.</li> <li>2.4. NT circulated paper 21 – February Standing Items Report.</li> <li>2.5. Education Managers submitted Annual Monitoring Reports. Surgery and Cancer AMR not submitted to PEB.</li> <li>2.6. PA/HS submitted updated proposal for MSc Health Data Analytics to Programmes Committee for College approval.</li> <li>2.7. All other actions completed.</li> </ul>
<b>3. Papers 24a - 24d: Annual Monitoring Reports: SPH, DOM, NHLI, DSC</b>	
REPORTED and CONSIDERED	<ul style="list-style-type: none"> <li>3.1. All forms have been returned by the departments.</li> <li>3.2. Points discussed: Discussed the highlights of the 3 AMR received. SR to further discuss postgraduate teaching contact hours with FEO.</li> <li>3.3. Discussions around modularisation and minor / major modifications. HS noted a need to expedite some instances of major modifications to be able to respond in a more timely manner to student needs.</li> </ul>

	<b>ACTION: ST to feedback to QAEC.</b>
<b>4. Paper 25: Proposals to change student casework policies and procedures</b>	
REPORTED and CONSIDERED:	<p>4.1. Four policies are being reviewed: academic appeals, mitigating circumstances, academic misconduct and student complaints.</p> <p>4.2. New policies to be bought in for academic year 18/19 and onwards.</p> <p>4.3. However, talks are being held to bring some of the policies into effect for the current cohort (subject to QAEC approval).</p> <p>4.4. SS found that some points in mitigating circumstances policy to be dogmatic. Eg the definition of bereavement and length.</p> <p>4.5. KW – noted that mitigating circumstances is currently dealt with on a departmental level, however ICU have recommended it be faculty based. ICU's rationale behind this proposal was that some departments were stricter than others.</p> <p>4.6. AS raised concerns that at a faculty level, this will slow the process down. SS in agreement. AS asked whether a more detailed tariff system could be drafted by College.</p> <p>4.7. SR suggested that it could remain within a departmental level but also have rules in place at a faculty level to ensure parity across the departments. SS in agreement.</p> <p>4.8. SS highlighted the idea of adding verbal anchors rather than numeric anchors into the metrics for mitigating circumstances policy.</p> <p>4.9. There was discussion based on student exams and other assessments in relation to mitigating circumstance and if students could have tailored exams on an individual basis or wait till the following exams.</p> <p>4.10. SR queried if there was a College level guideline regarding individual student assessment. SR happy to produce a paper for the faculty if none available on a College level. SS in agreement.</p> <p><b>ACTION: SR to write a paper on mitigating circumstances and rules for additional exams / assessments, if no College level guideline is available.</b></p>
<b>5. Paper 26: Global Master of Public Health</b>	
REPORTED, CONSIDERED and DECISION	<p>5.1. GMPH – new programme proposal reviewed by LC, SS and SR.</p> <p>5.2. HW presented proposal to the PEB. GMPH is a part-time fully online programme in partnership with Coursera</p> <p>5.3. LC raised query regarding the cohort building element and what support students will be provided in terms of human resources / the department?</p> <p>5.4. HW noted that key members of staff on the programme will be visible at the start of the programme. 1 / 2 TFs will also be heavily involved to provide support.</p> <p>5.5. LC highlighted the high level of dedication needed for online teaching in relation to staff and teaching contracts.</p> <p>5.6. LB and SR queried beta testing the content and making it a GTA supported activity.</p> <p>5.7. SR queried about SPH practical thoughts on “buying” academic time. SR commented on the possibility of extending the postdoc contract to include help with development and research for GMPH.</p> <p>5.8. SS queried how much contact students will get with the lead researchers for the programme, rather than TFs and also supervision.</p> <p>5.9. KW noted that students will not receive 1-2-1 supervision but rather group supervision on a locally connected level.</p> <p>5.10. SR would like to see more detail on research projects and supervision element.</p>

	<p>5.11. SR also noted that the postgraduate team are looking into recruiting another full time TF, alongside LR to look at all PG courses in the faculty and see what can be taken online.</p> <p>5.12. SS noted that support of research projects is unclear and needs further explanation.</p> <p>5.13. TE queried online exams and how this will be undertaken, in particular, ensuring the correct student takes their own exam.</p> <p>5.14. HW noted that there are many ways to ensure this. Eg verification of coursework etc. Coursera will be handling this side. LC also agreed that online exams are perhaps more strictly managed than face-to-face exams.</p> <p>5.15. SS also queried the rationale behind choosing STATs as one of the MOOCs. HW noted that STATs in Public Health is a tester almost to convince students to enrol onto the GMPH programme. If they can successfully complete the STATs MOOC then they will feel confident in being able to do GMPH.</p> <p>5.16. Decision: STAT MOOC and GMPH not approved for the following reasons:</p> <p>5.17. LOs also need to be measurable and defined. LOs need to be aligned with assessments. In the current short course descriptions, assessments are not required, but the team might want to think about them right from the start to ensure that students who take the short course can potentially transfer their ECTS to the Degree later on. Eg one 5ECTS module has 12 LOs – this is too many LO.</p> <p>5.18. SR will need to further discuss with teams involved to ensure the modules and LOs are clear. Additionally, modules need to double check and ensure that they are delivering at level 7.</p> <p>5.19. Rest of board in agreement with decision to not approve the programme. JH also agreed that the LO need to be re-worked.</p> <p>5.20. KW queried the next steps and that if it had been approved, the programme was due to go to the programmes committee in March.</p> <p>5.21. SR noted that as it is an online course, the process is a little different. SR, MYW, LR and the PH team to further discuss and align the programme's LOs.</p> <p><b>ACTION:</b> SR, MYW, LR and the SPH team to further discuss and align GMPH's LOs.</p>
<p><b>6. Paper 29: Suspension of MSc Innovations in Clinical Cardiology</b></p>	
<p>CONSIDERED and AGREED:</p>	<p>6.1. Reasons for requested suspension: applications have gone down from 600 to two. Last two years have been poor recruitment cycles.</p> <p>6.2. Suspension is proposed for two years to allow NHLI to undertake a full review.</p> <p>6.3. Currently four deferred entries for the programme, although anticipate this will not be a problem.</p> <p>6.4. SR noted SS to speak with MYW re deferrals.</p> <p>6.5. SR highlighted that NHLI should be aware the suspension will impact the recruitment target.</p> <p>6.6. Provided the deferrals are okay by Registry, suspension is approved.</p> <p><b>ACTION:</b> SS to liaise with MYW re deferrals, before suspension.</p>
<p><b>7. Paper 30: Suspension of BMR Toxicology Stream</b></p>	
<p>CONSIDERED and AGREED</p>	<p>7.1. Reasons for requested suspension: no applications this year. The stream lead has new commitments. Stream lead was unsuccessful in finding the appropriate funding.</p> <p>7.2. Suspension is proposed for one year to be able to source the funding and allow more time for commitment.</p>

	<p>7.3. Toxicology is still available on other streams. 7.4. Suspension approved.</p> <p><b>ACTION:</b> TE to liaise with MYW re how the suspension works on the admissions system. (It will automatically be taken off suspension after a year).</p>
<b>8. Standing Items</b>	
CONSIDERED and AGREED:	<p>8.1. No good, bad and coming up, including any declared AOB. 8.2. Standing Item Report put on pause. 8.3. External Examiners Report is upcoming. Crucial that it's completed and submitted. 8.4. SS noted a new programme on the horizon – MEd Medical Education. Joint collaboration between LKC and Imperial. Proposed start date for 2020/21.</p>
<p><b>Date for next PEB meeting:</b> Wednesday 06 June 2018, 15.00-17.00, Room 127, Sir Alexander Fleming Building, SK Campus</p>	