

Notes of the FOH LTQC Strategy Meeting held on 2 March 2011

Present: Nicola Spalding (Chair), Malcolm Adams, Gibson D'Cruz, Rosie Doy, Debbie Harrison, Sandra Gibson, Simon Horton, Catherine Wells, Liz Biscoe (UG MED), Rachel Handforth (STU), Hannah Schutt (PGR MED).
With: Joanne Burd (Secretary), Becky Fitt (Faculty Manager).
In attendance: Jonathan Mason (Chair of Board of Examiners, NAM) for items D, E and F.

A. LTQC REVIEW:
(1) of the 2009/10 year.

Achievements from last year:

- Establishment of International and EU leads in Schools;
- LTQC Strategy Meetings – different ways of considering business, with a less formal focus;
- QIPP conference (Learning and Teaching and QIPP) – organised by Catherine Wells and colleagues;
- CIPP IPL review – very productive and will introduce improvements (eg setting up IPL as a module);
- NSS – good results, working for us at the moment;
- Development of Fitness to Practise procedures in AHP;
- Development of Social Networking guidelines in FOH;
- MSc OT/PT, BSc SLT, BA PPL, MSc HS programme reviews and/or accreditations (with good use of SWOT analysis for MSc HS);
- Good student representation at LTQC (we now have 3 student reps) and involvement in developing policies (eg Social Networking);
- Developing placements practice and processes;
- Cross-School integration/standardisation of practices and procedures;
- Better workload distribution (eg critical read grid);
- QAF – good result last year, plans for improvement this year;
- Implementation of Safeguarding training.

Focus for this year/next year:

- PTES engagement – how to enhance and increase student feedback (PGT and Post-Registration students);
- Being able to adapt to change;
- Reduce workload (University expectation) – for TDs, CDs and look at TDs workload matrix;
- Improve feedback to students in terms of clarity and timeliness (Teaching Fellowship Project);
- Improve communication from LTQC to Schools;
- Achieve Royal College of Surgeons accreditation for Oncoplastic Breast Surgery and other new programmes;

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- Integrate practices/policies across Schools (eg Fitness to Practice, appeals processes);
- Not all quality monitoring has been completed;
- Implementation of the New Academic Model;
- Address future trends in health and social care delivery (will UEA be setting the agenda);
- Encourage PhD studentships in health education;
- QAF 2010 - follow up/action plan;
- Consider the external examiner feedback process;
- *Encourage feed-in from SSLCs on major changes in Schools/Faculty as well as LTQC reps;*
- Have a coherent strategy (with our Partners) for CPD programmes/courses;
- Further integration of placement processes (eg Educational Audit);
- Develop the role of service users strategically, involving individuals and organisations;
- Support the students/staff/academic interface in light of the Integration Project;
- *Consider appointment of an FOH Equalities Officer;*
- To be proactive rather than reactive.

Action: Members agreed to prioritise 2 or 3 things from this list (with suggested items in italics).

(2) of the LTQC Plan/Strategy.

Members considered the FOH LTQC Plan 2010-11 and suggested the addition of the following items:

- QAF – partnership working
- Service User strategy and roles
- Mapping potential risks.

B. GRADUATE EMPLOYMENT - what can we do to improve employability?

Malcolm Adams led the discussion by noting that a student had reported that undertaking oral exams in the programme had improved their interview skills (and had helped them obtain employment).

The following questions were posed:

- What performance is required of our students once in post? How can we help them meet the required standards - what is the added extra?
- How do people get jobs (recruitment and selection processes) – what can we do that helps them to enhance their written application and to get through the interview process?
- What will make them better performers in their posts?

In discussion it was noted that:

- although we prepare students for progression, students are not necessarily aware of their strengths and applications do not bring out the best in students. Senior NHS managers come in to talk to students prior to graduation, but this is too late and should be done in Year 2;

- this should ideally be done in Year 1 with their Senior Advisers, perhaps via an Employment day, which could be built on in subsequent years. Protected time could be set aside for this;
- all students should keep a portfolio;
- in the MB/BS performance affects employability; a national ranking process would follow in a couple of years, and an exam in Year 5 for postgraduate training;
- the QAA were asking that the number of students who get jobs, with their starting salaries, be placed on HEIs Admission sites;
- employers were looking for communication, team working skills, and performance under stress;
- AHP already encourages reflective writing, but that this could be used for employment;
- bringing back a graduate to speak to students – ie hearing from the other side – would be useful;
- students needed to be clear about how the learning flows from one part of the course to the next and its relevance (cf Graham Gibbs' work);
- most NAM students have the expectation that they would be employed locally (and Trusts have the same expectation), so the challenges might not be the same for NAM;
- there would, however, be a cultural change for NAM students as they would go into a national pool, so students needed to be aware that it was not just about a post across the way at the NNUH;
- it was not known if employers had realistic expectations of graduates (and this was partly why we engaged with our partners);
- we needed to be able to give our students the edge in the interview process;
- for the MB/BS programme this was via online MTAS scoring (for F1), but that there were interviews for F2 training;
- NAM undertook some mock interviews for smaller groups;
- we needed to make better use of the Careers Service (they could run mock interviews) - Anthony Cottrell was the FOH contact;
- we needed to make more use of Central services – eg study skills;
- the use of EBL/PBL packages looking at different careers would be useful;
- Schools complete an employability report each year;
- an employer half-day should be set up for students.

C. STRATEGIES IN MED – to improve NSS scores

Sandra Gibson outlined the variety of assessment/feedback used on the MB/BS programme, and reported that measures were in place to try and improve student feedback.

It was reported that:

- the MB/BS was mapped against the GMC's *Tomorrow's Doctors* and the Undergraduate Medical Education assessments;
- the Reflective Essay in Year 3 was now a careers statement (students could leave at the end of Year 3 with a BSc award);
- a working party would look at how PBL worked;

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- the ANP now included a borderline fail (5%) (as well as those students with a Pass/Fail/Distinction) which flagged via email those students who needed to see their personal adviser;
- areas of concern were noted as feedback received from Secondary Care, ANP, OSCEs;
- students were not assessed on clinical placements (too many people in Secondary Care, so not always reliable), but that Primary Care worked well;
- students wanted more feedback on the ANP and OSCEs.

Feedback on ANP and OSCEs - less is more:

- there is perceived inequality in feedback from personal advisers, who were widespread. The onus was on the students when they received their feedback to seek advice from personal advisers/clinicians. There is also need to improve global feedback – students do get a lot feedback on Secondary Care (eg on the wards), but we need to look at how students treat this ad hoc feedback.

New areas of feedback:

- Failing finals in Year 5 - last year students were alerted to their predicted risk of failing finals in Year 5, based on their performance in Years 1-4 (from which a percentage risk of failure is calculated). Students were emailed the calculated risk of failure, and were able to come and talk about processes for passing. It did not increase the number of Appeals and students are now asking when this is going to happen this year;
- Year 3 progression – a progression hurdle at the end of Year 3 will be put in place and students will be given feedback as to whether they should continue on the course; they may be asked to leave at end of Year 3. The proposal will go to MED's SSLC and CDD;
- Fitness to Practise – students are given feedback on FtP, which captures the less tangible aspect of how students are performing and feeds into the tutor report system to tie in with the professionalism aspect.
- Mapping outcomes - to *Tomorrow's Doctors* and SAQs - informing students which domain they are assessed in and giving global feedback so that the student can self-assess against this.
- Electronic capture of feedback – it would be good if students could see what the assessor has written about them, and to capture this feedback electronically. It was envisaged that this could be done via the free software, Touchstone (run by Nottingham University), which gives a traffic light RAG rating, and can map to any outcomes that are input.
- AR, Portfolio and SAQs - are the only written papers; MB/BS use feedback sheets and do not write on the scripts. Students get formative feedback (not summative) but no feedback on SAQs. Targeted, meaningful feedback was important.

D. DEGREE CLASSIFICATIONS - a discussion

Jonathan Mason (NAM) attended for this item

Nicola Spalding outlined the background to this item – league tables were in future going to rate the number of 2.1 and 1st class degrees conferred by HEIs and award points; UEA were apparently lower than other HEIs. Did we want to increase the number of these awards? The Dean, FOH and Vice-Chancellor were keen to do this.

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It was noted in discussion:

- whether the assessments are appropriate, so that students can achieve higher marks;
- whether we were using full range of marks, and if 99% was achievable;
- whether 70% was exceptional (are we saying there aren't many exceptional students);
- that given the A-level scores we would expect some students to get high scores (in AHP only 3 out of 40 students were awarded a 1st);
- that the MBBS is marked as Pass/Fail but can be conferred with Distinction;
- that Jonathan Mason proposed that referencing/terminology be considered, eg:
 - Exceptional – marked at 80% and above;
 - Excellent – marked at 70% - 80%;
 - the expectation would be that there would be a few exceptional students, and a 10% band of excellent students;
 - of the remaining students, it would be expected that 45% would achieve a 2.1; 40% a 2.2; and 10% would be awarded a 3rd class degree;
 - this would allow UEA standards/reputation to be maintained whilst being mindful of league tables.
- that faculty should be reminded that the full range of marks should be used;
- what did 100% mean – if not for a mathematics test, does it mean as good as a student can do under the assessment;
- did we have to justify (to moderators etc) giving a mark of 70 or over;
- that the current range of assessments might not allow students to do their best;
- that consideration be given to the range of marks that we give, and, if for example, we give 75% we do not give additional feedback on how they could improve and achieve get higher marks;
- that UEA does seem to mark between 40% and 70% and does not award marks either side of this;
- that NAM have criteria for marks of 80% and above;
- that there were different types of markers - the generalist and the specialist;
- that the range of marks and assessments should be reviewed – there is a body of work to do in looking at the spread of marks and for Schools to decide if there is inequity and whether 100% was achievable, including how modules are marked.
- that in NAM there is a large marking pool and the marking patterns of individual markers can be established, which would enable feedback to the markers on their marking patterns as well as general feedback on using the full range of marks (this is already in use on the MB/BS);
- that the New Academic Model was looking to weight 40/60 (currently 50/50), to take into account exit velocity.

E. FOH TEACHING FELLOWSHIP - findings on students' views of assessment feedback

Nicola Spalding reported that a Teaching Fellowship had looked at ways of improving student feedback across the Faculty, the students' understanding of feedback and their expectations.

The analysis had employed mixed methods – qualitative and quantitative. Sandra Gibson had devised a questionnaire which was sent to all FOH pre-registration students regarding the quality and quantity of feedback.

The Teaching Fellowship would explore the themes that had arisen from the questionnaire (eg standardisation of the role of the personal Adviser), and six students would be invited to write a student guide on how to use feedback.

F. WRAP UP AND CLOSE

The Chair reported that:

- TDs would look at initiatives in their teams regarding graduate employment;
- consideration would be given to assessment strategies;
- TDs would take back to course teams the issue of degree classification and look at the spread of marks, what was achievable, and how students could achieve.