

**FACULTY BOARD OF BIOLOGY
MEDICAL SCIENCES TRIPOS AND VETERINARY SCIENCES TRIPOS
PART I MANAGEMENT COMMITTEE**

There was an online meeting of the MVST Part I Committee at 2.00pm on
Tuesday 6 July 2021.

MINUTES

There were present: Dr Robert Abayasekara, Dr David Bainbridge, Dr Cecilia Brassett, Dr Holly Canuto (Chair), Dr Marc de la Roche, Dr Steve Edgley, Dr Gillian Fraser, Prof Dino Giussani, Dr Adrian Kelly, Dr Hugh Matthews, Dr Paul Miller, Dr Gareth Pearce, Miss Susannah Simpson, Dr David Summers, Dr Anne Swift, Mr Boyan Wang, Dr Rob White, Prof Alun Williams, Dr Erica Watson, Dr Nick Brown, Miss Alana Rogan.

In attendance: Dr Claire Michel.

21.14. Apologies

Miss Emily Moon, Mr Rahul Shah, Miss Elizabeth Stephenson, Dr Paul Wilkinson, Mr Azmaeen Zarif (Med Soc).

21.15. Declarations of interest

No conflicts of interest were declared.

21.16. Minutes

Minutes of the meeting held on 9 March 2021 were circulated and approved.

21.17. Matters Arising

21.17.1. Curriculum Review for MedST and VetST (21.7)

Dr Claire Michel reported that the review was moving from the discovery phase to making some recommendations.

Some possible new possible structures for the course had been proposed, the relevant review panels would try and look at these over the next year to come up with a proposal. Learning outcomes for each lesson/contact session were seen as important to give clarity to students. More clinical content/context should be seen in the pre-clinical course. Any such material would need to be assessed, and for this the assistance of clinical colleagues may be required.

There should be more central training of students new to the University. Also increased interaction between the disciplines needs to be implemented. Teaching needed more support e.g. learning technologists. Equality and diversity needed to be improved in teaching and assessment. For supervisions the colleges should be worked with more closely – this would be flexible and colleges would retain autonomy over supervisions.

For clinical elements this would include medics and vets who work in cognate areas that might not necessarily deal face-to-face with members of the public/patients.

There would be opportunities for input from people other than the Steering Committee. It would need to be clear on what the timetabling and time commitments would be to teaching for any proposed changes.

A recording of Dr Anne Swift's talk on course structure would be made available to the Committee in due course. It would aim to ensure that workload remained either the same or less than currently. Clinicians would be given roles that they would need to commit to delivering, as students could not be left with cancelled lectures.

There were some concerns that departments had been let down by clinicians in the past, so there needed to be some caution about using people's time.

For the clinical input the Clinical School was intending to support development of material and asynchronous support and was more about perspective.

The balance for clinical teaching needed to be considered. Some courses already had support from clinical medics/vets with clinical scenarios, for example HOM had non-assessed talks by clinicians.

21.18. Racism In Medical Education Student Staff Liaison Group

Dr Michel reported on this item. A briefing document (**MVST1.21.01**) and the School of Clinical Medicine's response (**MVST1.21.02**) was circulated.

Three working groups had been established, one looking at the curriculum, another at student reporting and support and a third on staff and student training.

The Curriculum working group was working on proposals for training of students in different years. It would be considered whether there could be any applications to pre-clinical courses, alongside other aspects e.g. sexism.

The vets had done national surveys on the experiences their students had for EMS in the pre-clinical years. Issues were not hugely prevalent, but it would be good to have students prepared. The RCVS accreditation standards allowed for inclusion of equality/diversity as a formal part of the course.

The Clinical School training would be to prepare students on how to deal with certain situations not necessarily alter course content.

The student cohort was a very diverse one, but this was not reflected in those who taught them. It would be good to have more diverse representation at events such as open days.

The current clinical project was to be done in stages – the easier steps/most obvious adjustments would be focused on first. General education and understanding in a wider sense had more complex issues that would need to be dealt with over the longer term.

It was noted that Dr Robbie Duschinsky is involved in the project, and other Course Organisers were encouraged to add themselves to the document with details of what they are doing in their courses. They could send their details to Dr Michel.

ACTION: Course Organisers to send any material they want included to Claire Michel.

21.19. Teaching in 2021-22

The Senior Pro-Vice-Chancellor (Education) recently circulated an email to students stating that for the academic year 2021-22 small group teaching would be in person. At present the plan was for lectures that normally would be held in large groups would be held online only, but that provision was being made so that large lectures could be held in person if this were allowed in future. As such room bookings were being made for all lectures to facilitate this if it becomes possible.

This item was taken alongside issues reported under item **21.22.**

Many positive comments had been received from students about online lectures, but there was a preference for practicals to be run in-person.

The vets were a smaller cohort so there was a different dynamic to teaching vet-only aspects of the course. For example all vet-specific lectures should be able to be given in-person. Despite some conveniences of online teaching it was still felt this was not as good as in-person teaching.

In delivering in-person teaching health and safety requirements would need to be borne in mind. Most room capacities could now be checked.

Students had observed that they would like to have a clear demarcation between anatomy and physiology – this sat somewhat at odds with a push to integrate teaching and move topics out of their 'silos'. It was possible that this was because it was how students had been taught before.

Although online teaching contained the same material as in-person teaching it did not have the same impact. Some students spent too much time transcribing lectures instead of learning the material. Students missed the interaction with other students, VAP and FAB were slightly better than other courses in this respect because there were fora where information could be exchanged between students. Perhaps all subjects needed to encourage/enable some kind of intra-student exchange.

With respect to social distancing the University had a one metre policy on minimum distancing. There needed to be clarity well ahead of the start of term. There was some data on lecture hall capacity, but large lecture theatres could only accommodate small numbers of students.

There was no enthusiasm among teaching staff or students for re-use of previously recorded online teaching material. For example live lectures and lecture capture were much preferable to reusing old recordings. However there were opportunities for high quality recordings to be used and re-used for specific topics. Students needed reassurance where older

recordings were used that the material contained within them was still up-to-date and relevant.

Online lectures needed to encourage thinking instead of just recalling lists of facts. A cut-off date was needed for a decision on in-person or online teaching to save unnecessary work in preparing for different options.

For practical classes space was very limited and in great demand. It may be necessary to either reduce the numbers of practicals each student attended or have more relaxed social distancing requirements. There was a danger of a cohort entering Part II with no experience of practical work at Part I, so in-person practical teaching needed to be prioritised.

Students will be divided into 4 Groups of 80 students each. Each week, each Group will come to the DR for practical dissection once and attend a Zoom session once for discussion of applied anatomy cases. Students will be encouraged to attend Zoom in groups (rather than joining as individuals from separate rooms) so that they can interact with one another during the sessions. In the DR, two students will work at each donor or at each prosection station.

Further discussions would be held over the long vacation on the nature of teaching delivery for 2021-22.

21.20. Education Monitoring

The Academic Standards and Enhancement Committee had proposed an amended system of monitoring the quality of courses. Relevant documents were circulated as **MVST1.21.03**.

Dr David Summers reported that this initiative had started with the General Board's Education Committee (GBEC) to replace the Learning and Teaching Reviews (LTRs). The intention was that the Education Monitoring that would replace the LTRs would be 'light touch' but carried out more frequently. Departments/Course Management Committees would need to provide various types of data including admissions and examinations for example. If any issues were detected from this 'light touch' monitoring then enhanced monitoring might be brought in, following by a full review if issues remained.

The feeling was that it was good that LTRs were being discontinued, albeit the replacement process would require more frequent input. There may be challenges in collating the data requested by GBEC, but discussions were ongoing with GBEC to clarify any issues and ensure that the data requested was of the kind readily accessible by departments.

It was suggested that the education monitoring should be treated as a mini-accreditation exercise.

The potential for issues with large departments that ran multiple courses was recognized. In practice it was hoped that Course Management Committees would take responsibility for shared NST courses. This was less of an issue for MedST/VetST courses but would still devolve to the Course Management Committees.

The 'Risk-based assessment' would depend on the perception of any issues identified; if only a few low-risk issues were identified standard monitoring

might be sufficient, but many issues or one or more significant issues might lead to enhanced monitoring.

A pilot would be run in each School which would identify process issues. The intention would then be to adopt the process from 2022/23. During the pilot there would be discussions about how to implement the process and raise any issues about it. The Academic Standards Enhancement Committee (ASEC) were prepared to be flexible to accommodate each School's needs and circumstances, so engagement with the pilot would be beneficial.

Dr Summers would report at the next meeting.

21.21. Assessment Framework for 2021-22

Departments had been asked to submit their plans for assessment by the end of August. Proposals had been submitted and were presented as **MVST1.21.04**. A meeting with examiners was due to be held on 16 July at 11.30 am – invites for this would be sent shortly. For those unable to attend they should email the Chair or secretary.

There were some ongoing discussions about the 2nd MB/Vet MB resit timetable trying to balance the length of the examination period with the need to have results published as soon as possible and before the start of term. It was hoped that these would be resolved soon. This was especially important for those affiliated medics and vets, and CGC students who were due to progress to the clinical courses in 2021-22.

For the Lent and Easter 2022 examinations the plan was to ask for what was requested in 2020-21 i.e. online examinations sat in person in centrally invigilated facilities. Logistic and health and safety concerns meant that these requests could not be granted in 2020-21, but it was hoped that they would be allowed for the coming academic year. The Zoom invigilation system run for pre-clinical vets in 2020-21 was far from ideal, and invigilation in-person would be much preferred.

ACTION: Course Organisers to communicate plans for assessment to Faculty Office.

21.22. Course Management Committee minutes

Course Management Committee/Student Consultative Committee minutes were reported for the following meetings:

Course	Meeting	Summary of activity
MoDA	10 March 2021 Feedback meeting	Good feedback for online lectures. Generally good feedback for online practicals but a feeling that teaching in the lab would be better. Case studies were very positively received but some logistical elements could be improved.

Course	Meeting	Summary of activity
FAB	26 March 2021 student representative meeting.	Dr 'walkthrough' prosection videos were seen as useful although not as good as actual practical experience. Panopto recordings assisted students and gave additional details relevant to clinical practice. Zoom clinical case scenarios were useful and had improved in response to previous terms' feedback, although there were some difficulties in getting student interaction. An@tomedia and other online resources were useful to most students. Students were generally happy with recorded lectures.
VAP and CVB	21 May 2021 Meeting to discuss feedback 2019-20 course.	For VAP: a) It was agreed to investigate the possibility of scheduling embryology lectures closer together. b) It was agreed to investigate if a demonstration recording could be made available ahead of the equine limb dissection. CVB: a) Agreed to clarify at the start of first lecture the structure of the IB course. b) Agreed to make video material available after the lecture on head evolution and development.
VAP, NAB and CVB	21 May 2021 meeting to discuss feedback for 2020-21 course.	VAP: a) Felt that in-person teaching was preferable to online teaching and that this should be reinstated as soon as possible. b) However, it was felt that the first imaging session would be kept online and students had also suggested it could be done for the rumen practical – the option to download images would be added. c) It was agreed to make videos of live teaching sessions available some time after the sessions, with instructions that students should not be expected to watch them, that they were for filling in gaps in notes and that they would gradually become outdated. d) The abdomen dissections would be restructured as students felt this years' recording of unpreserved pig were clearer than previous dissections of preserved material. NAB: a) Student feedback indicated that head/neuro dissections were compromised by the dryness of preserved specimens. b) It was agreed to investigate how plastinated material could be cleaned – until this could be done they would not be put out in practicals. c) Students would be encouraged to dissect better preserved specimens. d) Dissection images would be provided on DR screens. CVB: a) No CVB sessions would be delivered online only.

Course	Meeting	Summary of activity
		<p>b) To determine what the last two CVB lectures should be used for the PAM Course Organisers would be contacted for what is taught on this course.</p>
VRB	21 May 2021 Meeting to discuss feedback 2019-20 course.	<p>It would be fed back to the MedST/VetST review panel that students would find a clear division of anatomy and physiology components of the course to be helpful. Synchronisation between the anatomy and physiology strands was felt to be particularly helpful for the VRB course.</p>

Course	Meeting	Summary of activity
VRB	21 May 2021 meeting to discuss feedback for 2020-21 course.	<ul style="list-style-type: none"> a) Felt that in-person teaching was preferable to online teaching and that this should be reinstated as soon as possible. b) The exception to a) above is that the two histology sessions received better feedback when run online; these will be kept online with the option to download images. c) The possibility of moving the Saturday lectures shared with NST IB Physiology course online would be proposed to the NST Physiology Committee. d) It was agreed to make videos of live teaching sessions available sometime after the sessions, with instructions that students should not be expected to watch them, that they were for filling in gaps in notes and that they would gradually become outdated. e) The clinical linker sessions were well received, and it was recommended these be retained for future years.
MIMS	15 March 2021 Management Committee	<ul style="list-style-type: none"> a) Video recordings replaced yellow sheets in the Lent term. Options for implementing this in the future would be discussed once the teaching options available for the 2021-22 academic year were more clear. b) Options to upload PBL sessions to Moodle would be investigated.
MIMS	15 March 2021 Consultative Committee	<ul style="list-style-type: none"> a) Lecture feedback was generally good but there were some suggestions for how the Q&A sessions might work in future, content of handouts and overlap between lectures. b) Feedback for online Lent term practical sessions was good, some students found graphs unclear and having difficulty focusing on other's presentations. Students enjoyed interacting with each other in this practical.

Course Organisers were reminded to send copies of Course Management and Student Consultative Committee minutes to the secretary.

21.23. Student Topics

Items recently raised at a recent Med/VetST Student Focus Group were discussed. Students were generally happy with online lectures, but in-person practicals were preferred.

There needed to be some guidance on how to work from recordings, and to discourage students from spending too much time on these. However, if students felt that the material was going to be assessed some would try to spend as much time as possible learning it.

The students also wanted invigilation of any online examinations so they could be confident that no cheating was being carried out.

21.24. Items for report

There were none.

21.25.Any Other Business**21.25.1. Active bystander training**

Dr Anne Swift encouraged people to become involved with the "Active Bystander training" offered by the School of Clinical Medicine. Members should contact Dr Swift if they were interested.

ACTION: members to contact Dr Swift for involvement.

21.26.Dates of Meetings for 2021-22

In 2021-22 meetings of the MVST Part I Committee were scheduled for the following dates (all at 2pm):

Tuesday 30 November

Tuesday 8 March

Tuesday 5 July