



## Department for Business, Innovation & Skills

### **Fulfilling our Potential: Teaching Excellence, Social Mobility and Student Choice - Consultation**

You can reply to this consultation online at:

<https://bisgovuk.citizenspace.com/he/fulfilling-our-potential>

A copy of this response form is available at:

<https://www.gov.uk/government/consultations/higher-education-teaching-excellence-social-mobility-and-student-choice>

The Department may, in accordance with the Code of Practice on Access to Government Information, make available, on public request, individual responses.

The closing date for this consultation is 15/01/2016

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Please tick the box that best describes you as a respondent to this consultation.

	Alternative higher education provider (with designated courses)
	Alternative higher education provider (no designated courses)
	Awarding organisation
	Business/Employer
	Central government
	Charity or social enterprise
	Further Education College
	Higher Education Institution
	Individual (Please describe any particular relevant interest; parent, student, teaching staff etc.)
	Legal representative
	Local Government
<b>x</b>	Professional Body
	Representative Body
	Research Council
	Trade union or staff association
	Other (please describe)

## Public sector equality duty

Question 1:

- a) What are your views on the potential equality impacts of the proposals and other plans in this consultation?

They appear fair and well considered.

- b) Are there any equality impacts that we have not considered?

Yes

No

Not sure

## Teaching Excellence Framework (TEF) (Part A: Chapters 1-3)

Question 2: How can information from the TEF be used to better inform student and employer decision making? Please quantify these benefits as far as you can.

A 2012 IPEM survey of 14 UK postgraduate level HEI courses in the field of engineering and physics in medicine showed great diversity in graduate destinations between HEI programmes with the same degree title (i.e. MSc Biomedical Engineering or MSc Radiation Physics).

Across all programmes, 40% of same-sector employment was in NHS/private hospitals, while 33% was in industry and 27% was in further study/academia. However, this employment destination data varied greatly between programmes; some reporting 100% same-sector employment in one of the three outlined routes.

It is important to ensure that clear employment destination data is collected by TEF and made available to students and employers to easily identify where a particular STEM subject area at a particular HEI has a track record in supplying graduates in one or more sectors of the jobs market. It would also be useful to record the percentage of graduates who, at some later time point, remain practising in the same sector as their degree course. However, it is obvious that this metric may be challenging to collect with accuracy, particularly for overseas students.

Question 3: Do you agree that the ambition for TEF should be that it is open to all HE providers, all disciplines, all modes of delivery and all levels?

Yes

No

Not sure

Please give reasons for your answers.

Many IPEM members have studied for academic qualifications alongside completion of workplace training (i.e. state registration training to be a registered NHS clinical scientist). Therefore, IPEM welcomes a flexible TEF that covers all subjects and all types of delivery.

It should be noted that, as well as part-time delivery, there is also “flexi-time” delivery options at many HEIs, often for students with an irregular multi-year completion patterns, perhaps due to career breaks such as maternity leave or unplanned promotion at work. Metrics should be careful in their design here as completion rates for flexi- and part-time study are consistently and unavoidably below that for full-time study (i.e. 60% against 90%). This is usually because there are more competing life demands when balancing study with work over several years, particular at postgraduate level where students are older and tackle life changing events like having children or taking a leadership role in their job.

Continued Professional Development (CPD) courses enable qualified graduates to remain up to date with their field of study as they practice. CPD activity is an essential requirement of many scientists or engineers with chartered or professional status. CPD could also be considered for assessment under REF as fees for participants/employers are high (often several hundred pounds per day).

Questions 4-8: No response is offered to Questions 4-8 of Part A of the form.

Question 9: Do you agree with the proposed approach to incentives for the different types of provider?

Yes       No       Not sure

Please give reasons for your answer.

One uncertainty of relevance to IPEM concerns how the incentives mechanism would operate at postgraduate level, where fees are not capped at £6000 or £9000, and which vary widely by Higher Education provider at, for example, Masters level. It is noted that a loans system for postgraduate study is still under development and due to be available from 2016-17. This matter is raised as many of the taught qualifications taken by IPEM members are at a postgraduate level.

Question 10: Do you agree with the focus on teaching quality, learning environment, student outcomes and learning gain?

Yes       No       Not sure

Please give reasons for your answer.

IPEM currently undertakes accreditation assessments that appraise the teaching quality and learning environment aspects of relevant HEI courses in physics and engineering applied to medicine. It does not look at student outcomes or learning gain within these courses, although scrutiny of such aspects would be beneficial in appraising an HEI programme. These aspects are not investigated due to IPEM's limited access, as a professional body, to the required information with additional new sophisticated metric development also needed for robust assessment.

IPEM accreditation assessment work is undertaken for both physics and engineering disciplines, for courses that are both undergraduate and postgraduate in level, and also for Continued Professional Development (CPD) courses that appeal to qualified professionals who are graduates in the workplace. The Institute conducts this accreditation work through a site visit model where suitably approved and trained assessors visit the HEI, meet staff and students, examine course materials and assessment, ask questions arising from the submitted paperwork and thereafter complete a report for an accreditation panel of experts to use in making a judgement of award. The Institute finds this a successful approach, and has in previous assessments demanded improvements to HEI courses for both reasons concerning teaching quality and learning environment.

The Institute has, however, found it necessary to develop different assessment frameworks for each educational level (MSc, BSc, CPD) regarding aspects of teaching quality. The assessment of learning environment aspects is broadly similar across all educational levels. IPEM may be able to offer educational expertise to assist in the development such metrics. More information on IPEM work is at <http://www.ipem.ac.uk/CareersTraining/IPEMAccreditedcourses.aspx>.

Question 11: Do you agree with the proposed approach to the evidence used to make TEF assessments - common metrics derived from the national databases supported by evidence from the provider?

Yes       No       Not sure

Please give reasons for your answer.

The use of common metrics from national databases appears a sensible approach, but IPEM raises a concern that such metrics, if not suitably sophisticated, may penalise subject areas that traditionally rely on, and benefit from, teaching input from external non-university employed expertise.

Typical examples from IPEM accredited courses include guest lecturers from industry in medical device regulation (biomedical engineering) and state registered clinical scientists who work in the NHS (medical physics). Such individuals will typically be employed by a company or the NHS, but conduct some lecturing on a programme module as part of an honorary contract arrangement with the university.

The unique industrial/clinical insight of such external lecturers, and their ability to focus on workplace scenarios, offers much enrichment to the student experience. However, such invited experts are unlikely to have the time, access to employer funding or career motivation to work towards a formal teaching qualification or teaching fellowship, such as FHEA, in addition to their busy workplace duties.

The 2015 HEPI-HEA Student Academic Experience Survey, referenced in this Green Paper, asked students to rank the importance of three characteristics of their lecturers, noting that “the priority for most students is either training in how to teach or industry/professional expertise”. IPEM members feel that it will be challenging to acquire teaching staff in our field with both a teaching qualification and current industrial/professional expertise. Thus, any metric that measures the teaching qualification levels of those providing the teaching (as one aspect of teaching quality) is suggested to have a compensatory mechanism for those who guest lecture on matters relating to clinical or industrial practice.

One solution to this matter may be to measure the percentage of university employed staff who hold a full teaching qualifications (i.e. PFHEA, SFHEA, FHEA) while allowing those with guest lecturer status to use their clinical/industrial expertise as an alternative submission metric *in lieu* of a teaching qualification (i.e. state registration status, chartered scientist/engineer status).

Alternatively, guest lecturers with industry/professional expertise could instead be permitted to complete a more light-touch teaching qualification, such as associate fellowship of the Higher Education Academy (AFHEA). This is a more affordable and time-realistic goal than the full fellowship levels (PFHEA, SFHEA, FHEA).

### **Social mobility and widening participation (Part A: Chapter 4)**

No response is offered to Part B: Chapter 1 of the form (Questions 12-13)

### **Opening up the sector to new providers (Part B: Chapter 1)**

No response is offered to Part B: Chapter 1 of the form (Questions 14-16)

### **Provider exit and student protection (Part B: Chapter 2)**

No response is offered to Part B: Chapter 2 of the form (Question 17)

### **Simplifying the higher education architecture (Part C)**

No response is offered to Part C of the form (Questions 18-23)

### **Reducing complexity and bureaucracy in research funding (Part D)**

No response is offered to Part D of the form (Questions 24-28)

### **Do you have any other comments that might aid the consultation process as a whole?**

Please use this space for any general comments that you may have, comments on the layout of this consultation would also be welcomed.

The form gives the impression that a responder institution should comment on all 28 questions, rather than return a more focused reply to highlight a small number of highly important issues of relevance to the stakeholder. While it is clearly beneficial for BIS to organise responses in a question-by-question format, to aid the processing of results, it would be useful to include guidance that encourages responders to comment on only the parts of the form they feel able to.

Thank you for your views on this consultation.

Thank you for taking the time to let us have your views. We do not intend to acknowledge receipt of individual responses unless you tick the box below.

Please acknowledge this reply

At BIS we carry out our research on many different topics and consultations. As your views are valuable to us, would it be okay if we were to contact you again from time to time either for research or to send through consultation documents?

Yes                       No

**BIS/15/623/RF**

## ABOUT IPEM

Physicists, engineers and technologists play vital roles in delivering our healthcare and IPEM is the professional organisation that represents this workforce. Its members help to ensure that patients are correctly diagnosed and safely treated for illnesses such as cancer and stroke. They also maintain and manage medical equipment such as MRI and ultrasound scanners, X-ray machines, drug delivery systems and patient monitors. Their research and innovation leads to new technologies and methods that advance medical treatments. IPEM is also a charity with 4,300 members from healthcare, academia and industry.

More can be found at [www.ipem.ac.uk](http://www.ipem.ac.uk).

