Kingston University

MAY 2006

Preface

The Quality Assurance Agency for Higher Education (QAA) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE.

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales. For institutions that have large and complex provision offered through partnerships, QAA conducts collaborative provision audits in addition to institutional audits.

The purpose of collaborative provision audit

Collaborative provision audit shares the aims of institutional audit: to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard, and

- exercising their legal powers to award degrees in a proper manner.

Judgements

Collaborative provision audit results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the academic standards of its awards made through collaborative arrangements

- the confidence that can reasonably be placed in the present and likely future capacity of the awarding institution to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements; and

- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, (or authorises to be published) about the quality of its programmes offered through collaborative provision that lead to its awards and the standards of those awards.

These judgements are expressed as either **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

Nationally agreed standards

Collaborative provision audit uses a set of nationally agreed reference points, known as the 'Academic Infrastructure', to consider an institution's standards and quality. These are published by QAA and consist of:

- *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), which includes descriptions of different HE qualifications

- The *Code of practice for the assurance of academic quality and standards in higher education*

- subject benchmark statements, which describe the characteristics of degrees in different subjects

- guidelines for preparing programme specifications, which are descriptions of the what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

The audit process

Collaborative provision audits are carried out by teams of academics who review the way in which institutions oversee their academic quality and standards. Because they are evaluating their equals, the process is called 'peer review'.

The main elements of collaborative provision audit are:

- a preliminary visit by QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team six weeks before the audit visit
- visits to up to six partner institutions by members of the audit team
- the audit visit, which lasts five days
- the publication of a report on the audit team's judgements and findings 22 weeks after the audit visit.

The evidence for the audit

In order to obtain the evidence for its judgement, the audit team carries out a number of activities, including:

- reviewing the institution's own internal procedures and documents, such as regulations, policy statements, codes of practice, recruitment publications and minutes of relevant meetings, as well as the self-evaluation document itself
- reviewing the written submission from students
- asking questions of relevant staff from the institution and from partners
- talking to students from partner institutions about their experiences
- exploring how the institution uses the Academic Infrastructure.

The audit team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work through visits to partners. In addition, the audit team may focus on a particular theme that runs throughout the institution's management of its standards and quality. This is known as a 'thematic enquiry'.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews how institutions are working towards this requirement.

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Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Kingston University (the University) from 8 to 12 May 2006 to carry out a collaborative provision audit. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

To arrive at its conclusions the audit team spoke to members of staff of the University, and read a wide range of documents relating to the way the University manages the academic aspects of its collaborative provision. As part of the process, the team visited four of the University's partner organisations in the UK where it met staff and students. The team also met with students who had progressed from an overseas collaborative course and were now studying at the University in the UK.

The words 'academic standards' are used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK.

'Academic quality' is a way of describing how well the learning opportunities available to students help them to achieve their awards. It is about making sure that appropriate teaching, support, assessment and learning resources are provided for them.

The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' *(Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004, paragraph 13, published by QAA).

In a collaborative provision audit both academic standards and academic quality are reviewed.

Outcome of the collaborative provision audit

As a result of its investigations, the audit team's view is that:

- broad confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its awards made through collaborative arrangements

- broad confidence can reasonably be placed in the present and likely future capacity of the University to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements.

The audit team also concluded that reliance could reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the University publishes and authorises to be published about the quality of the programmes offered through collaborative provision that lead to its awards and about the standards of those awards.

Features of good practice

The audit team identified the following areas as being good practice:

- the effectiveness of the University's management of employer links for informing curriculum development and enhancing students' learning opportunities

- the University's close engagement with its local partner colleges in the development, delivery and enhancement of collaborative provision

- the University's capacity to reflect critically upon practice and to design innovative quality assurance processes, such as internal subject review and internal quality audit

- the use of formal liaison documents for the establishment of specific communication arrangements between each partner and their University liaison officer.

Recommendations for action

The audit team also recommends that the University consider further action in a number of areas to ensure that the academic quality of programmes and the standards of awards it offers through collaborative arrangements are maintained.

Recommendations for action that is advisable:

- make explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English.

Recommendations for action that is desirable:

- develop its capacity to take an institutional overview of the operation and comparative performance of all of its collaborative partnerships and courses

- enhance its institutional framework for appointing, developing and supporting liaison officers, particularly those responsible for overseas partnerships; courses offered by multiple partners and at different teaching sites; and partnerships involving collaboration with more than one faculty

- increase its support for staff responsible for the annual monitoring of collaborative courses, to ensure that suitable levels of reflection and self-evaluation are consistently demonstrated.

National reference points

To provide further evidence to support its findings, the audit team also investigated the use made by the University of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the audit suggest

that the University was making effective use of the Academic Infrastructure in the context of its collaborative provision.

In due course, the audit process will include a check on the reliability of the teaching quality information, published by institutions in the format recommended by the Higher Education Funding Council for England (HEFCE) in the document, *Information on quality and standards in higher education: Final guidance (HEFCE 03/51)*. The audit team was satisfied that the information the University and its partner organisations are currently publishing about the quality of collaborative courses and the standards of the University's awards was reliable and that the University was making adequate progress towards providing requisite teaching quality information for its collaborative provision.

Main report

Main report

1	A collaborative provision (CP) audit of Kingston University (the University) was undertaken from 8 to 12 May 2006. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

2	CP audit is supplementary to institutional audit of the University's own provision. It is carried out by a process developed by the Quality Assurance Agency (QAA) in partnership with higher education institutions (HEIs) in England. It provides a separate scrutiny of the collaborative provision of an HEI with degree-awarding powers (awarding institution) where such CP was too large or complex to have been included in its institutional audit. The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' *(Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004, paragraph 13, published by QAA).

3	In relation to collaborative arrangements, the audit checked the effectiveness of the University's procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes leading to those awards; for publishing reliable information about its CP; and for the discharge of its responsibilities as an awarding institution. As part of the process, the audit team visited four of the University's partner organisations in the UK, where it met staff and students. The team also met with students who had progressed from an overseas collaborative partnership and were now studying at the University in the UK.

Section 1: Introduction: the institution and its mission as it relates to collaborative provision

4	In 1970 Kingston Polytechnic was created from the merger of local colleges of technology and art and was expanded in 1975 through the addition of a local college of education. University status was granted in 1992, when the institution became known as Kingston University. The majority of the University's provision is concerned with taught undergraduate and postgraduate programmes, complemented by some research degrees and professional doctorates.

5	The University operates from four major sites: Penrhyn Road, Knights Park, Kingston Hill and Roehampton Vale. The University is divided into seven faculties each subdivided into schools. The faculties are Art, Design and Architecture; Arts and Social Sciences; Business and Law; Computing, Information Systems and Mathematics; Engineering; Health and Social Care Sciences; and Science.

6	At the time of the audit, the University had just over 19,700 students in total. CP has grown significantly during the last few years and at the time of the audit there were 1,100 students on validated courses and some 2,500 students on franchised provision. The University currently has a total of 54 partners; 41 are UK based and 13 are overseas partners, accounting for some 10 different countries.

7	The University's rationale for CP, which has been fundamental to its aspirations for student growth, is described by the University as being multifaceted. The rationale includes: expanding the capacity for local delivery of higher education HE to facilitate widening participation and access and thus service the local region; responses to national initiatives, in particular the continued development of Foundation Degrees (FDs); the opportunities to aid academic progression from further education through to higher education (HE); and with respect to overseas collaborations the general enhancement of the reputation of the University together with the opportunity to

provide access to UK higher education qualifications. The University's Strategic Plan 2005-06 to 2009-10 reaffirms the University's commitment to CP, partnership and widening participation. The mission of the University is to:

'…promote participation in Higher Education, which it regards as a democratic entitlement; to strive for excellence in learning, teaching and research; to realise the creative potential and fire the imagination of all its members; and to equip its students to make effective contributions to society and the economy'.

Background information

8   The published information available for this audit included the following recent documents:

- the report of the institutional audit conducted by QAA, March 2005

- the report of the University and the Asian Aviation Centre, Sri Lanka, overseas partnership audit conducted by QAA, May 2004

- the report of the University and ICBS Thessaloniki Business School, Greece, overseas partnership audit conducted by QAA, April 2002.

9   The University provided QAA with a series of documents and information including:

- an institutional self-evaluation document (CPSED) with appendices, titled 'Collaborative Provision Audit December 2005'

- the report of a review of a Foundation Degree (FD) in Aircraft Engineering, conducted by QAA 2003, the University and KLM UK Engineering, and a documentary response submitted to QAA in 2004-05 as part of a follow-up survey of these early FDs

- a documentary response submitted to QAA in 2004-05 relating to an FD in Graphic Communication, the University and Richmond upon Thames College, as part of a survey on FDs developed from Higher National Diplomas

- access to the University intranet

- documentation relating to the partner institutions visited by the audit team.

10   During the briefing and audit visits, the audit team was given ready access to a range of the University's internal documents. The team identified a number of partnership arrangements that illustrated further aspects of the University's provision, and additional documentation was provided for the team during the audit visit. The team was grateful for the prompt and helpful responses to its requests for information.

The collaborative provision audit process

11   Following a preliminary meeting at the University in June 2005 between a QAA officer and representatives of the University and students, QAA confirmed that four partner visits would be conducted between the briefing and audit visits. The University provided QAA with its CPSED in December 2005 and briefing documentation in March 2006 for each of the selected partner institutions.

12   The students of the University were invited, through the Kingston University Students' Union (KUSU) to contribute to the CP audit process in a way that reflected the current capacity of KUSU to reflect the views of students studying for the University's awards through collaborative partners. Officers from KUSU contributed to the development of the CPSED and the audit team was able to meet two officers of KUSU at the audit visit. The team is grateful to KUSU officers for their engagement with the process.

13   The audit team visited the University from 20 to 22 March 2006 for the purposes of exploring with senior members of staff of the University, senior representatives from partner institutions, and student representatives from partner institutions, matters relating to the management of quality and academic standards in CP raised by the University's CPSED and other documentation, and of ensuring that the team had a clear understanding of the University's approach

to collaborative arrangements. At the close of the briefing visit, a programme of meetings for the audit was agreed with the University. Additionally, it was also agreed that certain document audit trails would be followed relating to two partner institutions representing an overseas partnership where the language of instruction was not English, and a UK partnership.

14   During the visits to partners, members of the audit team met senior staff, teaching staff and student representatives of the partner institutions. The team is grateful to the staff of the partner institutions for their help in gaining an understanding of the University's arrangements for managing its collaborative arrangements.

15   The audit visit took place from 8 to 12 May 2006, and included further meetings with staff of the University, with representatives of KUSU, and with students who had progressed from the University's CP overseas and were now studying in the UK. The audit team is grateful to all those staff and students, both of the University and its partners, who participated in meetings.

16   The audit team comprised Mr A Dordoy, Professor S Frost, Dr S Hargreaves, Mr T Maxfield. The audit secretary was Mr S Murphy. The audit was coordinated for QAA by Mr M Cott, Assistant Director, Reviews Group.

Developments since the institutional audit of the awarding institution

17   Prior to the institutional audit, QAA conducted two recent overseas partnership audits of the University's CP. The first was in 2002 (ICBS, Thessaloniki Business School, Greece), and the second was in 2004 (Asian Aviation Centre, Sri Lanka). Additionally in 2003, as part of the first special review of Foundation Degrees (FDs) in England, QAA conducted a review of an FD in Aircraft Engineering, delivered by the University in partnership with KLM UK Engineering. The outcomes of all three were largely positive and the reports, together with the University's

response, are considered in more detail below in paragraphs 88 to 94.

18   At the time of the institutional audit in February 2005, the University had finalised its proposals for changes to its academic structure. These changes were introduced in September 2005. The University was previously based on six faculties but has now been restructured into seven. This was achieved through dividing the former Faculty of Technology into two new faculties: the Faculty of Engineering and the Faculty of Computing, Information Systems and Mathematics. The School of Mathematics, previously located in the Faculty of Science, moved into the latter. As part of the restructuring, the Schools of Music and of Education moved into the Faculty of Arts and Social Sciences.

19   Alongside the faculty reorganisation, the University has also introduced two new Pro Vice-Chancellor (PVC) roles. Each is intended to provide leadership and to undertake planning and research coordination across a group of faculties: Art, Design and Architecture; Arts and Social Sciences; Business and Law, comprising one group; and Computing, Information Systems and Mathematics, Engineering, Health and Social Care Sciences and Science, comprising the other. At the time of the current audit, the new faculty arrangements and the new PVC roles seemed to have been well established.

20   The institutional audit report noted several features of good practice including some that are relevant to the University's CP. These were: the use of self-reflection to inform development; the support available to promote learning and teaching initiatives; and the enhancement of the student experience by extensive external input into courses. The report made three main recommendations for action by the University, all of which have a bearing on the University's CP. The report advised the University to:

- consider how staff appraisal, as a key mechanism for identifying staff development needs, was being consistently and fully deployed

- continue to monitor resources, particularly the use of space, to match the growth in student numbers.

21   The report also recommended that it would be desirable for the University to:

- consider how the development of assessment criteria which reflect more explicitly the level of the modules, their learning outcomes and their modes of assessment, would benefit both students and internal and external assessors.

22   The audit team viewed the University's response to the institutional audit report set out in a draft action plan that had been presented to two of the University's senior committees, the Academic Standards and Quality Group (ASQG) and the Academic Directorate, in October 2005. University staff also provided the team with an account of the progress that had been made so far. An assessment working party reporting to the Learning and Teaching Committee (LTC) had been established. A review of staff appraisal had been instigated by the Human Resources department. Resourcing and the use of space was being addressed through the implementation of the estates programme, including the 'New University Project'; the development of the learning resource centre at Kingston Hill; and the learning resource strategy meetings with collaborative partners.

23   The audit team was informed that progress in each of these areas was to be reported internally by June 2006, with the required formal response to QAA planned for October 2006. The team concluded that the University is responding to the recommendations of the institutional audit in a timely and appropriate manner.

Section 2: The collaborative provision audit investigations: the awarding institution's processes for quality management in collaborative provision

The awarding institution's strategic approach to collaborative provision

24   The CPSED stated that 'the University uses its existing faculty and central structures to manage CP' and 'there are no separate faculty or central departments dedicated to CP'. 'The University has taken the view that CP should be integrated as far as possible with all other activities and considered routinely as part of the normal work of staff across the University'.

25   This integrated approach means that faculties and their schools are expected to play a major role in managing collaborative links and to take responsibility for courses in the same way that they do for in-house provision, supported by the University level policies, structures, frameworks and procedures that apply to all courses. There are also particular arrangements for CP at both faculty and University levels. These arrangements are considered below in paragraphs 51 to 66.

26   The CPSED explained that new collaborative courses are approved only where there is clear synergy between the proposed subject area and the subject disciplines of the faculties. While the audit team saw examples of courses delivered by partner institutions where the University has no direct subject expertise, these examples were linked to faculties with relevant expertise in cognate disciplines. Faculties clearly see these courses as important additions to their subject portfolios.

27   The University's Quality Strategy, which is equally applicable to CP, has two primary purposes, described in the CPSED as: 'the maintenance of the standards of the academic awards of the University at a similar (or higher) level than those of similar awards in other HEIs; and ensuring the highest quality of student

experience (in its broadest sense) within the resources available to the University'. The University views quality assurance as a form of collective self-appraisal and has a well developed framework for managing quality and standards. This is detailed in the Quality Assurance Procedures Handbook, available on the University's intranet 'StaffSpace'.

28   The University categorises its CP arrangements in two ways. Firstly on the basis of funding. If the funding for the course flows through the University and out to a partner, the students are categorised as both 'enrolled and registered' with the University. If the funding is directly to the partner, students are categorised as 'registration only'. The contracts and agreements with partners reflect the difference in responsibilities that result from these funding arrangements.

29   The second way the University categorises its CP arrangements is on the basis of the structure of the course. If a partner offers the same or very similar course as is offered 'in-house' the University describes it as a 'franchise'. If the partner offers a course that is unique to the partner, the University describes it as 'validated'. Course management and quality assurance arrangements differ to some extent for validated provision. In both cases, the University specifies the quality assurance procedures, although local procedures may be used if they fulfil the University's requirements.

30   At the time of the audit the University had a total of 54 partners; 41 based in the UK and 13 overseas. There were 2,500 students on franchised courses and 1,100 students on validated courses. The category and number of courses offered by the University through collaborative partners was as follows:

- franchised UK courses   85
- franchised overseas courses   48
- validated UK courses   22
- validated overseas courses   15.

The awarding institution's framework for managing the quality of the students' experience and academic standards in collaborative provision

31   Overall responsibility for all academic affairs, including quality and standards, lies with the Academic Board (AB) chaired by the Vice-Chancellor. The CPSED explained that in practice AB delegates many operational matters to its subcommittees. Subcommittees relevant to CP are: ASQG, responsible for monitoring quality and standards; the LTC, responsible for developing and maintaining policies and strategies on assessment, learning and teaching; and the seven faculty boards. All assessment boards are also formally designated as subcommittees of AB.

32   ASQG and LTC have cross membership and representation from each faculty. The Deputy Vice-Chancellor (DVC) chairs ASQG and LTC as well as the Academic Directorate, a group of senior academic and administrative staff which takes a close interest in CP and has a high-level strategic function in course planning and academic strategy. Partners participate in University committees and two are members of ASQG. Membership on ASQG by partners is rotated to ensure a range of partner interests is represented.

33   CP is fully integrated into the work of AB's subcommittees. ASQG receives from faculties summaries of: annual monitoring and policy development. The Academic Registrar presents an overview of external examiner reports to ASQG. In line with the University's strategy of integrating CP into its normal work, there is no separate reporting mechanism at ASQG for CP (see below paragraphs 61-64).

34   The Academic Standards and Awards Section (ASAS) of the Academic Registry supports the processes of approving new partnerships (institutional approval) and course validation (see below paragraphs 51-55). The University's Academic Development Centre (ADC) supports the enhancement of quality assurance procedures and, following institutional approval, may also provide support

to course teams as they prepare new CP courses for validation.

35   Faculty boards chaired by deans of faculty have responsibility for quality assurance within faculties and this is normally devolved to a faculty quality committee, and where faculties have schools these are represented on the committee. Quality assurance is directed at faculty level by directors of undergraduate and postgraduate studies and in some faculties senior posts with a specific remit for quality and standards.

36   Following institutional approval (see below paragraphs 51-52) an institutional agreement, outlining the main responsibilities of each partner is signed by the Vice-Chancellor and by the principal (or equivalent) on behalf of the partner. In addition, for each course there is a memorandum of cooperation (MoC) that sets out the partner's particular responsibilities, and is accompanied by a financial schedule. The PVC External Affairs is responsible for agreeing and signing the MoC. For each course there is also a formal liaison document that outlines the processes by which the MoC will operate. A standard template is provided for faculties and the liaison document forms the point of reference for the liaison, reporting, support and developmental arrangements for each collaborative course. The audit team found the MoC, together with the liaison document, to offer a sound point of reference for collaboration, and found the use of formal liaison documents for the establishment of specific communication arrangements between each partner and their University liaison officer to be an example of good practice (see below paragraph 172).

37   For each CP course, the University establishes an Executive Group including two members of the partner's senior management, the dean of faculty, the head of school, and a liaison officer. This group meets once a year to discuss resource issues arising from annual monitoring; it is chaired by the dean, and may include other staff from both institutions if required. A board of study is also established for each CP course.

38   Partners are expected to appoint a field director to manage the course on a day to day basis. Faculties appoint a liaison officer to liaise with the field director and the partner and they act as the main interface between the University and the partner. This role is pivotal in ensuring that the University requirements for quality assurance at course level are effectively implemented. The University operates a Collaborative Forum, comprising liaison officers and the field directors from partners, which offers the opportunity for a wider exchange of information to take place about CP matters (see below paragraph 125).

39   The audit team was informed that the University makes a substantial time allowance for liaison officers to undertake their role but at present there is no formal preparation or induction for the role of liaison officer, although shadowing and mentoring arrangements were mentioned. ASQG has recently approved a standard role specification for University module leaders and University liaison officers for CP. This document clearly specifies the responsibilities of liaison officers and the team considered that when it is fully implemented it is likely to strengthen and enhance the liaison function for CP.

40   The audit team saw and heard evidence of liaison officers fulfilling their roles effectively and providing a good level of support to partners. The team noted that the liaison officer role is wide ranging and its scope can differ dramatically especially for more complex CP. Based on this the team consider that is desirable that the University enhance its institutional framework for appointing, developing and supporting liaison officers, particularly those responsible for overseas partnerships; courses offered by multiple partners and at different teaching sites; and partnerships involving collaboration with more than one faculty. This may usefully include mechanisms to facilitate the exchange of information between liaison officers, including good practice.

41   The University has established frameworks for student assessment that apply in full to CP. The Assessment Handbook defines the

responsibilities of staff at all levels and the general procedures to be followed by assessment boards. Franchised courses follow the same regulations, processes and external examining procedures that apply to in-house provision. Validated provision has separate arrangements that meet all of the University requirements but may include a separately appointed external examiner and the moderation of marking being undertaken by the partner institution. The University's assessment policy provides guidance on internal moderation. External examiners are able to comment on the effectiveness of moderation. Agreements for the management of moderation are helpfully included as part of the liaison document. In a meeting with partner staff, the audit team was informed that partner staff have an open-ended invitation to drop in and view sample scripts at the University Field Director's office. While the team saw no evidence that arrangements for the management of moderation in CP were less than satisfactory, it noted the potential for variation in the consistency of the management of moderation at field level and concluded that the University may wish to tighten such arrangements for CP.

42   The Academic Regulations pages on StaffSpace contain level descriptors for courses, assessment criteria and an example of standard grade criteria which have been adopted widely across the University. Colleagues who met with the audit team from partner institutions generally understood the role and function of level descriptors.

43   For CP that is taught in a language other than English, the University appoints bilingual external examiners who also comment more widely on the provision (see below paragraphs 77-80). The audit team also heard of examples where additional bilingual liaison support was required and in place through the liaison officer.

44   Overall, the audit team concluded that the University's framework for managing the quality of student's learning opportunities and the academic standards in CP is suitably structured with designated responsibilities at University, faculty, school and partnership levels.

The awarding institution's intentions for enhancing the management of its collaborative provision

45   At the time of the audit, the formulation of the University's new integrated Quality Enhancement Strategy was well advanced and the audit team was able to view a recent draft. It integrates Widening Participation and Learning and Teaching Strategies together with parts of the HR Strategy that deal with related aspects of staff development. Its objectives will be tracked through the student life cycle from 'awareness and aspiration raising' through to 'employability'.

46   In meetings, the audit team heard that partners had been involved in consultation on the new strategy in various forums, including the Collaborative Forum. Implementation of the new strategy, to be driven by University lead personnel in each of the areas of activity, will be supported by an annual staff development and resourcing plan. For CP, the strategy will operate through activities led centrally as well as through the activities of University liaison officers.

47   The audit team found that the new draft strategy had been carefully formulated, both in the context of broad institutional objectives and in the context of its strong regional collaborative links and employer links, thus building on existing and well-established strengths.

48   The audit team viewed a range of other initiatives aside from the draft strategy that also provided an indication of the University's intentions for enhancing the management of its CP. Notable amongst these was the introduction of an institutional re-approval process for confirming the continuing appropriateness of partnerships (see below paragraph 51-52). The University has also developed Internal Quality Audit (IQA) (see below paragraph 65) and the team noted that this has been used effectively in relation to the University's CP.

49   Staff identified the recently initiated review of FDs and the planned good practice guide as a further element of the University's enhancement agenda. This initiative resulted from the University's recognition of the

importance and continued growth of FDs in its strategic planning. The good practice guide, to be made available on-line and in hard copy, is intended to lead course teams through the planning and course development phase and to provide advice on the day-to-day running of FDs. At the time of the audit, the research design for the review had been agreed and work had commenced.

50   In exploring all of these developments through documentary audit trails and through discussions with staff, the audit team concluded that the University is alive to its enhancement needs and has engaged in appropriate and thoughtful planning to take forward its enhancement agenda.

The awarding institution's internal approval, monitoring and review arrangements for collaborative provision leading to its awards

Institutional approval

51   The University makes a distinction between the institutional approval of partners and the subsequent course validation. Proposals for partnerships may be initiated from any level within the University but before any provision can be offered there must be a full institutional approval of the new partner. This follows a well defined procedure laid out in the Quality Assurance Procedures Handbook and is supported by ASAS. An institutional approval panel is appointed consisting of two members of AB, one of whom must also be a member of Academic Directorate and an event is held to:

- confirm the standing and financial viability of the partner

- assess the compatibility of the partner's mission in relation to the University's

- confirm the partner's legal status and contractual capacity

- assess the suitability of the partner's infrastructure and resource base to provide the necessary quality and standards of support

- provide the partner with information on the University's quality assurance requirements

- provide the partner with information on the financial implications of establishing and maintaining the proposed partnership.

52   The institutional approval event prepares the way for the signing of a formal institutional agreement that is then subject to a periodic re-approval visit, every five or six years. The audit team was shown a definitive schedule of institutional re-approval events through to 2011 ensuring that every partnership will be subject to periodic scrutiny. The team found the process of institutional approval to be rigorous and is taken seriously by the University and its partners.

Course approval

53   The University distinguishes its provision by fields, courses and programmes. A field is a set of modules approved to lead to a named award (or part of an award). There can be full, major, half and minor fields. Most CP comprises a full field. A course is the award the student registers for, and in the case of major, half and minor fields will be a combination. A programme is the specific set of modules chosen by a student from those options offered in a field/combined field. The University has a well established two-stage approval process for new fields. Initial proposals are subject to an initial institutional-level scrutiny prior to proceeding to a validation event. The initial proposal is submitted through the relevant faculty to the Academic Directorate on a pro forma that addresses University and faculty priorities; recruitment; the rationale for new modules; resourcing, and external accreditation and reference points. An advisory subgroup reviews the proposal and identifies issues for consideration by Academic Directorate. AB receives recommendations from Academic Directorate for the suitability of the proposal to proceed to validation, triggering the formal validation process. The audit team found that this description accurately described the processes that are applied to new CP fields.

54   In 2003-04 the University moved from University-level validation of all new fields to a more selective, risk-based approach. Criteria were established to determine whether validations might be permitted to proceed as a faculty-based procedure. This was designed to streamline processes where significant components of a proposed field contained already approved components from existing fields. Faculty based approval events do not require a panel member who is external to the University (see below paragraphs 67-70). There are six categories of higher risk proposals that require University-level validation and this includes any new field with an overseas partner. The audit team learned that there are circumstances where faculty based validation events are permitted for CP but that the Academic Directorate must approve such events on a case-by-case basis. The team was confident that such decisions were likely to be sound and effective and noted that a validation planning meeting could be called in cases of doubt.

55   The audit team saw detailed minutes, conditions and recommendations arising from the field validation process. Course teams are required to satisfy conditions before a course can commence and the response is considered by the validation panel. Library and other resource statements are carefully incorporated into validation events and particular scrutiny is given to the partner's infrastructure in validated provision. The outcomes of actions taken in response to recommendations are confirmed as part of the annual monitoring process which is monitored by the liaison officer. Overall, the audit team found the procedures for field validation to be sound and implemented rigorously in accordance with the University's procedures.

Annual monitoring

56   The CPSED stated that annual monitoring is the cornerstone of quality assurance. This is reflected in the work undertaken to develop the current system that is based on a hierarchy of module, subject and course 'logs', each completed according to a standard template. Logs are intended to provide a self-critical and dynamic account of the management of quality and standards for each course and field. Each module leader produces a module log using a detailed template that requires comment on student feedback and progression data. In validated provision this is normally produced by a member of staff in the partner institution. Module logs are incorporated into a whole course log that is discussed at the board of study.

57   The minutes from boards of study made available at the audit indicated that some module and course logs are highly effective and completed in considerable detail. There was evidence, however, of some module logs that were inadequate to support any meaningful discussion at boards of study. A few examples appeared to be little more than a repetition of the contents from the previous year's log with a change of date. Additionally the audit team found that some staff in partner institutions were not entirely clear of the ways in which the University made use of their contribution to the annual monitoring process.

58   In meetings the audit team was assured that the University is aware of the variability of the contents of logs and plans to address it. Based on the importance of annual monitoring to assure quality and standards, and particularly due to the fact that the Internal Subject Review (ISR) process does not focus specifically at course level, the team found it desirable that the University increase its support for staff responsible for the annual monitoring of collaborative courses, to ensure that suitable levels of reflection and self-evaluation are consistently demonstrated.

59   The course log from the board of study is submitted to a faculty quality committee describing the year's activities, student feedback, external examiner recommendations and any professional, statutory or regulatory body (PSRB) report. The chair of the faculty quality committee produces a faculty summary of emerging issues for University action. The faculty summaries are received by the Annual Monitoring Working Group of ASQG, developing a recommended University action plan for discussion and approval by ASQG. The audit team found that the style and reporting of faculty quality committees was appropriate, with robust discussions and with action plans recorded.

60   Overall, the audit team found the annual monitoring process to be effective for CP although it would encourage the University to draw upon an institution-wide data set to support more in-depth comparison across collaborative partners in the monitoring process.

Internal subject review

61   The University's mechanism for periodic review is the ISR. This is a relatively new process and incorporates much of the activity of the former revalidation process. ISR is a six yearly process that takes a broad and in-depth review of all courses in a subject area. The process draws on a combination of self-appraisal, panel scrutiny and indicative measures of course outcomes to produce a joint agenda with subject teams for enhancing the future portfolio and the quality of students' learning experience.

62   The ISR process is clear and well-defined and includes a panel event with at least two members who are external to the University. The event is chaired by an experienced reviewer, lasts for up to two days and includes meetings with staff and students. From the evidence it reviewed, the audit team formed the view that the process is robust and results in appropriately evaluative ISR reports with action plans that appeared to be appropriate and likely to make a significant impact on quality enhancement. The ISR report is scrutinised by ASQG and action plans are followed up and reported into ASQG and AB.

63   Franchised UK CP is incorporated into the ISR but in addition includes a meeting held at the University to consider any partner specific issues as well as a visit to the partner. Validated UK CP includes two additional stages. Stage one includes a visit by panel members to the partner institution and meetings are held with managers, staff and students and there is scrutiny of documentation, resources and facilities. Stage two includes meetings with the staff at the University responsible for managing the provision. Validated and franchised overseas CP follows the latter model. These additional processes enable appropriate scrutiny, review and support for partners offering validated provision to be maintained. The audit team saw evidence that these processes are carried out rigorously and are taken seriously by partner institutions, who make an active contribution to the process.

64   The audit team considered the ISR process to be well designed but noted, that as a consequence of ISR reviewing all fields in an entire subject, there is potential for the focus at the individual CP course level to be reduced. Additionally, the effectiveness of part of the evidence base for the ISR process, such as course logs, is dependent on the quality of critical reflection at course level. The team were confident however, that in both of these respects, the University will continue to monitor the effectiveness of the ISR process.

Internal Quality Audit

65   IQA is a relatively new process established to provide a mechanism for internal review in a specific subject or area of quality and standards where there is a cause for concern. ASQG must approve the initiation of IQA although the request for such a review may come through many different sources but particularly from quality assurance reports. This developmental process has been used on two occasions, one of which was for CP. The audit team was provided with documentation associated with this. In this example, stage one of the process identified remedial action. A second stage of the process was integrated into the ISR when monitoring indicated that the remedial action was not having a satisfactory effect. This led to a well managed withdrawal of the course. The team found the process was systematic, evidence-based and seemed to be highly effective. The team concluded that IQA is a very robust process. The team also concluded that the University's capacity to reflect critically upon practice and to design innovative quality assurance processes, such as internal subject review and internal quality audit is an example of good practice.

66   The University has an appropriate strategy for integrating CP into its mainstream quality assurance procedures for approval, monitoring and review. The advantages of this approach

were clear to the audit team and have resulted in CP being considered in line with in-house provision. The team found it difficult however to determine how the University takes an overview of CP so that it can be assured that CP is meeting its objectives. This lack of an overview is further compounded by a lack of comparative data across the University that would enable performance of CP courses and partner institutions to be considered distinctively. The availability of this data would support review processes and would be likely to lead to further enhancement of the management of quality and standards in CP. Based on this, the team found it desirable that the University develop its capacity to take an institutional overview of the operation and comparative performance of all of its collaborative partnerships and courses.

External participation in internal review processes for collaborative provision

67   As noted above, the University has moved to a risk-based approach to validation and review, with consequent changes to the use of panel members who are external to the University in these processes. University-level validations are used for higher risk proposals and always include two external members on the panel. There are strict guidelines for their selection. Lower risk proposals are subject to faculty level validation; for these, a degree of externality is provided by representatives of faculty committees from schools other than the proposing school. The institutional audit report, considering provision other than collaborative, found this approach to be 'acceptable, providing the criterion for imposing a full University-level validation procedure is carefully enforced'.

68   The present audit team noted that the CPSED and Quality Assurance Procedures Handbook defined circumstances where CP could fall into the lower risk category and hence be subject to faculty level approval. This would apply to UK franchise provision with existing partners in existing subjects. While the CPSED indicated that 'to date there have been

no collaborative validations delegated to faculties', the team was informed that two more recent validations involving UK partners have been or are planned to be conducted by means of the faculty level process, and thus without fully external input. The University considered both of these cases to be very low risk, being the addition of new course titles to existing courses with the addition of only limited numbers of additional modules. As noted above, these decisions are taken by Academic Directorate on a case-by-case basis and the team noted that if doubt existed then the University's procedures dictated that a validation planning meeting would be called to resolve the matter. On balance, the team considered this to be a legitimate approach to risk management and to adequately safeguard the provision of externality in the validation process.

69   In line with the University's integrated approach to managing CP, the periodic review of collaborative courses is incorporated into the ISR process. ISR panels have at least two members external to the University and there are clear criteria for their appointment. The level of scrutiny of collaborative courses within ISRs again depends on the perceived level of risk. For overseas courses, a visit is made to the partner institution. This usually takes place between six months and one year before the main ISR event. Two members of the ISR panel who are external to the University are included on the panel for this event as well as for the follow up stage two event held at the University in advance of the ISR.

70   For UK validated courses, there is a visit to the partner in the period leading up to the ISR by a panel involving at least one external member. UK franchised courses are integrated in the main ISR but also involve a separate review visit to the partner. The audit team saw examples of ISR reports from various stages of the process and considered that, overall, there was evidence of strong and scrupulous use of externals in the periodic review of CP.

External examiners and their reports in collaborative provision

71   The University takes responsibility for the appointment of external examiners for all collaborative courses. There are clear criteria for the appointment of external examiners that ensure they are appropriately independent. The definition of their roles and responsibilities specifies that they should not be involved in validation or review work at Kingston University. These guidelines are kept under review by an External Examiner Working Party that reports to ASQG.

72   External examiner appointments are approved by the External Examiner Approval Board, a subcommittee of ASQG. The institutional audit found this to be a 'robust and thoughtful committee'. In line with the University's integrated approach to CP, there are no special requirements for external examiners appointed to these courses although specific arrangements are detailed in the liaison document and are approved at validation. An induction day is provided for new examiners; this is currently optional but ASQG is discussing whether attendance should be made a requirement. School-level induction is also required and the University's Quality Assurance Procedures Handbook specifies the information to be provided by the school. For inexperienced externals, including those from professional rather than academic backgrounds, arrangements whereby the external is attached to an experienced team must also be put in place.

73   The CPSED explained the process through which external examiners are enabled to make judgements on comparability of standards between partners and with University provision. For franchised courses, at least one external examiner will cover provision across all delivery locations or an external examiner for a delivery location will be part of the assessment board in the University. For validated courses offered in several locations, at least one external examiner is common to all.

74   External examiner reports are produced on a standard University template that includes a

section covering the confirmation of standards required as part of Teaching Quality Information (TQI). Reports covering collaborative courses delivered at more than one partner are required to comment on the academic standards at each partner. Completed reports are received by the Registrar on behalf of the Vice-Chancellor. Reports are forwarded to deans, heads of school and other designated staff within the faculty. The new job description for liaison officers includes the responsibility for ensuring that partners receive copies of the external examiner reports; ensuring that these are fully discussed, and that there is liaison over the production of a response to the issues raised.

75   Discussion of external examiner reports normally takes place at the board of studies (or equivalent) for the course. The audit team saw evidence that such discussions with partners regularly take place and saw responses to external examiner reports prepared by University liaison officers or by course directors from the partner institution.

76   The main vehicle for monitoring the follow up to external examiner reports is the annual course log. Course logs are received and approved by faculty quality committees which in turn prepare summary reports for ASQG. An institutional overview report of external examiners' reports is also produced directly from the reports for ASQG by the Registrar. Examples seen by the audit team referred to collaborative issues but did not include any separate overview of reports covering collaborative courses.

77   The recent institutional audit report judged that the University's external examiner system works effectively. The present audit team also found this generally to be the case for the University's collaborative courses but had some reservations about provision taught and assessed in a language other than English. The team was informed that the University did not provide specific guidance on assessment processes for such provision but considered that arrangements to safeguard standards should be specified on a case-by-case basis.

78   The audit team was able to examine the working of such an arrangement through a documentary audit trail of a set of courses delivered and assessed in a language other than English. Two bilingual teams of external examiners had been appointed by the University specifically for this provision; one team for the validated undergraduate courses and another for the franchised postgraduate courses. University staff who met the team informed them that these external examiners were employed under different terms from other external examiners and were paid a higher fee to recognise the additional workload. The team noted from their reports that these externals sometimes undertake additional duties including providing staff development for the partner staff.

79   The audit team noted that in the case of this provision, all internal moderation was undertaken by partner staff and that University staff were not involved in the marking or moderation processes. While, for the franchised postgraduate courses, assessments were set at the University and translated, this was not the case for the validated undergraduate provision where assessments were set by the partner staff and not seen by the University. In these cases, external examiners are required to moderate assignments as well as student work. While those external examiners consistently confirmed through their reports that standards were appropriate for the awards and comparable with courses delivered in other UK universities, the team considered that the University should strengthen its direct involvement in the moderation process.

80   This view also corresponds with that of the panel undertaking a current ISR that incorporates this overseas provision. The panel's stage two report stated that 'too great a reliance was placed on the external examiners and that the Faculties should exercise more quality control over the assessment process. Involvement of subject staff at Kingston in the assessment process could be a good starting point for greater liaison at subject level'. The ISR in question is not yet complete and so naturally the University has not yet determined how it will follow this up. The audit team suggests that the action includes the provision of clear guidelines on how assessment processes for provision taught and assessed in languages other than English should operate as part of a broader set of specific quality assurance guidelines for such courses. This point is also considered below in paragraph 91.

The use made of external reference points in collaborative provision

81   The CPSED stated that the University applies the Academic Infrastructure to CP in the same way as it does for in-house provision. While recognising that partners need to be introduced to the Academic Infrastructure, the CPSED also noted that in many cases consistency with it is taken as read as the University's procedures are seen to have been aligned to the Academic Infrastructure. The audit team found that the University's communication of the Academic Infrastructure with partners is clearest in the case of its UK partners where the Collaborative Forum has been used to discuss its various components. For example, the team viewed evidence of discussion of the revised Section 2 of the *Code of practice* and the team considered this forum to be an effective means for such communication.

82   Programme specifications for each course are provided via the University's field specification documents. These are available on-line through StaffSpace. Alignment with appropriate subject benchmark statements and with the relevant level of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) are detailed in the field specification document. The template for producing field specifications includes a section on external reference points. The validation process checks these alignments and they are periodically confirmed through the ISR process. University level descriptors, aligned with the FHEQ, are defined in its useful 'Guide to Writing Learning Outcomes'. Further discussion on learning outcomes is ongoing in the University at present, partly in response to a

recommendation contained in the recent institutional audit report.

83   The CPSED stated that the *Foundation Degree qualification benchmark* (FDQB) has been helpful to the University in reinforcing its own approach to ensuring that the core features of FDs are maintained. The audit team saw evidence that careful consideration has been given to the application of the FDQB in the development of FDs.

84   The University's CPSED also stated that as each section of the *Code of practice* is published, a systematic review has been undertaken to ensure that the University is compliant with the precepts. The University has mapped its responses to each section of the *Code* and the audit team found clear evidence of the University having undertaken a careful consideration of the newly revised sections of the *Code* through ASQG.

85   The audit team noted that the University had not yet completed its specified actions in relation to the *Code of practice, Section 9: Placement learning*. Placements arrangements, including student, mentor and employer handbooks, are approved at validation and are subsequently reviewed routinely. There is no current set of University-level placement guidelines, although a Placements Working Group is close to finalising an on-line placements handbook that will provide generic advice. As placement learning is included on a number of its collaborative courses, the team anticipates that the University will carefully review current practice on these courses against its completed guidelines in due course.

86   The audit team was able to examine a sample of the University's certificates and transcripts issued to CP students. The team found the name of partner institutions clearly recorded on both documents. Additionally, for courses taught and assessed in a language other than English, the language of instruction and assessment were also clearly recorded on both. The team concluded that the University exercises appropriate control over both the detail and the issuing of certificates and transcripts.

87   From the evidence seen, the audit team concluded that the University is clearly engaging with the Academic Infrastructure and is taking care to ensure that its procedures are aligned with it. This includes alignment of its collaborative processes with the precepts of Section 2 of the *Code of practice.* The University is also taking steps to ensure that its partners are aware of the Academic Infrastructure where appropriate, particularly for its network of UK partners.

Review and accreditation by external agencies of programmes leading to the awarding institution's awards offered through collaborative provision

88   QAA has conducted two recent overseas partnership audits of the University's CP. The first of these was in 2002 (ICBS, Thessaloniki Business School, Greece) (ICBS), and the second was in 2004 (Asian Aviation Centre, Sri Lanka) (AAC). As part of the first special review of 33 pilot-funded FDs in England in 2003, QAA also conducted a review of an FD in Aircraft Engineering, delivered in partnership with KLM UK Engineering. In 2004-05, the University also submitted a documentary response to QAA as part of a follow up survey considering the progress of these first FDs. Additionally the University submitted a documentary response relating to an FD in Graphic Communication, delivered by a partner college, as part of a survey on FDs in England that had been developed from Higher National Diplomas.

89   In each audit and review the outcomes have been largely positive with limited numbers of recommendations needing action at institutional level. The report on the partnership with ICBS supported a conclusion of broad confidence in the University's stewardship of quality and standards in the link. The report on the partnership with AAC supported a high level of confidence in the University's stewardship of academic standards and the quality of student experience in its overseas CP. The report on the FD delivered in partnership with KLM UK gave confidence in the emerging

academic standards and the quality of students' learning opportunities.

90   The report on the partnership with ICBS noted a number of strengths including the University's 'rapid and robust reaction, at the most senior level, to practices which it judged unacceptable'. The report also suggested a number of areas for further development. While action was taken in response to the 2002 report's recommendation that the University further consider its model of subject level liaison for a link of this size and complexity, a recent report produced as part of University's ISR process indicated that there remains a need for greater liaison at subject level.

91   The report on the partnership with ICBS also suggested that the University should make explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English. While ASQG in March 2002 agreed an action plan that a paper be produced outlining the University's approach to quality assurance in courses delivered in a language other than English, during the audit the University was unable to provide the audit team with evidence the action had been completed. In view of concerns about elements of the processes for assessment of such courses, expressed above in paragraphs 79-80, the team also considers it advisable that the University make explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English.

92   The reports on the partnerships with AAC in 2003 and KLM in 2004 noted strengths and made few recommendations. In both cases, the audit team found that the points raised had been satisfactorily addressed by the University.

93   A number of the University's collaborative courses have also been subject to reviews by PSRBs. The CPSED noted that, wherever practicable, PSRB recognition is extended to include courses delivered by partners. Major examples include the recognition of all overseas delivery locations for the MBA by the Association of MBAs; the Civil Aviation

Authority accreditation of the FD in Aircraft Engineering, and the close working links with the British Acupuncture Accreditation Board for the BSc (Hons) Acupuncture course. Where possible, PSRB accreditation activity is aligned with University validation processes through the use of joint panels.

94   Evidence seen by the audit team demonstrated that the University generally pays close attention to reports from external bodies and has defined processes for following them up via ASQG, which examines the reports together with follow-up action plans developed by faculties. The team saw evidence of ASQG having monitored the follow up action. Additional monitoring occurs through the annual course log system which includes a section requiring comment on responses made as a result of external reviews. The team considered the University's processes to be broadly effective, although the isolated example noted above in paragraph 91 suggests that the University might wish to strengthen its processes for ensuring that follow-up action is always implemented.

Student representation in collaborative provision

95   Student representation for CP is primarily achieved through staff-student consultative committees (SSCCs). The membership and reporting mechanisms from SSCCs to the relevant board of study are outlined in the liaison document and vary according to whether the course is validated or franchised. SSCCs for franchised provision are formally designated as a subcommittee of an in-house board of study at the University. Specific arrangements for student representation are outlined in student handbooks.

96   The audit team saw some variation in the operation of SSCCs, where some partners had experimented with a variety of mechanisms, including focus groups, in order to accommodate and act upon student feedback. The team heard through its meetings with students that representation could operate relatively informally in some overseas CP

particularly where student numbers were small. The team also heard that arranging meetings with part-time CP students could be problematic. The team noted some variation in the level of detail provided in some SSCC minutes but students who met the team generally confirmed that action was taken in response to concerns that they had raised. In meetings with students the team heard that there were some inconsistencies in the way that outcomes from SSCC discussions were fed back to students other than the representatives, with some students being unaware of the detail of these discussions. The University may wish to consider how to ensure that CP students are systematically informed of the outcomes of SSCC discussions.

97   The CPSED stated that since the institutional audit significant progress had been made to the University's support for the student representative system. Strategies for providing earlier briefing of student representatives have resulted in the production of a Course Representatives Handbook, by the ADC in conjunction with KUSU, and this is likely to provide greater clarity on the role and importance of student representation.

98   The Faculty Forum is a new development, introduced to in-house provision in 2005-06, where all course representatives in a faculty meet with the dean to identify any common themes arising from SSCCs and boards of study. The Faculty Forum receives extracts of faculty board minutes and feedback on any agreed actions in response to issues raised by SSCCs or boards of study. The University intends to introduce the Faculty Forum to CP in 2006-07. The team concluded that the Faculty Forum and the actions taken towards strengthening the student representation system are likely to contribute to quality assurance and enhancement for local CP, though its impact upon more remote CP may be somewhat limited.

99   In addition to more formal structures, informal meetings also take place between visiting University staff and students in CP. Students who met the audit team generally confirmed that such meetings take place and

that they found the link to be valuable. Where contact was less evident between the liaison officer and students, the team was informed that visits from the University to meet with partner institution staff were commonplace. Although these visits are not systematic, they offer a valuable addition to the monitoring and quality enhancement procedures. Discussion at ASQG are taking place concerning potentially wider student representation on University boards and committees as well as validation and ISR panels. However, concerns have been raised about the heavy time commitment that this would place upon students in such positions.

100 KUSU sabbatical officers currently sit on the Board of Governors, AB, ASQG, LTC, Academic Directorate, and faculty boards. The audit team heard that KUSU works hard to encourage student participation through the representation system. KUSU hold events at the University for students from local partners. The level of interaction between KUSU and students in more remote CP remains a challenge, though telephone and email support for such students is provided in areas such as appeals and complaints.

101 Overall, the audit team found a good deal of evidence that suggested that CP students are well represented through formal committee structures and through informal channels through members of their course team or the liaison officer. The team considered that the University has mechanisms in place for eliciting and acting upon student feedback and found that the University actively pursues the enhancement of these structures and processes.

Feedback from students, graduates and employers

Students

102 The main vehicle for collecting feedback from CP students is through the SSCC. This is increasingly being supplemented through the use of module feedback questionnaires, as outlined in the Guide to Student Consultation Procedures. While some courses use these questionnaires as standard for each module,

others have instead used whole course evaluation mechanisms. Some partner institutions have also supplemented the University's requirements on module evaluation, with their own student feedback mechanisms related to learning, teaching and assessment on the course.

103 The audit team saw some variation in the use of module logs across CP. This is currently being addressed by the University through the provision of detailed guidance on their production. Overall, the team found that there are adequate mechanisms in place for collecting the views of students in CP and the team saw evidence that action is taken in response, and that this has made a positive impact upon the student experience, both in home and overseas CP.

Graduates

104 The University has no explicit approach to making use of the views of CP graduates, and in much of its CP, the links remain strongest with the partner institution. As noted in the institutional audit report, the University has not adopted a standard mechanism for gathering course level feedback from graduates and instead has a number of formal and informal methods in operation, including graduate subject associations and professional societies.

105 Destinations of former students in CP are tracked through the University's Graduate Destinations Survey and informally through links with graduates and employers. As noted in the institutional audit report, an alumni system, though a potentially useful means of gaining feedback from graduates, is still at a relatively early stage of development.

Employers

106 Feedback from employers takes a variety of forms at course level and may be through formal or informal processes. The institutional audit report noted that the student experience is enhanced by extensive external inputs into courses across the University.

107 The University takes employer engagement and partnership in FDs seriously and developed its first FD with KLM UK Engineering which was launched in September 2001. In such cases, employer feedback is received and taken on board by default. Since 2001, the University has validated 16 additional FDs, delivered in partnership with around 22 partners. Employers also provide feedback on students' ability and performance in work-based learning which, in turn, influences course content. Some FDs are accredited by professional bodies and are therefore informed by employers' requirements.

108 The collaboration between the University, employers, professional bodies and partners, was noted in one of its ISR reports as an example of good practice. The audit team also concluded that the effectiveness of the University's management of employer links for informing curriculum development and enhancing students' learning opportunities is an example of good practice.

109 Some faculties and schools have in place a number of industrial advisory boards, with membership from a variety of employers. These boards consider such matters as course development and course monitoring minutes. The audit team heard how mentor road shows were a feature of one of the CP courses, providing the opportunity for mentors, staff and students to come together for purposes of enhancement through sharing good practice.

110 Employer liaison activity is recorded in course logs. The audit team saw several examples where very full details of this liaison were provided and demonstrated a clear enhancement of the student experience as a result. The team also saw some examples where comments were less detailed or unavailable. The team encourages the University to increase its support for staff responsible for recording the details of employer engagement in course logs.

111 Overall, the audit team was confident that the University makes every effort to consult with its students and employers in CP, and this makes a positive impact on the quality of the

student experience. The team would however encourage the University to develop a more explicit approach to gathering and making use of the views of graduates in CP.

Student admission, progression, completion and assessment information for collaborative provision

112 Due to historical reasons, relating to the introduction of modular courses, each faculty had developed its own student record system to provide information for quality assurance, assessment boards and central purposes. With the introduction of a common modular scheme across all faculties, the individual record systems were replaced with a new system that can provide comparative data across the institution for annual monitoring purposes. The University recognises that progress in this area was slower than anticipated but is now complete.

113 The Annual Monitoring Data Catalogue was introduced in 2004 which produces standard, comprehensive data on modules, subjects and courses and is available through StaffSpace. Reports can be drawn down from this to make course and module comparisons.

114 The audit team noted that some courses have found that the statistics provided by the University to be difficult to access and use. This difficulty is further noted in discussions at ASQG where it was confirmed that there are no agreed University-wide comparative statistics produced on progression and assessment results. The team was however informed that, as indicated by discussions at AQSG, the Academic Registry, Planning and Student Administration departments are to agree a set of standard reports and an annual schedule for publication. This discussion was ongoing at the time of audit.

115 Separate course logs are produced by each individual partner for franchised courses of the same title. It is possible at the module level to make comparisons between student performance at different partners through the module log, although module logs are still being embedded across CP. Since the course

log remains the main way of assuring quality across CP, the level of detailed analysis that might be achieved at the level of the module is not therefore always possible. Assessment board information does, however, offer a means of comparing performance across the same course delivered by multiple partners. The audit team concluded that further development of mechanisms by which the University could make use of an institutional overview of CP would be beneficial.

116 The responsibilities for student administration including registration are largely devolved to faculties. The audit team, through its meetings with staff was informed that the University was tightening its arrangements on gathering data about registration only students from its partners.

117 Registration and enrolment activities at operational level were generally sound in CP. There has been a recent move to on-line enrolment which appears to be addressing issues relating to the accuracy of some registration data from partners where students are enrolled directly. The new student record system is currently being extended to give access to course directors in CP, and this may help in maintaining the accuracy of student records. The audit team was told that the liaison role is very important in confirming the accuracy of this data.

118 The CPSED noted that the Academic Development Centre now employs a researcher who produces comprehensive comparative first year data on retention. This is reviewed by the Academic Directorate and the results are intended to inform faculty strategies in relation to student retention, and also to inform the intended cycle of ISRs.

119 The audit team found that the University's systems and processes for managing student information relating to admissions, progression, completion and assessment generally enable the University to make appropriate use of this information for assuring the academic standards of CP. The team encourages the University to consider how to strengthen these processes to enable a systematic overview of CP.

Assurance of the quality of teaching staff in collaborative provision; appointment, appraisal, support and development

120 While collaborative partners are responsible for teaching staff appointments, the University maintains an overview and course approval requires scrutiny of staff curriculum vitae (CVs). Validation reports seen by the audit team confirmed that this scrutiny was taking place.

121 During partner visits, the audit team heard that procedures for approval of staff changes were operating in line with University requirements on CV approval, by means of the relevant liaison officer and the Executive Group. The University acknowledged that the approval of certain staff such as placement mentors and visiting lecturers can be problematic, however the team concluded that overall the University's procedures for approving partner staff were sound and generally working well.

122 The University's quality assurance processes require the monitoring of staff development support by its collaborative partners for their own staff. This begins at programme approval, with a discussion of staff development planning and the requirement for a staff development plan. The audit team saw reports recording, as approval conditions, the production of documented staff development plans together with an example of a full response to such a condition. In the view of the team, both demonstrated rigour of process.

123 Monitoring of partners' staff development continues through annual monitoring. The audit team saw detailed, reflective reports on this activity in some course logs but the extent and detail of reporting could be variable. In addition, ISR provides for periodic monitoring of staff development. The team found that the process did address this, although information and analysis tended to be in distilled form, particularly in ISRs covering complex provision.

124 Collaborative partners have responsibility for HR policies and procedures such as appraisal and reward. While the University does not require partners to operate peer observation of teaching schemes, there were forms of peer observation and appraisal at some partner institutions. During 2004 to 2006, the University distributed funds to eligible partners funded through the University for rewarding and developing staff, with the expectation that this be used in particular areas, including appraisal and performance management review.

125 The University offers various forms of staff development support to partners, at the University, at partner institutions and on-line. The Collaborative Forum provides staff development and sharing of good practice in quality assurance, learning and teaching and related areas. This was clearly valued by partner staff, particularly those from local partner institutions and is part of the continuing support provided through the University's local collaborative activity.

126 Other features of staff development support include strong links between partner and University staff, notably liaison and library staff; training and development at the University, including the Postgraduate Certificate; the mentoring guidelines for FDs 'Guidelines for workplace mentors of students on FDs', and the 'Mentor Roadshows' for the FD Early Years. The audit team considered that the University's close engagement with its local partner colleges in the development, delivery and enhancement of CP is an example of good practice.

127 Typically, overseas collaborations present greater challenges in relation to staff development support. The audit team learned of staff development delivered during University staff visits to partners or of partner staff to the University and of on-line support packages, such as the use of the virtual learning environment (VLE), mixed media presentation training and the European Computer Driving Licence.

128 These activities are noteworthy, yet little appeared to be recorded in module and course logs. Indeed, as previously noted, the audit team found the content of annual monitoring reports generally to be variable in extent,

quality and self-evaluation. The team concluded that it was desirable that the University increase its support for staff responsible for the annual monitoring of collaborative courses, to ensure that suitable levels of reflection and self-evaluation are consistently demonstrated.

129   University liaison officers provide a key link with partners at operational level and the recent 'Guide to QA procedures for University CP liaison officers' provides guidance on their responsibilities. The time commitment and workload demanded by the role, although recognised through time allowances, can be extensive, particularly in complex or rapidly expanding CP. The University may wish to address this, and to consider the creation of forums through which these key personnel, whose experience and enthusiasm for their role was evident, may share good practice within and across faculties.

130   Overall, the audit team concluded that the University has in place appropriate and efficient mechanisms to assure the quality of teaching staff in CP.

Assurance of the quality of distributed and distance methods delivered through an arrangement with a partner

131   The University has only one course that is formally designated as being delivered through flexible and distributed learning (FDL) methods. There are no University guidelines on the approval of courses delivered through such methods but the University recognises that if it were to develop any new FDL courses then guidance will be needed. The audit team shares this view.

132   The partner institution delivering this course was approved following an institutional approval in 2003 and is scheduled for re-approval in 2008. The validated course provides postgraduate CP awards to approximately 80 students studying through distance learning materials. The standard University course approval process was enhanced to take account of the specialist nature of delivery of this course. The initial course validation included

independent examination of the distance learning materials as part of the validation process. The University also supported the development of this course through providing training for the course leader and the registrar of the partner. Training in the University's quality assurance procedures was also provided.

133   The enhanced approval process also required that the University approves the distance learning materials before their use and additional requirements were put in place for the external examiner arrangements so that at least one external examiner was expected to have expertise in delivering and examining FDL provision.

134   Most students on this course receive their teaching materials through e-learning which supplements other learning resources available from the partner institution. Some students do not have computer access and receive materials through hard copy. Pre-course information and website publicity make it clear to prospective students the exact nature of the course delivery.

135   Students on this course have established methods of communication with their designated tutor at the partner institution. A documentary audit trail was made available to the audit team and this provided a comprehensive account of the support and supervision available to students following this course. Students do not currently have opportunities to interact with each other because of the dispersed geography of the course. The team would encourage the University to explore whether mechanisms could be established to facilitate peer contact between the students.

136   The audit team noted that other courses offered by validated partners also incorporated elements of FDL study. Although these courses include blended learning, the University does not define these as FDL courses. Overall, the team formed the view that the University has effective arrangements in place for assuring the quality of distributed and distance methods delivered through an arrangement with a partner.

Learning support resources for students in collaborative provision

137 The audit team heard, through its discussion with students, that across CP, learning resources were generally adequate and appropriate across the range of environments. The University places a great deal of emphasis upon the use of its VLE, and has taken action to remedy access problems that it had previously detected in relation to CP. In July 2005, a project was launched to provide all CP staff with access to electronic resources similar to those enjoyed by staff employed by the University. This system became fully functional in November 2005. The team heard through its discussions that all partner staff and students in CP now receive user IDs as standard, although the processes for ensuring that students receive their IDs still requires some fine tuning.

138 At some of the smaller partner institutions, with more modest student numbers, the audit team heard that face-to-face support was considered to be more important than the VLE. In other partner institutions, both staff and students were more positive about the benefits of the VLE. Some partners place a great deal of reliance upon their own VLE, using the University's for supplementary purposes. The team saw clear evidence that the University was working in unison with its partners to help embed the use of electronic learning resources and in providing appropriate training and support.

139 While the audit team found that students at more remote locations were largely dependent on the resources of the partner, help was also available from the University, on-line or from central and faculty helpdesks. Not all students who met the team were aware of the University's advice and guidance available through StudentSpace, though this lack of awareness is likely to diminish as access issues are remedied. The University is committed to and has had considerable success in overcoming complex barriers to the use of the VLE in overseas provision and, although the team heard that some students arriving at the University for top-up awards from overseas

partners only became aware of the VLE on their arrival at the University, it concluded that the University has appropriate mechanisms and strategies in hand to ensure greater access to and usage of the VLE in the future.

140 The University has a new integrated Learning Resources Strategy, developed with partners, and which clearly outlines resource allocation strategies and objectives on e-based resources, in particular. The University Library service has good and well managed links with partners, and conducts resource checks at the time of institutional and course approval. Library staff work together with subject teams on establishing VLE modules and indicative reading lists and elicit feedback from users through user surveys with results published for staff and student reference.

141 Where a number of courses at a partner fall within different University faculties, one lead University library contact from the relevant subject team will normally coordinate work with the partner. Collaborative partner visit logs are used for documenting resource visits to UK partners, with an amended version for overseas partners. In the case of the latter, resource checks are normally conducted by the faculty through site visits, rather than by library staff, as part of institutional and course approval processes. The University subject team contact raises learning resource issues on behalf of the partner library with relevant University staff, including issues picked up through annual monitoring or attendance at committees at all levels of the University. To allow University library staff to hear feedback and respond to student needs, staff will normally have involvement in relevant committees such as SSCCs. Variation on these processes is necessary for more distant provision, with greater reliance being placed upon the liaison officer to monitor continued adequacy of learning resource provision.

142 There is clear evidence of staff development provided by the University for partner institutions through the Library service. Library staff also provide induction and information skills sessions for students and

advise partners as appropriate. The support from Library staff is highly valued by partner institutions and the audit team agreed that this support was particularly effective.

143 The audit team was reassured that rights of access to University resources do not differ markedly between HEFCE directly funded and HEFCE indirectly funded CP. Validation and ISR processes include an examination of the contractual relationship between University and its partners, and sets out rights of students in this respect. The team noted a lack of monitoring by the University on partner institutions' uptake of electronic resources. There is no process currently whereby the uptake of electronic resources within CP can be disaggregated from general uptake, to allow an evaluation of the use of such resources, and the team would encourage the University to consider the development of mechanisms to achieve this.

144 The close engagement of the University, particularly with its local partners, in enhancing the student experience within CP was found to be good practice by the audit team. The team found that the University has an effective approach to ensuring that learning resources provision in CP continues to be appropriate. The team would encourage the University to continue to monitor and develop its learning resources to match the growth in student numbers, much of which stems from CP.

Academic guidance and personal support for students in collaborative provision

145 The CPSED stated that academic guidance, support and supervision is built into the University's courses and how this is achieved is considered at validation in the case of collaborative courses. The University expects that each student will have academic advice appropriate to the nature, level and size of the course. Course directors and liaison officers work together closely to ensure that students are appropriately supported and advised. On a day-to-day basis, the responsibility for providing students with this support rests with the

partner. The capability of the partner to fulfil this role is established through institutional and course approval processes.

146 Students are made aware of the support services provided through the University in their handbooks and the audit team had the opportunity to view many good examples where the support available from both University and the partner was clearly documented. Student handbooks include relevant information and contained information relating to complaints and appeals procedures.

147 The audit team, through its discussion with staff and students, was informed that the University was fully represented by liaison officers during course induction at partner institutions, and that KUSU sabbatical officers have also made every effort to correspond with partners to offer contributions to their induction programmes. At some of the more local partner colleges, inductions take place at both the University as well as the partner's site.

148 Arrangements regarding personal support for students vary across the provision. Courses with small numbers of students often involve the partner-based course director acting as personal tutor to all students, whereas more formalised personal tutor arrangements are provided for larger cohorts. The audit team was told through meetings with students, that students of overseas provision all have a personal tutor allocated, and all students who met with the team said they felt well supported.

149 In principle, a wide range of central student support services is available to all CP students through the University; in practice, many CP students studying overseas or in UK locations further away from the University cannot access these services. Through the validation process the University ensures that all students have access to equivalent services however. Support for students in areas such as dyslexia through the dyslexia support network, shows that CP students are well supported in relation to specialist needs. Prior to registration, students are sent a pre-enrolment pack with an

introduction to KUSU, student finances, information, advice and support. Other pre-entry guides cover areas such as Blackboard ('Your Offer' guide), International Students guide, Information for students with disabilities, and a guide to health. Staff guides are also produced to help staff dealing with student enquiries, containing useful contact numbers and details. The audit team heard evidence that students in CP had used such support, and likewise, partner students had also accessed hardship funds through the University.

150 Comprehensive careers advice is available for CP students at the University although more distant CP students tend to use the advice available at partner institutions. Some students in CP had limited knowledge of University careers service. In some provision the audit team found that students were less aware or less likely to be able to access the University's career advice. These students are more dependent on the specialist advice offered by teaching staff, and the team noted that, as a result of this, students may be less aware of their wider career options outside of their course's specific discipline.

151 Language support for international students is available both at Kingston University and in some of the collaborative partners, and students who met the audit team valued this support. Similarly, English language support has been made available in overseas provision.

152 The audit team found that students progressing from an overseas franchise course to the University for a top-up award are generally well prepared with timely advice and information. While some students who met with the team reported that there had been some confusion in respect of professional accreditation, the team was assured that every effort had been made by the University, through the role of the liaison officer to provide full and accurate details of progression arrangements.

153 Overall, the audit team concluded that the University, both centrally and through faculties, provides good support for its CP students both in terms of academic guidance and personal

support. Partner institutions offer appropriate specialist support services to students and the University has sufficient mechanisms in place to assure itself of the appropriateness of guidance and personal support available to CP students.

Section 3: The collaborative provision audit investigations: published information

The experience of students in collaborative provision of the published information available to them

154 Through institutional agreements with collaborative partners, the University retains control of the marketing of all courses. Publicity material relating to the University's CP, including material produced by partners, comprising prospectuses, web-based information, brochures and leaflets are approved by deans of faculty. Generic publicity produced by the University is checked centrally by the University's Marketing department for UK provision, and by the International Business Development department for overseas provision.

155 Typically, leading up to the formal approval process and during the operation of courses, there are discussions between the University and partners on the content of proposed publicity material. In meetings with the audit team, students generally confirmed that pre-entry information provided by the University and collaborative partner institutions was accurate and reliable.

156 Student handbooks for collaborative arrangements are required to be presented as part of the validation documentation and also for ISR. Reports available to the audit team indicated that this requirement was being met. The University's 'Guide to quality assurance procedures for University CP liaison officers' states that it is the responsibility of liaison officers to ensure that student handbooks and module guides are produced/transferred to the partner before the course commences. In meetings with students, the team heard of

isolated examples where students were not issued with handbooks until late in the term. The University may wish to consider whether its existing procedures for the quality assurance of student information in CP could be enhanced by routinely checking that students have received this information from partners.

157 The Quality Assurance Procedures Handbook defines the minimum level of information that students are entitled to receive. This comprises information about the course, including the field specification, module specifications and details of the elements and dates of assessments, and information about the University, including information on regulations, appeals, mitigating circumstances and plagiarism. The choice of format for this information is at the discretion of the school or faculty. When asked about the content of course handbooks, students who met with the audit team confirmed that information might be found either in hard copy or on-line and they were generally satisfied with the extent and accuracy of the information provided overall. Students also confirmed that they knew where to find information on appeals and complaints procedures and the team noted that a useful student guide on the meaning of plagiarism and its avoidance was readily accessible on-line.

158 Overall, the audit team concluded that the University had effective procedures in place to ensure that the range of information available to students in its CP, both pre and post-entry, was accurate and reliable and that students were satisfied with the extent, usefulness, quality and reliability of the information to which they had access.
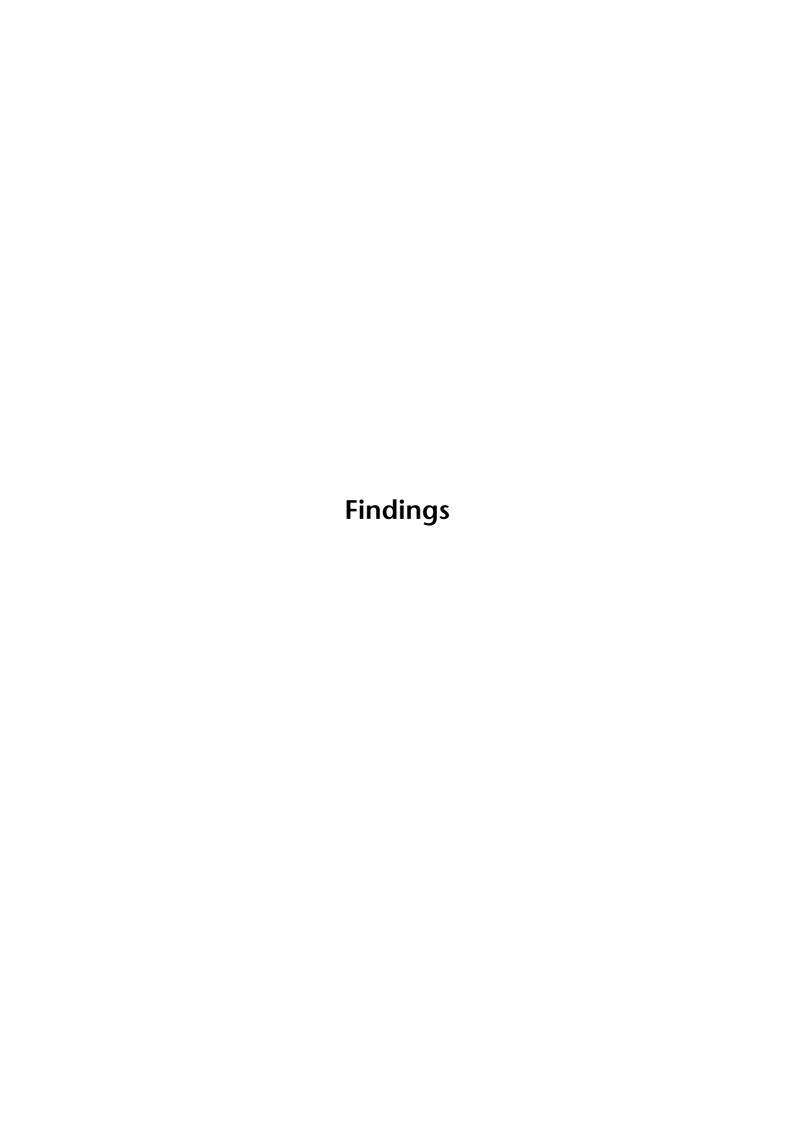
Reliability, accuracy and completeness of published information on collaborative provision leading to the awarding institution's awards

159 In its CPSED, the University stated that it adopts the same approach to TQI for CP as it does for the rest of its provision. This approach comprised the publication on its TQI website of quantitative information on courses, as well as the required institutional-level reports and summary external examiner reports.

160 The audit team viewed information provided by the University on its pages on the TQI website concerning its CP. The sample included the full range of provision, comprising validated, franchised, UK and overseas collaboration. On the basis of that sample, the team was able to verify that summary external examiner reports relating to CP had been uploaded. In light of the extension of the new ISR process to its CP, the team was interested to explore a sample of ISR reports relating to CP published on the TQI website. These were published in full and, in line with the University's integrated approach to CP, each drew together information and evaluation relating to the spectrum of relevant programmes, whether delivered at the University or by partners. The team also viewed statistical information covering subject areas incorporating certain collaborative programmes. Similarly, this related to subject areas as a whole, integrating data on the University's CP.

161 The audit team formed the view that the University is alert to the requirements of TQI and that it fulfilled its responsibilities in this respect.

Findings

Findings

162 An audit of the collaborative provision (CP) offered by Kingston University (the University) was undertaken during the period 8 to 12 May 2006. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements. As part of the collaborative audit process, the audit team visited four of the University's collaborative partners in the UK, where it met staff and students. The team also met with students who had progressed from an overseas collaborative partnership and were now studying at the University in the UK. This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged during the audit, and making recommendations to the University for action to enhance current practice in its collaborative arrangements.

The effectiveness of the implementation of the awarding institution's approach to managing its collaborative provision

163 The University categorises its CP arrangements in two ways: first, according to whether it is the University or the partner that receives the direct funding for the course and, second, according to the structure of the course. CP courses that are funded directly through the University categorise students as 'enrolled and registered', whereas students on courses where funding is direct to the partner are categorised as 'registration only'. Where partners offer the same or similar course as is offered in-house at the University, this is described as a 'franchise', and where a partner offers a course that is unique to the partner it is described as 'validated'.

164 The University's approach to managing its CP is based on the same framework, committee structure and reporting lines as it uses for managing the rest of its provision. Overall responsibility for all academic affairs, including quality and standards, lies with Academic Board, and operational matters are delegated to its subcommittees. Subcommittees relevant to CP are: Academic Standards and Quality Group (ASQG), responsible for monitoring quality and standards; the Learning and Teaching Committee, responsible for developing and maintaining policies and strategies on assessment, learning and teaching; and the seven faculty boards. All assessment boards are also formally designated as subcommittees of the Academic Board (AB). Partners participate in University committees and two are members of ASQG. The University has devised a small number of additional mechanisms for CP to assure itself that the academic standards and quality are set and maintained effectively. CP is largely managed by faculties and schools as an integral part of their portfolio of provision.

165 The University sees the development of CP as part of the broader development of its external profile and also helps to achieve its mission in creating access to higher education. The role of partner institutions is seen as central to this mission in CP and includes the:

- development of a higher education structure for non-traditional areas of vocational expertise (such as acupuncture)

- opportunity for overseas based students to acquire qualifications not available in their domestic education provision that also supports progression into the University

- establishment of well developed and effective networks that enable partner institutions to develop and build their higher education provision

- establishment of relationships with key partners who help to develop and shape the strategy for CP at the University.

166 The audit team considered that the University has provided a wide range of opportunities that fits its mission and strategic goals. There is evidence of a highly effective network that supports joint working. The Early Years network is one good example of a well thought through series of connections that support partner institutions in developing their contribution while maintaining an overarching mechanism to manage CP in a range of partner institutions. The Collaborative Forum, where University liaison officers and the partner field directors can exchange information about CP matters more widely is also particularly effective. The team saw evidence that the University's strategy was achieving its aims.

167 The University has effective processes in place for scrutinising proposals for new partnerships, and these are supported through robust systems for approving new partnerships. This establishes an appropriate formal basis for the partnership and ensures that appropriate relationships, responsibilities and communication arrangements are identified.

168 In the view of the audit team, the integration of CP within the University's management framework, with some amendments to recognise the differences between CP and the University's own provision, ensures that the academic standards are maintained and that the quality assurance framework provides a consistency of treatment. The team acknowledged the advantages of this approach, but formed the view that the approach could lead to a lack of institutional oversight of CP both within and across partnerships. The establishment of this oversight could enable the University to more clearly recognise themes and issues arising from specific courses or partners. This could be particularly helpful in overseas and more complex provision where a partner links to the University across a number of different schools, or where a course is taught in more than one location and by more than one partner. An overview could also help the University to more accurately assess the extent to CP is meeting its aims and aspirations.

169 The audit team found that while the University intends the approach to quality assurance and enhancement in validated and franchised provision to be equally rigorous, there is some evidence of a perception amongst staff that validated provision is more 'hands-off'. The team would encourage the University to consider whether there is a need to reinforce its communication to its staff that validated provision should be subject to an equal level of quality assurance scrutiny.

170 The audit team confirmed confidence in the implementation of the University's approach to managing its CP. In order to further enhance this, the team noted that it would be desirable for the University to develop its capacity to take an institutional overview of the operation and comparative performance of all of its collaborative partnerships and courses.

The effectiveness of the awarding institution's procedures for assuring the quality of educational provision in its collaborative provision

171 The University has in place appropriate processes for the approval and re-approval of partner institutions. Academic Directorate considers initial proposals following which a centrally managed process of institutional approval is completed by two members of the Academic Directorate which includes a visit to the partner institution. Formal agreements are signed by the Vice-Chancellor on behalf of the University and by the principal (or equivalent) of the partner. Institutional re-approval is required every five years. The University views institutional approval as a key element of establishing a sound and trusting relationship with partners. From the evidence available to it the audit team concurs with this view.

172 The validation of new courses is normally undertaken through a University level validation process. The audit team learned that there are circumstances where faculty based validation events are permitted for CP but that the Academic Directorate must approve such events on a case-by-case basis. The team was confident that such decisions were likely to be

sound and effective and noted that a validation planning meeting could be called in cases of doubt. As part of the validation documentation, a liaison document is required and this acts as a key point of reference in identifying the responsibilities for assuring the quality of students' learning opportunities. The team formed the view that the use of formal liaison documents for the establishment of specific communication arrangements between each partner and their University liaison officer is an example of good practice.

173 Once any conditions of validation have been met, a memorandum of cooperation (MoC) is signed by both institutions. The MoC defines the rights and responsibilities of the awarding institution and the partner institution, and an administrative and financial schedule is appended.

174 Courses offered by partner institutions are subject to annual monitoring. Annual course logs are prepared in partnership with the partner institution and these are complemented by the module logs prepared by module leaders. The quality of module logs seen by the audit team was somewhat variable. Examples were seen of detailed, self-evaluative accounts with evidence supporting the claims made in the logs. Others provided little useful information with superficial and insubstantial comments on teaching and learning. The team concluded that the systems were in place to support self-critical and rigorous reporting but that it would be desirable for the University to increase its support for staff responsible for the annual monitoring of collaborative courses, to ensure that suitable levels of reflection and self-evaluation are consistently demonstrated.

175 Validation and review reports show that appropriate use is made of external assessors in the process of course approval and periodic review. The scrutiny of Internal Subject Review (ISR) reports by ASQG enables the University to maintain an overview of the quality and academic standards of its provision.

176 The University has ceased re-approval at course level and has introduced continuing

approval following validation, subject to ISR being satisfactory. ISR considers all courses within a subject area and samples a wide range of evidence. Franchised UK CP is incorporated into the main ISR but in addition includes a meeting held at the University to consider partner specific issues as well as a visit to the partner. ISRs that include validated UK CP, franchised or validated overseas CP include two additional stages: a visit by panel members to the partner institution; and meetings by the panel with the staff at the University responsible for managing the provision. The audit team found that ISR processes are robust and rigorous and the team saw evidence of issues being identified through the process that are relevant and appropriate. The team were confident that in its move towards a more subject level focus, the University will continue to monitor the effectiveness of the ISR process for achieving an appropriate focus at individual course level.

177 The University regards student representation and feedback as essential to the development of its academic provision and has extended its standard approach to seeking feedback from students in CP. Feedback is collected using standard feedback forms. The audit team found that students participated actively in boards of study and there was evidence of issues being raised and action taken in response. Overall, the team found evidence that student concerns are taken seriously and representation is generally effective. The team occasionally saw examples, however, of students in CP not always being aware of actions taken in response to issues they had raised. The University may wish to consider how to ensure that students are routinely made aware of this information.

178 The audit team considered the University's procedures for ensuring a sufficient level of staffing support in its CP. Documentary evidence and accounts given by staff in meetings confirmed that processes are in place for scrutinising staff CVs and the appointment of new teaching staff. Additionally there are processes in place for staff development. While

this is accessible to all staff in partner institutions, there appears to be less support and development in validated provision than for franchised provision. The team did however see many examples of staff support and development and concluded that mechanisms are in place to ensure appropriate staffing for CP.

179 One of the key roles to support CP is that of the liaison officer. The audit team considered the role in some depth and through documentary evidence and meetings with liaison officers. The team found that liaison officers take their roles seriously and use appropriate points of reference in carrying out their duties. There is evidence that the University allocates appropriate time allowances for liaison officers to undertake their roles. The contact between liaison officers and the partner institution varies and some make a particular point of spending time with students, gaining in-depth understanding of their experience, others tend to operate through formal meetings and through direct contact with the partner institution senior managers. As the newly approved role specification for liaison officers is implemented, the team considered that it is likely that the liaison officer role will be further strengthened. However, the team considers it desirable that the University enhance its institutional framework for appointing, developing and supporting liaison officers, particularly those responsible for overseas partnerships; courses offered by multiple partners and at different teaching sites; and partnerships involving collaboration with more than one faculty.

180 The University uses elements of flexible and distributed learning (FDL) in some of its CP, although only one course is delivered totally through this mode of study. The audit team found the processes for assuring the quality of the learning materials and external examining processes in its one FDL course to be robust. There is however no formal guidance on FDL at institutional level and the University may wish to consider, given the growth in the use of FDL elements in CP courses, whether some guidance may be appropriate to ensure that colleagues using or developing FDL for CP are

making appropriate reference to the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, published by QAA.

181 Staff who met the audit team during visits to partners greatly valued their relationships with the University and the support provided. There was good evidence of positive interaction and communication, with the University staff extending excellent help and support both from academic and support staff. The team believe that these relationships are key to the effective function of CP and this is well recognised and valued by staff at school, faculty and University levels. The University's close engagement with its local partner colleges in the development, delivery and enhancement of CP is an example of good practice.

182 Overall, the audit team concluded that broad confidence can be placed in the University's current procedures and systems for assuring the quality of its CP.

The effectiveness of the awarding institution's procedures for safeguarding the standards of its awards gained through collaborative provision

183 Academic Board, chaired by the Vice-Chancellor is the senior committee responsible for the academic standards of all the University's awards. In practice these responsibilities are delegated to AB's subcommittees. There are no central or faculty committees whose sole remit is CP and so this is integrated into the work of the subcommittees, with ASQG being the principal committee with responsibility for monitoring standards and quality.

184 The University has established frameworks for assessment that apply in full to CP. The Assessment Handbook defines responsibilities of staff at all levels and the general procedures to be followed by assessment boards. Franchised courses follow the same regulations, processes

and external examining procedures that apply to campus based provision. Validated provision has separate arrangements that meet all of the University requirements but may have separate external examiners appointed and moderation being undertaken by the partner institution. The University's assessment policy provides guidance on internal moderation. External examiners are able to comment on the effectiveness of moderation. Agreements for the management of moderation are helpfully included as part of the liaison document. Whilethe team saw no evidence that arrangements for the management of moderation in CP were less than satisfactory, it noted the potential for variation in the consistency of the management of moderation at field level and concluded that the University may wish to tighten such arrangements for CP.

185 The University is responsible for the appointment of external examiners for all collaborative courses. There are criteria for their appointment and the role and responsibilities are clearly specified. In line with the University's integrated approach to CP, there are no special requirements for external examiners appointed to these courses. The collaborative provision self-evaluation document (CPSED) explained the process whereby external examiners are enabled to make judgements on comparability of standards between partners and with University provision. For franchised courses, at least one external examiner will be common to all delivery locations or an external examiner for a delivery location will be a member of the main assessment board in the University. For validated courses offered in several locations, at least one external examiner is common to all.

186 The audit team judged that in general the University's external examiner system worked effectively to assure the standards of collaborative courses but had reservations over arrangements put in place for provision taught and assessed in languages other than English. The University has a number of such courses and the team was informed that it did not provide specific guidance on assessment processes for such provision but considered

that arrangements to safeguard standards should be specified on a case-by-case basis. In examining these arrangements for a specific case, the team concluded that the University should strengthen its direct involvement in the moderation process. This view concurred with the findings of a recent ISR panel that concluded that the faculties should exercise more control over the assessment process. The team also noted that the University had not followed up on its intended response to a recommendation from a recent QAA overseas audit report that it should produce guidelines for the quality assurance of courses delivered and assessed in a language other than English. The team therefore consider it advisable that the University now acts to make explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English.

187 The University provides a set of data to faculties for annual monitoring purposes, but at the time of the audit discussions were ongoing about the development of University-wide standard reports on progression and assessment results. The audit team noted that there appears to be no separate and systematic institutional overview that enables the University to determine whether the current CP arrangements enable the objectives of the CP strategy to be realised. Accordingly, the team concluded that it is desirable that the University develop its capacity to take an institutional overview of the operation and comparative performance of its collaborative partnerships and courses.

188 The audit team noted that three recent QAA reviews of its CP had all led to judgments of confidence in the University's stewardship in academic standards; in one case a high level of confidence was expressed. The team also concluded that, overall, broad confidence can reasonably be placed in the University's present and likely future management of the standards of its awards made through CP.

The awarding institution's use of the Academic Infrastructure in the context of its collaborative provision

189 The CPSED stated that the University applies the Academic Infrastructure to collaborative courses in the same way as it does for in-house courses. While the University recognises that partners need to be introduced to it, the CPSED also noted that in many cases consistency with the Academic Infrastructure is taken as read since the University's procedures are seen to be in alignment with it and this flows down naturally to all courses. The audit team found that the University's communication of the Academic Infrastructure to partners appeared to be clearest in the case of its UK partners where the Collaborative Forum has been used to discuss its various elements. The team viewed evidence that indicates this forum to be an effective means of communication.

190 Programme specifications for each course are provided via the University's field specification documents; the audit team found these to be available on-line via the University's intranet. Alignment with appropriate subject benchmark statements and *The framework for higher education qualifications in England, Wales and Northern Ireland* is detailed in the field specification document. These alignments are checked in the validation process and periodically confirmed through the ISR process.

191 The CPSED stated that the *Foundation Degree qualifications benchmark* (FDQB) has been helpful to the University in reinforcing its own approach to ensuring that the core features of FDs are maintained. The audit team found evidence that careful consideration had been given to the application of the FDQB in the development of FDs.

192 The CPSED also stated that as each section of the *Code of practice* has been published a systematic review has been undertaken to ensure that the University is meets the precepts. The University has mapped its responses to each section of the *Code* and the audit team found clear evidence of the University having undertaken a careful consideration of the newly

revised sections. Work in relation to *Section 9: Placement learning*, is ongoing with an on-line Placements Handbook near to completion. The team is confident that the University will carefully review current practice on its collaborative courses against these completed guidelines.

193 The audit team was able to examine a sample of the University's certificates and transcripts for CP. The team found the name of the collaborative partner institution to be clearly recorded on both documents in line with the precepts of Section 2 of the *Code of practice*. For courses taught in a language other than English, the language of instruction and assessment were also clearly recorded on both documents. The team concluded that the University exercises appropriate control over the detail and issuing of transcripts and certificates for CP.

194 Overall, the audit team found that the University is clearly engaging with the Academic Infrastructure and is taking care to ensure that its procedures are aligned with it. It is also taking steps to ensure that its partners are aware of the Academic Infrastructure, where appropriate, particularly for its network of UK partners.

The utility of the collaborative provision self-evaluation document as an illustration of the awarding institution's capacity to reflect upon its own strengths and limitations in collaborative provision, and to act on these to enhance quality and safeguard academic standards

195 The audit team read and heard in meetings that a broad constituency of stakeholders had been consulted in the production of the CPSED, including staff of the University, partner staff and students based at the University and at partner institutions. The healthy level of discussion through mechanisms such as Collaborative Forum is indicative of the degree of engagement that the University enjoys with its more local partners, in particular. Through meetings with a variety of groups

during visits with partners as well as the University, the team found that staff recognised the document as a critical analysis of the University and its CP.

196 The CPSED identified the strengths and limitations of the University's achievements accurately, as evidenced by the audit team, while also setting an agenda for future targeted action to ensure the enhancement of its management of quality and standards. The format of the CPSED, which integrated supplementary sections about CP to the original SED used for the institutional audit in 2005, was clearly referenced and supported by ample illustrative supporting documentation. Consequently the team was assisted in their task by this attention to detail. The team reiterates the view expressed by the previous audit team, that the CPSED exemplifies a thoughtful institution, committed to quality enhancement and responsive to external guidance on maintaining the security of quality and standards.

Commentary on the institution's intentions for the enhancement of its management of quality and academic standards in its collaborative provision

197 At the time of the audit visit, the University's new draft Quality Enhancement Strategy was in the final stages of its development. It integrates the existing Widening Participation and Learning and Teaching Strategies and those staff development related elements of the HR Strategy which linked in to the other two strategies. The University intended to incorporate into its review and evaluation of the strategy, an assessment of the effectiveness of quality assurance procedures in enhancing the student experience, including the integration of its CP. There was a clear view of how implementation would be carried forward, through lead personnel in each area of activity, supported by appropriate resourcing and staff development planning and, for CP, activity led both centrally and by the University liaison officers.

198 The draft strategy aims to achieve alignment with the University's Strategic Plan and its key themes. Its objectives, each to be developed into a project plan, tracked through the student life cycle from 'awareness and aspiration raising' to 'employability'. The University indicated its supportive approach to staff engaged in quality enhancement and innovation. The audit team found that the draft strategy had been carefully formulated not only in the context of broad institutional objectives but also in the context of its strong regional collaborative links and employer links, thus building on existing and well established strengths.

199 Evolving enhancements were also demonstrated in other areas. Notable amongst these was the introduction of an institutional re-approval process together with a definitive schedule of re-approval events through to 2011; and the introduction of Internal Quality Audit, which had already been used effectively in relation to the University's CP. The University's intended review of FDs and good practice guide comprised further elements of its enhancement agenda. The review was intended to identify good practice and to produce a practical guide to lead teams from course planning and development through to course operation and management. At the time of the audit, the research design had been agreed and research work had commenced.

200 In exploring all of these developments, the audit team concluded that the University is alive to its enhancement needs and is engaged in appropriate and thoughtful planning to take forward its enhancement agenda.

Reliability of information provided by the awarding institution on its collaborative provision

201 Through its standard collaborative agreements the University retains control of the marketing of all courses. Publicity material is produced or checked centrally and drawn down by faculties for signing off, with continuing discussion between the University and partners on the content of proposed

publicity material. The audit team found these arrangements to be working well and students generally confirmed that pre-entry information provided by the University and collaborative partner institutions was accurate and reliable.

202 The Quality Assurance Procedures Handbook defines the minimum level of in-course information that students are entitled to receive. The choice of format for such information is at the discretion of the school or faculty. It is a University requirement that student handbooks for collaborative arrangements are presented as part of the validation documentation and for ISR. From the available documentation, the audit team concluded that this requirement was being met. The University requires liaison officers to ensure that student handbooks and module guides are produced and/or transferred to the partner before the course commences. The University may wish to consider whether its existing procedures for the quality assurance of student information in CP could be enhanced by routinely checking that students have received this information from partners.

203 Overall, the audit team concluded that the University has effective procedures in place to ensure that the range of information available to students in its CP, both pre and post-entry, was accurate and reliable and that students were satisfied with the extent, usefulness, quality and reliability of the information.

204 In its CPSED, the University stated that it adopts the same approach to Teaching Quality Information (TQI) for CP as it does for the rest of its provision. The audit team viewed information provided by the University on its pages on the TQI website concerning its CP. The sample included the full range of provision, comprising validated, franchised, UK and overseas collaboration. Based on this, the team formed the view that the University was alert to the requirements of TQI and that it was moving in an appropriate manner to fulfil its responsibilities in this respect.

Features of good practice

205 Of the features of good practice noted in the course of the collaborative provision audit, the audit team noted in particular:

i   the use of formal liaison documents for the establishment of specific communication arrangements between each partner and their University liaison officer (paragraph 36).

ii   the University's capacity to reflect critically upon practice and to design innovative quality assurance processes, such as internal subject review and internal quality audit (paragraph 65)

iii   the effectiveness of the University's management of employer links for informing curriculum development and enhancing students' learning opportunities (paragraph 108)

iv   the University's close engagement with its local partner colleges in the development, delivery and enhancement of collaborative provision (paragraph 126)

Recommendations for action

206 The University is advised to:

i   make explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English (paragraph 91).

In addition, the University may wish to consider the desirability of enhancing its quality management arrangements by:

ii   enhancing its institutional framework for appointing, developing and supporting liaison officers, particularly those responsible for overseas partnerships; courses offered by multiple partners and at different teaching sites; and partnerships involving collaboration with more than one faculty (paragraphs 40, 129, 179)

iii   increasing its support for staff responsible for the annual monitoring of collaborative courses, to ensure that suitable levels of reflection and self-evaluation are consistently demonstrated (paragraphs 58, 128).

iv   developing its capacity to take an
      institutional overview of the operation
      and comparative performance of all of
      its collaborative partnerships and courses
      (paragraphs 66, 115)