QAA

Audit of collaborative provision

Leeds Metropolitan University

June 2011

Preface

The mission of the Quality Assurance Agency for Higher Education (QAA) is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out Institutional audits of higher education institutions. Where QAA considers that it is not practicable to consider an institution's provision offered through partnership arrangements as part of the Institutional audit, it can be audited through a separate Audit of collaborative provision.

In England and Northern Ireland QAA conducts Institutional audits on behalf of the higher education sector to provide public information about the maintenance of academic standards and the assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council for England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations and assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies, and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the then Department for Education and Skills. It was revised in 2006 following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and evaluate the work of QAA. It was again revised in 2009 to take into account student auditors and the three approaches that could be adopted for the Audit of collaborative provision (as part of the Institutional audit, a separate audit, or a hybrid variant of the Institutional audit, involving partner link visits).

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002 following revisions to the United Kingdom's (UK's) approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the Audit of collaborative provision through a separate activity is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in *The framework for higher education qualifications in England, Wales and Northern Ireland* and are, where relevant, exercising their powers as degree awarding bodies in a proper manner
- providing learning opportunities of a quality that enables students studying through collaborative arrangements, whether on taught or research programmes, to achieve those higher education awards and qualifications
- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

The Audit of collaborative provision through a separate activity results in judgements about the institution being reviewed as follows:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of awards

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and the quality of provision of postgraduate research programmes delivered through collaborative arrangements
- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision in collaborative partners, both taught and by research
- the reliance that can reasonably be placed on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards offered through collaborative provision.

Explanatory note on the format for the report and the annex

The reports of quality audits have to be useful to several audiences. The revised Institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students
- the **report** is an overview of the findings of the audit for both lay and external professional audiences
- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary, the report and the annex are published on QAA's website.

Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Leeds Metropolitan University (the University) from 13 to 17 June 2011 to carry out an Audit of collaborative provision. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards that the University offers through collaborative arrangements.

To arrive at its conclusions, the audit team spoke to members of staff throughout the University and to current students, and read a wide range of documents about the ways in which the University manages the academic aspects of its provision delivered through collaborative arrangements. As part of the process, the team visited two of the University's partner organisations in the UK where it met staff and students, and conducted by videoconference equivalent meetings with staff and students from one further overseas partner.

In the Audit of collaborative provision, the institution's management of both academic standards and the quality of learning opportunities are audited. The term 'academic standards' is 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. The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve the awards. It is about the provision of appropriate teaching, support and assessment for the students.

Outcomes of the Audit of collaborative provision

As a result of its investigations, the audit team's view of Leeds Metropolitan University is that in the context of its collaborative provision:

- limited confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers
- limited confidence can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Institutional approach to quality enhancement in collaborative provision

The University enhances the learning opportunities for its students studying at partner institutions by identifying examples of good practice and using various mechanisms to disseminate them across its collaborative provision.

Postgraduate research students studying through collaborative arrangements

The University has put in place procedures for the management of its research programmes that broadly meet the expectations of the *Code of practice for the assurance of academic quality and standards in higher education, Section 1: Postgraduate research programmes*.

Published information

The audit team found that reliance can reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards offered through collaborative provision.

Features of good practice

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

- the contribution of the Regional University Network (RUN) fora to supporting new developments, the sharing of practice and collaborative working across institutions
- the systematic sharing across collaborative partners of the Skills for Learning resource and the effectiveness of this resource in supporting student learning.

Recommendations for action

The audit team recommends that the University consider further action in some areas.

The team considers it essential that the University:

- review its arrangements for the management of its collaborative provision to ensure that Academic Board and its committees exercise full and effective oversight of all its collaborative programmes
- ensure that approval and review panels consistently implement the University's requirements to secure the participation of members who are external to and independent of the University and its partners.

The team advises the University to:

- ensure that there is appropriate engagement with the elements of the Academic Infrastructure and other external reference points
- make consistent use of relevant management information in order to improve its oversight of collaborative provision
- ensure that students who enter with advanced standing have sufficient credit for the intended exit award in line with the University's regulations
- ensure that staff teaching university programmes in collaborative partners are approved by the University prior to the commencement of their duties.

It would be desirable for the University to:

- consider ways to ensure that students are more actively involved in programme-level decision-making processes in collaborative partners
- make clear for all collaborative provision students their entitlement to access the University's learning resources
- clarify and clearly communicate the entitlements of staff in collaborative partners to associate staff status
- explore how the Quality Enhancement Committee might routinely consider how the items on its agenda apply to collaborative provision.

Reference points

To provide further evidence to support its findings, the audit team investigated the use made by the University of the Academic Infrastructure, which provides a means of describing academic standards in UK higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which are:

- the *Code of practice for the assurance of academic quality and standards in higher education*
- the frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland
- subject benchmark statements
- the *Foundation Degree qualification benchmark*
- programme specifications.

The audit found that the University could take more explicit account of some elements of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to students.

Report

1   An Audit of collaborative provision at Leeds Metropolitan University (the University) was undertaken during the week commencing 13 June 2011. The purpose of the audit was to provide public information on the University's management of the academic standards of the awards that it offers through collaborative provision and of the quality of the learning opportunities available to students on collaborative programmes.

2   The audit team comprised Dr Mark Atlay, Professor Geoffrey Channon, Mr Duncan Lean, Professor Bob Munn and Professor Colin Raban, auditors, and Ms Marie Sheehan, audit secretary. The audit was coordinated for QAA by Professor Paul Luker, Assistant Director, Reviews Group.

Section 1: Introduction and background

3   The roots of Leeds Metropolitan University can be traced to a number of precursor institutes and colleges that date back to 1824. Leeds Polytechnic, formed through an amalgamation of several institutions, came into existence in 1970 as a constituent part of the Leeds Local Education Authority, until it became an independent higher education corporation in 1989. In September 1992, Leeds Polytechnic was redesignated as a university, and became Leeds Metropolitan University, with the power to confer its own degrees and other awards.

4   The Strategic Plan 2010-15: Quality, Relevance and Sustainability sets out the University's strategic priorities and various supporting strategies. The University's collaborative delivery activity is referenced in the Strategic Plan, starting with its vision, which commits the University to having a strong local impact and global reach. The University works in partnership with business, the community and other education providers to widen participation and has well established links throughout and beyond the region. The University sees its overseas provision as a means of giving international students access to UK higher education. The University, in the context of the Strategic Plan, intends to review its strategy for UK collaborations in 2011-12 and its international partnerships in 2012-13. The audit team was told that, in the future, the collaborative provision portfolio will be smaller, more focused, streamlined, and more strategically aligned.

5   From 2010-11, the University moved from having six faculties to four, each of which is involved in collaborative arrangements. Overall responsibility for collaborative provision rests with the Deputy Vice-Chancellor Strategic Development. At the time of the audit, the University had over 15,000 full and part-time students enrolled on its awards with its collaborative partners; 13,706 of them studying in 43 collaborative partners in the UK and 1,679 based in 19 partners overseas.

6   The University defines collaborative provision as '…educational provision leading to an award, or to specific credit toward an award, of the University delivered and/or supported and/or assessed through an agreement with a collaborating body'. The University's taxonomy distinguishes seven main types of collaborative provision: off-site delivery; joint delivery; validated delivery; accreditation; research supervision; transnational education; and dual and joint awards. In June 2011, the University had no joint or dual awards, and none of its collaborative programmes were taught or assessed in a language other than English.

7   In 2005, the University established the Regional University Network (RUN) of further education college partners, located mainly in the North of England but also in Belfast, Glasgow and London. At the time of the audit, there were 28 member colleges of the RUN. Colleges are either individual members, or have gained membership as part of a group of

colleges. Within the RUN, the University validates 650 awards, on which 12,416 students were enrolled in June 2011. Of these students, 12,147 were directly funded (see paragraph 8).

8   The University distinguishes between provision within the UK that is funded directly to the college partner through HEFCE or other funding body, which it describes as 'college enrolled', and provision that is indirectly funded through the University to the college, which it describes as 'university enrolled'. The university-enrolled provision comprises programmes which have been developed by the University itself, whereas the college-enrolled provision consists of programmes which have primarily been developed by the colleges concerned. The majority of the college-enrolled provision is located within the RUN and university-enrolled provision is placed outside it. It appeared to the team, however, that there were no clear criteria for determining whether or not colleges join RUN and which part of their provision is included, which led to inconsistencies in quality management. Staff who met the team confirmed this view. The team concluded that this lack of clarity contributed to several problems that it identified (see paragraphs 16, 67 and 71).

9   The funding regime is the key distinction in determining the quality management arrangements governing the University's collaborative provision. In the case of college-enrolled provision, partner organisations are responsible for the recruitment and admission of students; the provision of learning resources; the handling of student complaints, and the oversight of student learning opportunities. Colleges are also responsible for the nomination of external examiners and they have delegated responsibilities for: annual review; the management of student representation; the production of management information; the setting of assessments; and, historically, the chairing of Boards of Examiners (see paragraph 42).

10   For university-enrolled provision, the University is responsible for the promotion of courses; the setting of the entry tariff; the enrolment and registration of students, and for ensuring that students have exactly the same access to facilities and resources as for courses delivered at the campuses of the University. The audit team was informed that the quality assurance arrangements for university-enrolled provision are exactly the same as those for on-campus delivery at the University. With respect to the RUN, however, as noted in the University's Briefing Paper, the University delegates certain responsibilities for the periodic review and revalidation of programmes to colleges within the RUN, irrespective of the funding arrangement.

11   From 2011-12, the faculties have taken increased responsibility for the management of RUN awards and the oversight of quality and standards, including college-enrolled provision. Collaborative delivery coordinators have been appointed to a particular programme or set of programmes. The audit concurred with the University's view that collaborative delivery coordinators have a pivotal role in interacting with partners. The University also decided that approval and review events should be chaired by university staff rather than college staff.

12   The work of the RUN Office is now complemented by the role of the faculties. Faculties have full responsibility for quality management while the former remains responsible for 'relationship management' and has strategic oversight. The audit team was told that the University plans to make alternative arrangements to provide overarching institutional oversight and relationship management for its partnerships and collaborations. The responsibility for ensuring that collaborative provision complies with the University's quality assurance framework lies with the newly established Collaborations and Partnerships Group in the Registrar and Secretary's Office. As the revisions to the management of collaborative provision were still being implemented at the time of the audit, the team was only able to focus upon the operation of earlier arrangements.

13   The most recent Institutional audit of the University took place in 2009 and considered on-campus provision only. It resulted in an overall judgement of limited confidence in the University's management of the academic standards of its awards and confidence in the University's management of the quality of the learning opportunities available to students. The Institutional audit Action Plan was signed off by QAA in May 2010. While the 2009 audit did not focus on collaborative provision specifically, the limited confidence judgement drew attention to a number of factors that do apply to collaborative provision, including periodic review, institutional oversight, and academic regulations and procedures. While the University has made efforts to address the concerns raised in the audit report, a number of issues related to the effectiveness of the University's management of quality and standards and the management of learning opportunities in collaborative provision remain. They are the subject of some of the recommendations for action in this report.

14   At the institutional level, a key development following the 2009 audit was the change to the committee structure. This change was intended to achieve a clearer division of responsibility for quality and standards between committees, and for the oversight of the University's academic partnerships and collaborative provision. Three of the University's central academic committees that report to Academic Board have a remit that includes collaborative provision: the Quality, Standards and Regulations Committee, the Quality Enhancement Committee, and the Partnerships and Collaborative Provision Committee. The Joint Academic Scrutiny Sub-Committee monitors procedural compliance. The audit team noted that there was insufficient clarity in practice about the division of responsibilities for the quality management of collaborative provision between the three main committees. According to their terms of reference, none of these three committees would appear to have lead responsibility for collaborative provision within the deliberative structure. Moreover, the team did not find evidence of the Academic Board taking an active interest in collaborative provision matters, which might have mitigated the lack of clarity in the responsibilities of the other committees.

15   At faculty level, responsibility for the oversight of the management of the quality of learning opportunities within their collaborative provision is primarily performed by faculty quality and standards committees, which report to faculty academic boards and upwards to Academic Board.

16   The team recognised that many elements of the University's framework for managing quality and standards were relatively new and not fully embedded at the time of the audit. However, as noted in the preceding paragraphs, it was clear to the team that there are overlaps in the location of responsibility for collaborative provision, which are managed in a way that does not support the effective discharge of the Academic Board's responsibilities for quality and standards. Although the funding model determines how standards and quality are managed (see paragraph 9), the team found a lack of clarity and inconsistencies in how provision was positioned within a model across the provision, which in turn leads to uncertainty with respect to responsibility and oversight (see paragraphs 14, 19, 32, 35, 42, 43, 45, 58 and 60 for examples). The team found that there was undue emphasis upon procedural compliance rather than on the timely and effective consideration of, and action on, substantive issues. The team concluded that it is essential that the University review its arrangements for the management of collaborative provision to ensure that Academic Board and its committees exercise full and effective oversight of all of its collaborative programmes.

17   There is a staged procedure for the approval of partner organisations. A partnership is first subject to Institutional Approval by both the faculty and Corporate Management Team. This is followed by Strategic Planning Approval and Institutional Recognition. The purposes

served by this process are to ensure the sustainability of the proposal and its alignment with the University's vision, values and strategic plan and, in its final stage, to ensure the suitability of an organisation as a collaborating partner of the University. Due diligence enquiries are completed at an early stage in the process.

18   The criteria governing the institutional recognition of a partner organisation include the possession of 'an infrastructure and learning resources adequate to ensure that the academic standards of the University's provision and the quality of learning opportunities are maintained and enhanced'. Although the University's procedures state a preference for recognition events to be held on the premises of the institution, if this should prove to be logistically difficult, the procedures permit the submission of a visit report from a member of the University's staff as an alternative to a visit by a panel. Institutional Recognition is not required for some forms of collaboration and, in these cases, visit reports are provided.

19   The audit team found several instances in which partnerships had been approved without following the sequential process set out in the University's procedures and one which, because the proposed type of collaboration had changed partway through the process, was approved without having first completed the appropriate institutional recognition process required by the University. When institutional recognition events are held, the process is often completed through events of short duration, which also encompass the approval of programmes and their delivery arrangements. Furthermore, the team encountered examples of partnerships which had proceeded to an advanced stage in the approval process without having obtained Strategic Planning Approval, or without the completion of the due diligence procedure.

20   The team concluded that the information upon which the University assesses the suitability of its prospective partners may be inadequate, or lack independence of judgement that would be provided by a panel visit. Although the relevant university committee had noted some shortcomings in the approval of particular partner organisations, it was only able to identify the problems after the partnerships had been approved.

21   The University requires that there should be appropriate written agreements that specify clearly the mutual arrangements agreed in the recognition and validation processes. There are several types of legally-binding agreement, depending on their purpose and whether the partner organisation and its provision are within or outside the RUN. These agreements include a detailed specification of the respective responsibilities of the University and its partner.

22   Written agreements should be submitted for signature by the Vice-Chancellor by the end of the approval process. Various procedures govern the management of this process. These include the submission of a Final Approval Form which, although it does not require confirmation of signature, should be accompanied by the signed agreements. In a number of cases, however, the team found that the form had been submitted without the attachment of the signed agreement and where the agreement had been signed after the commencement of the course.

Section 2: Institutional management of academic standards

23   The Quality Manual states that, while responsibility for the assurance of quality and standards always rests with the University, faculties are responsible for ensuring that all arrangements in respect of quality assurance and enhancement take place and are in line with university requirements. The responsibilities devolved to faculties include the management and administration of programme-level approval and review events, and certain responsibilities are also devolved to the colleges within the RUN.

24   Course approval comprises the separate but related processes of academic approval and validation, together with operational approval, which is a variant of the validation procedure. The purpose of academic approval is to ensure the quality and standards of the proposed award, while validation and operational approval entail an evaluation of the organisation's facilities and resources to ensure that the award can be appropriately managed and delivered. The University has recently introduced an additional procedure for the accreditation of programmes delivered at other organisations.

25   Colleges within the RUN are subject to separate arrangements for Strategic Planning Approval. The colleges are themselves responsible for organising approval events, they normally supply at least two of the panel members and, for proposals at undergraduate level, the secretary of the panel is drawn from the staff of the college. The roles that are otherwise performed by the faculties are, in the case of provision in the RUN colleges, undertaken by staff within the RUN Office.

26   Academic approval and validation are often combined into a single event and the panels frequently conclude their business within a short period of time. In the view of the team, this is likely to limit the opportunity for panels to give full consideration to the proposed course and the college's capacity to deliver it. Some panels have drawn the majority of their members from the proposing college within the RUN without including subject specialists from the relevant university faculty, thereby calling into question the ability of these panels to make informed and independent judgements. The operational approval of those proposals that the University considers to be relatively low risk is undertaken by faculty quality and standards committees, which normally draw their panel members from among the staff of the faculty concerned.

27   The University has produced helpful information and guidance to support RUN colleges in handling the responsibilities delegated to them. Faculties, however, are not provided with the same level of guidance to assist them in discharging their responsibilities for operational approval. Faculties are also assigned significant responsibilities for the accreditation of short courses and the guidance documentation governing this new procedure is itself unclear in certain significant respects.

28   Academic provision is reviewed annually. The same procedure for annual monitoring and review is applied to provision outside the RUN and to courses delivered at the University. The procedure includes a requirement for the early involvement of students in the process and there is a hierarchical reporting structure culminating in the consideration of faculty quality reports by the Quality Standards and Regulations Committee, with the faculty reports then being considered by Academic Board alongside the University Quality Report.

29   Colleges within the RUN hold delegated responsibility for annual review, subject to the expectation that the procedure adopted is consistent with the principles of the university process. The procedure followed within the RUN broadly replicates the University's standard process augmented by the aggregation of course or scheme annual reports into a single partner college quality report. These inform a RUN Quality Report which is considered by the Partnerships and Collaborative Provision Committee.

30   The University has recently strengthened the relationship between its faculties and partner organisations by appointing collaborative delivery coordinators for each of its collaborative programmes. Collaborative delivery coordinators visit their partner organisations at least once a year, and a report is produced on each occasion. These reports are considered by the faculty and an overview report is produced for consideration by the Partnerships and Collaborative Provision Committee.

31   The University's approach to the annual monitoring of its collaborative provision has been revised recently. Prior to 2010-11, the monitoring outcomes for university-enrolled collaborative provision were assimilated by faculty quality reports which provided little detail on issues associated with individual partnerships. The revised procedure requires the production of a separate Collaborations Annual Quality Report. The minutes of the meeting of the Partnerships and Collaborative Provision Committee at which the first report was considered suggests that the discussion was largely concerned with faculties' compliance with the revised annual monitoring and review process, rather than the substantive issues raised by the report. This is consistent with the approach adopted by Academic Board and the Quality Standards and Regulations Committee in their annual review meetings.

32   Although the task of considering annual review reports for the University's collaborative provision has been assigned to Partnerships and Collaborative Provision Committee, the terms of reference of both the Quality Standards and Regulations and the Quality Enhancement Committees include responsibility for the monitoring of all programmes leading to the University's awards. The team concluded that the University needs to review the responsibilities of and relationships between these three committees, ensuring that substantive issues and opportunities for quality enhancement are given appropriate attention at this senior level within the deliberative structure (see paragraphs 14 and 16).

33   There are similarities between the University's approval procedures and its arrangements for the periodic review of partner organisations and the provision they offer. While certain responsibilities are delegated to the colleges within the RUN, the periodic review of other collaborative provision is subject to the University's standard procedures. The responsibilities delegated to the RUN colleges include the organisation of review events, the provision of officer support, and review panels, which include two representatives of the college itself.

34   Although the periodic review of courses is formally separated from the review of institutional recognition, the two exercises are often combined into a single event. Some combined events are short, even though the panel may have been charged with reviewing a suite of programmes. While review reports of collaborative provision outside the RUN are considered by faculty committees, they are not themselves discussed at a higher level within the committee structure.

35   The Joint Academic Scrutiny Sub-Committee does, however, receive regular reports on the conduct of review and approval events. Procedural shortcomings are frequently identified by the committee, including a significant number of occasions when the composition of panels has not been consistent with university requirements. Several panels either had no external member or there were grounds for questioning the independence and experience of the external members. The team concluded that in these cases the University had secured external participation in approval and review events in a manner that was not consistent with the *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*)*, Section 7: Programme design, approval, monitoring and review*. Panels are empowered to make decisions on the outcomes of approval and review events, and the Joint Academic Scrutiny Sub-Committee is only able to identify issues on the basis of the confirmed report and after the event has occurred.

36   The team found that the University's guidance on the selection of the external members of panels lacks clarity and that compliance with the procedural requirements was not consistent. The team therefore concluded that it is essential that the University ensure that approval and review panels consistently implement the University's requirements to secure the participation of members who are external to and independent of the University and its partners.

37   The University's regulations and guidance documentation are designed to ensure that staff make appropriate use of the *Code of practice*, that all awards are referenced against the *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and that staff engage with the relevant subject benchmark statements.

38   Although changes to the University's regulations are periodically mapped against the relevant sections of the *Code of practice*, not all sections were considered in the most recent review of the regulatory framework and the team was unable to find a record of this mapping exercise having been discussed by a university committee. While the Partnerships and Collaborative Provision Committee had received a paper summarising changes to the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, at the time of the present audit neither it nor the Quality Standards and Regulations Committee had been able to give it full consideration. While these mapping exercises may provide an assurance that the regulations are consistent with the precepts of the *Code of practice*, they have not entailed an evaluation of current practice within the University and in its partner organisations. The team concluded that the University might derive value from a routine discussion of these matters within the relevant committee(s) (see paragraph 40).

39   Approval and review reports are expected to confirm that panels have made sufficient reference to the FHEQ, subject benchmark statements, and to professional, statutory and regulatory body requirements. The team found that confirmation is rarely accompanied by supporting comment, and few reports demonstrated the direct and explicit engagement of panels with the Academic Infrastructure.

40   The programme specifications seen by the team meet the expectations of the sector, and the team observed that the University is taking appropriate and effective action following the publication of the 2009 Institutional audit report. More generally, however, the team concluded that there is scope for improvement in the use that the University makes of the Academic Infrastructure and other external reference points. Consequently, the team advises the University to ensure that there is appropriate engagement with the elements of the Academic Infrastructure and other external reference points (see paragraphs 36, 38, 60, 61 and 83).

41   The University publishes its assessment policies and regulations on its website and makes students aware of the relevant information through course handbooks and module descriptors.

42   External examiners are expected to attend examination boards. Boards for college-enrolled provision take place at the partner, while those for university-enrolled provision are held on-campus. University staff normally chair examination boards, although one established partner chairs its own boards. Colleges can either set up their own Unfair Practice Boards or refer cases to examination boards. Although an annual report on academic misconduct is presented to the Quality Standards and Regulations Committee, the report does not identify how many cases relate to university-enrolled collaborative provision or how many cases were considered by partners' own unfair practices boards. As a result, the University is not able to compare academic misconduct in collaborative provision as a whole with that in its on-campus provision, nor can it monitor variations between partner institutions that might indicate matters for attention in the quality of provision.

43   Students are made aware of progression requirements and appeal mechanisms through course handbooks, however the team found that both students and staff at partners were confused as to which regulations should apply to them. Consequently, the team

concluded that students may not be encouraged to follow appeal routes open to them. Although the University does identify appeals from RUN partners, it currently does not disaggregate faculty-based collaborative provision from the faculty's on-campus provision, thereby hampering the University's oversight of its collaborative provision.

44   The University requires external examiners for all its courses running through collaborative provision and provides a relevant induction session for new examiners as well as an informative website for examiners. External examiners, who can be nominated by RUN partners as well as faculties, are appointed, and can be removed, by a university subcommittee.

45   There is widespread use of external examiners' reports at course level and reports are also used as part of the annual monitoring and review process. Collaborative Delivery Coordinators are also expected to review reports. External examiners' reports are published and accessible to students on a university website, however the team found that student awareness of the reports was low (see paragraph 100). Although an overview of external examiners' reports was received by the Partnerships and Collaborative Provision Committee, the team found evidence that issues raised by examiners were not being followed through by that Committee.

46   The audit team concluded that there is, in general, strong and scrupulous use of the external examiner mechanism for ensuring the academic standards of the University's courses at collaborative partners. However, the effectiveness of this mechanism is adversely affected by the University's inability to differentiate external examiners' reports for collaborative provision outwith the RUN network. The team noted that the University introduced a new reporting template for external examiners in April 2011 in order to address this.

47   The University takes responsibility for the production and issue to students of certificates, transcripts and diploma supplements for collaborative provision. The documents include all the necessary information to distinguish the nature of the relationship, including a clear indication of the place of study. The audit team reviewed a sample of certificates, transcripts, and diploma supplements from directly and indirectly-funded provision, home and overseas, and confirmed that university practice aligns with the relevant precepts of the *Code of practice*.

48   Management information is used as part of annual monitoring. For college-enrolled students, it is the college's responsibility to collate data, while for university-enrolled provision, responsibility lies with the University and external examiners are expected to comment on relevant statistics. As the University did not, at the time of the audit, differentiate external examiners' reports for non-RUN collaborative provision, the University was not able to compare progression data with that of on-campus students.

49   The faculties and the RUN produce an annual quality report which includes progression and completion statistics. The University acknowledges that the statistics it holds on collaborative provision are not adequate and cannot be compared with those for campus-based students or used to make year-on-year comparisons. Consequently, the audit team advises the University to make consistent use of relevant management information in order to improve its oversight of collaborative provision.

Section 3: Institutional management of learning opportunities

50   The University has a range of means for eliciting feedback from students, including module evaluations, focus groups and student academic representatives, which are supported by a joint scheme between the University and the Students' Union. As part of their duties, collaborative delivery coordinators will meet students at partners annually, which will help to strengthen the annual monitoring processes.

51   The students met by the audit team at partners were highly complimentary about the relationship they had with their tutors. Although course handbooks include information on the formal feedback mechanisms available to students, the students that the team met were unaware of the formal feedback mechanisms open to them. The team encourages the University to work with its partners to increase awareness of the mechanisms for formal feedback available to their students.

52   The University maintains clear policies regarding student representation. Students studying on university-enrolled provision are expected to have access to student academic representatives, while college-enrolled students will be provided with opportunities for representation by the college's own procedures. For overseas provision, the University states that students are entitled to the same levels of representation as those on-campus, however the University acknowledges that more flexible measures are needed to engage students.

53   Student academic representatives are supported and trained by the Students' Union. Students' Union representatives who met the audit team reported that the lists of representatives they received from the University did not identify representatives from partner institutions and the annual report on recruitment of representatives does not make specific mention of recruitment of representatives in partners. It is therefore difficult for the Students' Union to provide training or support to representatives in partner institutions, as also reported in the student written submission.

54   During Institutional Recognition and Review, it is expected that panels will meet students. For Annual Review, the University requires a minimum of one student focus group per semester as well as formal fora for representatives to raise issues. The audit team, however, found limited evidence of where this was taking place and of where formal meetings with representatives had decision-making powers.

55   Although the University does make an effort to engage students at partners, the audit team found that this was often not taking place at course level. In order to improve this, the team recommends that it is desirable that the University consider ways to ensure that students are more actively involved in programme-level decision-making processes in collaborative partners.

56   The links between research or scholarly activity and learning opportunities are established as part of approval and review processes. While the team found clear evidence of these processes being applied, it considered that the use of panel members from RUN partner colleges as the only external members of approval and review events impaired their effectiveness (see paragraph 35).

57   Where students are university-enrolled, university staff support initial and ongoing curriculum development. Where students are college-enrolled, the collaborative partner has this responsibility. This relationship is strengthened by active RUN fora (see paragraphs 66, 72 and 80), college processes including support for staff studying for higher degrees, established staff links and emerging collaborative delivery coordinator activities.

58   Monitoring processes are in place through the work of the collaborative delivery coordinators, external examiners and through the annual monitoring processes, which enable the University to identify any areas for improvement. However, where such issues had been identified, for example in reports to Partnerships and Collaborative Provision Committee, the team found no clear action plans in committee papers and therefore saw limited evidence of the University's ensuring that action was being taken in an effective and timely manner.

59   The University has no flexible or distance-learning provision delivered through its collaborative partners. Course documents detail how full-time and part-time modes of study will be managed. Their operation and alignment with university regulations and procedures are considered through approval events and reported on through annual monitoring. The team found these arrangements to be effective.

60   The University had redefined its requirements for Foundation Degrees after consultation with various stakeholders. Previous regulatory requirements for 'the demonstration of learning in the workplace' had been replaced by a specification that 'candidates must have demonstrated the achievement of work-related learning'. From the documentation made available to the audit team, it was not clear that the University had considered how the new requirements related to those of the *Foundation Degree qualification benchmark* for 'authentic and innovative work-based learning'. Academic Board had approved this change to the regulations, alongside other amendments, in the summer of 2010, but evidence presented to the team indicated that the operational change had been made some time prior to the formal amendment of the regulations. Unlike the other changes made at this time by Academic Board, this amendment had not been directly highlighted for the Board's attention. The team concluded that there had not been full and effective consideration of the change by Academic Board or its subcommittees.

61   In its meetings, the audit team heard of varying practices in relation to support for students on work placements. No information was provided on the RUN website or within university quality guidelines and regulations relating to work placement visits or in relation to the precepts of the *Code of practice, Section 9: Work-based and placement learning* on work-based and placement learning. The RUN website, while providing helpful templates and module specifications for college staff, makes no reference to the *Foundation Degree qualification benchmark* or to appropriate sections of the *Code of practice* apart from *Section 2*. The team concluded that the University might improve the use it makes of the Academic Infrastructure and other external reference points and that it might do more to ensure that its expectations in relation to support for students on placements are clearly communicated to collaborative partners.

62   For university-enrolled students, university staff are directly involved in the admission of students through approved processes. The recruitment and admission of college-enrolled students is delegated to the collaborating body with the criteria and policy for admission being approved at the time of course approval or periodic review. The audit team concluded that the University had appropriate mechanisms in place to ensure oversight of the admission of students, although these could be further strengthened by the routine scrutiny of the performance of students to ensure that the application of the admission criteria across collaborative partners enabled students to succeed.

63   Progression from Foundation Degrees to honours degrees is identified at the strategic planning approval stage and considered and agreed at approval. Some students reported that progression requirements from their college-based courses to other provision had not always been clear and that the performance required to progress had changed during their studies to make progression more difficult. From its wider discussions and its

review of documentation, the audit team concluded that, generally, the University has clear progression criteria and that these are well understood by staff and students although, as the University revises its guidance on handbooks, it might consider how to ensure that progression criteria are more clearly and consistently articulated.

64   The University has one credit-rating arrangement which enables students, after assessment by the University, to gain a professional diploma having completed 45 credits at level 6. Students may then progress onto an honours degree, completing a further 75 credits of level 6 study with the University, as permitted by the regulations. Admission to the professional diploma is on the basis of either the successful completion of a relevant Higher National Diploma or through significant supervisory or management experience. Applicants must demonstrate 'how their experience, previous education or formal industry training meet the learning outcomes of the previous level [sic] of the degree programme' but there is no requirement for a full mapping of the 240 credits for the full first two levels of the award. The team reached a similar conclusion in considering the University's entry requirements for the postgraduate research degree of Doctor of Business Administration (see paragraph 87). The team therefore advises that the University ensure that students who enter with advanced standing have sufficient credit for the intended exit award in line with the University's regulations.

65   Course documentation presented for academic approval or periodic review includes a statement confirming that appropriate learning resources are in place. For university-enrolled provision the delivering body makes available learning resources and services, and students are entitled to use the University's library facilities, including all online information resources and services, the University's virtual learning environment and services on the Leeds campuses. For college-enrolled provision, the college has responsibility for learning resources and services, and students are provided with access rights to the University's learning resources and library services.

66   The Learning and Information Services' RUN forum brings together the librarians and learning resource managers of the collaborative bodies within the RUN. From its discussions with staff and its scrutiny of the activities of the forum, the audit team considered that the operation of the forum was making a significant contribution to effective collaborative working in the area of learning resources across RUN partners (see paragraph 72).

67   Through their written submission and in discussions with the team, students reported that they generally had access to appropriate resources for their studies. However, students from some partners reported that, although they had repeatedly requested access to e-journals through the University's Learning Resource Centre, this had not been forthcoming nor had any explanation been provided as to why not. Students studying a university-validated course at a RUN college can become members of the library by applying for a Campus Card. The template for course handbooks on the RUN website refers to students having access to a 'Carnegie card' for library access and makes no mention of the availability of the Campus Card or its entitlements. In their written submission the students noted a significant decline in Campus Card take-up over the preceding years. Staff from partner colleges reported that lack of Campus Card access had caused significant issues for them and their students. The team concluded that the different entitlements of college-enrolled and university-enrolled students and the complexity of the RUN versus non-RUN arrangements had caused confusion and that effective communication on access to resources and entitlements was not consistently conveyed to students via course handbooks or other mechanisms. The team therefore recommends that it is desirable that the University make clear for all collaborative provision students their entitlement to access the University's learning resources.

68   Arrangements for student support are similar to those outlined in paragraphs 65 to 67 in relation to learning resources with access depending on the nature of the arrangements with the collaborating partner. A written agreement specifies students' entitlements and the responsibilities of the University and its partners. University approval and review events explore aspects of student support. Feedback from students is normally an important part of evaluating support. Access to university-based support was not seen as problematic by college-enrolled students. The audit team concluded that the University had in place generally effective mechanisms to ensure that students had access to relevant support.

69   The University makes available to partners Skills for Learning, a web-based collection of resources to support the development of study skills which is provided on CD-ROM for installation on local intranets or virtual learning environments. Students who had used the resource told the team that they had found it valuable in supporting a range of study-related issues, including literacy, referencing and numeracy. Collaborative delivery coordinators are working to ensure that this resource is available to all students studying with collaborative partners. The audit team concluded that the systematic sharing across collaborative partners of the Skills for Learning resource and the effectiveness of this resource in supporting student learning was a feature of good practice.

70   Collaborating partners' arrangements for staffing and staff development are considered as part of the Institutional Recognition and Review procedures and at the point of validation in relation to the approval of specific courses. The University makes available to partners the range of helpful support materials it provides to its own staff to support local staff development.

71   While there is an expectation that new staff appointments in collaborative partners are notified to the University, there is no formal requirement for their approval prior to the commencement of their teaching duties. Changes to staffing within university-enrolled provision are notified to the faculties with which they are associated, while those within the RUN are initially notified to the RUN office, who may then refer onto the faculties for more detailed advice. The main mechanism for the continuous review of staff resources is through the reporting of the collaborative delivery coordinators, which may happen a considerable time after appointment and the commencement of teaching. The audit team therefore advises the University to ensure that staff teaching its programmes in collaborative partners are approved by the University prior to the commencement of their duties.

72   For university-enrolled provision, college staff enjoy close links with academic staff at the University, who help support local development where appropriate. For college-enrolled provision, the relationship managers within the RUN office hold regular meetings and these may identify staff development needs. In addition, the RUN fora hold regular network meetings to provide additional staff development activities for RUN college staff and university colleagues on either generic or subject-specific issues. The audit team concluded that there were appropriate procedures in place for staff development and considered the contribution of the RUN fora to supporting new developments, the sharing of practice and collaborative working across institutions to be a feature of good practice. (see also paragraphs 57, 66, and 80).

73   Staff in RUN colleges who deliver university programmes may become associate staff members, which allows them to access the same services and facilities as university staff, including full library services through the issuing of a Campus Card. All members of staff of a collaborating body are entitled to become associate staff with no distinction between RUN and non-RUN or between whether the students they teach are college or university-enrolled. From its meetings with college and university staff, the audit team found that staff were unclear about the procedure for application for associate staff status and its

approval. There was also uncertainty about the precise entitlements, including any restrictions on access, and whether this was related to the recognition and approval status of the partner institution or of the students which the associate staff member might be teaching. The audit team therefore recommends that it is desirable that the University clarify and clearly communicate the entitlements of staff in collaborative partners to associate staff status.

74   The audit process identified a number of weaknesses in current university procedures, including a lack of clarity about entitlements of staff and students to access to learning resources across the various collaborative arrangements, limited evidence of student involvement in programme-level decision-making and of the use of the Academic Infrastructure as a reference point, and a failure to ensure that issues identified through the annual monitoring procedures are appropriately addressed. On this basis, the audit team came to the overall conclusion that limited confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of learning opportunities.

Section 4: Institutional approach to quality enhancement in collaborative provision

75   The University does not have a separate enhancement strategy, but its current assessment, learning and teaching strategy includes a number of aims directed towards enhancement, one of which refers explicitly to collaborative provision. The team was told that the new learning and teaching strategy from 2012 will explicitly include enhancement, but the draft current at the time of the audit contained no reference to collaborative provision.

76   After the 2009 Institutional audit, the University established the Quality Enhancement Committee, which has been chaired by the Deputy Vice-Chancellor Student Experience since January 2011. Its terms of reference are widely written, and although they do not mention collaborative provision explicitly, the committee is expected to operate across all the University's academic activities. Nevertheless, at the time of the audit, it had not considered collaborative provision, so that there is no structured process to consider enhancement of that provision. On the other hand, the terms of reference of the Partnerships and Collaborative Provision Committee include promoting good practice and consistency, and it has considered some strategic aspects of enhancement.

77   Faculties are responsible for enhancing their university-enrolled provision, and their reports submitted in 2010-11 for the new annual quality report on collaborations clearly identify good points and areas where improvement is needed. The RUN Office identifies and supports relevant enhancement opportunities. Collaborative delivery coordinators also identify causes for concern and instances of good practice.

78   Annual monitoring of programmes provides opportunities for enhancement, with the University's templates prompting reports on areas for improvement, strengths and good practice. Student representatives from partner institutions provide feedback on their programmes, but the expected enhancement and development meetings with students each semester do not seem to be taking place consistently. Periodic review is likewise expected to register examples of good practice and to explore whether enhancement procedures are in place, especially for collaborative provision. The aims of a new programme of audits of partner institutions overseas include promoting quality enhancement.

79   Outcomes of the University's general mechanisms for quality enhancement, including results from quality enhancement audits, are disseminated to partner institutions

through a series of attractive good practice guides, the University's assessment, teaching and learning journal, and events run by teaching fellows.

80   Enhancement specific to collaborative provision includes fora within the RUN (see paragraph 72) that consider and disseminate curriculum developments and other enhancements, which staff from partner institutions find very useful. A new two-day collaborative conference in 2011 brought university and partner staff together for plenary sessions and a range of workshops, including contributions from partners. The audit team considered that this could become an important mechanism for enhancement. University staff who met the team confirmed that working with partner institutions is demanding but helps them to enhance their own practice.

81   At present, the University disseminates enhancements identified in individual academic units and partners rather than identifying its own themes for enhancement. In order to make enhancement of collaborative provision more systematic, the audit team recommends that it is desirable that the University considers how the Quality Enhancement Committee might routinely explore how the items on its agenda apply to collaborative provision.

Section 5: Institutional arrangements for postgraduate research students studying through collaborative arrangements

82   The University's collaborative provision for postgraduate research students comprises the Doctor of Business Administration (DBA) offered at one overseas partner and postgraduate research (PhD) supervision agreements at one regional college and another overseas partner. All are managed in the Faculty of Business and Law. The audit team did not meet any students studying under these arrangements.

83   The DBA started with the partner institution in 2009-10, and hence no awards had been made at the time of the audit. The taught components are delivered by university staff, who fly in regularly to teach and provide student support. The collaboration was approved after two site visits to consider the suitability of the partner, but the audit team was unable to confirm that the University had ensured that the students would be working in a suitable research environment as Precept 5 of the *Code of practice, Section 1: Postgraduate research programmes* expects.

84   PhD research supervision agreements require the partner to have adequate facilities, and suitably qualified partner staff may join the supervisory team. At the time of the audit visit, the University had no PhD supervisors at the college and no PhD students enrolled at the overseas partner (whose website originally implied otherwise, but was changed during the audit visit).

85   Collaborative provision for postgraduate research students is subject to the University's standard regulations for research awards, and the DBA is also subject to the standard processes of programme approval, monitoring and review. The University has mapped its arrangements for postgraduate research students against the expectations of the *Code of practice, Section 1*. Early in 2011 the regulations for the DBA were modified to conform with the standard regulations for postgraduate research students rather than those for taught postgraduate students, and hence to align better with the *Code of practice, Section 1*. As of June 2011, the Partnerships and Collaborative Provision Committee had not discussed any matters relating specifically to postgraduate research programmes.

86   Partner institutions advertise programmes and forward applications to the University. The faculty selects and admits students according to standard university

procedures. Students are inducted on the partner's premises, and are provided with a comprehensive research student handbook.

87   Documentation for the DBA programme states that it lasts three years part-time, with possibly an extra fourth year to complete the thesis, and that candidates for admission will normally hold a suitable master's level award. Candidates must also have relevant contact with managerial and organisational practice, but there is no minimum duration of professional experience. These arrangements do not directly conform to the University's regulations. Reconciliation of the differences requires the students to be in effect admitted with advanced standing beyond the maximum credit the regulations allow. The team concluded that the University should ensure that students admitted to the DBA enter with the credit necessary under its regulations (see paragraph 64).

88   DBA students are guaranteed personal research and subject guidance from the supervisory team for a total of 50 hours over the programme. PhD students are supervised by a team consisting of a director of studies from the University and at least one other person. Supervisors are supported by a detailed handbook. The faculty research committee oversees the experience of research students and the provision of research awards in the faculty. DBA student progress is monitored through coursework assignments. PhD students and their supervisors are expected to be in contact regularly and to document the meetings.

89   The DBA programme is also subject to the University's standard Annual Monitoring and Review processes for taught programmes. Research student progress is subject to annual progression monitoring that feeds into a faculty progression meeting, which also considers a detailed student activity and quality report. This annual process provides effective oversight of the quality of the provision.

90   For the DBA students, research and other skills are covered within the taught modules. PhD students are expected to take part in the University's research training programme. This proceeds from a skills audit to a training needs analysis, supported by a module on the University's virtual learning environment. Students undertake training activities that combine core studies with others specific to business and management, and must submit a portfolio showing how their skills have developed before they can submit their thesis.

91   Feedback to the DBA students is provided by the DBA cohort leader, who visits the partner twice per academic year. PhD students receive feedback through their supervisory meetings. DBA students give feedback to the University through the workshops that form part of their programme, and complete module evaluation forms that contribute to annual programme monitoring. PhD students give feedback through mechanisms that include the annual progression form and meetings with supervisors. The faculty holds a research student forum, but this is not necessarily readily accessible to students at partner institutions, especially those overseas.

92   DBA students progress to the final thesis stage by passing four assignments, but by June 2011, no cohort had reached this stage. PhD students progress to the thesis after satisfactory performance in annual progression monitoring. Research students are assessed on the thesis and by viva voce examinations chaired by an independent person and conducted by at least two examiners, one of whom must be external to the University and to the partner institution. The internal examiner may not normally be a member of the supervisory team. The detailed arrangements must be approved by a research examination approval panel.

93   Research students at partner institutions can raise issues through the usual university mechanisms. Procedures for appeals are specified in regulations, and there is a

detailed complaints procedure. For issues that concern relations between students and supervisors, the DBA cohort leader or the faculty research awards coordinator acts as an intermediary.

94   The University's provision for postgraduate research (PGR) students at partner institutions is modest in scale, and is dominated by students studying for the DBA at one overseas partner. The provision is carefully controlled, with teaching and supervision largely provided by university staff. The partner institutions must provide suitable facilities, but the team saw no evidence that the University had considered the broader research environment. Together, the arrangements in place for PGR students at partner institutions are broadly consistent with the precepts in the *Code of practice, Section 1*, apart from the matters noted above.

Section 6: Published information

95   The University and its partner institutions publish a wide range of information for the use of current and prospective students, both electronically and in hard copy. Partner institutions take responsibility for the production of their own course handbooks, programme specifications and module specifications, and for promotional material.

96   The evidence considered by the audit team confirmed the University's own assessment of variability of oversight and practice in the approval and verification of published information. When errors were identified, the University had in place a process for tracking their correction, which usually appeared to work effectively. The University has very recently published guidance which partners are expected to adhere to when advertising collaborative provision.

97   The audit team encourages the University in the steps it is taking in the adoption of a more consistent, systematic, centralised process, supported by guidance for partners, for checking the accuracy and completeness of the information that partner institutions publish about the University and its awards. The University will approve the proposed content prior to publication within the collaborating partner's prospectus or website for the following year and will conduct periodic audits and spot checks of published information of collaborative partners.

98   A course handbook template is provided for collaborating partners to adapt to meet local purposes. From its review of the template, its use in course handbooks and from discussions with students, the audit team concluded that handbooks were not always issued in a timely manner and did not always make clear the student support and access to learning opportunities that is available and whether this is provided by the University or by the collaborating body. Information on appeals procedures was included.

99   The University currently publishes programme specifications online. However, it does not publish the programme specifications for all of its collaborative provision. The University provides templates and indicative content to partner institutions. From the evidence seen by the audit team it appears that the University's guidance is broadly followed. While programme specifications are not always available on partners' websites, they are summarised in programme handbooks and therefore accessible to students.

100   The University regulations require that external examiners' reports be made publicly available. In 2010, the University established an electronic repository to allow public access to all external examiners' reports, received for the previous academic session, including those that deal with collaborative provision. Most students from partner institutions, however, said that they had not seen or read external examiners' reports. The audit team encourages

the University to take steps to raise awareness of the University's external examiners' website to students and staff in collaborative partners.

101   The audit team found that reliance can reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards offered through collaborative provision.

Section 7: Features of good practice and recommendations

Features of good practice

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

- the contribution of the Regional University Network fora to supporting new developments, the sharing of practice and collaborative working across institutions (paragraphs 57, 66, 72 and 80)
- the systematic sharing across collaborative partners of the Skills for Learning resource and the effectiveness of this resource in supporting student learning (paragraph 69).

Recommendations for action

103   Recommendations for action that is essential:

- review its arrangements for the management of its collaborative provision to ensure that Academic Board and its committees exercise full and effective oversight of all its collaborative programmes (paragraphs 14, 16, 19, 32, 35, 42, 43, 45, 58 and 60)
- ensure that approval and review panels consistently implement the University's requirements to secure the participation of members who are external to and independent of the University and its partners (paragraphs 20, 26, 35, 36, 42, 43 and 56).

104   Recommendations for action that is advisable:

- ensure that there is appropriate engagement with the elements of the Academic Infrastructure and other external reference points (paragraphs 36, 38, 40, 60, 61 and 83)
- make consistent use of relevant management information in order to improve its oversight of collaborative provision (paragraphs 42, 43, 46, 49 and 62)
- ensure that students who enter with advanced standing have sufficient credit for the intended exit award in line with the University's regulations (paragraphs 64 and 87)
- ensure that staff teaching university programmes in collaborative partners are approved by the University prior to the commencement of their duties (paragraph 71).

105   Recommendations for action that is desirable:

- consider ways to ensure that students are more actively involved in programme-level decision-making processes in collaborative partners (paragraph 55)
- make clear for all collaborative provision students their entitlement to access the University's learning resources (paragraph 67)
- clarify and clearly communicate the entitlements of staff in collaborative partners to associate staff status (paragraph 73)

- explore how the Quality Enhancement Committee might routinely consider how the items on its agenda apply to collaborative provision (paragraph 81).

Appendix

Leeds Metropolitan University's response to the Audit of collaborative provision report

We are pleased that the auditors recognise the significant positive development, over the past eighteen months, of the structures and processes which support the management of our collaborative provision, designed to enable a more robust oversight. The team state in their report that they felt 'only able to focus upon the operation of earlier arrangements' (paragraph 12). Much of the report therefore focuses on past practices which we have already identified as not always appropriate hence the initiation of our extensive change programme under a new Senior Team. We are disappointed that the audit team chose to focus more on past history than on recent developments whilst acknowledging that these necessarily require a longer time framework to take full effect. Our change programme continues and we appreciate the positive comments made by the auditors on the relatively new and significantly improved processes and structures the team did feel able to consider.