University of Manchester

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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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Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of Manchester (the University) from 20 to 24 November 2006 to carry out a collaborative provision (CP) 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 CP. As part of the process, the team visited three of the University's partner organisations in the United Kingdom (UK), where it met with staff and students, and conducted by video or telephone conference equivalent meetings with staff and students from a further overseas partner.

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 award. 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 (Code of practice), Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004, paragraph 13, published by QAA).

In a CP 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.

Features of good practice

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

- the ongoing development of policy and procedures to ensure equivalence of the student experience across collaborative provision (for example, the academic advisers report template and the policy for the withdrawal from collaborative partnerships)

- in relation to assessment in a language other than English, the introduction of pairing of external examiners to ensure appropriate knowledge of the UK higher education system and language specialism

- the extension of the Validation Conference to create a twice-yearly Collaboration Conference covering all forms of collaborative arrangement, increasing the scope for dissemination of information and sharing of good practice

- the formation of the theology network as an example of an effective community of peers working collaboratively.

Recommendations for action

The audit team also recommends that the University should 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:

- to ensure that, as devolution occurs, procedures are in place to continue to improve institutional oversight of, and consistency of, practice in faculty and school level processes for assuring quality of provision and the maintenance of standards in collaborative provision

- to ensure that its strategy, policies and procedures are effectively communicated to its own staff involved in collaborative provision and those of its partners, while also promoting closer engagement with the various elements of the Academic Infrastructure

- to review its procedures for ensuring the accuracy, clarity, and completeness of the information provided to students and prospective students on collaborative provision programmes, including that in marketing materials

- to ensure that complaints and appeals procedures available to students are articulated clearly in collaborative partner programme handbooks and student induction activities, in line with the *Code of practice*.

Recommendations for action that is desirable:

- to provide clearer guidance to ensure the systematic gathering and analysis of student feedback from collaborative partners

- to continue its efforts to encourage collaborative partners to gain more systematic feedback from graduates and employers

- to continue its efforts to increase attendance at collaboration conferences by its partners and evaluate the effectiveness of the dissemination of quality procedures and good practice by this and other means.

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 CP.

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 programmes 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 CP.

Main report

Main report

1   An audit of the collaborative provision (CP) offered by the University of Manchester (the University) was undertaken from 20 to 24 November 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   A CP audit is supplementary to the institutional audit of the University's own provision. It is carried out by a process developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with higher education institutions (HEIs) in England. It provides a separate scrutiny of the CP 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 collaborative provision; and for the discharge of its responsibilities as an awarding institution. As part of the process, the audit team visited three of the University's partner organisations in the United Kingdom (UK), where it met with staff and students, and conducted by video or telephone conference equivalent meetings with staff and students from a further overseas organisation.

Section 1: Introduction: the University of Manchester

The institution and its mission as it relates to collaborative provision

4   The University of Manchester commenced operation on 1 October 2004, having been formed through a union of the University of Manchester Institute of Science and Technology (UMIST) and the Victoria University of Manchester (VUM). The University was granted full degree awarding powers by the Privy Council at the time of its inception.

5   At the time of the CP audit, the University had approximately 35,000 registered students, of whom approximately 25,000 were undergraduates, 6,000 taught postgraduate students and 3,300 postgraduate research students.

6   The University is organised into 23 academic schools which are structured into four faculties: Humanities, Engineering and Physical Sciences (EPS), Life Sciences, and Medical and Human Sciences (MHS). The Faculty of Humanities is the largest faculty with a registered 44 per cent of the student population. The Faculties of EPS and MHS have student populations of 24 per cent and 25 per cent respectively. The Faculty of Life Sciences is the smallest with 7 per cent of the student population.

7   The University's portfolio of CP is significant and wide-ranging and has been primarily inherited from the predecessor institutions. It comprises 190 programmes delivered with 96 partners in 32 countries. Figures presented to the audit team recorded that 9,620 students were undertaking collaborative programmes that led to a University of Manchester award. The largest two constituencies within this total were students undertaking distance and distributed learning provision (5,700) and those undertaking validated provision (3,000).

8   Within the breadth of provision the University also offers joint awards, franchised programmes, split-site PhDs, and articulation programmes which offer advanced standing. The University and its partners deliver programmes at all levels of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), from Foundation programmes through to PhD.

9   The University's mission is to 'make the University of Manchester, already an internationally distinguished centre of research, innovation, learning and scholarly enquiry, one of the leading universities in the world by 2015'. The mission in relation to CP is not distinct from the University's overall mission. The self-evaluation document for CP noted that CP can help to realise several of the goals in the mission document 'Towards Manchester 2015' (see paragraph 29), in particular: attaining high international standing (goal 1); developing world-class research (goal 2); building reputation for excellent teaching and learning (goal 4); widening participation (goal 5); delivering more effective community service (goal 9).

Background information

10   The published information available for this audit included:

- the information on the University's website

- the University's institutional audit report, November 2005

- the Major review of healthcare programmes, November 2005.

11   The University provided QAA with the following documents:

- the self-evaluation document for collaborative provision (CPSED)

- documentation linked to the CPSED, as listed in an appendix to the CPSED

- access to the University intranet

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

12   During the briefing and audit visits, the audit team was given ready access to a range of the University's internal documents in hardcopy or on the intranet. The team identified a number of partnership arrangements that illustrated further aspects of the University's provision, and additional documentation describing these 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

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

14   The audit team visited the University from 3 to 5 October 2006 to explore with senior members of staff of the University, senior representatives from partner institutions, and a group of students who had studied at a partner institution, matters relating to the management of quality and academic standards in CP raised by the University's CPSED and other documentation, and to assist the team in building 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. It was also agreed that three partner institutions would be visited and meetings would take place via video and telephone conference links with staff and students from a fourth.

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

16   The audit visit took place from 20 to 24 November 2006, and included further meetings

with staff and students who were (or had been) studying at partner institutions. The audit team is grateful to all the staff and students, both of the University and its partners, who participated in meetings.

17   The audit team comprised Ms L Buckingham, Professor M Davies, Professor R d'Inverno, Professor G Taylor (auditors), and Ms C Gough (audit secretary). The audit was coordinated for QAA by Mrs E Harries Jenkins, Assistant Director, Reviews Group.

Developments since the institutional audit of the awarding institution

18   The CPSED gave a brief account of its response to the 2005 institutional audit and discussed the recommendations specific to CP from the audits of VUM (2000) and UMIST (2003). Additional information on the progress of the action plan for the 2005 audit was provided during the CP audit. The 2005 institutional audit report recognised 'the challenges of creating a new University, which has been in existence for little more than a year, from the two precursor institutions'. The CPSED noted that whilst progress in introducing quality management procedures for CP has been achieved, 'much remains to be done before our intentions are fully realised and we are using feedback from partners and our own staff in order to prioritise this work'.

19   The 2005 institutional audit recommended as advisable that the University 'review and develop institutional oversight of quality and standards, so that the University can assure itself that its framework is fit for purpose…'. Throughout the course of 2006 the University has progressed with the development of mechanisms enabling oversight of the quality framework but the outcome of all actions cannot yet be evaluated. The final version of a paper titled 'Mechanisms for University oversight and quality enhancement' was approved by the Quality Advisory Group (QAG) in October 2006 for implementation from 2006-07. The proposals are sound and the University has structures and processes in place which will ensure monitoring of the

implementation and effectiveness of the proposals. The role of QAG is instrumental in this process of monitoring as evidenced in the minutes produced.

20   A second advisable recommendation from the institutional audit report was: 'to review current quality assurance procedures to ensure that they take full account of the purposes and intentions of the FHEQ'. The CPSED stated that the Teaching Learning and Assessment Office (TLAO) was coordinating a review of the approval, monitoring and review procedures and programme specification templates to ensure that, from 2006-07, they each include explicit checks for alignment with the FHEQ. The audit team was able to see progress on this aspect of work via the output of QAG and the Programme Specification Working Group (the Working Group). This Working Group also provided an example of collaborative working with membership including representation from a partner institution. The Working Group was due to report in November 2006, after the audit visit and the team would expect there to be full implementation with effective oversight of the Working Group's findings/recommendations.

21   A further advisable recommendation arising from the 2005 institutional audit was, 'to provide transparent and coherent policies and regulations in assessment, progression and award that align with the Code of practice, Section 6 and which are applied consistently across the University'. This recommendation has been fully addressed by the development of an assessment framework of principles, policies and procedures which is published in the Manual of Academic Procedures (MAP). The associate deans have the responsibility of ensuring consistent application across the institution and the framework is now being rolled out to CP.

22   The audit of VUM (2000) made specific recommendations about the management of CP:

- '(To plan) an early review of the impact on quality and standards of the new policies and procedures relating to collaborative provision'

- '(To expedite) the review of existing arrangements so that the University can be confident that these arrangements conform to the same requirements as the new policy frameworks'.

The CPSED noted that VUM had introduced new policies and procedures, in part, as a result of the introduction of the relevant section of the *Code of practice* of 1999: prior to this, VUM operated a structural distinction between validated provision and other forms of CP. The former were administered by a specialist Validation Unit and were managed by a Board of Validation that had the powers of a faculty board; the latter were treated in the same way as other provision and were largely managed by faculties. VUM felt this distinction was unhelpful, making it more difficult to ensure the consistency of standards and quality were applied to all CP, and it was introducing new structures and policies when the audit took place.

23   The UMIST audit (2003) recommended adoption of 'a more systematic and self-critical approach at institutional level to its portfolio of CP and external partnerships, to ensure that the institution is able to discharge its responsibilities for the quality and standards of its awards'. The CPSED stated that this comment reflected 'the concern of the audit team about the lack of clarity in UMIST's arrangements for the management of a large validated programme delivered by the Institute of Financial Services'. The University conducted a review of the partnership in June 2005 that included an investigation into the overseas delivery of the programme. The University was able to clarify the status of the overseas centres and confirm that there are no concerns relating to serial franchising. The CP audit team was unable to verify that action to address other concerns relating to programme specification had been addressed at the time of the audit. However, the team was verbally assured that a revised programme specification, developed as a response to the review, was in the process of being re-approved.

24   The further work resulting from the UMIST audit in addressing these recommendations was overtaken by the development of the present University. The union of VUM and UMIST was agreed in principle in 2002 and due to the structure and size of the new institution a different approach to quality management was deemed necessary.

25   The institutional audit team (2005) recommended that it would be desirable for the University to: 'develop a more integrated institutional approach to the dissemination of good practice in learning, teaching and assessment and to staff development planning and delivery'. From the CPSED and during the course of the CP audit, the audit team was able to identify that the University had responded in a number of ways: the use of the Partner Bulletins (see paragraphs 35); the twice-yearly Collaboration Conference (see paragraphs 35, 101); establishing a project group to develop and ensure an integrated University-wide approach to good practice, which by the time of the CP audit had identified its objectives and was in the process of developing a website, additional to the good practice website, that would enable interested communities to be linked electronically and post items of common interest for debate.

26   The University is still a young institution which has made significant strides in developing and embedding appropriate quality procedures and processes. It has responded to the 2005 institutional audit in an appropriate manner with the production of an action plan, and given the size of the institution, in a relatively timely manner. The University believes that it has addressed all the recommendations from previous audits relating to CP, most of which concerned a lack of clarity or system in quality management rather than inherently unfit processes. The audit team agrees that there is evidence of considerable effort in developing the specification of systems for quality management. The team was not able to fully evaluate the effectiveness of the University's responses to previous audits as many of the developments had yet to be embedded completely due to the relative short time the University has been in existence.

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

27   The University has identified six types of CP:

- articulation -a qualification and/or credits from a programme undertaken at an approved partner institution is recognised as giving advanced standing for entry to programmes at the University

- franchising - the University authorises the delivery of all or part of one or more of its own approved programmes of study leading to a University award by an approved partner institution

- multiple and joint award - two or more awarding institutions collectively provide programmes leading to separate awards from each (multiple awards) or a single award from all participating institutions (joint awards). Only joint programmes are approved by the University

- consortium awards - two or more awarding institutions, collectively provide units on a programme, leading to a single award from the registering institution

- validation (including validated PhDs) - the University judges that a programme developed and delivered by another institution or organisation is of an appropriate quality and standard to lead to a University award

- split site PhDs - the University agrees to authorise the supervision and support of one or more PhD students, leading to an award of the University, to a partner institution.

The majority of partnerships and programmes fall within the validation typology. Where student fees are paid directly to the University students are classed as 'registered' students. If fees are paid to the partner institution students are considered to be 'associate' students. Registered students

have full access to the University's support services, while associate students have access as negotiated and articulated in the appropriate memorandum of agreement.

28   The University stated explicitly in its CPSED that it has no separate strategy for CP and that its approach to such provision flows from its overall strategic plan 'Towards Manchester 2015'. As noted earlier (see paragraph 9) CP activity is described as supporting the achievement of certain strategic goals within the plan and the University's stated intention is that CP should be treated in the same way as remainder of provision.

29   The University's strategic plan 'Towards Manchester 2015' is central to the development of CP, for example, at the first stage of the approval process the 'approval in principle panel' (see paragraph 47) is tasked with considering the potential contribution to 'Towards Manchester 2015'. Scrutiny of the notes of these panel, which were available to the audit team, demonstrated careful consideration of the strategic 'fit' of new proposals. In particular potential new partnerships were identified as offering opportunities for high quality research cooperation, for access to research resource and for widening participation and supporting overseas communities. The audit team saw evidence of the way in which one overseas collaboration supported goal 9 of the plan with the relevant student handbook listing partner institution organisational goals that clearly fit with the University's strategy. Further evidence confirming the stated approach was seen in the decision to withdraw from provision which did not align with the strategic goals (see paragraph 39).

30   The audit team noted with interest the University's stated intention to manage its CP in the same way as that delivered on the University campus. The team was able to confirm that processes and procedures for the maintenance of quality and standards on campus and with partner institutions were either identical or analogous and that future plans for further devolvement to faculties increase this match.

31   Overall, the audit team concludes that the University has a clear strategy with respect to its CP and is taking steps to implement this across the full range of its partner institutions.

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

32   In the CPSED the University identified those key elements of its institutional management framework that also provide a framework for the management of CP. The University explained that its 'institutional framework for managing standards and quality is based on the "principles of accountability" set out in Towards Manchester 2015', including the principle that 'responsibility and accountability rest finally with designated individuals, never with a committee'. As a consequence of the single strategy covering all the University's provision, there are no advisory or consultative structures that deal solely with CP at school, faculty or University level. Ultimate authority is vested in the Vice-President (Teaching and Learning) with assistance from the Associate Vice-President (Graduate Education). Support is provided by the TLAO and the Research Office. Quality management processes at faculty level are the responsibility of Associate Deans for Teaching and Learning and for Graduate Education. At the time of the audit the University was in the process of devolving the operational management of quality and standards for validated programmes from the TLAO to its faculties. This process will be complete by September 2007 when faculties will manage collaborative programmes and the University will manage all collaborative partnerships. The University views this devolution 'as an opportunity to further develop and strengthen the subject links between partners and schools'.

33   Central oversight of CP is subsumed into the business of both the QAG, which advises on the development and operation of quality management processes and on strategic issues concerning learning and teaching, and the

Graduate Education Group, which focuses on strategic and policy matters in relation to taught and research postgraduate provision. CP may also be considered by the International Strategy Group, which advises on the suitability of proposed international partners, the Quality Administrators Network, which discusses the operation of the quality framework, and the Teaching and Learning Group, which considers strategy development and policy. The audit team heard that issues specific to CP would be dealt with by the various school and faculty committees and then discussed at the Teaching and Learning Group. However, a scrutiny of the notes of the Teaching and Learning Group by the team revealed no discussion of CP arising from faculty or school reports, although some policy documents had been discussed recently.

34   The respective responsibilities of the University and its partners are detailed in formal agreements signed on behalf of the University by the Registrar and Secretary, and on behalf of the partner institution by its chief executive. These formal agreements specify the titles of the programmes concerned, and lay down the rights and responsibilities of both parties. The effectiveness of partner institutions in fulfilling their responsibilities is gauged through annual monitoring and periodic review procedures. The formal agreements are renewed on a five-yearly basis, although the audit team heard that at least one renewal was overdue.

35   Outlines of policies and procedures specific to the management of CP are detailed in a single document titled 'Policies and Procedures for the Quality Assurance of Collaborative Provision', and the details are provided on the TLAO's website, to which partner institutions have access. The policies take into account the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. More general policies and procedures are contained in the MAP which is also available to partner institutions via the internet. Representatives of partner institutions whom the audit team met valued the instruction and guidance in the MAP. Partner institutions are kept informed of

developments to the MAP, and of other information relevant to CP, via a monthly Partner Bulletin email circulated by the TLAO. The team viewed the Partner Bulletin as a useful adjunct to the formal policies and procedures of the University and as a means of updating partner institutions on events at the University. Staff of partner institutions whom the team met regarded the Partner Bulletin as an important link to the University, but indicated that they did not always fully engage with its contents. The University also hosts a twice-yearly Collaboration Conference which is valued by some partner institution staff in terms of the opportunity provided for enhancing communication with the University and for networking with the staff of other partners. Attendance at the conference is some what limited (see paragraph 101).

36   In its CPSED the University described the academic panel as 'the key forum for formal liaison between University staff and partner staff' at the discipline level in validated provision. Panels typically meet twice per year, are chaired by a nominee of the relevant head of school, supported by TLAO, and may be constituted according to subject area or by partner, for those partners that work with more than one school. Academic panels oversee the operational management of validated programmes and have membership drawn from both the University and the partner institutions. For non-validated collaborative links the work of the academic panel is subsumed within programme committees or their equivalent. Academic panels report through their respective chairs to the appropriate faculty quality committee, or equivalent, though at present the academic panel minutes are not circulated. The role and conduct of academic panels is to be reviewed in 2006-07 as part of the devolution of the management of validated programmes activity to schools and faculties. The audit team learned that following devolution all academic panels will be subsumed within school quality committees.

37   Each validated programme has a named member of University staff, in some cases called an academic adviser, who is the main point of contact for partner staff at the discipline level. The academic adviser post has a specific role description which includes the responsibility for maintaining liaison and for providing guidance and advice on quality management and programme content, reviewing and approving the publicity material issued by the partner, a requirement to visit the partner institution twice per year and to meet with students, and a requirement to be present, or nominate a representative, at partner institution examination boards. However, from discussions with staff at the partner institutions and from a scrutiny of University documents, the audit team learned that academic advisers do not always visit the partner organisations twice per year. The academic adviser is required to complete an annual report to the academic panel, which is copied to the partner institution, although the team learned that reports are not always completed. The report is produced to a template which addresses a broad range of indicators covering the management and delivery of the programmes under scrutiny and invites comments on issues raised in previous reports. Although the team viewed the template as comprehensive and appropriate, it noted that that the section on issues previously raised is not always completed. The partner institution is required to address the report in its annual monitoring report. In its CPSED, the University explained that it would not 'be appropriate for an adviser to be appointed for every collaborative programme, since many of our partners already have considerable expertise in quality management and do not need such support'. Nevertheless, the University explained that it is in the process of formally extending some aspects of the academic adviser role to its non-validated CP provision. For complex validated provision the University already augments the role of the academic adviser with posts such as 'special adviser' or 'validations manager' to oversee operational issues. The team formed the view that the role of academic adviser is valuable to the University, and would encourage the University to take steps to ensure consistency of practice in the role.

38   The University maintains oversight of student assessment within partner institutions through the use of its regulations, processes and roles such as examination boards and external examiners for CP. The University has recently produced an Assessment Framework covering the whole of its provision, that gives general advice on the principles of assessment and the policies of the University in this respect. The University requires a presence at CP examination boards to ensure the prescribed regulations and format are adhered to, although the audit team noted instances where this presence had not been achieved, including at boards where degrees are awarded. For certain types of collaborative links, samples of student work are sent to the University for re-marking or moderation, although the details of practice vary considerably, including among validated provision.

39   The audit team was provided with examples of the way in which the University has managed its disengagement with partner institutions and the concomitant closure of validated programmes. In each case the team concluded that the University had proceeded appropriately throughout, with an emphasis on the welfare of students, ensuring that those students who had yet to complete their programme were provided with adequate support. At the time of the audit visit the University had recently produced a policy and procedures document that formalises current practice relating to the withdrawal from collaborative agreements. The policy requires the provision of a detailed action plan with deadlines to manage the withdrawal. The team viewed the document as both appropriate and a useful tool to guide staff in the effective management of disengagement with partner institutions and is an example of the good practice relating to the ongoing development of policy and procedures to ensure equivalence of the student experience across CP.

40   The University operates two types of collaborative PhD programmes. One is validated to operate solely at a partner institution and the other is a 'Split-Site' arrangement where the student is based both at the University and at a partner institution.

For the latter a policy has been developed which covers comprehensively the management of the partnership and sets out guidelines for the effective monitoring of student performance.

41   In its CPSED the University noted that its quality management framework is relatively new, but that evidence from practice indicated that it is generally effective. The audit team is in broad agreement with this statement but formed the view that a shared understanding of the nature, extent and management of the University's CP was not evident among the staff the team met. For example, there was not a consensus on the extent of provision in terms of number of partners and students, the most recent dates of review of provision, and the role of academic advisers in programme annual monitoring, academic panels and the University's expectations in relation to the Academic Infrastructure. Further, although information on the new devolved structure and Assessment Framework has been communicated to the partner institutions via the Partner Bulletin, staff at partner institutions showed considerable variability in their knowledge of these. As a consequence the University is advised to ensure that its strategy, policies, procedures, and an understanding of the relevance of the Academic Infrastructure are effectively communicated both to its own staff and to those of its partner institutions.

42   The audit team appreciated the potential for greater subject-level links between the University and partner institutions through devolvement of the management of CP to the faculties. The team heard that under the proposed system each faculty will have a degree of oversight through the involvement of members of the relevant faculty's administration at programme annual monitoring and periodic review, and that the University will become involved in programme management at institutional review. The team learned that the University intends to maintain oversight in two ways. First, it is intended that the TLAO will produce a single annual quality assurance report to the QAG that will include information on external examining, the programmes and

partnerships approved and reviewed by the University, and issues considered by those groups that debate teaching and learning quality, including faculty committees, the Teaching and Learning Group, and the Quality Administrators Network. Second, the QAG will also be presented with summary reports from faculties on taught provision, as teaching and learning plans. However, the team was concerned that University level oversight of CP could be lost as neither of these mechanisms for providing oversight deal with CP alone, but consider all the University's or a faculty's provision conflated. Further, the team concluded that the devolved system might allow a level of flexibility in dealing with CP that leads to insufficient consistency across schools and faculties. The University is advised to ensure that, as devolution occurs, procedures are in place to continue to improve institutional oversight of, and consistency of, practice in faculty and school level processes for assuring quality of provision and the maintenance of standards in CP.

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

43   The CPSED gave an account of the University's intention to enhance the management of its CP in relation to its provision overall and specifically to CP. Many of the general intentions are discussed elsewhere in the report: to complete the quality assurance framework 'by developing procedures for the oversight and review of quality management processes' with cognisance of the aim of continuous enhancement of quality as outlined in the European Standards and Guidelines for Quality Assurance; and 'to strengthen the functional relationship between the process of programme monitoring and review and the process of Operational Performance Review'. The document 'mechanisms for University oversight and quality enhancement; ongoing self-evaluation' proposes that the University will achieve its enhancement goal by producing one annual quality assurance report which draws data/information from a range of committees;

quality groups and any issues arising from reviews. This annual quality assurance overview report together with the faculties' annual process evaluations would be considered at an autumn meeting of the QAG which would have externality provided by membership of an external person. In order to ensure a comprehensive view of quality management processes a series of themes will be considered over a three year period. The proposed approach is to be introduced in 2006-07. Whilst the audit team was unable to evaluate the process, it considered that this development has the potential to provide a systematic approach to enabling collation of and dissemination of information and good practice. The twice-yearly Collaborative Conference and the monthly Partner Bulletins will play an important role in further disseminating such information to partner institutions.

44   In relation to CP the University's intention for enhancement includes the key role of academic adviser, implementing a new student system, refocusing the role and responsibilities of the TLAO, the increased representation of partner institutions on University working groups, and the Collaboration Conferences. The audit team heard consistently from partners of the value of the academic adviser. The University recognise this and plans to expand the role across the other forms of CP (currently academic advisers are confined to validated programmes only). The team formed the view that where the academic adviser role has been implemented effectively it has proved to be a positive development and that the academic adviser's annual report template is an example of good practice in relation to the ongoing development of policy and procedures to ensure equivalence of the student experience across collaborative provision.

45   The CPSED noted that the University is currently introducing a new student system which, from September 2007, will record CP students who are registered with partner institutions as associate students of the University. At the time of the CP audit the team was told that the first part of the information

system, namely the registration of campus based students had been successfully implemented and that the University was confident of achieving their goal of CP information being available in 2007.

46   The audit team considered that at the time of the audit it was too early in the existence of the institution to evaluate fully the University's activities in relation to enhancement. The team would suggest, however, that the University's intentions are appropriate within the context of its strategy and mission, but would encourage it not to lose oversight of these developments in relation to CP as devolution occurs.

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

Partner and programme approval

47   The University explained in its CPSED that partner approval is organised at University level, allowing a fit to the University's goals as expressed in its strategic plan, 'Towards Manchester 2015'. The approval process is coordinated in two stages by the TLAO. The first stage involves a panel discussion and a visit to the proposed partner institution if deemed necessary, considers the strategic compatibility of the link and the support of the relevant school and faculty, and culminates in 'approval in principle'. The University explained that the panel is composed of representatives from the appropriate school and faculty, a representative from the proposed partner, and oversight is maintained through the panel chair, the Vice-President (Teaching and Learning). However, in the examples supplied by the University, the audit team noted that a representative from the proposed partner institution was not always present. The second stage normally involves a visit to the proposed partner to ensure compliance with the University's requirements in respect of quality assurance, and to determine the ability of the partner to commit to the link for a minimum of five years. The report of the visit is presented to the relevant

dean of faculty for approval which triggers an approval panel event to consider the proposal in more detail. Once the panel has recommended approval, the formal agreement is prepared by the Head of Academic Quality within the TLAO.

48   The procedure for the approval of programmes is identical to that used for the University's other provision. New programmes are considered and approved by a two-stage process. During the first stage the academic rationale for a new programme is articulated and the business case developed. If approved in principle, work then begins on the second stage of development which involves detailed work on the curriculum and preparation of the programme specification and the information needed for the programme handbook. At the end of each stage the proposal is signed off by the relevant associate dean and is forwarded to the TLAO which checks that institutional guidelines have been followed and sends the second stage proposal to the Vice-President (Teaching and Learning), noting whether the proposal conforms to existing guidance and expectations or whether it presents issues of novelty or principle. In the majority of cases, the Vice-President approves the proposal on behalf of the University and reports that to Senate; exceptionally, a small group may be convened to consider the proposal further. Amendments to existing provision are defined as either minor or major. Minor amendments are approved by schools and reported to the relevant faculty, whereas major amendments are approved by the faculty and reported to the Vice-President (Teaching and Learning). These processes are supported by clear and comprehensive guidelines for use by faculty, school and central administrative staff that identify the roles of all involved.

49   The University has produced a draft procedure for the approval of joint awards, delivered in equal partnership with other organisations. This sets out the expectations of the University in entering such collaborations, and as such is a useful guide for University staff.

50   Through a scrutiny of documents supplied by the University and through meetings with University and partner institution staff, the audit team was able to satisfy itself that the procedures described in the CPSED were fit for purpose, operating well and that due diligence is applied to the selection and approval of the partner institutions.

Annual monitoring

51   Previously annual monitoring required the partner institution to produce a review report that was presented to the academic panel. The report contained within it the report of the academic adviser, where available, and identified action points to be pursued. However, a new procedure for annual monitoring was piloted at one partner institution during 2005-06 and, at the time of the audit, was being rolled out to the other partner institutions. The new procedure embodies the principle that programme monitoring should entail ongoing reflection rather than being an annual event. The University provides a checklist against which evidence is accumulated and the output is formalised as a report or as minutes from programme committees or their equivalent, plus an action plan. In the new system the reports or minutes will be considered at school level along with those of all other provision, and reported in summary to the appropriate faculty committee. For both old and new schemes, the process requires faculties to report upwards to the QAG on the outcomes and particularly on the conduct of annual monitoring across their entire provision, noting in particular any concerns or good practice for University attention. The audit team noted that in one faculty such reports had not always been produced. Partner institutions receive feedback on the process of review along with the action plan. For validated activity this feedback is via the Academic panel meetings. For other types of collaboration the route of feedback varies according to faculty processes. In future, faculty overview reports on annual monitoring will be subsumed within annual reports on all of each faculty's quality assurance processes which will consider specific themes each year.

52   The audit team formed the view that where annual monitoring had taken place it was to a high standard, the process identifying both positive and negative aspects of the provision and its delivery, and including appropriate action plans that were followed-up. The team examined the piloting of the new annual monitoring process and noted the positive and supportive comments of the partner institution about the process and came to the view that it offered a reflective and robust approach to the annual monitoring procedure.

53   From a scrutiny of documents and from meetings with University staff, the audit team noted that annual monitoring did not always occur and that in a minority of cases the report from the academic adviser was not produced. Further, some University staff whom the audit team met were unsure of how the process of annual monitoring operated and their roles within it. The team would encourage the University to ensure consistency in practice across schools and faculties in respect of annual monitoring.

Periodic review

54   The process for the five-yearly review of programmes centres on the preparation and consideration of a self-evaluation document (SED) by the relevant school and partner institution. The University provides strong and appropriate guidance in the preparation of this document. The Review Panel is chaired by an Associate Dean or nominee and includes staff external to the providing faculty, and at least one adviser external to the University who is proposed by the partner institution. A member of staff from the TLAO participates, but the focus is on review by the faculty, not by the University. In its CPSED the University stated that the 'Review Panel meets with students whenever possible' and expressed the desire to increase the involvement of students in the process. The audit team viewed this aim as sensible. The review reports include commendations and recommendations for enhancement and are presented both to the relevant faculty committee and to the QAG. Faculties have the responsibility to ensure that

recommendations are acted on; the role of the QAG is to check that the process is being conducted rigorously and to act as a forum for sharing good practice. Partner institutions receive copies of reports and are required to address any action points, reporting to the appropriate faculty committee.

55   At the time of the audit the University was in the process of introducing a joint procedure, managed by the TLAO, combining institutional review and periodic review of programmes which is to be piloted at one partner institution in 2006-07. The purpose of the combination is to reduce administrative burden, to ensure periodic review is consistently applied, and to allow University oversight of the processes. The audit team learned that while the two types of review would be combined into a single process, the individual focus on each type would be retained, as would appropriate externality, and stand-alone reviews of programmes would continue until they were aligned with institutional review.

56   Partnerships are reviewed every five years through a process similar to that for partner approval and the focus is on continuing strategic fit. The audit team noted that many reviews were overdue and the University acknowledged this in its CPSED, explaining that outstanding reviews will be completed in 2007. The team would encourage the University to do this at the earliest opportunity.

Split-site PhDs

57   In 2006 the University introduced a policy on the approval, monitoring and review of split-site PhD collaborations. In its CPSED the University described a policy that 'aims to safeguard the quality of the student experience whilst they are away from the University and in particular, to ensure that they have access to an appropriate research environment'. The policy largely follows the approval, monitoring and review processes applied to the University's other provision and provides a set of general principles which may be modified to suit the requirements of each faculty.

Conclusion

58   The audit team concluded that, overall, the processes for approval, monitoring and review of the quality and academic standards of CP leading to its awards are appropriate, and that the University was aware of, and was addressing, the minor shortcomings in these processes. Further, the audit team concluded that the University is in broad alignment with the *Code of practice Section 7: Programme design, approval, monitoring and review.*

External participation in internal review processes for collaborative provision

59   In its CPSED the University explained that the procedures for institutional approval and review of partner organisations do not usually include external advice because of the focus on the strategic nature of the partnership, aligning with the goals of the University, articulated in 'Towards Manchester 2015'.

60   Externality in programme approval occurs at the second stage of the approvals process, although external advisers are nominated by the partner and approved by the relevant faculty at the approval in principle stage. All external advisers must satisfy appointment criteria which specify they be a senior academic at an HEI. External advisers are asked to give analysis and comment on the academic content, coherence and structure of the proposed programme, making reference to programme aims, learning outcomes, subject benchmark statements, the FHEQ and other external reference points.

61   For programme review, the University requires the panel to include at least one subject specialist who is external to the University, has subject area credibility, experience of internal reviews within their own institution, and is not a current external examiner at the University. This external adviser is nominated by the partner and approved by the panel chair.

62   A scrutiny of approval and review reports, by the audit team, showed robust and consistent use of appropriate external advisers,

in line with the University's requirements. The audit team formed the view that the University was making regular and effective use of external representation in the approval and review of its CP, consistent with the University's view in its CPSED where it acknowledged that 'the principle that robust externality is an essential element in quality management'.

External examiners and their reports in collaborative provision

63   Partners propose external examiners who are approved by faculty associate deans acting on behalf of Senate. Non-academics require approval from the Vice-President (Teaching and Learning). Individuals who act as external advisers for programme approval could, at the time of the audit, become external examiners, but this is to be amended in future. Evidence seen by the audit team confirmed that external examiner appointments are made from a range of different institutions with, in general, no over-reliance on a single part of the sector. Franchised programmes share examiners with the internal provision.

64   The audit team noted that, despite the very small number of students registered on a validated programme from which the University was withdrawing, the University had insisted on retaining two external examiners in order to be certain that the breadth of material in the syllabus could be satisfactorily covered.

65   The University currently offers no formal induction for its external examiners, however, it is considering mechanisms for this using either workshop or web-based material, drawing on the outcomes of the recent Higher Education Academy project on 'Enhancing Support for External Examiners'.

66   A member of University staff, in the case of validated provision normally the academic adviser, is required to be present at an examination board at which the University's awards are agreed. However, there were examples in the material available to the audit team where this had not happened.

67   External examiners' reports are made on a standard template which includes a summary section intended for publication on the HEFCE Teaching Quality Information website. The completed report is addressed to the Vice-President (Teaching and Learning) and sent to the TLAO (see paragraphs 69 and 70 below). The TLAO is responsible for chasing any late reports although some partners indicated that they had needed to request that further reminder letters be sent.

68   External examiners are also informed that they may send a note in confidence to the Vice-President (Teaching and Learning). In a briefing note the University stated that 'The opportunity and use of such a route exemplifies the principles of accountability set out in 'Towards Manchester 2015' (see paragraph 29). Therefore any serious issues of concern are resolved through discussion between individuals rather than by committee. Such matters are frequently first brought to the attention of the Vice-President (Teaching and Learning), rather than the school or faculty'. The audit team saw an example in which this facility had been used to alert the University to the lack of a University representative at a particular examination board for the second year running. Documentation was provided to demonstrate how this had been followed up by the University with a request to the school concerned to determine what had happened and to take steps to prevent re-occurrence.

69   The Head of Academic Quality forwards copies of the external examiner reports to the relevant partner institution together with a note indicating any areas of particular concern to which a response is expected. This response, which is the responsibility of the programme director, is sent by the partner institution directly to the external with a copy to the TLAO. The external examiner report is discussed by the programme committee and any necessary actions agreed. In the case of the report not being received in time for the annual monitoring discussion the oral comments made by the external examiner to the examination board, recorded in the meeting's minutes, are

considered instead. The minutes of the discussion and the action list then form a part of the annual monitoring report for the programme and are discussed either at the appropriate academic panel, or by the programme committee or equivalent in the case of non-validated provision (see paragraph 51) School and faculty committees do not consider external examiners' reports, rather any actions required at school or faculty level or by the TLAO are agreed with the individual concerned.

70   The TLAO also prepares an overview report for the year which, since 2005-06, covers external examiners' reports, approvals and periodic review and is discussed by QAG. In the previous year two papers were presented, one covering external examiners' reports, the second approvals and periodic review. The report describes activity across the University, including both that with collaborative partners and that delivered by the University on its main campus, in line with the stated strategy of having unified procedures for CP and other provision. Example reports available to the audit team demonstrated that major issues in CP had been identified by this process, and the team saw evidence that these issues had been addressed subsequently. In particular, following discussion about issues of attendance by academic advisers at examination boards the importance of such attendance has been emphasised in the 2006-07 guidance for academic advisers. The team was also informed of a case where the overview report identified good practice in a partner institution handbook and this was being disseminated through a session at the twice-yearly Collaboration Conference.

71   One collaborative partner teaches and examines in a language other than English. It has been policy in this case to select external examiners who are UK subject specialists, but who also speak this language. This has become increasingly difficult and it is now proposed to allow the appointment of a non-UK specialist with the appropriate language skills, but to pair this examiner with a second from a UK HEI. The audit team considered this to be a feature of

good practice in terms of ensuring standards at the collaborative partner.

72   The external examiner process for research degrees has been fully devolved to faculties which use standard report templates and guidance notes produced by the Research Office. Faculties prepare an annual monitoring report for research degrees that include external examiners comments from the academic year. Following suggestions from administrative staff concerned with research provision the Research Office is preparing more guidance and good practice notes for research external examiners and these will be available to collaborative partners.

73   In the view of the audit team the University's use of external examiners in CP is sound, and makes a consistent and positive contribution to assurance of standards. In particular the overview report prepared by the TLAO allows a degree of oversight of standards by the University and will, once it has been in place for longer, allow monitoring of trends as well as identifying major issues within the year. The proposed introduction of an induction programme for external examiners, additional guidance for postgraduate research external examiners and the emphasis of the academic advisers' role in relation to examination boards are to be welcomed.

The use made of external reference points in collaborative provision

74   The University, in its SED for the 2005 institutional audit, stated that 'we aim to take due account of [national reference points] in our policy and practice'. In particular procedures for programme approval and amendment and for periodic review require that staff make reference to the FHEQ, the requirements of any relevant professional statutory regulatory bodies (PSRBs) and the relevant subject benchmark statements. The institutional audit SED noted also that University procedures are designed with guidance from the relevant sections of the QAA *Code of practice*. The CPSED stated that the University believes that its policies and

procedures ensure that CP takes into account the Academic Infrastructure.

75   In the light of comments in the institutional audit report (2005) about programme alignment with FHEQ the University decided to use level descriptors more explicitly as a reference point. The external examiners report pro forma for both 2005-06 and 2006-07 includes the question 'Do you consider that the programme(s) aims and intended learning outcomes (ILOs) were appropriate for the level of the award, when compared with the level descriptors of the QAA Framework for Higher Education Qualifications?' However, in the examples of 2005-06 external examiners' reports, provided for the audit team, the reference to FHEQ was not present. It was explained to the team that the new pro forma had been introduced part way through the academic year so that, in many cases, examiners had downloaded and used the older version. From 2006-07 alignment will also be checked in approval and periodic review and there is explicit reference to this in the guidelines for these procedures.

76   The CPSED explained that some collaborative partners are less familiar than others with the Academic Infrastructure and indicated that support is available during the institutional approval process and through discussions with academic advisers. Staff in the TLAO are available for advice and guidance and this was confirmed to the audit team during its visits to partner institutions when staff were invariably complimentary about the helpfulness and availability of the TLAO staff with a CP remit. Information is also provided through the MAP, including web links to the QAA site, and the twice-yearly Collaboration Conference. The latter has included presentations on the QAA *Code of practice* (July 2003, 2004) and more recently (January 2006) discussion about Section 2 of the *Code* concerned with CP. There have also been presentations on levels and progression at the Conference (January 2003, 2004). However, as indicated elsewhere in this report (see paragraph 101), the Conference at present only reaches a small proportion of CP staff.

77   In its meetings with University staff the audit team was also informed that the academic adviser was key to enhancing collaborative programmes with respect to FHEQ. However, in some of its meetings with the staff of partner institutions, the team found little knowledge or understanding of the FHEQ.

78   Guidelines for approval and review also require that consideration be given to subject benchmarks where relevant, and both the programme specification template and the external examiners pro forma require explicit reference to these benchmarks (see paragraphs 60, 74-75).

79   Programme specifications are required for all undergraduate and taught postgraduate programmes. Separate templates are provided for undergraduate and taught postgraduate provision and these include reference to any relevant benchmark(s), aims and intended learning outcomes of the programme(s), programme structure and a curriculum map of programme units against intended learning outcomes. Examples of specifications were made available to the audit team for the programmes considered at the partner institutions and usually formed a part of the student handbook for the relevant programme. Although in one example, despite the assurance of partner institution staff, the specification, while it existed and was made available at the team's request, was not in the handbook supplied and it was not clear to the team when or how it was distributed to students. In view of this the University should review its procedures for ensuring the completeness of information available to students. All the specifications provided conformed with the template, although in many cases the documents referenced the relevant benchmark, but did not make explicit the way in which the programme met this. In one case learning outcomes which contributed to the benchmark requirements were listed and the team considered this helpful.

80   The audit team considered that the University had taken an appropriate approach to the use of the Academic Infrastructure. The changes introduced since the institutional audit

to ensure alignment with FHEQ have not yet had opportunity to take full effect, but, in the view of the team, are likely to encourage more explicit reflection on the framework during programme approval and review, and the inclusion of comment on such alignment in the external examiners' report template will provide a further check on standards. Despite the efforts made to disseminate an understanding of the various components of the Academic Infrastructure to collaborative partners there is still need for further work in this area to ensure such dissemination is effective.

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

81   The CPSED explained that in cases where QAA visits validated partners, a member of University staff is often invited to meet with the audit or review team. The resulting report is presented to, and discussed by, the appropriate academic panel. The audit team saw minutes noting such discussion, although these included little detail.

82   The audit team saw evidence of how the University followed through recommendations in relation to a partner college highlighted in an institutional audit of one of the predecessor institutions. The material provided demonstrated that the University had responded to recommendations of the report and a number of changes had been made. Where a matter had been outstanding at the time of the formation of the new University the team was informed, in its meetings with University staff, these elements had been addressed by visits to the partner institution concerned and by the attendance of representatives from that institution at the twice-yearly Collaboration Conference.

83   The CPSED stated that PSRB reports are considered within schools and faculties. Although the audit team noted from documentation seen that there are no collaborative partners currently with programmes accredited by PSRBs, the team

considered the situation was more complex than this. One validated programme was inspected as part of the General Medical Council's accreditation of the University's own provision and this had been reported through faculty processes including the relevant academic panel. In other cases the partner institution was itself the accrediting body. In its meetings with staff the team was informed that in the latter cases any requirements of the validating body would be integrated into a programme at the development stage and that, in their view, this had not led to any tensions at the time of approval.

84   The audit team formed the opinion that the University's procedures for capturing and evaluating the outcomes of reviews of its CP by external agencies was generally sound. However, the University might wish to consider making more explicit its process of responding to such reports where the relationship with the PSRB is not necessarily standard and is more complex.

Student representation in collaborative provision

85   In the CPSED, the University explained that all partners are required to provide a forum for receiving and considering students' comments, usually in the form of a programme committee and this is now a condition of programme approval. An additional mechanism operates in the case of validated programmes: academic advisers meet with students (by virtual means if necessary) without partner staff being present and their comments inform the adviser's annual report to the academic panel. Registered CP students benefit from the University structures in terms of representation at institutional, faculty and school level; and through unit evaluation questionnaires and the annual student satisfaction questionnaire. The University has recently approved both a new policy on student representation and a specific policy and guidelines on student academic representation in relation to CP.

86   In its meetings with students at the University and on partner visits the audit team was able to confirm that the partner institution

either had student representatives or the cohort was so small that the students had easy and direct contact with the partner staff. The methods of selecting student representatives were somewhat ad hoc in most cases but nonetheless appeared to be working effectively. None of the student representatives met by the team had received any training and were unaware of any support documentation which was available to help them when taking on their new roles. However, the representatives did not feel that any formal training was necessary because they were able to grow into their role. A number noted that whilst they initially felt anxious about offering their views in formal committees, such as programme committees and staff-student liaison committees, they grew in confidence when it became clear that their views were welcomed and valued.

87   Feedback to other students in the cohort was, again, not always systematic in character, although a number of students said that their partner institution was developing an email culture and that, if issues arose, they could use this medium to reach their fellow students. The students gave several examples of issues which had been addressed as a result of student pressure including enhancement of the induction processes, learning resources developments, library access, improved English language support and an increase in the instructional element of a programme. Students considered that they had an opportunity to feed into the management of the quality of their learning experiences in programme committees (where they existed) and in the annual meetings which were held with academic advisers. At a number of partner institutions students held regular meetings (sometimes called Student Councils) at which partner teaching staff were not present although, in one case at least, a member of academic staff from the University was present. This provided a more informal forum in which student issues could be raised and which could subsequently be followed up by the student representatives. It appeared that where there were opportunities for students to serve on committees within the partners these were taken

up. None of the students whom the team met had been involved in any contact with the University's Students' Union, but those in local partner institutions said that they would welcome the development of some kind of relationship.

88   The audit team welcomes the approval of the new student academic representation in CP policy and guidelines, and encourages the University to roll it out across its partners. In the view of the team the University is taking appropriate steps to ensure that the student voice is heard in their partner institutions and that, in turn, the partners are responsive to this voice.

Feedback from students, graduates and employers

89   The University requires partners to gather student feedback on programme evaluation and student satisfaction and report on it in the annual monitoring report. For validated provision, partners are additionally asked to comment on the academic adviser's report during annual monitoring, so that any issues raised by students with the adviser can also be followed through by the partner and/or University staff as appropriate. In addition, feedback from employers and alumni is considered during annual monitoring. Any issues which arise are included in the action plan that is followed up at programme committees and through subsequent annual monitoring (see paragraph 51). Periodic review panels meet with students to discuss elements of the periodic review agenda, such as learning resources, teaching materials, academic guidance and support. At periodic review events the panel considers how feedback is collected and used in order to inform future developments. In its CPSED, the University also stated that CP students who progress to continue their studies in University programmes are included in surveys conducted by the Careers and Employability Division, including first destination surveys. For those CP students who do not transfer to the University and remain at a partner institution for the duration of their programme, collation of feedback from alumni and employers is delegated to the partner.

90   Student feedback on units, or summaries of the feedback, were found in all annual monitoring reports to which the audit team had access. Students with whom the team met confirmed that they were required to provide feedback on their units, but some students were concerned that they could be identified if they supplied their name on the feedback form, an optional requirement. The team heard of one case where a student was contacted about a complaint made in a questionnaire, to which he objected, although the student accepted that the partner had done so because it was intent on addressing the issue raised. The University might wish to consider requesting that all surveys conducted by partners are anonymous. From the questionnaires viewed the team saw evidence that the issues covered by the surveys were quite restricted in some cases. For example, some surveys did not cover assessment issues and particularly the issue of the timeliness of feedback on assessments. The University might also wish to ensure that a minimum number of specified areas are covered within all surveys conducted by partners. In relation to feedback on assessment the students met by the team were generally happy with the quality of the feedback received but noted considerable variability in the time taken to provide this feedback.

91   None of the students that the audit team met was aware of any feedback to them on the outcome of the surveys. The University may wish to ask partners to consider ways in which this quality loop can be closed. The team saw evidence of some partners making good use of graduate and employer feedback and a number had plans to introduce mechanisms for gaining this feedback.

92   In summary, the audit team considered that the University is generally successful in its efforts to gather student feedback from its partners, but recommends that it is desirable for the University both to provide clearer guidance to ensure the systematic gathering and analysis of student feedback and to continue its efforts to encourage collaborative partners to gain more systematic feedback from graduates and employers.

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

93   The CPSED noted that the collection of data on student performance and progression is largely delegated to partners; partners delivering validated programmes use a specific University template while other forms of CP use the conventions of the home school. The data are then used to inform quality management processes. CP students who are registered as full University students are included in the University returns to the Higher Education Statistics Agency; associate students are not. These data are considered in three contexts: annual monitoring, periodic review and examination boards. Partner institutions are expected to have adequate methods for the collection, storage and analysis of data to feed into these processes. The annual monitoring process evaluates a summary of admission, progression and completion data in order to identify themes and issues that may need to be addressed. Periodic review takes a wider view, considering also the way data are collected and used. Partner examination boards are required to provide data on student achievement at each level and year of study. This information is approved by the examination board in the presence of an external examiner and, normally, an academic adviser or equivalent before being forwarded to the University.

94   In its CPSED, the University recognised that there is scope to develop and embed wider use of statistics. In particular, the University intends to gather progression and completion data on students who entered University programmes from CP provision in order to compare their performance with those who have not progressed via a CP route. In its recent institutional audit the University received a desirable recommendation to continue to develop corporate statistics systems and reporting tools that are fit for purpose and produce reliable and accurate data to inform quality assurance, enhancement and standards and the audit team found evidence that the University is addressing this as part of its action

plan. These developments will clearly impact on data related to CP.

95   The documentation viewed by the audit team confirmed that student admission, progression, completion and assessment information is reported through annual monitoring and that this information is reported in a standard format. This is sometimes accompanied by a reflective commentary on the data from the previous year, but there was no evidence that trends are looked at on an annual basis, although such trends are considered in periodic review. The audit team saw evidence of one partner institution producing data internally that enables trend analysis over a significant number of years and is considered annually by the senior management team to provide a clear understanding of how the institution is progressing. The University might wish to consider whether trend data should be considered, at least to some limited degree, as a regular part of annual monitoring.

96   In the CPSED, the University noted that the student record system inherited from the predecessor institutions was inadequate for the comparative analysis of student progression through CP and campus based routes. The team was informed that a new management information system went live in September 2006 and it had, in particular, allowed campus-based students to register online, although CP students were not yet entered on the student register. The system has been designed to include CP students and, from September 2007, it is planned that it will record CP students who are registered with partner institutions as associate students of the University thus theoretically enabling the University to undertake more sophisticated data analysis of progression.

97   In general, the audit team concluded that the University was making appropriate use of statistical data in the management of quality and standards for collaborative provision within the constraints of its current student record system, but would encourage the University to bring the new system in relation to CP students into use at the earliest opportunity.

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

98   The University explained in the CPSED that criteria for teaching staff delivering CP in partner institutions are stated in the approval documentation. Approval of staff takes place as part of programme approval and thereafter on an individual basis. There is an expectation that all teaching staff must be qualified at a level higher than that of the programme on which they teach and the University provides appropriate guidance to partner institutions on, for example, appropriate levels of qualification; evidence of academic recognition or appropriate vocational/professional experience. Exceptions are subject to the approval of the appropriate associate dean. The University stated in the CPSED that staff approvals have been consistently monitored for validated provision but acknowledges that the process for ongoing approval of staff in CP provision other than validated activity has been inconsistent. To address this the University has introduced, from 2006-07, an additional check within the institutional review process that all current staff at partner institutions have been approved to teach on programmes leading to a University of Manchester award.

99   Whilst the University was clear about the process of assuring the quality of teaching staff in CP, some partners were less clear. The audit team was able to confirm that the University required copies of teaching staff curricula vitae, but not all partners were clear exactly who, within the University, provided the formal approval of staff. The team was also provided with an example where the University did not approve a visiting lecturer and an alternative had to be found, indicating that an appropriate approval process was operating. The team concluded that whilst the process for approving staff was operating effectively it would be advisable for the University to clarify and communicate with its partners on the process of gaining University teaching recognition, in the context of ensuring that its strategy,

policies and procedures are effectively communicated to its own staff involved in CP and those of its partners.

100 The University ensures, through the institutional approval process, that partner institutions have policies and procedures in place to support teaching staff. Ongoing staff development is monitored through annual monitoring, institutional review and periodic review and the audit team was able to confirm that staff development was a standard agenda item on these reviews. Staff in partner colleges have access to University training courses and details are available on the TLAO website, although take up is low.

101 The partner staff whom the audit team met were extremely positive about the benefits of the Partner Bulletins and/or the Collaboration Conference in the context of staff development. The team considered the extension of the Validation Conference, previously run by VUM, to create a twice-yearly Collaboration Conference covering all forms of collaborative arrangement, to be an example of good practice in increasing the scope for dissemination of information and sharing of good practice. However, the audit team also learned that attendance at the Conference was somewhat limited and the opportunity to attend not taken up by all partners. The team would recommend as desirable that the University continue its efforts to increase attendance at Collaboration Conferences by its partners and evaluate the effectiveness of the dissemination of quality procedures and good practice by other means.

102 The audit team found a well structured approach to support and development at an overseas partner institution which provided clear evidence of on-going, close dialogue and support. In a similar vein the team identified the formulation of the theology network as good practice. This network established by the School of Arts, Histories and Cultures and the partner theological colleges is an example of an effective research group and community of peers working collaboratively that incorporates aspects of development and peer support.

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

103 In its CPSED the University explained that 'only a small proportion of our CP involves distance or distributed learning', which takes the form of distance learning delivered by the partner institution or distance/distributed learning delivered by the University with partner institution support. Information supplied by the University to the audit team identified nine partner institutions that deliver programmes with a distributed or distance-learning component to more than 5,000 students. The University, in the CPSED, stated that as far as possible the same quality management processes are used for these types of provision as for other CP and the procedures for collaborative approval, monitoring and review were designed in consultation with the TLAO's Distributed Learning Team to ensure compatibility. Specific advice on the development of learning materials is available to partner institutions on the University's website.

104 The audit team saw evidence that institutional approval and review panels pay particular attention to the appropriateness of the partner institution's infrastructure to support distributed or distance learning, confirming the University's stance as expressed in its CPSED. Similarly periodic review includes a check that partners are continuing to effectively support their students. For example, the University was keen that adequate distance-learning resources were maintained for a small cohort of students whose programme of study had been superseded by a newer one. Overall, the team was satisfied that the University exercises appropriate oversight in managing partnerships involving distributed and distance learning and applies the same procedures and processes as apply to the University's other CP.

Learning support resources for students in collaborative provision

105 In its CPSED the University explained that, with the exception of some forms of distance learning, partner institutions are responsible for providing adequate facilities and resources to support students' learning. These are approved by the University during institutional approval and are checked through monitoring and review processes. CP students registered with the University are eligible to access the full range of University support services and facilities in addition to those provided by the partner institution, although most do not use University services. Associate students are eligible to use University facilities within certain constraints in addition to those provided by the partner institution. In particular, CP students have access to the John Rylands University Library (JRUL) although associate students are not entitled to remote access to electronic journals and other online publications due to Copyright Licensing Agency licensing laws. Discussions with partner staff indicated that CP students feel more closely associated with the registering institution than with the University but would nonetheless like to feel more connected to the University of Manchester and mechanisms for trying to achieve this are currently being explored.

106 The University has recently produced a number of documents to support learning resources which include one on the services available from the University of Manchester Careers Service to associate students and graduates, a policy and procedures for withdrawal from a collaborative agreement (effective from November 2006) and a policy on student support in CP (effective from September 2007). These documents are comprehensive and the audit team would encourage the University to disseminate them widely to its partners.

107 The audit team found evidence that the learning resources of a partner are scrutinised by the University at the institutional approval visit. The visit includes an assessment of library resources, online resources, teaching accommodation, halls of residence (where applicable), availability of computer facilities and staff accommodation. These resources are then checked again at periodic review. Learning resources also form part of the template for the academic advisers' reports and the team saw evidence that these issues were addressed appropriately in the majority of these reports. The University made clear in the CPSED that the expectations of partners in providing resources to support learning are deliberately flexible and proportionate, in order to allow partnerships with institutions that inherently may not be able to provide the levels of support typical in the UK.

108 The consensus amongst the students who met the audit team was that there were adequate learning resources at their home institutions including computing facilities and teaching facilities were considered generally to be satisfactory. In some cases the institutional libraries were considered to be rather small but, where this occurred, the students were able to use alternative sources. A number of students at local institutions made use of both library and electronic resources in the JRUL and were full of praise for its level of provision. Indeed, a number of local partners had organised trips to the JRUL to induct their students into the library's facilities and the students had found these to be very helpful. The only concerns which were raised by the associate students were in connection with remote access to electronic journals where a number of them said that they would have liked such access but it was not available to them. As noted in paragraph 105 this is due to Copyright Licensing Agency licensing laws and therefore outside of the control of the University.

109 Overall, the audit team was assured that the University has effective mechanisms in place to ensure itself that the learning resources provided by partner institutions is appropriate.

Academic guidance and personal support for students in collaborative provision

110 In the CPSED, the University stated that the provision of academic guidance and support is delegated to partner institutions. The area of academic guidance and support is one in which the University is working to develop and strengthen its expectations and practice in respect of non-CP provision. In time the University will work with partner institutions to ensure that good practice is shared. The mechanisms for supporting CP students are first considered and approved at institutional approval. Staff undertaking the initial institutional approval visit to the partner are given guidance on the support structures required and are asked to identify evidence that the support services are appropriate or, where there are gaps, to ensure that the partner is willing and capable of developing that aspect of the provision in order to meet the institutional approval requirements. For associate students, the partner institution has delegated responsibility for providing all student support; for registered students, arrangements are set out within the partnership agreement. The University acknowledges that it needs to define its minimum requirements and expectations more explicitly in terms of academic support and guidance and personal and pastoral support and this is a priority area of work. For example, the audit team noted that the provision of support services to students is not specifically included in memoranda of agreement.

111 As noted in paragraph 106 above, the University has recently produced a policy document on student support in CP which will come into effect from September 2007. Registered students on collaborative programmes will receive support which is equivalent to that provided to registered students on other programmes (subject to possible geographical constraints). The document defines the minimum set of roles and services the University expects to find as support for associate students at a collaborative partner. The University will seek assurances of a partners' ability to provide such roles and services during institutional approval and review. The document includes a detailed list of programme level support, institutional level support, social support and the information which should be provided. However, the issue of student support is not addressed directly in the various memoranda of agreement which the team saw and, given the clarification contained in the new policy, the University may wish to reconsider this.

112 The audit team was able to establish through scrutiny of documentation and discussion with staff that the University's current procedures for ensuring that an appropriate level of student support is provided by the partner institutions are limited. Despite this, discussion with students revealed that while the nature of the academic and pastoral support differed in extent in the partner institutions, all students reported that they could obtain the right level of support when the need arose, whether this be a particular individual as in smaller institutions, or a Student Support Centre. All the students either had a personal tutor or someone equivalent, such as a dissertation supervisor. The team saw one example of a termination of a programme where the University had made strenuous efforts to ensure that the level of academic support was not reduced during the final years of the partnership, insisting that the students registered on the programme did not suffer in any way, thus demonstrating that the student experience is at the forefront of the University's concerns.

113 The audit team concluded that appropriate arrangements for academic and personal support of students in CP were generally in place, although the University is encouraged to continue its efforts to share good practice in this area with its partner institutions.

Section 3: The collaborative provision audit investigations: published information

114 The CPSED stated that the institutional memoranda of agreement specify that partners must make available to the University for approval any information describing their relationship with the University, such as marketing information. The procedure for checking such material is outlined in the document 'Approval of marketing information and publicity materials' and requires academic advisers, or equivalent contact person, to look at all published material, and make comment in the adviser's annual report. The document also provides useful examples of inappropriate situations to be avoided but makes no mention of the review of partner institution websites.

115 In the case of franchised and validated provision, the University reported in the CPSED that information provided to students is monitored through annual monitoring, periodic review and institutional review and believes that current arrangements are adequate. However, the University acknowledged that these formal procedures should be extended to all types of CP and the University is currently considering mechanisms to achieve this.

116 The audit team heard that not all partners were clear about the means the University employed to oversee publicity prior to publication and saw evidence of inaccurate, or misleading published information that, in two instances, had caused some misunderstanding for current and prospective students. The team would recommend as advisable that the University review its procedures for ensuring the accuracy, clarity, and completeness of the information provided to students and prospective students on CP programmes including that in marketing materials.

117 Students who met with the audit team confirmed that the published information they had received to date was generally accurate and reliable. They welcomed the opportunity to be able to access such documentation electronically via the partner and/or University websites.

118 The audit team found that information about appeals and complaints was not always available in programme handbooks and that where there was such information, it was often partial or confused. Moreover, students who met the team were not clear about how complaints and appeals could be dealt with, although they felt confident that they could obtain the right advice on what action was available to them should the situation arise. The team considers it advisable that the University ensures that complaints and appeals procedures available to students are articulated clearly in collaborative partner programme handbooks and student induction activities, in line with the *Code of practice.*

119 The institutional audit SED gave an account of the University's progress in relation to the Teaching Quality Information (TQi) requirements as set out in the HEFCE document 03/51, *Information on quality and standards in higher education: Final guidance.* The CPSED noted that the University currently summarises all external examiner and periodic review reports for the TQi site. Following initial low return, the University redesigned the external examiner report proforma which has led to improved return rates.

120 During meetings with University staff the audit team was told that the University takes ownership of the TQi it holds, that is, external examiner and periodic review reports. Student data is currently held by partner institutions, a number of whom take responsibility for their own TQi sites. The CPSED stated that 'TQI is an area in which we are able to confirm that internal practice has been successfully adopted for CP'. The audit team would concur with this view.

Findings

Findings

121 A collaborative provision (CP) audit of the University of Manchester (the University) was undertaken by a team of auditors from QAA during the week 20 to 24 November 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. It concludes by identifying features of good practice that emerged from the audit, and by making recommendations to the University for improving on current practice.

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

122 The University has no separate strategy driving its activities with respect to CP. Its overall approach to all its provision flows from its strategic plan 'Towards Manchester 2015'. The University's CP supports the achievement of certain strategic goals within the plan, principally: attaining high international standing (goal 1); developing world class research (goal 2); building reputation for excellent teaching and learning (goal 4); widening participation (goal 5); delivering more effective community service (goal 9). These goals are used to determine the overall portfolio of CP, particularly through the processes of institutional approval and review where strategic 'fit' is explicitly considered. Application of the University's strategic goals through these processes frames the University's decisions to both enter into new collaborations and to terminate exiting ones. In the latter cases the University effectively ensures that the experience of students continuing on programmes destined for closure is not adversely affected and the audit team consider this an example of good practice in the context of the University's ongoing development of

policy and procedures to ensure equivalence of the student experience across CP.

123 As a consequence of the single strategy covering all the University's provision, there are no separate advisory or consultative structures for CP at any level. While ultimate authority for CP is vested in the Vice-President (Teaching and Learning) with assistance from the Associate Vice-President (Graduate Education), its management occurs through the University's standard structures for managing quality and standards. At faculty level, quality management processes are the responsibility of associate deans for teaching and learning and for graduate education. At the time of the audit the University was in the process of devolving the operational management of quality and standards for validated programmes from the Teaching Learning and Assessment Office (TLAO) to the faculties. Faculties will then manage collaborative programmes and the University will manage collaborative partnerships.

124 The University's stated intention is to manage its CP in the same way as that delivered on the University campus. In general, processes and procedures for the maintenance of quality and standards both on the University campus and with partner institutions are either identical or analogous. Plans for the further devolvement of the maintenance of quality and standards to faculties will increase this match. The University has a clear strategy for CP and is implementing this strategy across the full range of its partner institutions.

125 The University has identified six types of CP:

- articulation - a qualification and/or credits from a programme undertaken at an approved partner institution is recognised as giving advanced standing for entry to programmes at the University

- franchising - the University authorises the delivery of all or part of one or more of its own approved programmes of study leading to a University award by an approved partner institution

- multiple and joint award - two or more awarding institutions collectively provide programmes leading to separate awards from each (multiple awards) or a single award from all participating institutions (joint awards). Only joint programmes are approved by the University

- consortium awards - two or more awarding institutions, collectively provide units on a programme, leading to a single award from the registering Institution

- validation (including validated PhDs) - the University judges that a programme developed and delivered by another institution or organisation is of an appropriate quality and standard to lead to a University award

- split site PhDs - the University agrees to authorise the supervision and support of one or more PhD students, leading to an award of the University, to a partner institution.

The majority of the partnerships and programmes fall within the validation typology.

126 The University and its partner institutions enter into formal agreements, memoranda of agreement, which detail respective responsibilities and specify the titles of the programmes concerned. However, the provision of support services to students is not specifically included and in the light of the University's new policy on student support in CP the University may wish to reconsider this. The effectiveness of partner institutions in fulfilling their responsibilities is gauged through annual monitoring and periodic review procedures, although at least one renewal was overdue.

127 For validated provision, formal liaison between the University and its partner institutions occurs through the academic panel which oversees the operational management of programmes and reports through its chair to the appropriate faculty quality committee, or equivalent. For non-validated collaborative links, particularly non-validated provision, the work of the academic panel is subsumed within programme committees or their equivalent.

The nature of academic panels is to be reviewed in 2006-07 as part of the devolution of activity to schools and faculties, following which all academic panels will be subsumed within school quality structures. For validated provision, liaison is enhanced through a named member of University staff, sometimes called academic adviser, who is the main point of contact for partner staff at discipline level. Although this post has a specific remit, including a reporting requirement, the remit is not always followed, resulting in some variation in the support partner institutions receive in relation to maintaining the quality and standards that the University expects. The University is formally extending some aspects of the academic adviser role to its non-validated CP and already provides an enhanced liaison for complex validated provision, such as where a partner institution delivers many programmes. The team formed the view that where the academic adviser role has been implemented effectively it has proved to be a positive development and that the academic adviser's annual report template is an example of good practice in relation to the ongoing development of policy and procedures to ensure equivalence of the student experience across collaborative provision. In the context of the advisable recommendation to ensure that, as devolution occurs, procedures are in place to continue to improve institutional oversight of, and consistency of, practice in faculty and school level processes for assuring quality of provision and the maintenance of standards in collaborative provision, the team would encourage the University to take steps to ensure consistency of practice in the academic adviser role.

128 Although the University's quality management framework is relatively new, and still contains elements from the legacy institutions, it is generally effective. However, a common understanding of the nature, extent and management of the University's CP was not evident among University and partner institution staff. As a consequence the University is advised to ensure that its strategy,

policies, procedures, and an understanding of the relevance of the Academic Infrastructure are effectively communicated both to its own staff and to those of its partner institutions.

129 At the University level oversight of CP is, for the most part, subsumed into the business of the Quality Advisory Group (QAG), the Graduate Education Group and the Teaching and Learning Group, which considers strategy development and policy. Below this, issues specific to CP are dealt with by the various school and faculty structures. In the devolution of management of quality and standards, the University intends to maintain oversight through the presentation to the QAG of first, a single annual quality assurance report produced by the TLAO, and second, summary reports from faculties on taught provision, as teaching and learning plans. Neither of these mechanisms for providing oversight deal with CP alone. As a result, there is an element of risk in the devolution of the management of CP to the faculties in the maintenance of sufficient central oversight. The devolved system might allow a level of flexibility in dealing with CP that leads to reduced consistency across schools and faculties. Consequently, the University is advised to ensure procedures are in place to continue to improve institutional oversight of, and consistency of, practice in faculty and school level processes for assuring quality of provision and the maintenance of standards in CP.

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

Approval, monitoring and review

130 The University operates a robust and strategy-focused system for both the approval of new partnerships and their five-yearly periodic review. However, many reviews are overdue and while the University intends to complete these in 2007, the audit team would encourage it to do so at the earliest opportunity.

131 The procedure for the approval of programmes is identical to that used for the

University's other provision. New programmes are considered and approved by a two-stage process. The first stage defines the academic rationale and the business case. The second involves preparation of the programme specification and the information needed for the programme handbook. Both stages are signed off by the relevant faculty associate dean. Minor amendments to existing programmes are approved by schools and reported to the relevant faculty, whereas major amendments are approved by the faculty and reported to the Vice-President (Teaching and Learning). The procedures for approval and amendment are supported by clear and comprehensive guidelines for use by faculty, school and central administrative staff. The audit team formed the view that the procedures work well in practice, giving adequate scrutiny by the University.

132 At the time of the audit the University had two systems operating for the annual monitoring of programmes. The old system required the production of a review report by the partner institution, presented to the academic panel or equivalent, containing within it the report of the academic adviser or equivalent. The new system had been successfully piloted at one partner institution and was being rolled out to the others. This system is designed to promote ongoing reflection and enhancement and involves the collection of evidence against a checklist that is formalised as a report or as the minutes from programme committees or equivalent plus an action plan. These outputs are considered at school level and ultimately, through summary reports, at the QAG, though summary reports are not always produced. Where annual monitoring had taken place it was to a high standard and the new system offered a reflective and robust approach.

133 The faculty-led process for the five-yearly review of programmes centres on the preparation and consideration of an SED by the relevant school and partner institution. There is appropriate externality and the University provides strong guidance. Review panels meet

with students to evaluate the student experience, and the panels consider how feedback from students is collected and used in order to inform future developments. Review reports are presented to the relevant faculty committee and in summary to the QAG. The University intends to combine institutional review and periodic review of programmes in to a single procedure but retaining the dual foci of review. The audit team considered that this should reduce the administrative burden and allow appropriate University oversight of review processes.

134 The audit team concluded that overall, the processes for approval, monitoring and review of the quality and academic standards of CP leading to the University's awards are appropriate, and in broad alignment with the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 7: Programme design, approval, monitoring and review.*

135 At the time of the audit the University had recently approved new policies on student representation, and on student academic representation in CP. The University requires all partners to provide a forum for receiving and considering students' comments. The students the audit team met were clearly able to influence their experiences through both consultative and informal structures. Where there were opportunities for students to serve on elements of the partner institution's management framework, these were taken up. Nevertheless, although students were happy with the quality of the feedback they received on assessed work, in acquiring an overview of CP the audit team was able to identify considerable variation in the timeliness of feedback to students on assessed work.

Feedback from students and other stakeholders

136 Feedback from students on the quality of units and programmes is systematically collected by partner institutions and presented as part of annual monitoring. In some cases, particularly where programmes have a vocational focus, feedback from employers and alumni is also considered. For validated provision, students can also feedback directly to the academic adviser or equivalent. However, the feedback asked for by partner institutions from students on units was, in some cases, limited in scope, particularly in relation to assessment.

137 The audit team formed the view that in general, the University is taking appropriate steps to ensure that the student voice is heard in its partner institutions and that, in turn, the partners are responsive to this voice. The University is successful in promoting the collection of student feedback in its partner institutions, but the team would recommend as desirable that the University provide clearer guidance to ensure the systematic gathering and analysis of student feedback from collaborative partners. Moreover, although the team came across evidence of some positive developments, the University is advised to continue its efforts to encourage collaborative partners to gain more systematic feedback from graduates and employers.

Staff development

138 The suitability of teaching staff in partner institutions to contribute to the University's awards is determined by scrutiny of their curricula vitae as part of the programme approval process, or if appointed later, via the academic adviser or equivalent. However, the University acknowledged that the process for ongoing approval of staff in CP other than validated activity has been inconsistent. The University ensures partner institutions have systems for the development of their teaching staff and this is checked at approval, annual monitoring and periodic review. The audit team noted in particular the success of the theology network as an example of an effective community of peers working collaboratively. The team concluded that the University is appropriately discharging its responsibilities and intentions in the assurance of quality of teaching staff at partner institutions.

Student support

139 For associate students, the partner institution has delegated responsibility for providing all student support; for registered students arrangements are set out within the partnership agreement. The mechanisms for supporting CP students are first considered and approved at institutional approval, though the University acknowledges that it needs to define its minimum requirements and expectations more explicitly. At the time of the audit the University had recently produced a policy document on student support in CP that will come into effect from September 2007. Registered students on programmes delivered by partner institutions will receive support which is equivalent to that provided to registered students on the University campus. Support for associate students will be defined by a minimum the University expects to find at a partner institution.

140 Discussion with students revealed that academic and personal support differed in its extent at the partner institutions but that students were generally content with the level of support they received. All students had a personal tutor or equivalent. However, information on student appeals and complaints was not always available in programme handbooks and, where it was present, it was often partial or confused. The team would recommend as advisable that the University ensures that complaints and appeals procedures available to students are articulated clearly in collaborative partner programme handbooks and student induction activities, in line with the *Code of practice.*

Conclusion

141 Overall, the audit team concluded that broad confidence can be placed in the University's current and proposed procedures for assuring the quality of its collaborative programmes.

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

142 The standard of awards offered by collaborative partners of the University is initially considered during the programme approval process and is revisited as part of periodic review. Both these procedures involve external subject specialists who are expected to make reference to programme aims, learning outcomes, subject benchmarks and *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). Whilst, in the University's view, this consideration of standards has always been implicit in approval and review procedures, new guidelines introduced in the 2006-07 academic year require explicit reference to the FHEQ.

143 External examiners are appointed to all award bearing programmes and the audit team noted that appointments for programmes offered by collaborative partners were made from a wide range of institutions within the higher education sector. The evidence available also demonstrated that care was taken to ensure that sufficient breadth of knowledge was available from the external examiners even when this required multiple appointments for a very small cohort of students and that franchised programmes used the same external examiner as the relevant internal provision. Good practice was noted in the case of a collaborative partner teaching in a language other than English where, following difficulty finding United Kingdom (UK) academics fluent in both subject and language, it is proposed to appoint two external examiners, both specialist in the subject area, one from outside the UK who speaks the language concerned and one from the UK who is familiar with UK higher education and its expected standards.

144 External examiners are required to make their reports on a standard template which provides opportunity for reflective comment on the standards being achieved. There is also a

facility for the external examiner to send a note directly and in confidence to the Vice-President (Teaching and Learning) A member of the University is expected to attend all examination boards at which awards are agreed although the audit team was concerned to note examples where this had not happened.

145 In order to be confident in its role of monitoring standards the University seeks to validate provision only in subject areas where it has similar provision on campus and the audit team noted an example of withdrawal from a programme where this was not the case.

146 Overall, the audit team considered that the University's procedures for safeguarding the standards of its awards gained through CP are effective. The team believes that changes introduced in the current year to make explicit the consideration of the FHEQ will increase this effectiveness.

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

147 The University seeks to build the various components of the Academic Infrastructure into its policies and procedures, and by not differentiating between on campus and collaborative provision in such policies and procedures ensures that CP also takes full account of the Academic Infrastructure. In particular procedures are designed with reference to the relevant sections of the *Code of practice.*

148 Following comments in the institutional audit report (2005) a decision was made to make alignment with the FHEQ and its level descriptors more explicit and thus from the current academic year guidelines for programme approval and review require reference to the framework and all external examiners will be asked to comment specifically about the level of programme aims and intended learning outcomes.

149 Programme specifications are required for all taught programmes with different templates available for the undergraduate and postgraduate cases. The specifications make

reference to any relevant benchmarks although they are not required to demonstrate explicitly how the benchmark criteria are met. Example specifications for programmes offered by collaborative partners were available to the audit team and conformed to the templates. Programme specifications usually form part of the student handbook for the relevant programme, although in one example, despite the assurance of partner institution staff, the specification, whilst it existed and was made available at the team's request, was not in the handbook supplied and it was not clear to the team when or how it was distributed to students. In view of this the University should review its procedures for ensuring the completeness of information available to students.

150 Despite a range of communications including the Partner Bulletin, a monthly electronic news letter and the twice-yearly Collaboration Conference some of the staff from partner institutions who met the audit team had little or no knowledge of the Academic Infrastructure. The University is aware of this and noted the issue in its CPSED, indicating that, in such cases, support was available through the academic advisers and staff in the TLAO.

151 Overall, the audit team considered that the University had taken an appropriate approach to the use of the Academic Infrastructure within its collaborative provision and that the recently introduced requirements to ensure explicit consideration of the FHEQ in programme approval and review and by external examiners will further strengthen this approach. However, the team believes it is advisable that the University promotes closer engagement with the various elements of the Academic Infrastructure among staff of its partner institutions.

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

152 The audit team saw evidence that the University has prepared the CPSED in consultation with a number of its partner institutions. Indeed, some partner staff said that they had valued the opportunity to contribute to the draft document and had seen it as acknowledging their equal partner status. The CPSED was sufficiently comprehensive to support the audit, although it would have benefited from further evaluation in some places. It helpfully set the context of the audit by outlining the scope and nature of the CP inherited from its predecessor institutions, and summarised the stage of development it had achieved in relation to the new University quality assurance framework and the implementation of new processes and procedures within it.

153 It included clear statements about the University's strengths and weaknesses with regard to CP and, in the latter case, outlined the plans it has formulated to address them.

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

154 The University has identified a number of initiatives to take forward its intentions for the enhancement in the context of increased devolvement of responsibility to faculty and school level. Central to these is effective communication with partner institutions and a number of modes are used, including the Partner Bulletin; websites and the Collaborative Conference, a twice-yearly event covering all forms of collaborative arrangements, to which staff from partner institutions are invited.

During the course of the audit, the audit team saw evidence of the particular effectiveness of the Collaborative Conference in sharing information, reaffirming new processes and procedures, sharing good practice and discussing the use of the external reference points such as the Academic Infrastructure. The team considered the Conference to be an example of good practice. Although it also learned that attendance at the Conference was somewhat limited and the opportunity to attend not taken up by all partners. The team would recommend as desirable that the University continue its efforts to increase attendance at Collaboration Conferences by its partners and evaluate the effectiveness of the dissemination of quality procedures and good practice by other means.

155 At the programme level the role of the academic adviser or equivalent is pivotal to maintaining appropriate level of communication between the University and the partner institutions.

156 The University has an effective mechanism to support the identification of enhancement opportunities through the process by which the TLAO prepares an annual review of all external examiner reports, approvals and periodic review documentation. The review is discussed by QAG and offers the opportunity of identifying and subsequently disseminating good practice and the audit team saw evidence of this taking place.

157 A specific development with clear implications for enhancement is the University's plan to record all CP students on a new student record system theoretically enabling comparisons of student achievement and progression.

158 Overall, the audit team concluded that the University's intentions for enhancing the management of CP are timely and relevant to its current stage of development and good progress has been made to date.

Reliability of information

159 The institutional audit SED gave an account of the University's progress in relation to the Teaching Quality Information (TQi)

requirements and the audit team noted that the University was making good progress to meeting these. The redesign of the external examiner report proforma has contributed to this by improving the information provided and the rate of return. Student data is currently held by partner institutions a number of whom take a responsibility for their own TQi sites. The University maintains an appropriate overview in these cases.

160 The University has appropriate mechanisms in place to meet its responsibility for ensuring information about programmes leading to an award of the University is accurate. Although the audit team found evidence that not all partners were clear about the means the University employed to oversee publicity prior to publications and found two instances of misleading published information. Additionally, mechanisms to ensure that student information is correct and complete were not always clear. The team recommends as advisable that the University to review its process for ensuring accuracy and consistency of published information.

Features of good practice

161 The following features of good practice were noted:

i   the ongoing development of policy and procedures to ensure equivalence of the student experience across collaborative provision (for example, the academic advisers report template and the policy for the withdrawal from collaborative partnerships) (paragraphs 39, 44, 122, 127)

ii   in relation to assessment in a language other than English, the introduction of pairing of external examiners to ensure appropriate knowledge of the UK higher education system and language specialism (paragraphs 71, 143)

iii the extension of the Validation Conference to create a twice-yearly Collaboration Conference covering all forms of collaborative arrangement, increasing the

scope for dissemination of information and sharing of good practice (paragraphs 101, 154)

iv   the formation of the theology network as an example of an effective community of peers working collaboratively (paragraphs 102, 138).

Recommendations for action

162 Recommendations for action that is advisable:

i   to ensure that, as devolution occurs, procedures are in place to continue to improve institutional oversight of, and consistency of, practice in faculty and school level processes for assuring quality of provision and the maintenance of standards in collaborative provision (paragraphs 37, 42, 46, 56, 112, 126, 129)

ii   to ensure that its strategy, policies and procedures are effectively communicated to its own staff involved in collaborative provision and those of its partners, while also promoting closer engagement with the various elements of the Academic Infrastructure (paragraphs 41, 80, 99, 128, 151)

iii to review its procedures for ensuring the accuracy, clarity, and completeness of the information provided to students and prospective students on collaborative provision programmes, including that in marketing materials (paragraphs 79, 116, 149, 159-160)

iv   to ensure that complaints and appeals procedures available to students are articulated clearly in collaborative partner programme handbooks and student induction activities, in line with the QAA *Code of practice* (paragraphs 118, 140).

163 Recommendations for action that is desirable:

i   to provide clearer guidance to ensure the systematic gathering and analysis of student feedback from collaborative partners (paragraphs 90, 92, 137)

ii   to continue its efforts to encourage collaborative partners to gain more systematic feedback from graduates and employers (paragraphs 92, 137)

iii   to continue its efforts to increase attendance at collaboration conferences by its partners and evaluate the effectiveness of the dissemination of quality procedures and good practice by this and other means (paragraphs 101, 154).

Appendix

The University of Manchester's response to the collaborative provision audit report

The University of Manchester welcomes the audit team's conclusion that broad confidence can be placed in the academic standards of its awards made through collaborative arrangements, and in the present and future management of the learning opportunities offered to students through collaborative arrangements.

As the auditors noted, the University is still a young institution and the quality management arrangements observed by the team were neither complete nor fully operational at the time of the audit visit. We acknowledge the recommendations of the auditors and find these helpful; most were anticipated in the self-evaluation document and are already part of our planned programme of work. An action plan is in place to manage this work.