



University of Bolton

Institutional audit

December 2010

Annex to the report

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Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of Bolton (the University) from 29 November to 3 December 2010 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards the University offers. As part of the process, the team visited two of the University's partner organisations in the UK, where it met with staff and students, and conducted, by teleconference, equivalent meetings with staff and students from one further overseas partner.

Outcomes of the Institutional audit

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

- confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of its campus-based provision. There is limited confidence in the current and likely future management of the academic standards of its awards delivered collaboratively
- confidence can be placed in the soundness of the institution's current and likely future management of the quality of the learning opportunities available to students studying at its Bolton campus. There is confidence in the current management of the quality of the learning opportunities available to collaborative provision students, but limited confidence in the likely future management of the quality of learning opportunities available to collaborative provision students.

On this occasion, the team carried out a hybrid Institutional audit. The hybrid process is used where QAA considers that it is not practicable to consider an institution's collaborative provision as part of standard Institutional audit, or that a separate audit activity focusing solely on this provision is not necessary.

Institutional approach to quality enhancement

The University claims to regard quality enhancement as an integral part of its culture and processes. It regards this function as being satisfactorily carried out by its deliberative committees, a series of informal groups and its annual monitoring processes. The team, however, concluded that the enhancement function would benefit from a greater degree of formality and improved monitoring of implementation and impact.

Institutional arrangements for postgraduate research students

The University has a sound framework and arrangements for research students and has established an environment and postgraduate experience that are consistent with the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*, Section 1: *Postgraduate research programmes*, published by QAA.

Published information

The audit team found that reliance can reasonably be placed on the accuracy and completeness of the information the University publishes about the quality of its educational provision and the standards of its awards delivered in Bolton, but had some concerns about the information published about its overseas collaborative provision.

Features of good practice

The audit team identified the following areas of good practice:

- the continued development of a clearly documented, comprehensive set of academic policies and regulations (paragraph 21)
- the proactive and systematic engagement by Library Services with its stakeholders to develop and deliver the University's enhancement plans (paragraph 91)
- the process by which University enhancement plans are formulated from programme, subject and school priorities (paragraph 128)
- the work of the Early Years Collaborative Partners Consortium (paragraph 185)
- consistent and systematic oversight of the research student experience (paragraph 226).

Recommendations for action

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

Recommendations for action that the team considers essential:

- ensure that the application of academic policies and processes is effective in securing the academic standards of its collaborative provision (paragraph 198).

Recommendations for action that the team considers advisable:

- review the extent to which the interpretation and implementation of its policies and procedures is appropriately consistent across schools (paragraph 16)
- review the effectiveness and efficiency of its deliberative committees, including ensuring the delivery of key strategies and policies (paragraph 22)
- formally review the rigour and timeliness of the collaborative provision programme approval process (paragraph 169)
- ensure that the partner approval process provides sufficient confidence in partners' ability to deliver on their contractual obligations and that agreements are fully developed by the time students enrol (paragraph 173)
- ensure the accuracy and currency of website content with regard to programmes delivered collaboratively (paragraph 230).

Section 1: Introduction and background

The institution and its mission

1 The University of Bolton traces its history to the Bolton Mechanics' Institute, established in 1826. During the 19th and 20th centuries technical and vocational education grew in Bolton, closely aligned with the growth of the textiles and engineering industries, leading to the foundation of the Bolton Technical School in 1891, which became the Bolton Technical College in 1936. Higher-level courses were transferred to the new Bolton Institute of Technology in 1966, and in 1982 the Institute merged with the Bolton College of Education (Technical), established in 1947 as one of four specialist centres for the training of teachers for the post-compulsory sector, to form the Bolton Institute of Higher Education. Taught degree awarding powers were granted to the Institute in 1992 at the same time as the former polytechnics, reflecting the fact that degree and postgraduate-level provision had been offered since the 1960s under the auspices of the Council for National Academic

Awards (CNAAs) and the University of Manchester. Research degree awarding powers were gained in 1995 and the institute was awarded university title in 2005.

2 The University's mission is 'to unlock the potential within individuals and organisations through the excellence and responsiveness of our teaching, research and student support'. The University's key characteristics, as emphasised in its Strategic Plan 2010-2016, include commitments to part-time, vocational and professional education; widening participation and extending educational opportunities to mature students and other under-represented groups; and to the teaching of, and research in, science, technology, engineering and mathematics (STEM) subjects. In the 2008 Research Assessment Exercise (RAE) the University made submissions in nine units of assessment, achieving 4* ratings in three units: Engineering, the Built Environment and Social Policy.

3 In 2009-10, the University had 12,008 higher education students. Eighty-one per cent of students are on taught undergraduate programmes; 17.5 per cent are on taught postgraduate programmes, and 1.5 per cent on research degree programmes. Seventy-six per cent of all students come from north west England. Twenty-four per cent of students are enrolled on collaborative provision programmes both in the UK and overseas (see paragraph 6). The University has had a long-term commitment to international education, with over 700 international student enrolments at the Bolton campus each year. As a broad strategic objective the University aims to expand student numbers from their current level to 20,000 by 2016. The University has a Student Retention Action Plan, the declared aim of which is to reduce the figures of non-completion and first-year drop out to the UK averages.

4 The University offers undergraduate and postgraduate academic programmes across a broad range of disciplines, including arts, business, built environment, computing and information technology, creative media, education, engineering, health, social studies and technology. The programmes are located in four schools, each headed by a dean. The schools are: Arts, Media and Education (AME); the Built Environment and Engineering (BEE); Business and Creative Technologies (BCT); and Health and Social Sciences (HSS). There are two research institutes, each headed by a director: the Institute for Materials Research and Innovation (IMRI) and the Institute for Educational Cybernetics (IEC). Many of the University's programmes are accredited by a range of professional, statutory or regulatory bodies (PSRBs) and several are taught in partnership with employers such as the National Health Service or involve placement, work experience, or some form of shared delivery.

5 The University has 594 full-time equivalent permanent staff, of whom 277 are academic staff, 290 professional support staff and 27 in managerial posts. There are 24 members of the professoriate.

6 The University's collaborative provision has grown significantly over the past decade, to the point where in 2009-10 there were 1,714 (381 full time and 1,333 part-time) UK enrolments and 1,729 (383 full-time and 1,346 part-time) international enrolments. Thirteen per cent of students are enrolled on UK collaborative programmes. In 2008, the University established an overseas campus in partnership with an overseas organisation.

7 The University employs varied models of partnership, including franchising, validation, dual degrees, shared and in-company delivery, 'flying faculty', online learning and, in the case of its overseas campus, delivery through an international campus partnership. The broad strategic objectives contained in the Strategic Plan 2010-16 are amplified in relation to collaborative provision through the development of supporting strategies for UK (UK Collaboration Strategy) and international activity (Transnational Education Strategy).

This reflects the importance attached to the expansion of international partnerships to the future of the University, and the University proposes to base a significant portion of this expansion on the development of two further international campuses (see Section 5).

8 The overarching framework within which the quality assurance and enhancement of learning operates is set by the Strategic Plan 2010-16 and its supporting strategies. The supporting strategies that most directly relate to learning opportunities are: Learning, Teaching and Assessment (LTAS), Human Resources and Organisational Development, Research and Innovation, e-strategy, the 'Employability Strategy, UK Collaborative Activity - A Strategic Approach' and a Transnational Education Strategy.

The information base for the audit

9 The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails and partner links selected by the team. The index to the Briefing Paper was referenced to sources of evidence to illustrate the University's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard copy of all documents referenced in the Briefing Paper; in addition, the team had access to the University's intranet.

10 The University of Bolton's Students' Union (USBU) produced a student written submission setting out the students' views on the accuracy of the information provided to them, the experience of students as learners and their role in quality management.

11 In addition, the audit team had access to:

- report of the previous Institutional audit (2005)
- unpublished report of the special review of research degree programmes (July 2006)
- report of the Collaborative provision audit (2006)
- report of the QAA overseas audit of the University's partner Supply Chain Management Professional Centre, Malaysia (2010)
- report of the QAA overseas audit of the University's partner Shanghai University of Higher Technology (May 2006)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies
- the report on the mid-cycle follow up to Institutional audit
- the University's internal documents
- notes of audit team meetings with staff and students.

Developments since the last audit

12 The November 2005 audit team thought it advisable that the University review the extent to which departmental implementation of its policies and procedures was sufficiently consistent, in particular those relating to module evaluation and personal tutoring, and that it ensure that it continued to reflect creatively on the mechanisms for attaining student representation and involvement, especially at departmental boards of studies and senior University committees. It also thought it desirable that the University attain greater consistency of routine industrial or employer liaison in vocationally relevant programmes, and develop an editorial policy for publishing material through the University website and a process for ensuring the implementation of that policy. The University's responses to the

2006 Collaborative provision audit and the two overseas audits (2005 and 2010) are considered in Section 5 below.

13 The University submitted a mid-cycle follow-up report to the QAA in October 2007, which detailed its responses to the recommendations arising from the Institutional audit (November 2005); the audit of the University's link with the Shanghai University of Higher Technology (May 2006) and the Collaborative provision audit (November 2006) report. The Briefing Paper stated that the University had built upon the good practice identified in previous audit reports, in particular by further strengthening its quality assurance documentation and the guidance provided to staff and partners; providing accurate and reliable data on student progression and retention; and enhancing its expertise in e-learning development and flexible learning. The current audit team found evidence of the continuing development of quality assurance documentation, including the web-based Quality Manual (see paragraph 21). However, the team found limited evidence that development had continued in other previously identified areas of good practice.

14 The audit team found that, while the University had made formal responses to the recommendations in previous QAA reports, in some cases, such as the achievement of greater consistency in student representation across all schools or of personal tutor provision, these had often taken a considerable time to be developed; had, in several cases, been weaker than might have been expected; and in some cases had not been fully implemented at the time of the current audit.

Institutional framework for the management of academic standards and the quality of learning opportunities

15 The briefing paper stated that the University's approach to quality assurance and enhancement is based on strong central direction and coordination, with some degree of restricted devolution of authority to school boards of study. The University's academic programmes operate within a well-defined academic constitution comprising a framework of policies, regulations, procedures and codes of practice. The academic regulatory framework, scheduled for review in 2010-11, comprises overarching regulations concerning the awards of the University, the admission of students, the operation of taught and research degree programmes, the assessment and examination of students, the operation of assessment boards and the conferment of University awards. All programmes are expected to adhere to the principles and requirements of this framework. These institution-wide policies, procedures, regulations and codes of practice are updated in line with internal and relevant external regulations.

16 The University was advised in both the 2005 Institutional audit and 2006 Collaborative provision audit of the need for more consistent implementation of University policies and procedures across its schools (then departments). In response, the University stated it had required the schools to conform. However, the audit team noted that the University had focused its efforts to secure implementation and consistency mainly on input measures such as staff development and the continued and frequent revision of policies. The University's 2010 internal audit report on the provision of academic support identified inconsistencies in the school-based implementation of University policies and processes and this team found evidence that schools continue to have considerable freedom in the way they meet many University requirements, for example the gathering of feedback from students, the functions of link tutors and the implementation of personal tutoring and peer observation policies (see paragraphs 112, 113 and 120). The University is advised, therefore, to review the extent to which the interpretation and implementation of its policies and procedures is appropriately consistent across schools.

17 Senate has overall responsibility for the oversight of academic quality and standards, with the Academic Quality and Standards Committee (AQSC) reporting to Senate on quality assurance and enhancement matters. The Learner Experience and Professional Practice (LEPP) committee includes in its functions advice to Senate on the enhancement of learning, teaching, curriculum and assessment, and the implementation of the Learning, Teaching and Assessment Strategy (LTAS) and the Bolton Academic framework. LEPP is supported by a number of groups, including the Learning Enhancement Forum, which advise it on issues such as the implementation of LTAS. The Collaborative Partnerships Sub-Committee (CPS-C) reports to AQSC and provides advice on the development, review and refinement of the University's quality assurance processes and procedures for collaborative provision in the UK and overseas, and receives the outcomes of the quality assurance procedures for all collaborative arrangements. The Board of Studies for Research Degrees (BSRG) reports directly to Senate and is responsible for ensuring and maintaining the standards of programmes of study leading to the award of degrees by research.

18 Each school and research institute has a board of study that reports directly to Senate. Each school and institute then has an internal committee structure comprising committees for Academic Quality, Learning and Teaching, and Research and Enterprise. Programme committees report to the relevant board of study. The structure and quality of school Board of Study agendas and minutes across the University is variable, and they do not provide a consistent framework for ensuring that school Boards of Study consider and respond to the requirements of University strategies in support of the learner experience (see paragraph 22).

19 Central units covering the main functions that have a direct impact on the student experience are the Library; Information Systems and Technology; Student Services; Quality Assurance and Enhancement (QAEU); and Learning Enhancement and Professional Development (LEPDU). The Executive Board is the main management board of the University and is made up of the Vice Chancellor, Deputy Vice Chancellor (DVC), Pro Vice Chancellor (PVC), University Registrar and Secretary, Executive Director (Resources), the deans of school, the Dean of Academic Quality and Standards (DnAQS), the directors of the two research institutes and the directors/heads of the main central units and cross-university functions. To support its work, the Board has established several subcommittees that deal with more detailed aspects of planning and policy implementation.

20 The QAEU has a significant role in the strong central direction and coordination of quality assurance within the University and its collaborative partners. It has oversight of the University's main quality assurance processes including of the external examiner system.

21 The University publishes the Guide to Policies and Procedures relating to the Assurance and Enhancement of the Academic Standards and Quality of Taught programmes of Study (the Quality Manual). The Manual contains University procedures for programme approval, monitoring and review, and is revised and, where appropriate, updated annually with approval from AQSC. Sections of this guide refer specifically to collaborative provision (CP) (the Guide to the Development, Approval, Operation and Quality Assurance of CP) (the CP Manual). The audit team considered the continued development of a clearly documented, comprehensive set of academic policies and regulations to be a feature of good practice (see paragraphs 27, 40 and 143).

22 The audit team reviewed the minutes of all the University's major committees and discussed their operation with staff. The team tracked progress on several major initiatives, such as those on personal tutoring and student representation, and found significant evidence of delays in progressing and implementing measures related to these and other issues. The team was particularly concerned with the lack of progress in relation to the work of LEPP. Generally, the team noted that committees did not follow up issues, seek reports

that confirmed implementation, monitor the success or the need for further development of the measures they proposed, or report annually to senior committees on their work and its impact on academic standards and the quality of learning opportunities offered in either campus-based or collaborative provision. The team also noted from documents and discussions with staff that the University placed great reliance on several informal groups, such as the Programme Leaders' (Quality) Forum that existed to supplement the formal committee structure. The team considered that these informal groups were sometimes instrumental in delaying or weakening progress on important issues (see paragraphs 77, 94-6, 98-9, 12, 130 and 133). The team noted that the University focused its efforts to secure implementation and consistency mainly on input measures such as staff development and the continued and frequent revision of policies. The team found limited evidence of effective evaluation and 'loop closing' of many policy initiatives and considered it advisable that the University formally review the effectiveness and efficiency of its deliberative committee structure, including ensuring the delivery of key strategies and policies.

Section 2: Institutional management of academic standards

23 Because of the size and complexity of its collaborative provision, the University's management of the academic standards of collaborative provision is considered in Section 5.

Approval, monitoring and review of award standards and the quality of learning opportunities

24 The University's validation, monitoring and review processes consider both academic standards and the quality of learning opportunities. A focus on the learning opportunities is evident in the criteria and operation of the programme validation process, and consideration of learning opportunities and resources is identified as a specific contribution of external input to the process. The University's framework for programme approval and reapproval is contained in the Validation Handbook (2009), and a series of related annexes and templates. These form part of the Quality Manual, and apply to any programme or module that leads to (or is accredited towards) a University or external award. Collaborative provision is subject to the same quality assurance requirements, although there are some additional aspects set out in the CP Handbook (see Section 5).

25 New proposals for significant programme development mostly arise within the annual local planning process in schools, and are considered at executive-level planning meetings during the latter half of the academic year preceding the proposed development of the programme. Approval in principle may be given at this stage, leading to consideration by the Deputy Vice Chancellor (DVC) and others (for example the library and financial services) through the Academic Development and Approval (ADA) process. After scrutiny of the ADA 1 form requesting planning approval, the DVC decides whether the development is approved for progression to the validation stage.

26 Once planning approval has been given, a proposal is then entered on the Approvals and Validation Schedule (the Schedule) held by the Quality Assurance and Enhancement Unit (QAEU). The documentation required for validations is prescribed very specifically in the Validation Handbook and clearly states the need for reference to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), subject benchmark statements and professional, statutory and regulatory body (PSRB) requirements, and this is further supported by equally detailed specifications relating to module design.

27 Validation panels must be chaired by a member of academic staff outside of the school proposing the programme. Panels must consist of both internal and external members, and, where relevant, must include other potential stakeholders such as employer representatives. The Validation Handbook contains detailed guidance relating to the appointment of external members and detailed guidance for external panel members on their role. The audit team saw evidence that external members actively contributed to validation of campus-based provision.

28 Panels, which must produce both a summary and full report, can reject, approve a proposal unconditionally or with conditions. Each of the latter has to be categorised as either 'academic' or 'documentary'. Once approved, a programme's details can then be entered onto the student record system. However, no student can be admitted onto a programme until all academic conditions have been met, and it is the responsibility of a panel's chair to ensure that they have been met. The Academic Quality and Standards Committee (AQSC) receives the full validation report and Senate the summary report from each panel, and only Senate can give final approval to a proposal. However, if approval is required before the next Senate meeting, it can be given by its chair. In addition to each panel report, AQSC also regularly receives updated copies of the Schedule and of the Validations and Review outcomes listing, which enables it to scrutinise whether conditions have been met.

29 Detailed procedures for modifications to an existing programme are set out in the Validation Handbook. If there are a series of cumulative modifications, or a proposed change is otherwise judged to be significant (approximately one third or more of the credits required for a final award), the Dean of Academic Quality and Standards (DnAQS) may require the proposal to be considered by a Standing Approvals Panel, a subcommittee of AQSC, through an approval event.

30 The audit team concluded that the programme approval process for home-based provision was carefully designed to ensure that new and modified programmes met the University's requirements for academic standards and the provision of learning opportunities and reflected the *Code of practice, Section 7: Programme design, approval, monitoring and review*. From the evidence available in the audit trails regarding home-based programmes, the team was satisfied that validations are conducted in conformity with the University's requirements; that the relevant University deliberative committees engage properly and in detail with approvals and validations; and that Senate and the University's senior managers have sufficient oversight over the process as a whole.

31 The audit team considered that the approval framework is comprehensive, well organised and detailed. It sets as key criteria for the approval of any programme that it must make reference to the FHEQ, any relevant subject or qualification benchmark statement and PSRB requirements. The framework, which reflects the guidance in the *Code of practice*, provides a sound base for the approvals process and, therefore, makes a significant contribution to the University's management of academic standards and quality.

Monitoring

32 The briefing paper stated that annual monitoring of all University programmes is a vital element in putting into practice the key values and principles of self-accountability, self-criticism, reflecting upon academic standards set and achieved and the quality of learning opportunities available, and reviewing and comparing performance with benchmarks. It stated that the process leads to enhancement of the quality of provision and of the student experience. Details of the processes and procedures are helpfully set out in the detailed Annual Monitoring Guidance, part of the Quality Manual.

33 Programme teams are responsible for producing Programme Quality Enhancement Plans (PQEPs) by mid-October, which identify action points resulting from issues identified by external examiners, students, University policy initiatives, module reports, and other sources. Programmes, which are franchised wholly or in part to partners, must incorporate a section within their PQEP identifying issues specific to the delivery of the programme by the partner and articulating how these will be addressed. PQEPs are approved and monitored by programme committees. School quality committees scrutinise and monitor all PQEPs, identifying issues of broader concern. Validated provision at partners is subject to the same annual monitoring procedures in relation to the production of PQEPs, with partners being encouraged to draw upon their own range of internal evidence sources when compiling these. From the sample module reports considered by the audit team, the team concluded that they generally enable programme committees to identify matters of any major significance, particularly in relation to student progress, achievement and satisfaction. However, module reports varied considerably in both form and detail and this made it somewhat difficult to interpret and compare them. By way of contrast, the PQEPs seen by the team provided a clear, comprehensive oversight of the priorities for each programme, which had arisen from the annual monitoring process.

34 Programme leaders use the annual monitoring statistics for their programmes to prepare by the end of January an annual Data Analysis Report (DAR). This is discussed by the Programme Committee and the school Quality Committee. Issues for action should be identified and either acted upon immediately or fed through to the next year's PQEP. The DARs seen by the audit team suggested that their coverage was broadly as required by the University. However, DARs varied somewhat in the amount of detailed information they supplied, for example on student profiles, and, in some cases, it was difficult to relate the 'Action Points' at the end to the data presented.

35 The QualTrack system is a piece of bespoke software developed by the University that the University intends that all schools will adopt from 2010-11. It enables schools to generate and log matters that PQEPs have to address, and to track across the year how effectively they are being addressed. The audit team concluded that once it has been adopted by all schools, and the outstanding technical issues have been resolved, QualTrack has the potential to provide the University with an effective tool to assist in the annual monitoring process.

36 Subject groups produce a Subject-based Annual Self-Evaluation Report (SASER) by the end of February, which are considered by school boards. The SASER draws on the issues identified in the PQEPs and DARs from a subject-wide perspective. As such they are potentially of great value, most especially for purposes of annual monitoring. From the samples considered by the audit team, it was clear that SASERs provide programme teams within a given disciplinary area a clear, readily accessible overview of key quality matters such as prescribed and achieved learning outcomes and the effectiveness of the curriculum and assessment strategy.

37 Schools are required to produce a School Quality Enhancement Plan (SQEP), which represents a synthesis of the major, common and recurring issues arising from earlier stages of annual monitoring and elsewhere with which whole schools need to engage. They are intended to focus on those matters that affect the school as a whole or significant parts of it. The 2009-10 SQEPs seen by the audit team were detailed and comprehensive, and would have enabled AQSC, Senate and senior managers readily to appreciate the nature, scope and reasons for each school's annual enhancement priorities.

38 The University has recently reviewed its annual monitoring process. The audit team considered that the increased emphasis on an enhancement-orientated approach to monitoring resulting from the streamlining of the documentation and the removal of the

requirement to provide a narrative on every aspect has helped to focus attention on critical areas. Annual monitoring processes are thorough, rigorous and effective and provide a focused approach to quality enhancement, with scrutiny at all levels.

Internal Subject Review

39 Internal Subject Review (ISR) is a rolling programme coordinated by QAEU, with all subjects being scrutinised every five to six years. Subjects and their constituent programmes, and programmes reviewed independently, are normally considered to be valid until the year of their next scheduled review, or earlier if a panel so decides. ISR is normally process rather than event-based and requires the preparation of a Self Evaluation Document (SED) by the subject team and scrutiny of the quality assurance and enhancement processes by a panel with internal and external specialists including, as appropriate, academics, practitioners, employers, current students and other stakeholders including PSRBs. In all the ISRs sampled by the team panel membership met these specifications. As with validation reports, a final full ISR report is sent to AQSC and a summary report to Senate. With effect from 2009-10, provision has been made for students to be involved as full members of ISR panels.

40 The ISR process is described in detail in the Guidelines for Internal Subject Review, part of the Quality Manual. ISR's close relationship with the validation process is evident from the extensive cross-referring between the Guidelines and the Validation Handbook. ISRs are logged and their progress tracked via the Validations and Review outcomes listing by AQSC and Senate. As for approvals, it is the responsibility of each panel chair to ensure that any action required as a result of an ISR (for example, to meet conditions attached to a programme's revalidation) takes place. The DnAQS has to confirm this has happened and, via the updated outcomes listing, reports to AQSC and Senate accordingly.

41 Through validation and revalidation the University enhances employability and information literacy of its programmes. The audit team identified examples in which these objectives had been achieved and evidenced in particular programmes at validation and internal review. However, the University Quality Enhancement Plan 2009-10 stated that this was not consistent across the provision.

42 The audit team noted that in the latest ISR schedule there were two subject areas in which the last periodic review had been in 2000-01 and 2001-02 respectively. The team learnt that in one case the schedule had not been updated and that the provision had been revalidated in 2005-06, and that a further review scheduled for 2009-10 had been postponed so that it could be coordinated with a PSRB accreditation due in 2010-11. The team appreciated the logic of linking, as far as possible, internal and external processes of this kind. In the case of the other subject area, the Schedule records that it had been the subject of a QAA discipline audit trail (DAT) during the 2005-06 Institutional audit. The team learnt that the University considered that the DAT, along with a reconfiguration event a year earlier, provided sufficient externality for an ISR not to be required. The team did not consider that this approach amounted to an equivalent opportunity for the University to assure itself of the academic standards and quality of a programme as an ISR, and encourages the University to review the circumstances in which it will authorise the postponement or substitution of its prescribed processes for periodic review. The team formed the view that the ISR process as set out in the ISR Guidelines and as conducted makes a valuable contribution to the University's management of academic standards and the quality of learning opportunities.

External examiners

43 It is a University requirement that at least one external examiner must be appointed for every taught programme of study leading to a University award. Normally the examiner responsible for the campus-based programme also examines any collaborative provision involving that programme. Within the Modular Framework there are common sets of regulations at undergraduate and postgraduate levels describing the location and responsibilities of external examiners within the tiered structure of modular assessment boards for such programmes.

44 External examiners and programme teams are expected to operate within the framework set out in the comprehensive Assessment Process Handbook, which governs such matters as setting assessments, marking student work, and internal and external moderation sampling. The Handbook reflects the precepts of the *Code of practice, Section 4: External examining*. QAEU is responsible for maintaining the Handbook, and AQSC approves any changes.

45 External examiners are appointed by Senate on the recommendation of a school following consideration by QAEU and the AQSC External Examiners' Nominations Sub-Committee (EENS). Minutes of the EENS show that nominations are carefully scrutinised and there are examples of nominees having been turned down or only accepted subject to mentoring. On approval, QAEU sends the examiner a formal letter of appointment specifying key requirements and procedures, and a comprehensive pack of materials. Schools are responsible for briefing external examiners, and the briefing must also involve QAEU. The QAEU provides guidance on what these briefings should cover and maintains a record that briefings have taken place.

46 External examiners are required to submit their reports electronically using a prescribed template, which aims to ensure that they cover all of the matters required, relating to both standards and the quality of students' learning experience and identifying areas of potential good practice. The content of external examiners' reports seen by the audit team varied greatly. A number provided only one-word responses to the questions posed in the template, and there was one example of an external supplying a report which was identical to the one she had supplied the year before. However, most demonstrated that the external examiner had engaged in an active and detailed manner with matters related to both academic standards and quality and many offered valuable advice on both good practice and areas of potential concern.

47 All reports are initially scrutinised by the DnAQS who, having identified both good practice and matters which require action, then circulates them for follow-up to a range of programme, school, and university-level managers and committees and, in relation to any collaborative provision, to the head(s) of the institutions concerned. Any matter of serious concern and requiring urgent action must be referred immediately to the Vice Chancellor's office, and an individual, normally the relevant programme leader, is responsible for responding and communicating with the external concerned. The reports seen by the audit team indicated that they are systematically and effectively scrutinised by the DnAQS. It was also evident from PQEPs and the minutes of the relevant school and university-level committees (most notably AQSC and School Quality Committees), that the reports are carefully considered at university and school levels.

48 The Quality Assurance and Enhancement Coordinator produces an overview report which, together with one relating to the 'unfair means' register (and thus also relevant to the management of academic standards), comes to AQSC at its March meeting. This shows, in relation to both standards and the quality of learning opportunities, the positives and

negatives in the external examiners' reports received by each school for the previous year, and for any negatives gives brief details of each item concerned. The audit team considered that the overview is a valuable tool to assist AQSC in overseeing the effectiveness of the external examiner system and thus enables the University to discharge its responsibilities for the management of academic standards and the quality of learning opportunities. Overall, the team concluded that the University makes strong and scrupulous use of independent external examiners in the setting and maintaining of academic standards.

Academic Infrastructure and other external reference points

49 AQSC, guided by the QAEU, has responsibility for ensuring that the University's policies, procedures, regulations and codes of practice for undergraduate and taught postgraduate programmes appropriately reflect elements of the Academic Infrastructure and other external reference points. Staff awareness of any changes to University processes or procedures is promoted through the weekly e-mailed staff bulletin and the regular Professional Development for Staff (PDS) lunchtime sessions organised by the Learning Enhancement and Professional Development (LEPDU).

50 The FHEQ and subject benchmark statements are explicitly referred to throughout the validation and internal subject review documentation. Through the sample trail documentation, the audit team saw that the University and particularly external panel members make effective use of the FHEQ and subject benchmark statements.

51 Programme specifications are an essential component of the documentation requirements for all programmes leading to University awards. They are the subject of detailed written guidelines and are included as part of the programme handbook required for all programmes and approved at validation. They are also available via the QAEU webpages. The audit team read a number of programme specifications. Although they varied somewhat in relation to the amount of detail they provided, all of those that the team saw conformed with University guidelines.

52 The briefing paper stated that the University has ensured that its response to the Academic Infrastructure has been linked to wider external debates upon academic and professional standards through involvement in the national peer networks where issues of credit, level and academic standards are debated. It has also taken care to incorporate the professional standards required by PSRBs in programme specifications so that fitness for practice as well as academic standards can be rigorously scrutinised. Schools are primarily responsible for managing relationships with PSRBs. The QAEU maintains a record of PSRBs with which the University's programmes have a relationship, which currently numbers over 70 programmes. Some PSRBs, notably the Nursing and Midwifery Council (NMC), are involved in joint university-led exercises considering both academic validation and professional accreditation of programmes.

53 The audit team concluded that the University makes effective use of the FHEQ, subject benchmark statements and other external reference points in its management of academic standards.

Assessment policies and regulations

54 The Assessment Regulations contain a detailed portfolio of policies and regulations covering all aspects of the University's assessment process. The assessment process is managed by QAEU, which is responsible for updating and publishing the Regulations. QAEU also has a role in assuring the quality of examination papers against agreed guidelines, which include the need for evidence of internal and external moderation.

55 Assessment boards are responsible to Senate for all matters relating to formal decisions and recommendations concerning student assessment, progression and awards. Boards operate within approved programme-level regulations meeting the general principles of the assessment regulations and operation of boards set out in the University's Academic Regulatory Framework and undergraduate and postgraduate modular degree regulations. Collaborative provision assessment must comply with the same regulatory framework.

56 Assessment policies are communicated to students through programme handbooks and through a commitment given in the Student Entitlement Statement. However, the guidance given in these places is inconsistent. National Student Survey data shows that 28 per cent of students were dissatisfied with the timeliness of their feedback and feel that feedback does not always help them clarify things they did not already understand. This was a view commonly held among students with whom the audit team met, particularly in relation to timeliness of feedback, where students either felt that it took too long for feedback to reach them or that assessments were scheduled too close together for feedback to be useful in helping them improve their performance in subsequent assessments. Some comments from external examiners also reinforced these views. It is planned that PQEPs will tackle these concerns.

57 The audit team concluded that the University has a comprehensive, well-drafted and well-organised and readily accessible framework of policies, regulations and supplementary guidance covering assessment of students. From the evidence the team considered, most notably external examiners' reports, this framework is overwhelmingly observed and thus makes a valuable contribution to the management of academic standards. However, there is scope to improve the feedback given to students.

Management information - statistics

58 The University's management of academic standards is supported by the production and analysis of statistical information at programme, school and university level. At programme level, programme leaders are required to produce an annual evaluative DAR based on centrally produced statistics. DARs are scrutinised by course committees and school Quality Committees, with outcomes, actions and feedback being recorded (see paragraph 34). School and university-level monitoring statistics are considered annually by AQSC and Senate. Senate also receives regular enrolment and retention updates. Analysis of the performance of certain groups of students has led to the appointment of two Learning and Teaching Fellows in 2008-9, who are undertaking action research relating to learners with disabilities and learners from disadvantaged groups.

59 In 2008, the University appointed an Information Officer, based in Student Data Management, to strengthen its capacity to provide standard and bespoke management reports on students. The Information Officer prepares data about the University's students derived from Higher Education Statistics Agency (HESA) returns, which is available in the Key Facts section of the University's website. She provides analyses of university and school-level annual monitoring statistics, the 'Patterns in HE' data for the Executive Board, and institutional-level student satisfaction surveys such as the National Student Survey (NSS), Postgraduate Research Experience Survey (PRES), Postgraduate Taught Experience Survey (PTES) and i-barometer. The University continues to produce the range of data relating to student admissions, profile, retention, progress and achievement, for which it was commended in the 2005 Institutional audit.

60 It was evident to the audit team that the statistical management information produced centrally, together with that generated from other sources such as the NSS and

internal student surveys, features extensively in the University's management of academic standards and quality at programme, school and university levels.

61 The audit team concluded overall that confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of its campus-based provision. The judgement regarding the academic standards of collaborative provision is contained in Section 5.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

62 The audit team noted that University policies and procedures are mapped against appropriate parts of the *Code of practice*, and revisions to the *Code* are communicated across the University via the weekly Staff Bulletin. Sessions within the University's annual professional development programme for staff also focus on the *Code of practice*.

63 The Academic Quality and Standards Committee (AQSC) is responsible for approving any changes to the University's processes arising from amendments to the *Code of practice*. Other committees such as the Learner Experience and Professional Practice (LEPP) committee are informed where appropriate. Schools and departments are advised of the implications of precepts and changes to the *Code of practice*. An online link to the *Code of practice* is provided alongside online information on University procedures on relevant areas of the University website, allowing those responsible for programme design and development access to detailed information on the University's frameworks and processes as well as the relevant section of the *Code of practice*.

64 Other external reference points, including Matrix accreditation and Investors in People as well as a range of professional, statutory and regulatory bodies (PSRBs), are used to benchmark and enhance the University's provision and operations within validation and review. The library holds the Government Customer Service Excellence award for service and consultation with its users. The audit team concluded that the importance of external reference points was well understood within the University and embedded appropriately within its processes and plans.

65 There are a number of matters related to the University's engagement with the *Code of practice* that are covered in other sections of the report (see Sections 2, 5 and 6 of this annex in particular).

Approval, monitoring and review of programmes

66 See Section 2, paragraphs 24-42.

Management information - feedback from students

67 The University gathers feedback through a number of internally and externally developed survey methods, including the postgraduate research experience survey (PRES) and the postgraduate taught experience survey (PTES) conducted by the Higher Education Academy. They also conduct the i-barometer survey for international students. The audit team felt that gathering student feedback was put to particularly effective use by the library services.

68 A task group formed by the LEPP in 2009 centrally reviews National Student Survey (NSS) data and disseminates action plans arising from its analysis to schools and programme leaders. The group also oversees a central policy for promoting uptake of the survey by final year students and the conduct of a survey of new students. LEPP has also set up a task group looking at students' 'first year experience'.

69 End-of-module surveys are regularly and widely conducted, results from which are collated and feed into Programme Quality Enhancement Plans (PQEPs) as well as informal 'action plans' held by programme leaders. The audit team saw positive evidence of the effectiveness of this process, with examples of student feedback gathered in these ways being given consideration and resulting in actions taken by programme teams. All staff clearly placed the highest value on student feedback and it was apparent that NSS and module feedback data is widely used to inform school and programme enhancement and action plans.

70 Students were aware of the value placed by the University on the NSS. The audit team noted the 'You Said, We Did' pages of the University website relating to outcomes from the NSS data; however, students the team met felt little ownership over these outcomes, as the NSS surveys students in their final year of study.

Role of students in quality assurance

71 The University's recommended processes at programme level for obtaining feedback from students through the use of formal student representation are contained in the 'Course Level Student Representatives Handbook for Staff'. This was developed by the Students' Union, working in partnership with the University, in 2009. These guidelines cover the recruitment and support of representatives and their role as members of programme committees. Programme committees span both the undergraduate and postgraduate levels and part of their agenda is to address problems that students may be experiencing with facilities, resources or support arrangements, as well as academic aspects of programmes. Student representatives serving a programme or year group who sit on these committees are elected each year through a student representative system coordinated by the Students' Union (UBSU), which offers necessary support and training via the dedicated staff member for student representation.

72 'School Reps' sit as members of school Boards of Study and gather information from programme level student representatives, and feed back to them. Students are also represented via UBSU officers, who sit on a number of University committees including LEPP. Students also sit on Senate and a range of University committees, and student representation has been increased at the Board of Governors level. In addition, there are regular meetings between the Union President and the Vice Chancellor, and also between the Students' Union sabbatical team members and relevant University staff.

73 The Briefing Paper emphasised the importance of student engagement and the University's commitment to it through the University and Students' Union's joint appointment of a Student Representative Co-ordinator. The student written submission was frank about the 'gaps' in the current system and the extent to which support for representatives is left to the students themselves.

74 Student representatives who met the audit team relayed both positive and negative accounts of their experiences with programme committees and school boards of study. It was apparent that there is a disparity across schools with respect to the support given to representatives by staff in schools in order to allow them to effectively execute their roles. The absence of support in many areas was particularly apparent, with an evident lack of

dialogue between representatives and the peer groups they represent, and furthermore that no support was evident to foster formal communication between school-level and programme-level representatives. A broad cross-section of minutes seen by the team suggested that there had been an improvement in student representative attendance at programme level and most school committees in the last year; however, many minutes recorded limited attendance by student representatives.

75 Students who met with the audit team expressed a general view that the University did listen to their voice. They pinpointed the end-of-module questionnaires as their opportunity to express their views. However, the University's Quality Enhancement Plan (2010-11) identified that feedback to students on actions taken in respect of issues raised by them is inconsistent, and the students who met with the team reiterated this.

76 School-level staff who met with the audit team acknowledged the large amount of work that had been done in recent years with respect to the student representative system, and many expressed concern at the difficulty they face in recruiting students to fulfil such roles. When the team met school-level staff, none were aware of any guidelines issued by the University with respect to student representatives and it was a commonly held view that the Student Representation Co-ordinator had complete responsibility for the support of representatives in their school.

77 The University's Quality Enhancement Plan 2010-11 acknowledged concerns that feedback to students on issues raised by them is inconsistent, and the briefing paper acknowledged that aspects of the representative system have only recently been implemented. LEPP is responsible for monitoring the effectiveness of student representation via reports compiled by the Student Representation Co-ordinator. Student officers are also members of LEPP and so are able to contribute to discussions on the outcomes of quality assurance processes and to policy formation. They also have the opportunity to present their own issues in this forum. Student perception of LEPP was both positive and negative; while citing it as the arena in which some issues raised have resulted in action by the University, they were generally less convinced of its wider practical utility and ability to enforce policies once made or implement strategies related to improving the student experience.

78 The student voice is captured in both annual monitoring and periodic review, and the audit team noted and welcomed the introduction of student membership of Internal Subject Review (ISR) panels, and acknowledged the Briefing Paper's assurance that the students' role in all aspects of quality assurance is welcomed and valued. The audit team concluded that the student role in internal processes remains largely that of a provider of views and information, rather than that of an engaged participant in the quality assurance mechanisms themselves (see also paragraph 201).

Links between research or scholarly activity and learning opportunities

79 One of the aims of the University's Learning, Teaching and Assessment Strategy (LTAS) is that all curriculum development will be underpinned by current research and scholarship. The Briefing Paper stated that the University recognises that professional programmes need the expertise of practitioners as well as academics and this combination may not always be found in the same person. Accordingly, where necessary, the University recruits professionally qualified and experienced teaching staff, who may lack a research track record.

80 Validation and revalidation panels are asked to consider the fit between a programme and the research or scholarship of staff. Examples of review documentation

available to the audit team included discussion of this issue. The final report of one ISR recorded discussion of the research underpinning of the curriculum, and the report of another provided a summary evaluation of the research underpinning that area. There was also evidence of post-validation discussion of this issue at Academic Quality and Standards Committee (AQSC). However, the team noted that treatment of this area in validation, review, and school enhancement plans varied in depth.

81 The audit team noted that the annual programme of Professional Development for Staff in both 2009-10 and 2010-11 did not include a strand explicitly focusing on the research-teaching link, and that the annual conferences for Research and Enterprise and for Teaching and Learning were not arranged in ways that would reinforce the link.

82 The University has recently provided funding for sabbaticals and bursaries with the potential to support the link between research and teaching, including the supervision of practitioner research, in one case, involving direct investigation of the research-teaching link. The record of sabbatical outcomes maintained by the Learning Enhancement and Professional Development Unit (LEPDU) did not, at the time of the audit, indicate that this work had been completed or used to enhance practice.

83 The audit team noted that the University lacks a shared of strategic perspective on the operation of the research-teaching link in the University.

Other modes of study

84 The Briefing Paper included within the University's definition of flexible or distributed learning (including e-learning) the support of learners within the workplace through direct and remote contact; distance learning support of students through the use of both synchronous and asynchronous methods; and blended learning techniques, combining one or more of the above with more traditional methods of delivery. The University has considerable experience in this area, including a long-running MSc.

85 The use of e-learning is emerging as a major component in the delivery and support of many programmes as the University identifies new markets and develops new programmes to support its mission and strategic plan. The Strategic Plan 2010-16 states that the University's flexible and distance delivery provision will increase as part of its strategic objective as a 'flexible and responsive' University.

86 Programmes delivered by flexible or distributed learning methods are subject to the full rigour of the University's quality assurance processes, including the provision of programme committees (or their equivalent), annual quality enhancement planning, external examination and periodic review. The audit team noted that separate detailed guidance for the development of programmes delivered wholly or partly via flexible or distributed learning is provided in the Quality Manual. This ensures that matters specific to the mode of delivery are considered at each stage of the development and validation process, and include consideration of updating and maintenance of learning resources post-validation. The team saw evidence of the effective operation of validation processes and of delivery at master's level in distance and work-based learning. Specific arrangements are identified for annual monitoring, the approval of programme changes, and periodic review of programmes delivered in flexible and distance delivery mode, and the need to procure learner feedback within this provision.

87 The University's Code of Practice on placement and work-based learning provides detailed guidance for staff and students in respect of placements, including the provision of placement opportunities for disabled students. The University's draft Quality Enhancement

Plan includes as a target for the academic year 2010-11 that of revalidating all curricula to include work-based learning, which is distinguished from placement learning and defined as formal higher education learning that is 'based wholly or predominantly in a work setting' in the University's Code of Practice on work-based learning. The University's Code of Practice on placement and work-based learning provides detailed guidance for staff and students in respect of placements, including the provision of placement opportunities for disabled students.

88 The University has played a leading role within the Greater Manchester Lifelong Learning Network in developing a 'Shell' Awards Framework that facilitates the accreditation of workplace learning from a wide range of organisations, including private companies and hospices.

Resources for learning

89 Evaluation of the provision of learning resources is embedded in University processes for programme validation, review and annual programme monitoring. External members of validation and review panels are asked to focus particularly on specific issues, including aspects of the learner experience, especially the provision of learning resources. The planning of learning resources provision is closely linked to the programme validation, review and annual programme monitoring process.

90 The Library's services are predicated on a hybrid model in which electronic resources are purchased wherever possible. This strategy is intended to benefit all eligible library patrons whether they are studying on or off-campus, including collaborative provision students, and the Library conducts an annual survey of student satisfaction. The Library's local plan 2009-10 set targets for campus-based and off-campus development with clear accountability, timescales and performance indicators.

91 The Library participated in the JISC National E-books Observatory Project in order to gain experience in strategic and operational issues surrounding e-book provision. Reciprocal access to the collections of most United Kingdom universities is available to all students through the SCONUL Access Scheme. Borrowing rights have been negotiated for all part-time students, full-time postgraduate and postgraduate research students. Campus-based students and partner students generally confirmed that the library resources supported their studies satisfactorily, and the audit team concluded that the Library Service was meeting the requirements of students with access to its library facilities, and demonstrating good practice in its engagement with stakeholders and external benchmarks to enhance the service provided.

92 The University benchmarks its profile and activities against other higher education institutions and includes on its student portal an outline of actions taken in response to specific NSS comments, including issues around learning resources. In 2010, the University was revalidated as one of the few University libraries to hold the Customer Service Excellence (CSE) award.

93 The University is currently in the process of changing its virtual learning environment, in the context of a new e-strategy approved by Senate in 2009. Arrangements for the transition are the responsibility of an e-strategy group, which is monitoring progress on behalf of LEPP. The audit team met students who were aware of this transition and were well informed of its progress and implications for their learning experience. They described the varied use of the VLE to provide information, including programme and module handbooks, and other information support for their studies.

94 The University Employability Strategy identifies strategic aims focused on internationalisation, careers guidance and the development of employability skills, and an associated Careers and Employability Strategy, approved initially in 2009, sets targets for the provision of service to students and employers. The Employability Strategy has been revised recently by LEPP, and a subgroup has now been established to monitor implementation on its behalf. The audit team saw an update document but noted that there was no evidence of progress monitoring at LEPP, or oversight by LEPP of school/department implementation of the 2009 plan prior to or as part of the recent revision process.

95 An information literacy framework emerging from work conducted by a Learning and Teaching Fellow was first considered by Senate in 2008 and subsequently approved by it, along with an implementation plan, in 2009. Although the framework was discussed by LEPP subsequently, the audit team did not find evidence that the committee had monitored the implementation of initiatives to ensure delivery or consistency.

96 The 2010 revision of the terms of reference of LEPP focus on key University strategies, including those related to retention. LEPP considers school retention strategies and information related to student retention is considered at various institutional levels, but the record of discussion at the committee of institutional and local reporting and planning did not reflect a thorough or integrated consideration of priorities and progress.

97 The Strategic Plan 2010-16 includes as a key target the establishment of an expanded campus with facilities for supporting health and wellbeing in particular. The audit team met students who appreciated the progress being made in the enhancement of the physical learning environment.

98 The LEPP Committee, which reports to Senate, has oversight of a range of strategies, including the Learning, Teaching and Assessment Strategy, key to the University experience, and of policies such as personal tutoring. The minutes of LEPP meetings do not include the regular or detailed monitoring of progress and action planning in respect of key strategies, and in meetings with key staff it was confirmed that committee minutes did not include such a record. Policies such as peer review, student retention and personal tutoring had been subject to periodic reports from schools, but the meeting minutes did not evaluate progress against University targets and timelines, or feedback and guidance to schools.

99 The audit team was informed that retention was a University priority, and that LEPP was responsible for reviewing plans to improve retention at institutional and school level. The team identified examples of thorough school-level planning to enhance retention, and a record of consideration by AQSC of School Quality Enhancement Plans that included actions to improve retention. However, the formal record of consideration of retention at LEPP was cursory and did not include the specification of actions or targets at institutional level or link these to school actions.

100 School Boards of Study minutes do not indicate that progress in implementing University strategies and policies at school level is reviewed systematically or regularly. The audit team was unable to ascertain in their meetings with staff how the LTAS was informing the direction of enhancement activities at school level.

101 The University has developed a University Quality Enhancement plan (UQEP) for 2010-11 that identifies a range of issues in relation to the consistency with which policies and strategies previously instituted in relation to learning support have been implemented. The audit team concluded that the University's deliberative structures for developing and monitoring learner support had not operated to support the consistent and effective implementation of key University strategies and policies related to learner support.

Admissions policy

102 The Strategic Plan 2010-16 identifies as one of the University's core strengths its long-standing national reputation for widening access to higher education and its provision of opportunity through flexible programmes and partnership activity, recognising the importance of matching qualifications and programmes.

103 The University's Admissions Policy was approved by AQSC in 2007 and reflects the *Code of practice, Section 10: Admissions to higher education*. It is reviewed annually and LEPP is tasked with reviewing the Policy in 2010-11.

104 The Admissions Policy reflects the University's mission, and it accepts vocational and non-standard qualifications, requiring the use of criteria of capability rather than single compulsory qualifications and acknowledging the viability of non-standard qualifications. The Admissions Policy does not incorporate details of the admission of students in collaborative arrangements, but the audit team was advised of the processes by which collaborative partners operate within a framework that ensures that the University retains responsibility for admission to its programmes (see Section 5).

105 Admissions for all taught programmes for both home and overseas applicants are managed centrally by the Admissions Team with the Marketing and Communications Unit. There is a dedicated International Admissions team, which is responsible for international applicants for campus-based programmes. The Admissions Team is intended to provide a seamless service from enquiry through to enrolment, working with the UK and international recruitment teams, Student Data Management and school staff. The Admissions Team is responsible for making offers to applicants who clearly fulfil or are likely to fulfil the published course entry requirements. Where there is doubt about an application, it is routinely referred to the programme admissions tutors for a decision.

106 Progression routes are provided for students within the University's network of partners. The accreditation of prior experiential learning (APEL) policy has recently been reviewed in line with changes to the *Code of practice, Section 9: Work-based and placement learning*, and was approved by the AQSC in 2009.

107 A recent development has been the roll out of online enrolment and re-enrolment of continuing students. Full-time students pre-enrol online and only attend to verify their identity and collect their University identity card. Part-time students enrol fully online. This has provided a much faster and easier enrolment process. The students who met the audit team confirmed that the information they had received online and from staff was accurate and useful, and that the recruitment and enrolment processes had been efficient and effective. The team also spoke to academic staff, including link tutors, who confirmed their involvement in admission to collaborative provision programmes, as specified in the University's policy and procedures.

108 The audit team concluded that the University's admissions policies, processes, and practice reflected the expectations of the *Code of practice* and supported achievement of the University's mission.

Student support

109 The Briefing Paper stated that the University offers a multi-layered approach to student support, beginning with module tutors and the programme leader. An aim of the LTAS is to enhance the student experience such that student achievement and personal

development equip them for successful future study and employment. In order to do this, the University recognises the importance of a variety of student support mechanisms, including personal tutoring and the provision of various other services.

110 The University's range of support services includes a careers service, disability service and international students' support, and this is complemented by work carried out in the support arm of the UBSU. There is also a drop-in advice centre for students, including an advisor service that operates in the evenings, something valued by part-time students met by the audit team. New students experience an induction period, where support services are showcased and special arrangements are made for the orientation of international students. In meetings with the audit team, school-based staff demonstrated limited awareness of specific support services. They expected that this would be rectified through the training programme offered in the new personal tutoring scheme.

111 The 2005 Institutional audit report advised the University to ensure consistent provision of personal tutoring across its departments. The current audit team found that no significant change was proposed until 2009. Staff, both school-based and managerial, met by the team acknowledged and attributed this to a resistance to changing existing policies and practices, which were well established within different schools/programmes, and that achieving 'staff buy in' was a great challenge.

112 The current Personal Tutoring Policy arose from the Personal Tutoring Strategy, developed in 2008-09 by a learning and teaching fellow and through a subcommittee of LEPP, which was adopted by the Senate in October 2009. It was piloted in each school in 2009-10 and implemented for all new students for the first time in 2010-11 and will thus gradually be phased in. LEPP is responsible for the implementation of the Personal Tutoring Policy.

113 Students who met the audit team gave largely negative accounts of their experience of personal tutoring, with some claiming never to have been assigned a tutor. Other students who were aware of the implementation of the new Personal Tutoring Policy noted that new first-year students were the only current cohort to benefit from the changes, as they are to be rolled out over a period of several years. The team noted that students spoke very positively about the culture of openness and approachability among Bolton staff, which is greatly valued by students.

114 A detailed handbook and resource pack have been issued following training of staff taking on personal tutoring responsibilities. Staff who met the audit team were aware of the new policies, and clearly engaged with their implementation. The effectiveness of the overall provision of support through the new system of personal tutoring will not be clear until it is fully implemented. Nonetheless, the team considered that if the policy is consistently put into practice as envisaged in the Personal Tutoring Policy it will likely provide a very valuable resource to students in the future. The team considered that the time taken to develop the Personal Tutoring Policy indicated that the deliberative committee system was not yet working as effectively as it might.

115 Students met by the audit team felt that the University was a generally supportive environment for them, emphasising the informal support mechanisms arising from the approachability of staff rather than the provision of formal services by the University. Those that had made use of the support services felt that adequate service was provided.

Staff support (including staff development)

116 One of the themes of the Strategic Plan 2010-16 is the aim of improving the academic, professional knowledge, skills and qualifications of University staff, and the University has specified the core competences and expectations of 'the Bolton Academic'. The Human Resource Strategy underpins the Strategic Plan.

117 The staff development strategy and policy implemented to support the University Strategic Plan 2006-12 defines the responsibilities of individuals, teams and the University in respect of staff support and development. At the time of the audit, responsibility for staff support rested with the LEPDU, combining the areas of student academic development and professional staff development. Details of policies and procedures related to staff support and development are available on the University's intranet.

118 There is a staff development scheme that requires all staff to undertake a process of annual development planning, combining objective-setting and the specification of associated development requirements. This process is explicitly linked to organisational planning, and distinguishes between the requirements of managers, academic staff and non-academic staff. Professional development plans are considered within the programme validation process and provide input to the development of the annual Professional Development Seminars. These seminars focus support on institutional priorities including new technology initiatives and new policies.

119 Staff induction and a mentoring system provide early support for newly appointed staff. The University's Postgraduate Certificate in Learning and Teaching in Higher Education (PGCLTHE) was validated in 2009. The audit team met staff from professional and industrial backgrounds, who recognised the value of the opportunities this programme provided for action learning.

120 The University's peer observation of teaching scheme is reviewed by LEPP. Both the operation of the scheme and the committee's review have been patchy. The audit team was advised that there had been a delay in the development of a revised scheme and it is intended that a new policy will be introduced by the end of 2011-12.

121 The University's annual teaching and learning conference combines externally and internally led events on matters related to the learner experience and is attended by staff across the University as well as representatives from partner institutions. For the last two years there has also been a live link via the web to colleagues at the overseas campus.

122 The University has Investors in People accreditation, and offers management development opportunities across the University. Staff development features in discussions at school Boards of Study.

123 The University funds the investigation and development of activities (sabbaticals and fellowships) to support the learner experience, although its sabbatical system had been withdrawn at the time of audit. The effectiveness of these schemes has been reviewed by LEPP. The recorded outcomes of sabbaticals indicate that staff development activities have been informed by these projects, while the work of Learning and Teaching Fellows has informed the University's approach to, for example, personal tutoring and information literacy.

124 The audit team concluded that the University's approach to staff support and development generally provides an effective framework for supporting its management of learning opportunities.

125 The audit team concluded that confidence can be placed in the soundness of the institution's current and likely future management of the quality of the learning opportunities available to students studying at its Bolton campus. Judgements about the learning opportunities available to students in collaborative provision are contained in Section 5.

Section 4: Institutional approach to quality enhancement

Management information - quality enhancement

126 The Briefing Paper stated that the University regards quality enhancement as the continuous review and improvement of its performance and processes using evidence-based reflection to secure the academic standards of its awards and improve the quality of the student experience. It is a culture that the University expects to permeate throughout the whole institution and, therefore, it is not captured in one particular policy.

127 The University stated that its process of enhancement and continuous improvement is deeply embedded in the culture of the University, shaped by the seven strategic themes of the Strategic Plan, and developed in more detail in subsidiary plans such as the University's Learning, Teaching and Assessment Strategy (LTAS) and Widening Participation Strategic Statement. A number of corporate objectives addressing these themes are then set on an annual basis as part of the planning process. The University also stated that its approach to quality assurance and enhancement is based on strong central direction and coordination, with some degree of restricted devolution of authority to school Boards of Study.

128 Key drivers of quality enhancement are the University's LTAS, Widening Participation Strategic Statement and the University's planning process at institutional and school/unit level. Individuals with a direct role in ensuring leadership of the process of continuous review and improvement are the Vice Chancellor and Deputy Vice Chancellor (DVC); the Pro Vice Chancellor (PVC) (Academic); the deans, directors and heads of individual areas; the Dean of Academic Quality and Standards (DnAQS); the Director of Planning, Data Integrity and Policy; the Head of the Learning Enhancement and Professional Development Unit (LEPDU); and the Head of HR, Strategy and Personnel Services. Schools are required to produce School Quality Enhancement Plans (SQEPs), which represent a synthesis of the major, common and recurring issues arising from earlier stages of annual monitoring, including Programme Quality Enhancement Plans (PQEPs), external examiner reports and from elsewhere, including university-determined priorities. Quality enhancement priorities from school level are incorporated into the annual University forward planning activity around June each year. SQEPs are scrutinised by school boards of study and, at University level, at meetings with senior management. At the end of the academic year the Quality Assurance and Enhancement Co-ordinator produces an overview report for the Academic Quality and Standards Committee (AQSC) that synthesises the major and recurring issues arising from earlier stages of the process, particularly those that require university-level action. A University Quality Enhancement Plan is then produced and received by AQSC in the autumn of the year to which it applies; that is December 2010 for the 2010-11 academic year. The first iteration of the process to develop the UQEP took place in autumn 2010 immediately before the current audit. The audit team formed the view that the process by which University enhancement plans are formulated from programme, subject and school priorities, and in particular the way in which both 'bottom-up' and 'top-down' concerns were combined in the final plans at school level, is a feature of good practice.

129 The audit team was concerned, however, with the limited consideration given by the deliberative structure to the progress made in regard to the implementation of the plans. The

team recognised that there was senior management scrutiny of the plans that included updates on previous years' plans, but found it difficult to determine the effectiveness of this scrutiny as no notes or minutes of these meetings are kept. The team formed the view that the overlap between executive and deliberative structures sometimes contributed to a failure to 'close loops' and ensure that plans were implemented to an appropriate timescale and the success or shortcomings following implementation monitored. This failure to close the loop on several remedial measures and enhancements meant that opportunities for enhancement were not completed. The team, therefore, questioned the role ascribed to deliberative committees in the consideration of such developments.

130 The Learner Experience and Professional Practice (LEPP) committee has a potential enhancement role in that its terms of reference include advising Senate on several enhancement issues, including the implementation of the LTAS. However, the audit team reviewed the agendas and minutes of LEPP and found that it did not give full and regular consideration to many of the important issues that lay within its purview, and did not pursue to completion many of those issues it did consider. It generally also did not review or check the effectiveness of those measures which it did implement.

131 The University has benchmarked itself against several national standards, including the Investors in People standard on a whole-university basis over the last eight years; and the Customer Service Excellence (formerly known as Chartermark) and Matrix standards for its student and learning support services. It also utilises internal auditors Uniac to, among other things, analyse and test key processes which have a bearing on quality enhancement, for example the recent audit of the University's complaints and appeals procedures. It has also engaged effectively with a number of external organisations that provide effective benchmarking data.

132 The Briefing Paper contained reference to several specific enhancements that were generally in the process of being implemented on a university-wide basis. As noted above, these included initiatives on personal tutoring student representation, and the development of models of curriculum design and delivery that include the University's key priorities in, for example, employability and information literacy. The audit team gathered more detailed information on these initiatives through its review of documents and discussions with staff and formed the view that, while laudable in intent, many had achieved limited success, had often been restricted in terms of impact, and had taken an excessive amount of time to reach their current stage of development.

133 The Briefing Paper also included reference to other enhancement mechanisms, including the annual learning and teaching conference (which included UK and international collaborative partners) and Principal Lecturer Forums. The audit team learnt in discussions with staff that there were a number of groups that met on a regular basis to share good practice and discuss quality assurance and enhancement issues. The team's examination of documentation showed these to have no place in the formal deliberative committee structure and to have no or limited terms of reference, and that discussions were recorded in 'notes' rather than formal minutes. The team, therefore, formed the view that much of the discussion that took place in the forums would benefit from better inclusion in the formal deliberative structure.

Section 5: Collaborative arrangements

Overview

134 In line with the University's mission to make higher education accessible to diverse communities and hard-to-reach groups, there has been significant expansion of the

University's collaborative activities in recent years. At the time of the audit visit, the University stated that it had established collaborative arrangements with 28 UK partners and 18 international partners and had approved a number of other partners. The audit team was given access to other information provided by the University, which cast doubt on these figures (see Section 7).

135 The Strategic Plan includes an objective that the University should develop its reputation as a provider of flexible, responsive, work-based and vocational learning. Hence, within the UK the University has entered into partnerships with both public and private sector providers, many of them based in the north west of England. In this context, partnership arrangements play a key role in the University's strategic aim to contribute to the educational, economic and cultural needs of Bolton and the broader Greater Manchester area.

136 The University regards international partnerships both as a means of widening access to its programmes and as a means of contributing to the internationalisation of the curriculum through study or work placement opportunities for students with overseas partners. As with UK collaborations, the University has entered into arrangements with both public and private sector providers overseas.

137 The University operates various models of collaborative arrangement depending on the extent to which delivery is provided, all or in part, by the University or by the partner. These models include: franchise, where a partner delivers a University programme (and 'part franchise', where the partner only delivers part of a University programme); Off Campus Delivery, where a partner is involved in the delivery of a University programme and the programme is fully assessed by University staff; validation, where the University validates a programme delivered by a partner that leads to an award of the University. The programme may be designed by the partner, or by the University, or designed jointly. In the case of Credit Recognition, the University attributes academic credits to programmes designed and delivered by a partner, for the purpose of facilitating entry for students with advanced standing to a University programme; for Dual Award provision, some or all modules are awarded credit to both a Bolton award and a partner award offered under the partner's own validation authority. Depending on the type of delivery, different levels of responsibility for the management of the quality of learning opportunities may be delegated to the partner.

138 Following discussions initiated in 2005 the University entered into a partnership with a private overseas-based educational provider to establish an overseas campus. Established in 2008, the overseas campus represented a new approach to international partnership. Under these arrangements, selected undergraduate and master's programmes from two schools offered at the main campus in Bolton are also offered at the overseas campus. Programmes are taught by partner academic staff, with an aim to replicate the teaching programme, the module information and the learning materials of programmes delivered in Bolton. The audit team was told that assessments may be varied to take account of local and cultural differences provided the learning outcomes are met. Link tutors for each programme are expected to visit at least annually.

139 In the academic year 2009-10, there were 12 full-time and 14 part-time academic staff and 254 students on the overseas campus. Twenty-four members of Bolton academic staff have visited the overseas campus on a 'flying faculty' basis. There are plans that a third school should also begin to offer programmes at the overseas campus. The University has recently established the International Campus Learning Unit (ICLU). With a brief to act as a central unit coordinating support and learning opportunities across all of the University's international partnerships, ICLU's initial focus is on communication processes between the University and the overseas campus.

140 As part of its plan for a significant increase in student enrolments by 2016, the University plans to develop its collaborative provision further, both in the UK and abroad. It expects the growth in collaborative provision to be achieved through expansion of provision delivered by existing long-standing partners, as well as by developing new partnerships to deliver existing programmes, including in new international locations. To support these objectives, in 2009 the University published its UK Collaborative Activity - A Strategic Approach and a Transnational Education Strategy. For UK provision the key criteria for future development are identified as the strategic importance, viability and sustainability of the partnership, while internationally the focus will be on the development of two new branch campuses and significant exclusive partnerships.

141 The University's framework for managing quality and academic standards applies equally to awards delivered in collaboration with partner institutions. There are additional safeguards to help secure comparability of academic standards and the quality of learning opportunities, including procedures for the approval of partners, the allocation of responsibilities for collaborative provision to designated senior post-holders and the existence of the Collaborative Provision sub-Committee (CPsC), an advisory subcommittee of the Academic Quality and Standards Committee (AQSC). CPsC meets three times a year and includes representation from staff and students in partner institutions in its membership. It is charged with operational oversight of all matters relating to collaborative provision, such as updates on policy changes affecting the organisation or delivery of collaborative programmes (jointly with the Quality Assurance and Enhancement Unit (QAEU)), maintaining the Collaborative Partners Register, and approving the appointment of academic staff in partner institutions. The subcommittee has recently included, as a standing item on its agenda, reports of good practice identified in the context of validation or Standing Approval Panel events, and aims to ensure that these are disseminated widely to collaborative partners through the collaborative partner web pages. There are further additional requirements in place for the overseas campus, including a Project Board, chaired by the Deputy Vice Chancellor (DVC), which reports to the University's Executive Board. The minutes of the Board are also now considered by CPsC.

142 The details of the quality assurance framework for collaborative provision are set out in the Development, Approval, Operation and Quality Assurance of Collaborative Provision document (the CP Manual), which is part of the Quality Manual. It was last revised in June 2009 by AQSC. These documents are supplemented by further guidance to academic staff seeking approval for new collaborative partnerships, which sets out in flow chart style the steps to be taken during all stages of the process from pre-negotiation through to agreement and contract monitoring. Guidance is available for UK collaborative partners in the form of the document Guide to the Development and Delivery of UK Collaborative Provision and for international partners in the Operations Manual. The former provides comprehensive and detailed advice to UK collaborative partners, designed to enable them to understand and prepare for their role in partnership with the University. Information for existing and potential collaborative partners is also available from dedicated web pages for collaborative partners on the University website.

143 The University's collaborative provision was audited by QAA in 2006 and contained confidence judgements for both the management of academic standards and the quality of learning opportunities. The report included a number of features of good practice and advisable and desirable recommendations. In the report, the University was advised to ensure that any serious issues with respect to collaborative provision, and the University's responses to these, are clearly recorded within the University's deliberative structures. The audit team noted extensive references to minutes and documentation, which effectively confirm that this is happening. Progress with responding to the other recommendations in the 2006 report are considered elsewhere in this report. The 2010 QAA overseas audit

report of the University's collaboration with the Supply Chain Management Centre in Malaysia raised a number of issues, some of which are considered below.

Management of the quality of learning opportunities in collaborative provision: partner and programme approval

144 The CP Manual sets out a clear process for the approval of new collaborative provision, whether based in the UK or overseas. Within this process, the University distinguishes between approval of the partner and its premises (the institutional/site appraisal), and the validation of programmes. In principle, the business case is separate from the academic proposal, and the detailed preparation of documentation relating to the programme(s) to be delivered cannot proceed until the partner organisation has been approved by the Deputy Vice Chancellor on behalf of the Executive. It is only after both processes have been completed satisfactorily that the partner is considered to be an approved partner of the University and formal legal agreements can be signed.

145 The University's regulations allow for the institutional/site appraisal to be undertaken in parallel with the validation of the programme(s). The Deputy Vice Chancellor may authorise this approach when circumstances require. Institutional/site approval does not require external involvement. The procedures for validation as set out in the Validation Handbook require external representation on the panel; thus, in the circumstances of a combined institutional appraisal and programme validation, the procedures allow for institutional appraisal to include or be informed by views solicited from representation external to the University.

146 The University's Regulations for institutional/site appraisal state that its main purpose is to ascertain whether a proposed partner organisation provides an appropriate environment for the delivery of University programmes for higher education leading to awards, credit, or recognition. While recognising that criteria may be applied selectively according to the nature of the proposed partnership and the local conditions obtaining, the University requires that every institutional/site appraisal must encompass, as a minimum: the location and its compliance with public liability insurance, health and safety and security regulations and requirements, including those of a statutory nature; the availability and accessibility of learning resources, including learning and teaching accommodation and access to learning materials including IT hardware and software; the arrangements for student information, guidance and support, including access to a complaints procedure; delivery by partner staff, including staffing levels, staff qualifications and experience and the suitability of staff to deliver the curriculum to the standard required for learning outcomes to be achieved; the availability of staff development opportunities including any induction and/or mentoring requirements; and the availability of appropriate technical and administrative support.

147 The documentation provided to validation panels includes staff CVs and a statement on learning resources. The validation event provides opportunities for discussion with the programme team in relation to the curriculum and the way in which learning resources will be deployed to enable students to achieve the learning outcomes. The audit team noted that in the context of a situation where staff remain to be appointed and/or learning resources remain to be purchased, whether at the point of validation or in the context of a combined appraisal and validation event, there is limited scope for in-depth scrutiny of staff suitability and the availability of learning resources or for discussion with the programme team on these matters. Schools are required to approve partner staff teaching on University programmes and this is recorded at CPsC. If the acquisition of learning resources is a condition of approval, the Chair must be satisfied that they are in place before giving approval.

148 The audit team saw documentation relating to the approval of new partners in the UK where the institutional/site appraisal had been undertaken separately from the programme approval event, as well as in the UK and overseas where it had been undertaken in parallel with validation. The team noted that the partner appraisal reports seen generally included information relating to the minimum core issues outlined in paragraph 146. In two cases, however, validation events had proceeded, less than two months before the programmes concerned were due to admit their first students, despite the fact that key staff had not yet been appointed, and other resources such as library provision were demonstrably inadequate. In both cases, the panels concerned understandably refused to recommend validation, and the deficiencies had been corrected by the time the proposals were reconsidered a month or so later. However, the team was concerned that the provision of such critical resources had been left so late and that the proposals had been allowed to proceed to formal validation before the University had been confident that these resources were in place.

149 The validation criteria and documentation requirements for validation events have recently been revised to specify in precise terms the additional documentation requirements for programmes delivered collaboratively. These include the approved Academic Development and Approval (ADA) 2 report and the institutional appraisal report (where appropriate), the draft formal agreement including the agreed distribution of responsibilities for the management of collaborative provision, and any additional programme handbook to be supplied to students by the collaborative partner.

150 There have been no new partners approved since the new criteria and documentation were introduced in October 2010 and so the audit team did not have the opportunity to study evidence of the application of these revised procedures. The team noted, however, that the standard requirements include the programme team's professional development plans. The team regarded this as a welcome development in the context of collaborative provision, in particular as the need to address staff development in a range of areas had been identified either as a condition of validation or in response to ongoing problems relating to programme delivery reported on by external examiners, through annual monitoring at school level, or through other sources of information available to the University. The team considered that the new criteria and documentation has further enhanced the University's quality assurance documentation.

151 The validation of collaborative provision is normally by panel event, usually held at the partner's premises. Where a programme already exists at Bolton and there are proposals for an existing international partner to deliver it at an overseas location, validation may be conducted at Bolton with a virtual communications link with key partner staff. In all cases, the arrangements for confirming that conditions have been met in a timely manner and that reports have been submitted to Senate are identical to those applying to the validation of Bolton-based programmes, with the additional requirement that CPsC also receive the reports sent to Senate.

152 The audit team read documentation relating to the approval of programmes for delivery by collaborative partners, which generally confirmed the operation of these procedures. However, the team also noted several instances of departure from them in relation to one UK partner (see below). These related to the timescale for meeting conditions of approval, the extent of external input into the re-approval process and the role of the Standing Approvals Panel in approving a change of delivery mode from part-franchise to validation.

153 In one instance, the initial partner approval was conducted in line with the University's procedures by a senior member of University staff and took the form of a site

appraisal, discussions with key staff at the partner organisation and a set of documentation provided by the partner. The resulting report, dated June 2008, contained much factual information relating to the partner, the premises and learning resources already in place. On the basis of this exercise, the organisation was recommended for approval as a new partner and arrangements were made for a validation event.

154 At the subsequent validation event in July 2008, involving two external panel members, the programme proposal was not approved and the panel recommended that a number of aspects of the proposal should be addressed. These included the level of subject-specific staffing and the provision of subject-specific resources that needed to be purchased before delivery commenced. The proposal was reworked and re-presented and a second panel event with the same membership as before took place in September 2008 at the partner's premises. While the report of the event provided evidence that several of the concerns raised at the first panel meeting had now been addressed, the audit team noted there was no record of discussion on the low levels of subject-specific staffing and that additional resources required to deliver the programme had still not been acquired. The panel expressed its confidence that these resources would be procured but did not make their purchase a condition of approval.

155 The University's procedures state very clearly that no collaborative arrangement can be considered to be formally approved until Senate has accepted the validation report and any academic conditions have been fulfilled. Further, the Validation Handbook explicitly states that no students can be enrolled on a programme until prior academic conditions have been met. Executive action to approve a partnership may be taken in advance of Senate receiving a report, and this occurred in this instance. However, contrary to University regulations students were enrolled on the programme before the chair of the panel had confirmed that the conditions had been met.

156 The original approval was granted for delivery on a part-franchise basis, with 40 per cent of the curriculum being delivered in Bolton by University staff. After the first year of operation and following changes in funding arrangements the delivery mode was changed from part-franchise to validation, where the partner became responsible for 100 per cent of the delivery. The Quality Manual does not specify any procedures for such a development. The University's procedures allow for a Standing Approvals Panel to consider, on behalf of AQSC, proposals for programme modifications that are outside the remit of school Boards of Study but do not require the establishment of a full validation panel. In this case, the change was approved by means of an event held at the partner's premises and conducted by a Standing Approvals Panel. The audit team questioned whether it was consistent with University quality assurance principles for a Standing Approvals Panel, in preference to a full validation panel, to approve the change in delivery mode from part-franchise with 60 per cent partner delivery to validation with 100 per cent partner delivery.

157 The audit team also questioned whether the panel constitution was fully in line with the Terms of Reference of AQSC Standing Approvals Panels. Panel membership consisted of a senior member of staff, a member of academic staff and a secretary. Although formally the academic staff member was from outside the school in which the programme was located, the team learned that at the time of the approval event the two schools concerned were operating under the same dean, who the panel also met during the event, and were to merge to form a single school less than three weeks later. The team took the view that this academic proximity represented less internal externality than was intended by the Terms of Reference of ASQC Standing Approvals Panels. Similarly, the panel did not receive an independent appraisal of the proposed modifications and no external examiner report was available at the time of the re-approval event. The team considered that in this instance the University had failed to ensure a sufficient degree of external, objective and impartial

consideration of the proposed modifications, as required by the Terms of Reference of ASQC Standing Approvals Panels.

158 The 2006 Collaborative provision audit report recommended that the University 'review the Validation Handbook guidance to ensure an appropriate and consistent approach to external membership on approval and review panels'. This audit team discussed with the University the details of the process by which the programme had been modified from being part-franchised to validated provision. The team noted that in this instance and in another validation, where the panel had to be reconvened, there was no external panel member (see paragraphs 156-7)

159 The audit team learnt that student achievement had been poor; from a small cohort intake only one student progressed to the second year of the programme in 2009. The Standing Approvals Panel did not record discussion on progression issues or staffing competence. The external examiner's report received in June 2010, although containing many positive comments, noted several concerns, including the observation that the partner's staff 'do not appear to have the required academic experience', the lack of availability of subject specialist resources and the overall achievement rate of students, which the external examiner considered may be related to staffing issues. The audit team noted that the Programme Quality Enhancement Plan (PQEP) for 2010-11 outlines remedial action to address the points raised in the external examiner's report, including further staff development for partner staff focusing specifically on assessment, marking and moderation, and peer observation of teaching. While the team recognised that the Standing Approvals Panel had identified staff development for partner staff as a condition of approval in 2009, and that the partner had presented a formal staff development plan for implementation during the course of 2009-10, it was concerned to learn that the partner staff's lack of academic experience remained a problem.

160 The audit team, therefore, had concerns about a number of aspects of this partner approval and programme validation process, including the limited time to address fully the conditions of the first validation event prior to enrolling students, and the use of an adapted process lacking appropriate externality to modify the programme from part-franchise to a validated programme. The fact that in this instance a number of the conditions set at the initial validation event featured in the external examiner's report raised concerns for the team about the rigour and timeliness of the University's partner approval and programme approval process with regard to collaborative provision.

161 The inadequacy of a partner's learning resources at the time of validation was given as one of the factors in a decision not to approve programme proposals offered by another collaborative partner. While this was considered to have been remedied subsequently, so that the programmes concerned could be validated some ten weeks after the first unsuccessful validation event, the audit team had reservations about the way in which the University had discharged its responsibilities in this context. It was not clear to the team how these shortcomings could be remedied within a period of less than ten weeks so that the reconvened validation panel could be satisfied on this point. The team took the view that this would not have happened if the partner approval process had operated effectively. It was also noted that no external subject representative was present at the reconvened panel event, so that the panel did not receive any specialist comment on the recently acquired reading materials at the partner's premises. The team had some difficulty in understanding how, under these circumstances, the University could be sure that the resources available for learning were now fit for purpose.

162 The process leading to the opening of the overseas campus was completed in a six-month period and resulted in a formal agreement governing the arrangements between the University and its partner concluded in November 2008. The agreement authorises the

partner to offer a range of academic programmes leading to University of Bolton awards. The partner acts as the Academic Infrastructure Provider, responsible for the provision of physical and financial facilities and all staff other than the Academic Director, who is an employee of the University.

163 The partner approval process was undertaken in two stages. Stage 1, conducted in October 2008 at the then premises of the overseas partner, combined a Pre-Appraisal Visit, an Institutional Appraisal and a Stage 1 Validation event. Chaired by a senior academic external to the University and also attended by two other external members, the panel met senior management at the partner to discuss a range of issues relating to organisational structures, staffing and staff development, communications, resources for learning and assessment arrangements. As a result of these discussions, the panel recommended approval in principle for delivery at the overseas campus of selected programmes offered by the schools of Business and Creative Technologies and Built Environment and Engineering as of September 2008.

164 Stage 2 of the approval process, chaired and attended by external members as before and with additional representation from the University, was held in Bolton a few days later. During this event the panel also had the opportunity to meet academic staff from the schools involved. The decision of the panel was to recommend delivery of the programmes concerned as of September 2008, subject to the fulfilment of certain recommendations by mid-November. Of these, the need for an agreed programme of visits between the Bolton and overseas campuses, in particular by the link tutor during the first semester, was considered an important means of enhancing the effectiveness of coaching, mentoring and the creation of project 'champions'. The audit team noted the reservations expressed by the panel about the qualifications and experience of the partner-appointed staff as well as the panel's view that, at the time of the Part 1 event, there were insufficient computers to meet students' needs. The panel recommended that the arrangements for delivery of programmes at the overseas campus be approved, subject to the satisfactory outcome of a further review of the partner in one year's time and the fulfilment of the recommendations by mid-November 2008.

165 From the documentation made available to the audit team it was clear that the events had been structured to allow full discussion on the issues described above and that, generally, the partner approval process had been conducted in line with University expectations. However, the team noted that the timing of the events meant that the partner agreement was not concluded until after the first students had enrolled on the programmes in October 2008.

166 The audit team learnt that concerns about the provision of staffing and learning resources by the partner, both mentioned in the report of the validation event, had subsequently affected the delivery of programmes at the overseas campus. This had become a continuing cause for concern, necessitating a wide range of remedial actions on the part of the University. The remedial actions to date have included, but are not restricted to, substantial additional staff development for partner-based staff, the creation of the ICLU, the secondment of the International Teaching and Learning Fellow from Bolton to the partner and the purchase on behalf of the partner of additional resources to support student learning, for which the University was to be reimbursed.

167 In July 2010, a new proposal to consider the franchise of a number of programmes for online delivery by an organisation linked to the overseas partner was considered through the University's validation process. The report of the validation event notes that the management team should consider proceeding, as a pilot, with one programme only in September 2010, and notes one academic and one documentary condition, both of which

are identified as fulfilled in the Validation and Internal Subject Review outcomes listing 2010-11.

168 The report of meetings with the management team for these programmes identified the recruitment of staff as a requirement for the commencement of delivery. In a meeting with senior managers the audit team was informed that no programmes had commenced delivery in September 2010, although the formal records of deliberative committees indicated that the programmes had been validated in full. The audit team was told that concerns about the resourcing of delivery had led to the decision to postpone delivery, although the validation process had been completed in full without identifying this risk.

169 The audit team considered that the University's arrangements for validating collaborative provision programmes are generally well designed. However, the team was concerned about the application of the programme approval process in that externality, including subject-specialist assessment of learning resources and independence, was sometimes lacking, and in that the University failed to follow its own procedures in two instances. In one validation event, conditions regarding the provision of resources were signed off. The issues at the centre of these conditions emerged as problems needing remedial action after students had been enrolled, suggesting to the team that the programme approval process had been insufficiently rigorous. In another case, the team came to a similar conclusion when a programme approved for delivery in association with its overseas partner was postponed when the University realised that insufficient resources were in place to deliver the programme, although the validation process had been completed in full, with all conditions met. The University is advised to formally review the rigour and timeliness of the collaborative provision programme approval process.

Agreements with collaborative partners

170 The 2006 Collaborative provision audit report advised the University to put in place legally binding partnership memoranda that better protect the interests of the University and its students. As noted above, formal legal agreements should be signed once both the partner approval and programme approval processes are completed. In 2010, an internal Audit Committee report on collaborative provision noted that the University had a number of active collaborative provision arrangements with both UK and overseas partners where no formal written agreement existed.

171 Responding to the UNIAC report, the University initiated an exercise designed to ensure all contracts had been completed and signed by both parties as a matter of urgency. While progress in this area had been made by the time of the audit visit, the audit team learned from its reading of committee minutes that several signed agreements were still outstanding and action to complete the contractual element of some partnerships was still underway.

172 The audit team read a number of signed agreements in relation to UK and overseas collaborative partnerships. While noting that there had been some issues in relation to timeliness, which, as the team recognised, a new business process is designed to guard against in future, the team generally considered that the agreements reflected advice contained in the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

173 The audit team considered the partner approval process to be sound; however, it does have its limitations, particularly where the institutional/site appraisal and the programme validation process are combined and where the University has to take on trust the partner's assurances about its intentions with regard to staffing and learning resources. The team saw evidence where partners failed to provide sufficient library resources and IT

equipment to the required standard and examples where students were enrolled before agreements were fully developed. The University is, therefore, advised to ensure that the partner approval process provides sufficient confidence in partners' ability to deliver on their contractual obligations and that agreements are fully developed by the time students enrol.

174 Collaborative provision students enrolled on a franchised programme have access to the University's learning resources, including the library and the virtual learning environment (VLE). These are available in addition to those located at the partner institution. While many of the students met by the audit team expressed their satisfaction with the arrangements for access to learning resources, this was not universally the case.

175 Staff engaged in delivering collaborative programmes are employees of the partner institution, but their CVs have to be approved by the University before their contracts can be finalised. The University offers various forms of support to staff in collaborative partner institutions, including through the University web pages and the role of the link tutor.

176 CPsC has managerial oversight of the annual Collaborative Partner Forum, an event arranged largely for UK partners and designed to keep partners informed of important developments or changes in academic policies and procedures and for partners to exchange information and experience. Partner staff met by the audit team indicated that they found the Collaborative Partner Forum valuable and useful, although feedback reported to CPsC indicated a range of areas where partners felt the need for more guidance. These included assessment marking and feedback and training on e-vision and plagiarism software.

177 Partner staff are eligible to attend University staff development events and are encouraged also to undertake the University's PGCTLHE. Partner staff met by the audit team who had attended staff development events at the University were positive and enthusiastic about the experience, especially in relation to their participation in the Annual Teaching and Learning Conference.

178 Students in partner institutions met by the audit team were clear about University procedures and processes available to them when seeking advice or information or in the event that they wished to lodge a complaint or appeal. Although staff in the partner institution were usually the first point of contact for students, some spoke very positively about the support provided by University student services, particularly in relation to disability support.

179 Procedures are in place to ensure that partners comply with University guidelines for the production of publicity and marketing materials relating to awards made by the University. The collaborative partners' web pages provide access to the University's logo and all text must be approved centrally before publication. In cases of uncertainty, text is referred to the school for checking or clarification, but the audit team was given to understand that this happens only very occasionally. In general, the team was satisfied that partners understood and respected the University's practice in this area.

180 Under the terms of the agreement between the University and its partner, successful delivery of programmes offered at the overseas campus depends upon close cooperation between Bolton-based and partner staff. While programme handbooks are not identical, as they include information relating to the campus of delivery, module handbooks and teaching, learning and assessment materials are largely identical to those provided for Bolton students following the same programme.

181 The audit team considered that the overseas campus web page for prospective students was geared heavily towards being a marketing tool in its use of language; significantly, its description of the University differs in tone to the account given on the University's own web page. Many student accounts as well as the team's own experiences

confirmed the report of the student written submission that the student web portal was difficult to navigate and that important information such as the appeals process and external examiner reports, while available, were not 'brought to the attention of students'. It was also noted that large parts of the dedicated support pages for international students, while potentially a useful resource, did not function.

182 Staff met by the audit team gave conflicting responses regarding the responsibility for monitoring web-based published information for up-to-date accuracy. Furthermore, it was not clear among staff who would be responsible for the timely update of the web when key decisions are made such as a change of policy or the removal of approval for a programme. The team found significant examples where outdated information was live on the web, notably in the case of 'Boltonline' and the web page for the overseas campus. In both cases, it was possible to read information about and submit applications for programmes that were not currently being offered either because approval had been withdrawn or, in the case of Boltonline, delivery had been postponed. Significantly, a news article had been posted on the web regarding the development and impending launch of Boltonline at a date that was recorded as being after the minuted decision to postpone the programme. The University is advised to ensure the accuracy and currency of website content with regard to programmes delivered collaboratively.

183 At programme level, monitoring and review of collaborative provision is undertaken by the relevant academic school and included in the standard arrangements for annual monitoring and periodic review. In that sense, no major distinction is made for programmes delivered collaboratively. The audit team considered that annual monitoring of collaborative provision, as with campus-based provision, is effective.

184 The link tutor role is a long-established feature in the operational delivery of the University's collaborative provision and is designed to ensure effective communication at programme level between the University and its partners. The Collaborative provision audit report 2006 recommended the formalisation of a core definition of the link tutor role and considered it desirable for the University to ensure that appropriate staff development for link tutors is in place. The University has responded to this by identifying the full range of duties of the link tutor, from which those appropriate to the specific partnership can be identified. Staff development for the link tutor role is undertaken at school level. The audit team was provided with evidence of the successful discharge of the link tutor role in relation to a number of collaborative programmes. Partners commented positively on the support from link tutors across a range of subject areas.

185 In the case of the Foundation Degree in Early Years Childhood Studies, which is delivered collaboratively by a consortium of seven partners, mostly but not exclusively in further education colleges, the audit team learnt that regular meetings of the partners had helped to achieve a sense of cohesion and common purpose across the partnership. One member of staff in a partner organisation commented that the support of the link tutor had provided encouragement to share innovations in curriculum delivery with the other partners and that this had been received very positively. The team concluded that the work of the Early Years Collaborative Partners Consortium provides a successful model of collaborative working and as such is a feature of good practice.

186 As with Bolton-based provision collaborative provision, students are represented on programme committees organised at the partner institution. Students met by the audit team during visits to partner institutions felt that the opportunities for expressing their views, both formally and informally, were satisfactory.

187 In the student written submission, the Students' Union (UBSU) demonstrated its awareness of the place of collaborative provision in the University's overall portfolio but also

acknowledged that currently it does not have the capacity to comment adequately on the student experience in collaborative provision, although it hopes this will increase in future. UBSU is currently working to strengthen relationships with staff and students in collaborative partners via the collaborative partner website and the University VLE. At the University's invitation, UBSU undertook a visit to the overseas campus in late 2009. Their report commented on the limited resources available to some students, but recognised that the University was taking steps to address this and other issues at the overseas campus.

188 In February 2010, the University's internal audit team presented its frank Audit of CP and Partnerships, Final Report January 2010 to the University Audit Committee. The report noted that the University's UK and transnational collaborative provision strategies, then in draft form, did not include key performance indicators or measurable targets for collaborative provision. The report identified the risk that 'unmanaged growth in CP may reduce the availability of campus-based resources and place limitations on University development plans'. The Audit Committee recommended setting annual targets to ensure sufficient capacity to manage collaborative provision developments. This has been taken forward under the joint leadership of the DVC and the DPP in consultation with schools. At the time of the audit visit annual target intakes for full-time and part-time students had been agreed for UK collaborative provision and notified to partners.

189 As a result of the University's actions, the audit team found no evidence to suggest that the quality of learning opportunities currently available to collaborative provision students were at risk and, therefore, has confidence in the current management of the quality of the learning opportunities available to collaborative provision students. However, in the light of the University's ambitious plans for growth of collaborative provision, including the establishment of two further overseas campuses, concerns relating to the rigour and timeliness of the partner programme approval process, the willingness of the University to provide additional learning resources rather than require its partners to fulfil their contractual obligations, and the instances of electronic information about collaborative provision programmes being out of date or inaccurate, led the team to have limited confidence in the likely future management of the quality of learning opportunities available to its collaborative provision students.

Management of academic standards in collaborative provision: external examiners and certificates

190 External examiners appointed to a home programme also act as external examiners for franchised programmes, including programmes delivered at the overseas campus. External examiners are asked to specifically comment on student achievement in collaborative provision in the context of their overall report. The audit team viewed a number of reports and noted that practice in this regard was variable, with some reports providing detailed and useful commentary on student work and others failing to distinguish between collaborative and campus-based provision.

191 In all other regards, external examiner reports for collaborative provision are processed in the same way as for Bolton-based provision, including tracking through the QualTrack system (where used), and used to inform the PQEP as appropriate. Until recently, schools have been responsible for sending external examiner reports to partner institutions, but the audit team learnt that this will be undertaken centrally in future. Partner institutions visited by the team confirmed that they had received the reports, although sometimes with some delay, and some would have appreciated some guidance from the University as to the place and function of these reports in the partner's own quality assurance arrangements. The University is responsible for issuing degree certificates and associated transcripts for its awards offered in collaboration with its partner.

Assessment policies and regulations

192 In response to the 2006 Collaborative provision audit report recommendation to develop further its institutional strategy and policies regarding the use of languages other than English in the teaching, assessment and support of its collaborative programmes overseas, the University stated that all assignments and examinations are in English and are set by Bolton staff and are subject to external examiner approval. The audit team found no evidence to contradict this statement.

193 In terms of programmes delivered at the overseas campus, formal examinations are scheduled to take place synchronously and, as per the requirement of the Validation Panel, students are required to submit their assessed work both electronically and in hard copy. As the partnership is still in its early stages, assessed work is first-marked by partner staff before being second-marked by Bolton staff and then moderated in accordance with University procedures. As the relationship matures, the expectation is that second marking and the setting and moderation of assignments will increasingly be undertaken by partner staff, and a pilot scheme for 28 modules has been proposed for 2010-11. The examination boards take place at the Bolton campus.

194 Senior managers told the audit team that the University had been aware of issues of academic malpractice affecting first and second marking of partner students' work. However, specific problems affecting student achievement and progression in one particular school were not known until the dean of the school concerned brought them to the attention of the University in June 2010, when the results for the overseas students were not presented at the examination board. Senior managers also told the team that, in their view, this breakdown had been caused by a 'perfect storm' of individual factors, including a module structure where assessment was end-loaded, so that no early warning system was in place; loss in the post of hard copies of assignments and examination scripts; the transmission by e-mail of examination scripts and assessment marks from partner tutors' personal email addresses direct to their Bolton counterparts; non-receipt of these by Bolton staff, as University IT systems had identified these messages as junk mail and had disposed of them accordingly; lack of availability of partner staff for discussion over the summer period, as they are employed on ten-month contracts; and lack of engagement with overseas campus programme delivery on the part of some Bolton staff.

195 A second examination board to consider outstanding results was held at Bolton in September 2010; however, it subsequently emerged that the Board still did not have a complete picture of student achievement. A significant number of students appealed against the September examination board's decisions on administrative or procedural grounds. In the light of this, all progression decisions made at the September examination board were reconsidered at a specially convened board held in October 2010, and a further extraordinary board was due to take place in December 2010 to consider students with a refer/defer decision.

196 The audit team noted that once the full extent of the assessment problems began to be known the University took decisive action. The terms of reference of Stage 2 of the postponed Internal Review of the overseas campus, then ongoing, were amended to include consideration of the assessment issue. Students currently enrolled on the programmes concerned received individual counselling and remain on the programme. Programme approval for those programmes affected was immediately withdrawn and no enrolments will be permitted as of 2011-12. However, the team noted that at the time of the audit visit these programmes were still listed on the partners' pages of the website as recruiting for 2011 (see paragraph 231).

197 On receipt of the findings of Stage 2 of the Internal Review, and prior to receipt and consideration of the report by AQSC, the Deputy Vice Chancellor took executive action to formulate an Action Plan to deal with the issues concerned. Actions envisaged include a review of the current systems for the setting of assessments, their receipt, marking, second marking and the handling of arrangements between the overseas campus and Bolton staff; and further staff development to ensure improvements in communication and shared understanding between partner and Bolton staff concerning the relationship between the curriculum, the assessment tasks and marking criteria.

198 While the audit team recognised that the University was making significant efforts to overcome a situation of great detriment to the students affected, it was nonetheless concerned both that the University had allowed the situation to develop in the first place and that it had been unable to remedy it satisfactorily over a period of several months. It noted, for example, that although scripts, assignments and marks had apparently been submitted electronically and in hard copy as per the recommendations of the Validation Panel in 2008, their non-receipt showed clearly this had not been undertaken in an appropriately secure manner, and that at the time of the audit visit the examination board originally scheduled for June 2010 was only likely to complete its work in mid-December. The team also noted that there have been documented instances of academic malpractice resulting in the dismissal of partner academic staff, as well as widespread plagiarism, a situation the University had sought to bring under control by means of a sustained anti-plagiarism campaign undertaken in the autumn of 2010. The team was told that this campaign had been successful in reducing detected instances of plagiarism by 60 per cent. While the team welcomed this initiative, it noted that plagiarism continues to represent a significant problem. The team concluded that it is essential that the University ensure that the application of academic policies and processes is effective in securing the academic standards of its collaborative provision.

199 Overall, the audit team had limited confidence in the current and likely future management of the academic standards of University's awards delivered collaboratively.

Section 6: Institutional arrangements for postgraduate research students

Institutional arrangements and research environment

200 The University gained research degree awarding powers in 1995. At the time of the audit, there were approximately 160 students registered for research degrees, of whom about 50 per cent were registered full-time, 40 per cent part-time and 10 per cent writing up in completion.

201 Of the current research student cohort, 70 per cent are based on campus and 30 per cent study off-campus, either locally or as distance learning students in other parts of the world. A number of part-time students study under collaborative partner arrangements. As well as a standard three-year PhD research programme, the University offers a PhD by Published Work programme, both at the University and in conjunction with industry and some collaborative partners.

202 The Board of Studies for Research Degrees (BSRD) manages all aspects of the research student experience. It reports directly to Senate, with minutes of each BSRD meeting appearing on the Senate agenda, and also produces an annual summary report for Senate on research degree submissions and research student progress. It is responsible for ensuring the maintenance of the academic standards of research degree awards, including

consideration of individual research students' registration status, progress, reviews and examination outcomes. BSRD does not delegate authority for any aspects of research student oversight to schools or the research institutes, although proposals for initial research student registration and transfer from MPhil to PhD, and annual progress of all research students are first reviewed by four subject-based Standing Panels, chaired by research professors, who then make recommendations to BSRD. In addition, each of the academic schools and research institutes has a Board of Study, which includes a research subcommittee to discuss matters relating to individual research student cases and related research issues within the school. Research coordinators in each of the four academic schools and two research institutes are responsible for the local research environment, for overseeing research and research students, for reporting to the school Board of Study, and for liaising with the BSRD. The audit team reviewed minutes of the Boards of Study and noted that they included oversight of research student issues within the school.

203 BSRD currently includes up to three external representatives, two of which were vacant at the time of the audit, and a student representative. Attendance of a student is accommodated by splitting business into reserved matters (concerning individual student progress and awards) and non-reserved business. However, the audit team's scrutiny of BSRD minutes indicated that the involvement of research students at BSRD was in practice insignificant in the three academic years of BSRD minutes seen by the team. On only one occasion over this period had there been any significant discussion of student matters, and only one third of the meetings over this period had had a student present. Furthermore, the student currently only attends to pro-actively raise research student matters at the start of business, and is not present for any other agenda items for which student feedback might enrich consideration, such as research student induction arrangements, supervisory arrangements, research student training, research degree qualification rates and student progression, research student satisfaction, visa issues, annual summary research progress reports from the schools and research institutes, development and review of policies and processes related to research students, and consultation exercises on research student matters by the Research Councils or HEFCE. In the team's view, the University could provide greater opportunities for consideration of the student voice.

204 The University Research Committee (URC) has strategic responsibility for research activity within the current University strategic plan, and has a partially overlapping membership with BSRD, to ensure that BSRD is also aware of the University strategic context within which research students will work.

205 The University's strategic plan 'aims to build the University's reputation for research, innovation, enterprise and public engagement', and includes as an objective 'establish[ing] a Research and Graduate School to provide a focus for the long term development of postgraduate and research programmes and projects'. The audit team saw evidence in the deliberations of URC during 2009-10 of discussions taking place about the form that the Graduate School should take, and noted that a Research and Graduate Office was established from 1 August 2010. It was noted that the chair of BSRD was the Director of Research and Innovation, who also now chairs URC, thereby providing linkage between the strategic role of the latter and the quality assurance and oversight role of the former.

Selection, admission and induction

206 The University participated in the QAA special review of research degrees in 2006, which concluded that, overall, the institution's ability to secure and enhance the quality and standards of its research degree programmes was appropriate and satisfactory. The review team noted as good practice the strong framework of Professional Development Practice that was embedded within the University's guidance notes and regulatory framework, and this audit team also recognised this.

207 The 2006 review recommended that further consideration be given to whether the University fully meets the terms of the *Code of practice, Section 1: Postgraduate research programmes*, with respect to its admissions procedures. The University's response to this recommendation has been to strengthen training of those staff responsible for admitting research students, but with an emphasis on obtaining valid evidence of the ability to succeed, rather than the possession of a particular class of honours degree.

208 Selection and admissions processes are described in the University's Research Degree Regulations, the University's Code of Practice on Research Students and their Supervision, the Research Degree Quality Assurance Procedures and the Introductory Guide to Research Student Training, all of which are available on the Quality Assurance and Enhancement Unit website.

209 It is normal practice for applicants to be interviewed, and individual applications are subject to final approval by the chair of BSRD. At least two supervisors are appointed for all research students, one of whom must have previous successful supervisory experience. The research student registers formally by completing the research student-supervisor agreement form (part of the Postgraduate Skills Record), which defines the mutual responsibilities of the student and supervisors (including frequency of contact with supervisors), supporting facilities and research training, and is authorised by the Dean of School or Director of the Research Institute within which the student is placed.

210 Formal confirmation of the student's registration for MPhil (or PhD in cases where direct registration is possible) is subject to BSRD approval of a much longer research proposal pro forma (R1), which is first scrutinised by the appropriate Standing Panel. The research proposal must include both a review of previous work and a detailed plan of the proposed project work, including summarising the novel contribution to knowledge that the research is expected to make. The audit team reviewed several of these research proposals, which were included in full in BSRD business, and considers the proposals and the scrutiny process conducted by the Standing Panels and BSRD to be a rigorous and effective way of determining research students' potential.

211 Research students that the audit team met confirmed that they had experienced thorough and effective admission, selection and initial research review processes, including personal interviews, and that the information, advice and guidance they had received was accurate and consistent with the environment and resources provided.

Supervision

212 At least two and normally not more than three supervisors, led by a Director of Studies, are appointed for each research student. Arrangements are in place for induction and development of new supervisors, including a seminar series covering quality assurance procedures, the supervisor's role and relationship with research students, and preparation and examination of students at three key transition stages. Supervisory arrangements for students who plan to conduct their research outside the University have to be agreed on an individual basis by the BSRD, according to the criteria specified in the Research Degree Regulations.

213 Research students that the team met during the audit confirmed that they received good support from supervisors, and drew attention to the networking arrangements that the University provided for research students through research fora, enabling them to keep in touch both with a wide range of academic staff and also with peer students who were working in the same school or institute.

Progress and review arrangements

214 Progress and review arrangements for research degrees are primarily laid out in the Research Degree Quality Assurance procedures, which specify annual formal progress reviews by BSRD (via its school/centre standing panels), augmented by various additional meetings. Several of these reviews are subject to mandatory reports as part of the research student's initial induction, leading up to formal registration of the student's research programme after 6-9 months. A mid-programme research degree review and transfer procedure to PhD for students initially registered on MPhil is also mandatory (R2), and takes place after 12-18 months for full-time students (for those students registered for a PhD direct, an equivalent mid-programme assessment of programme is undertaken). The same procedures are followed (with timing adjustments, where appropriate) by students registered for PhD by published work.

215 Feedback is provided both verbally and in written form to the students after all review meetings, although formal confirmation of the recommendations of the standing panel is the prerogative of BSRD. Students that the audit team met professed themselves to be very satisfied with the advice and feedback that they received.

216 Success rates of full-time students are in keeping with national benchmarks, but completion rates for part-time students are currently more disappointing. BSRD monitors several indices of research student progress via the Annual Report on Research Degrees and Research Student Progress, but overall, research student numbers are too small to be statistically significant and are not formally published by HEFCE.

Development of research and other skills

217 Personal and professional development of research skills is managed through the Postgraduate Skills Record, which all students are issued with when they join, and is a document jointly shared between the student and his/her supervisors. All research students are expected to attend the Research Training Programme, designed to cover one dimension of the joint Research Councils' Skills Statement. Most research students (including those the audit team met) do not undertake University teaching, but the few who are employed as graduate teaching assistants are now required to undertake the University's new PGCTLHE, which commenced in 2009. At the time of the audit, two research students have registered on this programme.

218 Research students that the team met spoke positively about the research skills training programme, and part-time students remarked that the programme was well-supported by a presence on the University's virtual learning environment (VLE), which provided good online access to the skills resources. The final session in the spring term is a feedback and review session through which the University solicits student feedback and suggestions for improvements to the programme. Students also engage with the national VITAE skills training programme for research students, via the North-West VITAE hub.

219 The University currently uses plagiarism detection software to check master's theses, but not PhDs. Staff indicated to the audit team that they did not consider it necessary to use plagiarism detection software, as supervisors work closely with students and know what their students' capabilities are, and in the case of PhDs by publication the material on which the thesis is based has already been peer-reviewed.

Feedback mechanisms

220 The briefing paper indicated that BSRD is the mechanism by which feedback from students is formally reviewed at University level, although informal feedback from research students is monitored through several other channels, including the school and institute research committees and University Research Committee and the Research Skills Training programme. Feedback from individual students is solicited annually, considered in detail by the Standing Panels of the BSRD, and summarised in a brief annual report to BSRD from each school or institute.

221 The University also takes part in PRES annually and a detailed analysis of outcomes is reviewed by BSRD each autumn. However, since research student numbers in each school/institute are small, data are not statistically reliable.

222 In its Briefing Paper the University acknowledges that further work is required to gain feedback from employers, funders and other sponsors of research students, and from research graduates and alumni. From its scrutiny of BSRD papers, the audit team also concluded that although BSRD collects, reviews and (where appropriate) responds to research student feedback in line with the *Code of practice, Section 1: Postgraduate research programmes*, the mechanisms in place provide no formal opportunity for students to comment on strategic developments in research student supervision and support arrangements, and no mechanism by which actions that the University takes to respond to student feedback are formally communicated back to students.

Assessment

223 Criteria for assessing research degrees are specified in detail in the Research Degree Regulations, and are consistent with those expected of the FHEQ. Nomination, approval and assessment processes are clear, and include a requirement that two external examiners be appointed for examinations of staff candidates (one external and one internal examiner is otherwise required), that an oral examination should normally be held, that each examiner should prepare an independent preliminary report before the oral examination is held, and that subsequent to the oral examination they should prepare a joint report and recommendation for consideration and approval by BSRD. Where examiners are not in agreement following the oral, they are required to submit separate reports and recommendations.

224 The audit team reviewed the arrangements for assessment of research students and concluded that they include appropriate mechanisms to assure the maintenance of academic standards, independence and externality.

Appeals and complaints

225 Appeals and complaints procedures are described in the Research Degree Regulations for MPhils and PhDs, the Code of Practice for Research Students and Supervisors, and the Policy and Code of Conduct on the Governance of Good Research Documents, but only one appeal and no complaints have been registered in the last 10 years. The audit team considered that the University had suitable complaints and appeals processes in place.

226 The audit team found that the University has a sound framework and arrangements for research students, and has taken appropriate action in response to the recommendation from the QAA review of its research degree programmes in 2006. The research environment and postgraduate experience are consistent with the expectations of the *Code of practice, Section 1: Postgraduate research programmes*. The team concluded that the

comprehensive, consistent and systematic oversight of the research student experience was a feature of good practice.

Section 7: Published information

227 The University publishes a wide variety of information through its website and in print. At the time of the 2005 audit, the audit team considered it desirable that the University develop an editorial policy for publishing material through the University website. The current audit team learnt that this had been addressed with the creation of central guidelines regarding the quality and style of web-published information covering both the University and its collaborative partners. Staff in the schools or service areas are responsible for authoring the content of publications and solely responsible for ensuring its accuracy at the time of publication. The team heard from staff in schools with UK collaborative provision that they monitor their partners' publications both for accuracy and to ensure conformity with the corporate style guides laid down by the University marketing office.

228 Internally published information such as handbooks, policies and guidelines is published either on areas of the web or web-based applications, as well as in printed format. Students receive a number of handbooks, which they generally found to be useful and accessible; however, the audit team noted that they varied in content. The University places great emphasis on the handbook as the primary means by which University policies and guidelines are communicated to students. Staff guidelines and policy documents are largely made available through the Learning Enhancement and Professional Development Unit and Quality Assurance and Enhancement Unit areas of the website, although the team found that old and outdated policy documents were still available for download after they had been superseded by newer ones.

229 Students who met with the audit team were largely content with the accuracy of information from prospectuses and other pre-arrival information, with their experiences matching up with their expectations in most cases. The team noted that parts of the dedicated support pages for international students, while potentially a useful resource, did not function. The team noted that at the time of the audit visit the information on overseas partners and programmes offered given on the University's website did not tally with that in the Collaborative provision Register, nor was either set of information fully consistent with the overall figures for international partnerships cited in the Briefing Paper.

230 In the view of the audit team, the University's systems to ensure that reliance can reasonably be placed on the accuracy of the information it publishes about the quality of its educational provision and the academic standards of its awards are generally sound. However, the team had concerns about the accuracy of information published about some of the University's overseas collaborative provision (see Section 5). The University is advised to ensure the accuracy and currency of website content with regard to programmes delivered collaboratively.

RG 707a 04/11

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ISBN 978 1 84979 270 7

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Registered charity numbers 1062746 and SC037786