



Audit of overseas provision

**Cranfield University and the
Institute of Clinical Research, India**

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Introduction

This report considers the collaborative arrangement between Cranfield University and the Institute of Clinical Research, India.

The Quality Assurance Agency for Higher Education

1 The Quality Assurance Agency for Higher Education (QAA) is a United Kingdom (UK) organisation that seeks to promote public confidence that the quality of provision and the standards of awards in higher education are being safeguarded. It provides public information about quality and standards in higher education mainly by publishing reports resulting from a peer-review process of audits and reviews. These are conducted by teams selected and trained by QAA and comprising academic staff from higher or further education institutions. The most recent Institutional audit report on Cranfield University was published by QAA in April 2005.

2 One of QAA's review activities is to carry out quality audits of collaborative links between UK higher education institutions and their partner organisations in other countries. In 2008-09, QAA conducted audits of selected partnership links between UK higher education institutions and institutions in India. The purpose of these audits was to provide information on the way in which the UK institutions were maintaining academic standards and the quality of education in their partnerships. The reports on the individual audits will be used in the preparation of an overview report on the collaborative arrangements for the management of standards and quality of UK higher education provision in India.

The audit process for overseas collaborative links

3 In April 2008, QAA invited all UK higher education institutions to provide information on their collaborative partnerships in India. On the basis of the information returned on the nature and scale of the links, QAA selected for audit visits 10 UK institutions with links in India. Each of the selected institutions produced a briefing paper describing the way in which the link operated, and commenting on the effectiveness of the means by which it assured quality and standards. In addition, each institution was asked to make reference to the extent to which the link was representative of its procedures and practice in all its overseas collaborative activity. Institutions were also invited to make reference to the ways in which their arrangements met the expectations of the *Code of practice on the assurance of academic quality and standards in higher education (Code of practice)*, particularly *Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, published by QAA in 2004.

4 In October/November 2008, one of three audit teams visited each of the selected UK institutions to discuss its arrangements in the light of its briefing paper. In January/February 2009, the same team visited the relevant partner organisations in India to gain further insight into the experience of students and staff, and to supplement the view formed by the team from the briefing paper and from the UK visit. During the visits to institutions in India, discussions were conducted with key members of staff and with students. The audit of Cranfield University (Cranfield) was coordinated for QAA by Ms J Holt, Assistant Director, Reviews Group. The auditors were Professor Graham Chesters and Professor Paul Periton, with Ms J Holt acting as audit secretary. QAA is particularly grateful to the UK institutions and their partners in India for the willing cooperation they provided to the team.

The context of collaborative provision with partners in India

5 In India, responsibility for higher education resides with the Department of Higher Education within the Ministry of Human Resources Development. The University Grants Commission (UGC) is the national body responsible for granting recognition to all higher education qualifications; it also regulates the use of university title. Constitutional responsibilities for education are shared between the national parliament and state legislatures. Both can authorise the establishment of universities, public or private, while the national government can

grant 'deemed university' status to an institution on recommendation from UGC. Degree awarding powers are vested in universities, but there are also numerous colleges that offer the degrees of universities to which they are affiliated. Colleges may be categorised as public or private based on their ownership; however, funding arrangements blur the distinction because of the self-financing activities of public institutions and because private institutions may receive government aid. The number of private institutions has grown in recent years and these tend to offer more employment orientated programmes than their public counterparts; some award qualifications through collaboration with foreign institutions. The All India Council for Technical Education (AICTE) is one of several bodies established with responsibilities in particular subject areas. The remit of AICTE is broad and includes engineering and technology, business and management, hotel and catering management, architecture and town planning, pharmacy, and applied arts and crafts. AICTE introduced regulations in 2005, under which foreign institutions imparting technical education are required to obtain approval from AICTE for their operations in India. There is currently no legal framework for recognising qualifications awarded by foreign institutions on the basis of programmes delivered entirely in India. The so-called 'Foreign Providers Bill', which would introduce such a framework, has been the subject of parliamentary debate but has yet to reach the statute books.

Section 1: The background to the collaborative link

Nature of the link

6 The collaboration between Cranfield and the Institute of Clinical Research, India (ICRI) was first established in March 2006. It is based on the joint delivery of the full-time MSc Clinical Research, which has an associated postgraduate diploma qualification; Cranfield is the awarding institution. The course falls within the academic field of the University's School of Health, known as Cranfield Health, in the Faculty of Medicine and Biosciences, and is an extension of a pre-existing part-time MSc run by Cranfield in the UK.

7 The collaborative course is offered to ICRI students at Delhi, Mumbai, Bangalore, Ahmedabad (since 2008), and also at Cranfield. They can follow the whole course in India or follow the taught course at Cranfield, either returning to India to complete the project, or fulfilling the project requirement in the UK. Cranfield currently delivers 25 to 30 per cent of the taught course in India, with at least one member of its staff present on each of four ICRI campuses when any module is taught. The student cohort in India was 545 in 2006-07, 364 in 2007-08 and 376 in 2008-09, with the respective figures at Cranfield being, 14, 15 and 10.

8 ICRI is a private provider of education established in 2004 in response to an increasing demand in India for clinical research professionals. Its mission is to provide an independent global framework for international education, training and exchange of information for clinical research professionals, and to foster professional excellence in design and execution of clinical research, thereby contributing to enhancing the clinical research culture in India. It has demonstrated significant growth in its short history, having trained over 6,500 professionals since 2004.

9 While Cranfield has long-established links with European education organisations, relating to 'dual awards' (jointly delivered but leading to separate awards from each institution), the link with ICRI is the first and only international collaboration that it has entered into based on the joint delivery of a course leading solely to a Cranfield award. It is therefore not representative of the University's normal procedures and processes for overseas collaborative arrangements. However, it may be regarded as sharing characteristics of two of the basic categories of collaborative link defined by Cranfield in its procedures, namely the full Cranfield course (designed and delivered by Cranfield) and the franchised course (designed by Cranfield and delivered by a partner organisation). The other categories cover dual awards (as mentioned above) and validated courses, which are designed, owned and delivered by a partner organisation, and relate mainly to links that the University has with a number of UK military

schools. Cranfield produces a register of all its collaborative arrangements, but this is not made available on the website.

10 Cranfield has looked into the possibilities for in-country recognition of the course and found that clinical research is currently not within the purview of India's University Grants Commission, the All India Council for Technical Education, or the Indian Council of Medical Research. There is therefore no relevant Indian government body that is able to give permission or requires its permission to be sought for the course to run; nor is it covered by any State Act. The status of the course is clearly displayed on the ICRI website and in its relevant literature.

11 In 2006-07, Cranfield and ICRI were granted a UK-India Education and Research Initiative award to develop a master's course in translational medicine. However, plans to extend the partnership in this way have been put on hold by Cranfield pending the resolution of a range of issues surrounding the delivery of the MSc Clinical Research course.

The UK institution's approach to collaborative provision

12 In its Strategic Plan, 2006-07 to 2010-11, Cranfield sets out its aims to seek alliances in new geographic markets, to respond rapidly to partnership opportunities and raise the profile of the Cranfield brand internationally. One of the key actions identified was for the University to operate 'with a high level of coherence, sharing information, collaborating and building on other Cranfield initiatives in each geography'. The audit team met senior Cranfield staff who indicated that this approach was specifically focused on award-bearing courses (rather than short executive courses), on links that complemented core activity, and on collaborations involving a low financial risk.

13 When Cranfield entered into partnership with ICRI, its approach to assuring quality and standards in collaborative provision was incorporated in a set of institutional guidelines (Senate Code of Practice 7: Guidelines on Collaborative Arrangements for Courses leading to Cranfield Degrees), adopted in July 2000, and until very recently not subject to revision. With reference to this Code of Practice, the 2005 QAA Institutional audit had encouraged the University to test the security of its arrangements for academic partnerships against the guidance contained in the *Code of practice*, as revised by QAA in 2004. The audit also raised concerns about the basis on which the University relied, at institution level, for its assurance that significant matters were being addressed in each of its collaborative arrangements. The Briefing Paper for the present audit acknowledged that, in establishing the link with ICRI in 2006, the relevant Senate Code of Practice was not fully followed and that in any case it might not have been 'fit for purpose'.

14 The audit team was of the view that Cranfield had been slow in assessing the appropriateness of its guidelines on collaborative provision, either as a matter of routine or in response to the 2005 audit. Nevertheless, it saw evidence that the Senate Code of Practice was now in the process of undergoing a thorough revision and noted that it would be subject to a periodic assessment of its effectiveness. It was explained to the team that the previous guidelines were too 'broad-brush and generic' and needed to be more explicit in the assessment of risks. Lessons learnt from the ICRI experience were informing the changes. It is too early to judge the adequacy of the revision, particularly since it was also explained that further guidance documents were likely to be produced. Even so, the team recognised that Cranfield was attending to the fundamental issues raised by the Institutional audit and that there is now some prospect of the 'systematic institution-level overview of quality and academic standards in collaborative provision' considered to be absent in 2005.

15 Cranfield assumes what it terms 'quality responsibilities' for its collaborative provision, and, taking the 'full Cranfield course' to be the closest proxy to the Cranfield/ICRI course, this means that all 'normal quality assurance arrangements will apply, irrespective of the location of the course'. Thus approval, monitoring and review processes are those that obtain for on-campus courses, except that the interval of the first periodic review is three years rather than five (see paragraphs 32, 54). Within Cranfield's committee structure, the Teaching Committee is the major

committee dealing with matters relating to quality and standards. It has responsibility for recommending to Senate (the senior academic committee) new courses for approval, as well as for monitoring and reviewing existing provision. The appropriate faculty board has been delegated with responsibility for establishing quality assurance procedures and quality control mechanisms in accordance with the Senate Code of Practice 'to ensure that the academic standards of the external course are comparable to those for a course delivered by the University and leading to the same academic distinction' (award).

16 The course approval documents for the ICRI link (considered by the Teaching Committee) included the proposal to establish certain committees for the purpose of managing the link. One of these, a 'course steering committee' (based in the UK) was to have 'representatives from appropriate industry and from clinical centres of excellence', as well as nominations by ICRI. There was also to be a partnership-level steering committee (now known as the Steering Committee), with a link into Cranfield through the executive structure (Executive Senior Management Team). The Briefing Paper indicated that all Cranfield MSc courses were managed at an operational level by a course committee and, for the ICRI link, course team meetings are held in India.

17 The audit team was informed that no ICRI representatives had been nominated to the Cranfield-based industrial advisory board (fulfilling the role attributed to the 'course steering committee' mentioned in the course approval documents), although ICRI had established a similar body in India. The Steering Committee itself appeared not to have met until March 2007, and then with no formal minutes produced; and, as far as the team could ascertain, a course team meeting was held for the first time only in July 2007, some 10 months after the first student intake. It was evident that from July 2007 onwards, both course team meetings and the meetings of the Steering Committee had been held with increasing regularity and frequency; nevertheless, Cranfield may wish to consider improving the timeliness with which key committees are established in a new partnership.

18 On a related point, the audit team noted that representation at the course team meetings in India, with the exception of the Course Director (who acts as chair), consisted entirely of ICRI staff (the regional coordinators and the National Coordinator in India together with senior ICRI staff), even though Cranfield is responsible for delivering 25 to 30 per cent of the course, and the agenda touches on academic standards. Cranfield may wish to consider ensuring the sufficiency of its representation at course team meetings in the context of joint course delivery.

19 The collaborative agreement (see paragraph 43) provides for the appointment by Cranfield of a course director and academic administrator 'responsible for overseeing the academic integrity of the collaboration'. The audit team noted that a dedicated course director did not take up appointment until May 2007, although the role was undertaken until then by the Director of Education within Cranfield Health. In certain capacities as Director of Education, this put him in the position of effectively reporting to himself on matters relating to the Cranfield/ICRI course, the sort of situation involving potential conflicts of interest that Cranfield will no doubt wish to avoid in future.

20 At Cranfield, heads of school have as their focus the health of the school as a business enterprise, while deans have responsibility for quality assurance across their respective faculties. It was explained to the audit team that, in practice, this distinction was a matter of balance rather than dichotomy, in that deans also had an interest in the business side and heads of school an interest in the quality side. However, the team observed through a scrutiny of the records of key committees within Cranfield Health (Cranfield Health Executive and Academic Programme Directorate) that business matters, such as recruitment targets, tended to dominate. The lack of emphasis on oversight of quality at the school level clearly places a greater responsibility on the faculty for the rigour of its oversight.

21 As will become evident later in this report, the development and early implementation of Cranfield's link with ICRI revealed a number of weaknesses in its overall framework for guiding the management of collaborative provision in relation to quality and standards. These were not limited to shortcomings in the Senate Code of Practice (see paragraphs 13-14), or to the operation of the steering committees, which were not functioning with the level of effectiveness envisaged in the course approval documents (see paragraphs 17-18), but extended to the structures at Cranfield that were intended to underpin both the course and the partnership.

22 The approval process relating to the delivery of the course (termed accreditation) identified major issues concerning the adequacy of staff resources in general and in particular for the supervision of projects; the potential demands of assessment on staff time were specifically highlighted as a challenge (see paragraph 37). Even though these issues were noted by the Faculty of Medicine and Biosciences Board in May 2006, shortly after the accreditation visit, there was no follow-up at its next meeting in October 2006, by which time the course was already underway. From the audit team's point of view, the Faculty Board appears to have had no system for tracking how Cranfield Health was addressing serious issues arising from the accreditation visit. In contrast, the Teaching Committee was proactive in raising questions about what progress was being made and arranged for the accreditation panel to return to ICRI in August 2007 to undertake a special review (see paragraphs 55-56).

23 Course team minutes are not routinely received by faculty boards at Cranfield, so responsibility for raising relevant issues at such boards rests with course directors who are faculty board members. During 2006-07, the Faculty of Medicine and Biosciences Board minutes recorded little discussion about the ICRI link and there was not a regular report from the Course Director. Given that the collaboration with ICRI represented a major and important initiative with issues yet to be resolved, the audit team was of the view that faculty oversight of the management of the provision in the early stages should have been more formal. Also, with the Steering Committee having held only one meeting during 2006-07, followed by an interval of 10 months before the next meeting, it is reasonable to conclude that the link to the relevant executive committee in Cranfield can only have been tenuous, and insufficient to allow this committee to monitor adequately such a major undertaking during a critical period of its development.

24 The audit team noted that Cranfield had adopted an action plan for the operation of the link during 2007-08 onwards, with progress monitored by the Faculty Board and Teaching Committee, and also by the Steering Committee (see paragraphs 57-58). However, by the time the action plan was being implemented, the logistical and resourcing problems first signalled at accreditation had, as indicated by the special review, grown worse, with a backlog of issues building up as a second large cohort of students joined the course. More recently, the Faculty Board has adopted a risk register for monitoring purposes (see paragraph 61). However, at the time of the audit, the work to return the operation of the course to some level of stability, so that routine procedures could be appropriate for dealing with it in future, was still some way from completion (see paragraphs 62, 96).

25 The audit team acknowledges the steps being taken to recast the institutional guidelines on collaborative provision for taught courses and the actions of the Teaching Committee in triggering the review and consequent action plan. However, given the ongoing operational problems, it is not possible for the team to see whether the steps so far taken are likely to address the systemic issues that have clouded responsibilities between school and faculty levels in terms of the separation between business and quality matters and which, in the view of the team, contributed to the delay in dealing with known issues. Cranfield may wish to consider reviewing whether the extent of delegation of quality assurance responsibilities, normally given to the faculty in the initial phase of a new partnership, is appropriate for large and complex collaborative provision in the absence of formal central guidelines governing the joint delivery of courses.

Section 2: Arrangements for establishing the link

Selecting and approving the partner organisation

26 The first stage of Cranfield's procedure for establishing collaborative provision is to ascertain the suitability of the partner organisation. This decision ultimately rests with Senate and is based on an assessment of whether the association will enhance or diminish the University's reputation and economic position. Preliminary soundings used to be taken from the Executive Senior Management Team (formerly the heads of school committee) to gauge the extent of general support, but the procedure has since been amended, as part of the recent revisions to the Senate Code of Practice, shifting the early stage approval to the committee structure and away from the executive structure.

27 Any proposal for a new partnership must be adopted by the relevant school, sponsored by the appropriate faculty board and endorsed by the Teaching Committee. For successful proposals the prospective partner is requested to submit a paper in support of the collaboration. At this juncture, Senate first considers the proposal and, provided it is acceptable, a committee is set up to visit the partner organisation and report on its suitability, particularly its capacity to provide 'the appropriate ethos and environment'; this report informs Senate's final approval decision. Once approval has been secured, contract negotiations with the partner organisation may begin and a collaborative agreement must be signed before the partnership comes into effect. The revisions to the Senate Code of Practice formalised the procedure and introduced a standard template for the proposal, covering the strategic and business cases; the standing of the prospective partner organisation; the likely financial arrangements; a summary of the proposal; a risk assessment including staffing implications; and an indication of any special monitoring arrangements for the link outside normal University requirements.

28 The possibility of a link with ICRI, which was seeking a UK partner, came at a point when Cranfield Health, formed in 2005-06, was establishing itself as a separate school within the University. It was clarified to the audit team that ICRI was regarded by the School to be foremost in India in terms of standards of clinical research and its philosophy of 'making a difference' was aligned to Cranfield's own values. The formal discussions with ICRI were led by the Cranfield Health Director of Education (not the current post-holder) supported by the Deputy Vice-Chancellor who was also, at the time, the 'caretaker' Head of the School. Following a December 2005 visit by the Director to three ICRI locations (Delhi, Bangalore and Mumbai), a four-day planning meeting was held at Cranfield resulting in the signing of a collaborative agreement in March 2006. A further visit followed later that month when the Director was accompanied by the Deputy Vice-Chancellor.

29 Despite the frequency of the visits and the intensity of the final negotiations, the audit team did not see any outcome of Cranfield's procedure to gather and present 'appropriate information on the academic standing, financial security and probity of the prospective partner', as required by the version of the Senate Code of Practice current at that time. Moreover, there is no evidence that Senate approved the partnership with ICRI before the collaborative agreement was signed, or that it approved the partnership retrospectively, although it did approve the collaborative delivery of the course in India (see paragraph 36). Senior staff suggested to the audit team that the agreement would have been signed 'subject to Senate approval'; however it appeared that Senate was never subsequently given the opportunity formally to approve the partnership.

30 Although Senate did not itself establish a committee to visit the partner organisation, the Teaching Committee (whose terms of reference do not include a responsibility to recommend approval of partnerships) formed a review panel to undertake an accreditation visit to ICRI. The panel consisted of a member of academic staff from a different school and a senior administrator, and the visit took place in May 2006, some two months after the collaborative agreement had been formally signed. Their report was received by the Teaching Committee and also by Senate which, in July 2006, approved the course for delivery at both Cranfield and ICRI. In the audit

team's view, the accreditation report was an important and carefully written document. The team was told by one of the authors that the purpose of the accreditation visit was to explore the feasibility of delivering an existing programme in India as a full-time course (see paragraph 32), the viability of the partnership having already been established by the Executive Senior Management Team in advance of the visit.

31 It seemed to the audit team that the process for approving the partnership had been driven by senior staff according to a timetable that did not take account of the procedures set out in the Senate Code of Practice (previous or revised versions). While it is possible that all the major stages of the process were carried out, the sequence in which they occurred had the effect of undermining Senate's role in partnership approval. Cranfield will no doubt wish to consider reviewing its mechanisms for ensuring full adherence to its procedures for approving collaborations with partner organisations as distinct from approving arrangements for the collaborative delivery of specific courses.

Programme approval

32 The mechanism for establishing the academic case for a new course offered through a collaborative arrangement is the same as that for any new course at Cranfield, and is incorporated in a set of institutional procedures (Senate Code of Practice 4/04: The Maintenance and Monitoring of Academic Standards - Taught Courses). Proposals are prepared according to a template and with reference to a generic master's-level descriptor. Once the relevant faculty board agrees to sponsor the course and is satisfied that all formal requirements are met, it forwards the proposal, together with a programme specification, for consideration by the Teaching Committee which makes a recommendation to Senate. Responsibility for approving revisions to taught courses is taken at different levels of the committee structure depending on the nature of the revision, and the various authority levels for committees are set out in an appendix to the template for taught course proposals. The MSc Clinical Research for joint delivery with ICRI was treated as a full-time variant of an existing part-time course, requiring sequential approval by the Faculty Board, the Teaching Committee and Senate.

33 In February 2006, the Faculty of Medicine and Biosciences Board received a brief overview of emerging proposals for new courses from the Cranfield Health Director of Education, including that for the full-time variant of the MSc Clinical Research. The intention was to present a proposal for this course at the following Faculty Board, if necessary at an extraordinary meeting. Among points raised in discussion at the February meeting was the suggestion that the full-time variant should run at Cranfield before being delivered at ICRI, as well as a need for reassurance that 'every safeguard would be taken to ensure that the University's mechanisms for quality assurance and enhancement would be adhered to in India'.

34 The audit team saw no evidence that a Faculty Board meeting gave formal sponsorship to the proposal, even though the proposal that later went to Senate stated unequivocally that the Board 'gave outline agreement to sponsor the course at its meeting on 2 February 2006 and is fully satisfied that course delivery, structure, content and organisation are of an acceptable standard [and] the academic standards set for the course are comparable with those set by Cranfield University for the qualification concerned, irrespective of the mode of delivery'. The record of the February meeting does not support this position; nor is it clear by what process the Faculty Board satisfied itself on the details of delivery, structure, organisation and academic standards. In particular, assessment arrangements appear not to have been addressed; specifically, how a pattern of assessment designed for a part-time course where modules are spread over a longer period would need to be adapted for a full-time course where the modules follow in quick succession. Although the assessment load implied by the full-time variant of the course was subsequently identified as a potential problem in the context of large student numbers (see paragraph 37), the team was of the view that a more detailed scrutiny of assessment-related issues by the Faculty Board at this early stage of the approval process might have averted some of the problems caused by the logistics of assessment that became evident during the first year of the collaboration.

35 The audit team also found no evidence of an evaluation at faculty level of ICRI's capacity to ensure that students undertaking work-based research projects in India had appropriate learning opportunities. Such an evaluation might have forestalled the difficulties encountered by students who found themselves working in full-time employment, rather than on a supervised work-based project, with limited opportunity to consult their supervisors, inadequate time to undertake their projects and facing obstacles from employers concerning confidentiality of material. These observations lend weight to the team's reservations about the effective operation of quality assurance processes at faculty level (see paragraph 25).

36 The Teaching Committee decided at its April 2006 meeting to recommend the full-time course to Senate for approval, subject to certain amendments and, as previously mentioned, it also established an accreditation panel to visit ICRI and report back. The declared purpose of the visit was to 'undertake an accreditation of the facilities and staff resources and to offer advice and guidance on Cranfield's quality assurance policies and procedures'. The course proposal, supplemented by the accreditation report, was approved by Senate in July 2006 on the recommendation of the Teaching Committee. The audit team noted that the proposal stipulated a maximum intake in India of 300 students, while the accreditation report predicted on the basis of recent information an intake of over 550. In the event, 545 students were recruited in India. In the team's judgement, the immediate overturning of the stipulated maximum at the first intake carried serious risks to the capacity both of ICRI and Cranfield to deliver the course. The team was unable to discern any process by which such a decision to exceed the maximum had been made.

37 The accreditation report recorded broad satisfaction with the resources and facilities at ICRI. It nevertheless predicted some difficulties with project submissions because of confidentiality issues and listed the major logistical challenges for Cranfield, namely: heavy demands caused by a prospective intake of 550 in terms of project supervision and all aspects of assessment (including an estimated 16,500 pieces of assessment); the need to appoint new Cranfield staff with particular responsibility for the ICRI course; and the need for careful briefing and mentoring of ICRI staff, particularly in relation to the MSc research project. It also made certain proposals designed to address some of the challenges identified, and referred to 'the order of magnitude of the initiative and the attendant importance to Cranfield's reputation'. In discussion with the audit team, one of the authors of the report regretted that his panel did not contain an adviser external to the University with particular knowledge of Indian higher education and the cultural differences between the UK and Indian systems. The team shared the same view, noting that Cranfield's arrangements for course approval contained no requirement for external involvement.

38 The audit team was told that in subsequent discussions about the recommendations in the accreditation report, it was agreed that Cranfield Health would take responsibility for the resource issues, for example through the appointment of new staff, with the implication that responsibility for quality issues rested elsewhere. However, as mentioned previously, there was no evidence that the Faculty Board was proactive in tracking those recommendations relating to quality, standards and the student experience during 2006-07 (see paragraph 23). Moreover, the particular mechanisms implemented to tackle the assessment load, which involved changes to the form of the examinations and the timetable for submitting assignments (see paragraph 75), were made without sufficient reference to extant faculty policies and guidelines. Cranfield may wish to consider strengthening its course approval procedures to ensure that assessment schemes conform to the relevant faculty guidelines.

39 Since the original Senate approval in July 2006, there have been three further related approvals. First, with effect from 2007-08, Senate approved a part-time version of the MSc Clinical Research to be delivered in India jointly with ICRI, aimed at employees already working in relevant industries; this particular course has never run. Second, with effect from 2008-09, the Teaching Committee approved the delivery of the full-time MSc at an additional campus in India, at Ahmedabad. Third, with effect from 2008-09, the Teaching Committee approved (by chair's action) an amendment to the entry requirements for the Cranfield-based course, which would allow non-ICRI students direct entry without completing a foundation year (see paragraphs 71, 111).

40 In relation to delivery of the course at Ahmedabad, the Teaching Committee had given its approval despite its concerns over 'the continuing difficulties' with the existing delivery of the MSc, being assured that 'measures were being taken at a senior level to address these'. The approval was subject to ICRI and Cranfield Health providing 'evidence that planned staff development and induction [had] taken place before commencement of delivery'. This condition was based on a report produced following the Ahmedabad site visit in April 2008 - a visit that, in broad terms, had complied with the revised procedures for a site visit and accreditation of a collaborative partnership. At its September 2008 meeting, the Teaching Committee received a detailed report on the training of ICRI staff at Ahmedabad, but was not fully assured that all the planned staff development and induction had taken place as required and remained concerned about 'over-reliance on the Course Director', which, it argued, needed to be reduced. Nevertheless, the Teaching Committee declared itself satisfied that Cranfield Health was providing 'reasonable levels of support'. Noting that the teaching of the first module in Ahmedabad had already begun, the audit team concluded from this sequence of events, that the formal processes established by the University in order to assure quality and secure standards had been overridden by the pressures of delivery.

41 The audit team noted from the same meeting of the Teaching Committee that, after Ahmedabad, there were 'no plans at present to expand delivery of the course to further campuses'. However, during its visit to India, the team learnt that ICRI had already recruited 37 students to the first year of what it calls 'the two-year MSc Clinical Research programme' at the newly opened Hyderabad Campus. This is listed in web-based material, along with Mumbai, Delhi, Ahmedabad and Bangalore, as one of the sites at which the MSc (awarded by Cranfield) starts every year. Since there was no evidence that the University had conducted a site approval visit or approved delivery at a fifth site, the team concluded either that there had been an omission in the approval process, or that ICRI's publicity had not been monitored with sufficient rigour (see paragraph 109). Given the ambiguity over whether Hyderabad is a delivery site for the MSc, or for the foundation year only, Cranfield may wish to consider establishing the exact status of the ICRI offering at Hyderabad in relation to the Cranfield MSc award.

42 The audit team recognised the challenge in accommodating ICRI's ambitious growth strategy in terms of student numbers and additional sites, but came to the conclusion that approval processes had not consistently operated in a way that aligned with the University's own principles and recommended practice. There were occasions when pragmatism appeared to have taken priority over procedure, potentially risking the manageability of the whole collaboration.

Written agreement with partner organisation

43 Cranfield publishes a model agreement for use in relation to externally validated courses, namely those designed, owned and delivered by partner organisations that lead to Cranfield awards. This covers the University's regulatory framework, its responsibilities for academic standards and its requirements for quality assurance, and lays an obligation on the partner organisation to 'ensure that there is no reduction in staffing levels or the overall level of staff qualifications, except with the agreement of the Cranfield Faculty Board'. There is no model for joint delivery arrangements and the collaborative agreement with ICRI, by contrast, does not explicitly mention standards or quality assurance, although there is a general reference to Cranfield's responsibility for 'all academic aspects' and regulations. It insists on Cranfield's responsibility for 'the provision and quality of teaching', while identifying as ICRI's responsibility the training of its staff. There is a strong, recurrent emphasis on intellectual property and confidentiality. The period of the agreement is six years, with termination clauses clearly written. In case of termination, the agreement is unambiguous in asserting that Cranfield will ensure that students have the opportunity to complete the course.

44 An amendment was made to the contract in September 2008. This dealt with the number of ICRI students accepted onto specified Cranfield MSc courses in the UK; stipulated that passing the foundation year was a necessary requirement for ICRI students to gain admission to the MSc Clinical Research; clarified that Cranfield was not responsible for students during the foundation

year; changed the responsibility for sourcing projects for ICRI students in the UK from ICRI to Cranfield; and elaborated on the new financial arrangements between the partners. The audit team noted that the amendment did not take account of the Teaching Committee's advice that the revisions to contractual arrangements with ICRI should 'outline commitments from both parties to the sustainability of the academic staff base to support the delivery of the programme in India' (see paragraph 66). In the team's view, the written agreement incorporating the amendment to the contract is broadly fit for purpose, but would benefit from being more detailed in relation to standards and quality assurance, which would encompass relevant staffing parameters. The team understood that there were plans to address this issue through a service level agreement between the partners as recorded in the risk register (see paragraph 61 below). Cranfield may wish to consider reviewing its collaborative agreements to see that they all address the need for maintaining an adequate staffing capacity at the partner organisation.

Section 3: Academic standards and quality of programmes

Day-to-day management

45 The Course Director has overall responsibility for the collaborative course, regardless of location, and for ensuring that it is delivered to Cranfield standards, although executive responsibilities for the delivery in India are undertaken by ICRI senior staff. ICRI has adopted a regional management structure for the course comprising regional coordinators based at each campus, reporting to Cranfield through a National Coordinator. The Course Director chairs the course team meetings in India.

46 As only small numbers of ICRI students have transferred to Cranfield (14 and 15 respectively in the first two years) the course has been delivered alongside other Cranfield courses. In 2006-07, the full and part-time MSc students were taught together, but the diverse nature of the student body (mixing post-experience learners with postgraduate learners) was judged to impact negatively on the learning experience of both groups. Therefore, from 2007-08, teaching has been combined with the MSc Translational Medicine as there is a high degree of overlap between the two courses. At Cranfield there is a course committee covering several cognate courses and the Course Director for the full-time MSc Clinical Research is a member.

47 There is a generic document that describes the roles and responsibilities of course directors and academic leaders at Cranfield, but no specific role description for the course director of a collaborative course, despite the particularities of the role in combining course leadership with academic liaison between the partners. With regard to induction to the role, the present course director for the collaborative course at ICRI, who was relatively new in post, expressed the view that formal preparation for the job could have been better. Cranfield may therefore wish to consider specifying clearly the responsibilities of course directors in relation to collaborative courses, possibly through the formulation of a separate role description.

48 The Course Director visits each ICRI campus once every six to eight weeks, with each visit including an informal debriefing session with the ICRI staff teaching on the course. The Director also spends time with the respective regional coordinators, as well as with the National Coordinator (who is also the Regional Coordinator at Bangalore). Communication with these key post-holders is conducted through direct meetings, almost daily email contact and telephone conferencing. The Course Director has also initiated a training programme for the teaching staff at ICRI and given several presentations to staff and students at the different ICRI campuses (see paragraph 68).

49 The audit team explored the role played by the Cranfield staff visiting ICRI and was told that apart from teaching, they also invigilated examinations, gave tutorials and presentations on issues that had arisen from students' questions, and were involved in the oral assessment of projects. Visiting staff also conduct debriefing sessions for ICRI staff and the team saw an example of a report on one such session. The ICRI regional coordinators, whom the team met in India, confirmed the adequacy and directness of communications with Cranfield staff. The team

concluded that liaison arrangements between Cranfield and ICRI appeared to be working well. The priority given to ensuring the coherence of communication across plural sites in India and between staff based in the UK and in India is identified as a positive feature of this partnership.

50 Administrative arrangements between Cranfield and ICRI have recently been tightened on both sides of the partnership. There are now named contacts at Cranfield (the Cranfield Health Academic Administrator) and at ICRI (the newly-appointed Registrar) with responsibility for maintaining student records and for the transfer of definitive student information between the UK and India and vice versa. At Cranfield, the school administration is responsible for ensuring that the necessary data is entered on the centralised student record system and that the relevant paperwork is processed through formal channels. The improvements in records management are expected to be reflected in improvements in the administration of admissions (see paragraph 71) and registration, which gives students access to the University's electronic library resources and virtual learning environment (VLE). The improvements are also expected to lead to greater efficiency in the transfer of mark lists from ICRI to Cranfield, the compilation of results for examination boards, the confirmation of results to students and the production of certificates and transcripts.

51 ICRI has responsibility for academic support arrangements and students are divided into tutor/mentor groups for assignment work. Individual support is available from the student's mentor (known as a guide) who is also the project supervisor, as well as from Cranfield visiting staff, including the Course Director. In addition, students use the VLE to generate their own support networks often relating to specific issues. The audit team was aware that earlier student cohorts had experienced problems with accessing the VLE and also with user support; however, these problems had apparently been resolved (see paragraph 100) such that the VLE was developing into an essential tool for student information and support.

52 The management of work-based student research projects has been the responsibility of ICRI staff, whether for India-based students or (until 2008-09) Cranfield-based students. However, the audit team found no mention of responsibility for making arrangements for such projects in the collaborative agreement or in the course manuals (see paragraph 104). Cranfield recognises that there has been a lack of clarity about the nature of the work-based project due to the use of the word 'placement', with the serious misunderstanding between the partners as to whether it was a period of supervised work-based learning, or entry to full-time employment, being attributed to cultural difference and semantics. At the time of the audit, the management of projects was logged as an 'uncompleted action point' against the action plan for the link (see paragraph 58) and has now been incorporated into the risk register (see paragraph 61).

53 In order to involve students in the day-to-day management of their courses, ICRI runs a system of elected class representatives. Those for the MSc meet the Course Director at the end of the taught phase, although from 2008-09 quarterly meetings are planned. The audit team met a group of student representatives who were confident of being able not only to represent their colleagues' view, but of being able to influence the management of the course. Evidence confirming the capacity of students to have an impact on the direction and delivery of the course was found in the report on the August 2007 special review (see paragraph 56).

Arrangements for monitoring and review

54 The relevant Senate Code of Practice (Senate Code of Practice 4/04: The Maintenance and Monitoring of Academic Standards - Taught Courses) requires that all taught courses 'must be monitored continually to ensure that academic standards are maintained, course aims are achieved, that the intended learning outcomes are being attained by students and that the quality of the learning support to students is at an appropriate level'. Annual course reports (produced according to a template) are required for all MSc courses and these are submitted to the appropriate faculty board for consideration, normally at the January meeting. In addition, these courses are each the subject of a periodic detailed review, which for newly introduced

courses takes place after three years and subsequently at five-yearly intervals. The Code of Practice also makes provision for special reviews to be instituted when a course 'has been brought into question'.

55 As explained in the Briefing Paper, the normal annual monitoring process has never been applied to the full-time MSc Clinical Research, since before the first annual report was due to be produced, the course had already been made the subject of a special review instigated by the Teaching Committee. The culmination of this review, the QAA audit and a recent change to the schedule for annual course monitoring at Cranfield has meant that, at the time of the audit, no annual report had yet been submitted, although the course was in its third year of operation.

56 The special review was prompted by concerns about the staffing capacity, both at Cranfield and at ICRI (see paragraph 64). A review panel visited India in August 2007 and reported immediately, with a draft report going directly to the Vice-Chancellor, such was the urgency of the issues raised (as judged by the Academic Registrar and Secretary). The audit team regarded the review report as a frank and robust appraisal of what the panel found. It made 24 separate recommendations and appended a commentary on how the recommendations in the 2006 accreditation report had been addressed. The latter presented a picture of inactivity and pointed to failures to engage with the logistical challenges, including delay in the appointment of staff at Cranfield; lack of Cranfield staffing resource and expertise; delay by Cranfield in conferring recognised teacher status on suitable ICRI staff (see paragraph 63); no staff mentoring system in place; no move to introduce flexibility into the nature of projects; and no policy on issues related to work-based projects. The report also drew on student views, some of which were highly critical, both of the course delivered at ICRI and at Cranfield. It revealed a student/staff ratio of 60:1 for project supervision, this being based on the number of staff eligible, as recognised teachers, to supervise projects.

57 It was evident to the audit team from the response to the review report from Cranfield Health, and the record of the discussion of the report that took place at the Medicine and Biosciences Faculty Board, how seriously the review findings were taken. Also, the Teaching Committee required 'a detailed and tangible action plan' to be produced by Cranfield Health for consideration by the Faculty Board and the Teaching Committee. Such a plan was prepared by the new Director of Education, addressing all the report recommendations with meticulous attention to detail and adopting a clear project management approach to resolving outstanding issues. The action plan has since been regularly monitored by the Faculty Board which received a first update on progress at its January 2008 meeting.

58 The audit team took note of the increased oversight of the link at faculty level and the beneficial impact of engaging a wider range of Cranfield staff in exploring ways to improve the design, delivery and assessment of the course. The completion of the action plan, originally intended to be achieved by March 2008, was deferred until June, although progress was again reported at the Faculty Board meeting in May 2008. The Teaching Committee was kept informed through reports from the Faculty Board and received a full presentation on progress at its meeting in September 2008, when two action points remained uncompleted, one relating to the pressure on staff resources, given the number of students still in the system (see paragraphs 66-70), and the other to the management of student project work.

59 With regard to arrangements for work-based research projects, it seemed to the audit team that the various parties involved were either not fully aware of their responsibilities, or failed to exercise them in a way that met the reasonable expectations of students, and that this was counter to the *Code of practice, Section 9: Work-based and placement learning*, published by QAA. Confusion over the meaning of the term 'placement' (as used by Cranfield to describe the work-based research project) has meant that employers providing 'placements' in India have not always appreciated the connection with the research project. Also ICRI did not succeed in finding industry-based projects in the UK for the students at Cranfield, so that many of these students had to fall back on projects undertaken in universities (including Cranfield itself). This problem,

although having been identified in the 2007 special review report, recurred in 2008, making the apparent inaction from one year to the next particularly difficult to comprehend. The situation escalated into a formal complaint, appropriately dealt with according to University procedures. However, in spite of the serious and energetic attempts made by Cranfield to rectify the situation, students had to wait several months until arrangements were in place so that they could start their projects.

60 The audit team noted the ongoing efforts on the part of the Course Director to clarify arrangements for work-based research projects in India which were to be implemented through formal agreements between ICRI, Cranfield and the employers where students would be based; it also noted that, in the case of students in the UK, a contractual amendment had transferred responsibility for sourcing locations for projects to Cranfield. Nevertheless, since the issues surrounding the management of the project touch fundamentally on the opportunity given to students to achieve the intended learning outcomes of the course, Cranfield may wish to consider dealing expeditiously with any uncompleted action from its review of the arrangements for managing work-based research projects.

61 The audit team concluded that the special review demonstrated Cranfield's capacity to respond to a serious situation that put standards at risk. The team was in no doubt that the reaction had been appropriate and pursued with vigour at all levels of the University, including the Vice-Chancellor. The review report had recommended that the panel should return to India in August 2008 to assess the impact of action taken in response to the special review, in effect conducting a special process of annual monitoring on behalf of the Teaching Committee. However, this method of follow-up has been superseded by the development of a risk register to be used as the basis for monitoring the course. This register, compiled by a working group chaired by the Dean of Medicine and Biosciences, constitutes, in the team's view, a clear and insightful assessment of continuing risks, with actions identified to mitigate or eliminate them. The team also recognised the benefits of the risk register as a means of reasserting unambiguously the responsibilities for review of the course to be taken at faculty level. The development of the risk register, which gives the prospect of achieving an appropriate level of rigour in detecting areas of weakness, is identified as a positive feature of this partnership.

62 The audit team noted that the course would, under normal arrangements, be subject to periodic review in 2009-10. This would provide an opportunity to seek an external perspective on the collaboration.

Staffing and staff development

63 The joint delivery of the course in India is carried out by a combination of Cranfield's own academic staff and Cranfield recognised teachers, with ICRI staff teaching on the course falling into this latter category. Under Cranfield's regulations, recognised teachers are 'suitably qualified persons not holding posts in the University who will undertake teaching and examination on the same basis as a member of academic staff'. The status of recognised teacher is conferred by the University's Senior Appointments Committee on consideration of the case for appointment made by the relevant head of school and a curriculum vitae for the individual member of staff.

64 During the first year of operation, Cranfield staff delivered 25 to 30 per cent of the taught course in India through a series of intensive 10-day visits from September 2006 to March 2007 covering module delivery at each campus. The rest of the course was delivered by ICRI staff in their capacity as Cranfield recognised teachers. The concerns about staffing which led to the special review were that recruitment of Cranfield staff to deliver the course was well below the level specified in the original proposal, and that the number of recognised teachers at ICRI fell far short of the requirements for project supervision. By the time the panel reported in August 2007, the position had been exacerbated by staff turnover at both institutions.

65 In terms of staffing at Cranfield, the review report recommended that 'at least two additional full-time academic staff dedicated to the course and with expertise in clinical research' be appointed. The audit team was informed that, in response to this recommendation, two such staff had been appointed in November 2007 and that in 2008 two further senior appointments had been made at professorial and reader level - both post-holders to become involved in the delivery of the MSc course in India. The team was satisfied that the University, having identified concerns about the numbers, status and expertise of its staff teaching on the course in India, had addressed the issue as part of the planned expansion of Cranfield Health.

66 In terms of staffing at ICRI, 16 staff were granted recognised teacher status in February 2007 five months after the course had begun. However, the special review report in August gives a figure of only nine recognised teachers still in post across the three ICRI campuses, representing an extremely adverse student to project supervisor ratio. However, by November 2007, the number of recognised teachers had risen again to 19 and, by September 2008, with the addition of staff at the Ahmedabad campus, the figure was 28. The combination of the increased number of recognised teachers over the four campuses and the recent stipulation that the size of the student cohort in India should not increase above current levels had produced, in the audit team's judgement, an acceptable capacity to supervise projects to a standard expected by Cranfield. Nevertheless, as mentioned above (see paragraph 44), the team shares the Teaching Committee's view that the sustainability of the staff base both at ICRI and Cranfield could sensibly be subject to contractual commitment.

67 The audit team learnt during its visit to India that not all the staff teaching and examining on the course at ICRI had recognised teacher status, although those with the status supervised those without it, whether these were newly appointed or visiting staff. The view expressed by staff at ICRI was that the process for obtaining recognised teacher status was not always sufficiently expeditious to deal with the rapidly changing deployment of staff at ICRI. Given the dynamics of growth in the area of clinical research in India, Cranfield is encouraged to reflect on the timeliness for conferring recognised teacher status in order to ensure that suitably qualified staff are delivering courses leading to its awards.

68 A report on the development of staff at ICRI, covering the period 2007-09, indicated that before the course began and during subsequent visits Cranfield staff had trained senior members of ICRI staff on operational requirements and all areas of the curriculum, but that during the first year of delivery in 2006-07 many of these ICRI staff moved to other posts. The Course Director had observed from the first few modules of the 2007-08 delivery that greater emphasis on staff training and development was required. Therefore, the decision was taken that all visiting Cranfield staff, during each of their visits to ICRI, should schedule at least one session with the ICRI staff at each campus to deal with issues relating to module delivery and assessment. The Course Director would also undertake some specific training sessions and meet with senior ICRI staff at least three times a year. In addition, the Head of the University's Centre for Postgraduate Learning and Teaching held workshops in April/May 2008 at each of the three ICRI campuses then delivering the course. An ongoing programme of training for 2008-09 has been planned, including visits by ICRI staff to Cranfield, a further series of workshops, a developing induction programme for newly appointed staff available on the shared VLE, and an annual review and teaching observation of staff with recognised teacher status.

69 The results of the analysis of ICRI staff development needs (largely conducted by the new Course Director, supported by the Centre for Postgraduate Learning and Teaching) give a clear indication that the level of induction and staff development provided by Cranfield to ICRI in advance of the course and during its first year fell well short of what was required to assure a sufficiently comparable student experience between the UK and India, and to achieve a broadly common standard in marking between Cranfield and ICRI staff (see paragraph 76). In this context, the audit team noted the emphasis in ICRI staff development now being placed on assessment, in particular the application of assessment criteria in marking and the requirements

of the research project which represents 50 per cent of the assessment of the course. Also, when it was realised by Cranfield staff that the senior ICRI staff did not fully appreciate how the University managed its assessment and degree-awarding process, steps were taken in March 2008 to address this lack of understanding. The Course Director held a session with the Dean of ICRI and the Indian external examiner (see paragraph 93) to enable them to participate more effectively in the examination board for ICRI students (see paragraph 78).

70 Most of the above improvements in staff development have been initiated by the Course Director as a result of personal observations on the operation of the course and in response to critical situations. While acknowledging this substantial progress, the audit team was unable to find any policy statement relating to the University's responsibilities for developing staff at partner organisations. Indeed, the collaborative agreement with ICRI places the responsibility on ICRI for the training of qualified staff in India. Cranfield may wish to consider formulating an institutional policy on staff development at partner organisations delivering courses that lead to its awards.

Student admissions

71 The entry requirements for the full-time MSc Clinical Research are two-fold: the standard requirement for entry to master's-level courses at Cranfield and the successful completion of the foundation year at ICRI. According to the Briefing Paper, the degree certificates of all 2006-07 entrants to the MSc were checked by Cranfield academic staff, with equivalence to UK degrees judged on the basis of guidelines from the National Academic Recognition Information Centre (NARIC). From the 2007-08 entry onwards the checking of applications has been done on a sampling basis, with administrative staff in the University Registry making the initial assessment of equivalence based on the NARIC guidelines. However, the risk register (see paragraph 61) makes clear that sample application forms for the 2007-08 and 2008-09 entries had not been scrutinised in a timely manner. In fact, the assessment of the samples for these entries was only conducted in November 2008, some 14 months and two months respectively after the students had started on the course. On the basis of the sample, it emerged that some 40 per cent of the applications should have required exceptional consideration before admission; no such formal consideration was given.

72 The audit team noted that ICRI markets the course as a two-year MSc, giving students the impression that they only had to pass the foundation year to gain entry to the MSc. The team took the view that Cranfield had in effect delegated its admissions decisions to ICRI 12 months in advance of the MSc application procedure. In these circumstances, the sampling - even if undertaken in a timely manner - served no purpose that was evident to the team. Moreover, the team was unclear what action would be taken following the discovery that students had been admitted without the necessary exceptional consideration to verify that their qualifications were of a sufficient standard. Given that such a large proportion of the sample fell into this category, the team doubted whether a sampling process was appropriate for the future. To avoid later misunderstanding on the part of students concerning their progression to the MSc, Cranfield may wish to consider clarifying to ICRI the entry requirements for master's courses and also monitoring prospective admissions to the foundation year at ICRI.

73 For the 2006-07 entry, ICRI received special dispensation to allow prospective students not to meet the English language proficiency standards that normally apply for entry to Cranfield courses. The new risk register sees this exemption (given on the grounds that entrants to ICRI's foundation year had all completed a first degree at an 'English-medium university') as a high-impact risk, which needs to be mitigated through renegotiation of entry requirements with ICRI and appropriate English language support. The audit team considered this to be a reasonable response and encourages Cranfield to deal with this aspect as part of the broader clarification with ICRI of the University's entry requirements.

Assessment requirements

74 The assessment scheme, published in the course manual, indicates the assessment methods which include test, assignment and examination for the taught modules, and thesis and oral presentation for the research project. It also gives details of the percentage weighting of each assessed element and the associated credit value. Cranfield staff have overall responsibility for the setting of all summative examinations and coursework and for preparing marking schemes. Examinations are conducted according to University regulations, and arrangements at each campus are coordinated by Cranfield visiting staff who are also directly involved in the oral assessment of projects.

75 Cranfield tried to pre-empt the difficulties envisaged in assessing over 500 master's students across 10 modules and a research project. At the suggestion of the accreditation panel, two integrating examinations were introduced to assess the learning outcomes of all modules instead of a separate examination for each, which entailed changes to the Faculty guidelines for master's degrees. These were duly made, but after the publication and distribution of the course manual, and no remedial action was taken to alert students to the changes. This later caused difficulties for the examination board, which was faced with taking decisions on student performance without being able to relate these to the version of the guidelines given to students. A decision was also taken to require coursework to be submitted by each student as a collated portfolio once all the taught modules had been completed, rather than submission being linked to the completion of individual modules. This had three consequences for the initial intake: it accumulated pressure on students around a single period; it accumulated pressure on the marking and moderation process; and, in direct contradiction to the Faculty guidelines, it produced a situation where no specific feedback was given to individual students during a significant period of the course. The portfolio arrangement has since been replaced by a phased submission requirement.

76 Apart from the assessment load, the other related challenge was the need to ensure that ICRI staff had acquired sufficient understanding of Cranfield's approach to assessment, since they have the prime responsibility for marking assignments, examinations and projects; Cranfield staff normally confine themselves to sampling and moderating. However, as explained in the Briefing Paper, when the results of the 2006-07 student cohort were subjected to preliminary scrutiny by Cranfield, it became evident that 'the Indian academic staff had a different understanding of the assessment criteria and were not applying them to the expected standard in their marking'. This led to a decision to defer consideration of the results of the India-based students until there had been an opportunity to look at a broader sample of assessed work.

77 The Board of Examiners, meeting in November 2007, therefore restricted itself to considering the results of the 14 UK-based students. It was faced with issues of plagiarism involving five students. As stipulated by University procedures, an Academic Conduct Panel had met to consider the cases and make recommendations. After a detailed discussion on cultural differences, lack of feedback opportunity, lack of access to plagiarism detection software and delays in returning work (as much as three months), it was decided to modify the Panel's recommendations by allowing the students the chance to resit all assessments, including those affected by plagiarism, with the resulting marks capped at the Pass mark of 50 per cent.

78 Returning to the 545 India-based ICRI students, the response of Cranfield Health in December 2007 was to have all the research projects marked and double-marked by Cranfield academic staff in readiness for a reconvened Board of Examiners to be held at Cranfield in April 2008. This Board was asked to take decisions with reference to a proposed set of guidelines (developed jointly by the School and Registry) that differed from the Faculty guidelines on assessment, and which took into account the assessment scheme actually conveyed to students. The Board was given an explanation of the problems experienced with course delivery and assessment in the first year of the collaboration and agreed to proceed on the suggested basis.

79 In relation to the research project, the audit team noted that the Board of Examiners took a decision of principle in connection with the research project that moved significantly away from both the Faculty guidelines and the proposed guidelines for dealing with this student cohort. Neither set of guidelines provided for condoning performance in the research project, yet the Board agreed that, as normal guidelines were not being employed, students whose overall mark for the course satisfied the Pass mark of 50 per cent, but whose thesis mark was between 40-49 per cent, should be deemed to have demonstrated sufficient evidence of performance not to be required to resubmit and should be awarded the degree. In other words, failure to attain the normal Pass mark in the thesis was condoned. For those candidates with a thesis mark less than 40 per cent, the Board had discretion according to both sets of guidelines to refuse a resubmission if, in its view, the project could not be raised to a Pass level, or the overall performance in the degree was a clear Fail. In fact the Board recommended that all students with a thesis mark below 40 per cent, but with an overall mark of 50 per cent or more, should be strongly encouraged to revise and resubmit their theses.

80 In relation to modules and examinations, the Board of Examiners took two seemingly contradictory approaches to failure. On the one hand, it was permissive in condoning failure in one or more modules or examinations provided the overall mark for the taught component was 50 per cent or above, whereas normally there are set limits on the number of assessment results that can be condoned. On the other hand, it declined to exercise its normal discretion to permit resits for failed modules or examinations; it was stated that the complexity of resit arrangements would make them impractical. The conclusion of the meeting was that 'a reasonable trade-off between duty of care to students, and maintaining standards' had been successfully reached. The audit team was unable to see that denying students normal access to resits was reflective of an institution giving priority either to duty of care to students or to maintaining standards; the decision appeared to have more to do with logistics.

81 In relation to coursework submitted by India-based students, the Briefing Paper explained that no checks for plagiarism had been made because the assignments had not been submitted electronically. Despite the issues encountered by the Board of Examiners in November 2007 in relation to UK-based students, the reconvened Board in April took the decision to accept the marks supplied for coursework by ICRI with no investigation of possible plagiarism having taken place. The audit team was not persuaded by the argument that plagiarism could be detected only electronically; again the Board's decision appeared to have more to do with logistics.

82 The audit team did not underestimate the challenge faced by the Board of Examiners at its April meeting and recognised the attempts by all concerned (including the external examiners) to arrive at a resolution of a difficult situation. The team concluded, nevertheless, that a balance was not consistently achieved between being fair to students and maintaining standards. The Board's decision effectively to lower the Pass mark for the thesis from 50 per cent to 40 per cent for certain categories of student sits oddly with the effort put into the marking and double-marking of projects by Cranfield staff presumably familiar with Cranfield standards; its decision to condone assessment results beyond the usual limits, apart from raising questions about standards and the meeting of learning outcomes, risked discriminating against those UK-based ICRI students whose performance had been judged against different criteria in November 2007; and, in the opposite direction, its blanket decision not to allow coursework or examination resits (especially for the reasons adduced) risked discriminating against the India-based students, given that their fellow students in the UK had been granted extensive rights of resit a few months earlier.

83 The audit team noted that the Board of Examiners accepted the argument that the students in India had not had the normal Cranfield educational experience, but rather an ICRI experience and that they should therefore be assessed accordingly. One consequence of this was that the Board accepted marks given by ICRI staff for the taught element of the course even though it was already clear to Cranfield that ICRI staff were not marking to the expected standards. The team concluded that there was an irreconcilable contradiction in the University's

position that undermined the confidence that could be placed in its assessment procedures in this case. The argument that the ICRI experience should drive the approach to assessing students loses sight of the fact that it is Cranfield that has responsibility for the standards of its awards. Cranfield may wish to consider exercising tighter control over the responsibilities for assessment delegated to ICRI until such time as it can be confident that its requirements are fully understood and are being discharged in such a way as to demonstrate that there is no dilution in the University's academic standards as a consequence of awards made through the collaboration.

84 Award decisions by the Board of Examiners were made under four categories: award of the MSc; award of the postgraduate diploma; award of the certificate of membership of Cranfield University (not an academic award, but a recognition of merit); and fail. Many of these decisions were accompanied by permission to resubmit the thesis for the possibility of an improved award. Of the four categories, the postgraduate diploma and the Cranfield certificate were problematic in the sense that the course manual did not make students sufficiently aware of the possibility of these awards; indeed, it states in the main text that 'the final result of the course will be either a pass or a fail', although a close reading of a regulation in an appendix would reveal the existence of the postgraduate diploma and the Cranfield certificate. The postgraduate diploma was also problematic from the standpoint that, in India, the title represents a lesser award and the audit team was given to understand that ICRI students had an award of the same name by dint of having studied successfully at ICRI (see paragraph 109). In summary, 19 per cent of India-based candidates were awarded the MSc; 43 per cent were given the opportunity to re-present their thesis; 25 per cent were awarded a postgraduate diploma; and 13 per cent failed to receive any academic award.

85 Students were notified of their results, together with a brief explanation of the category in which they had been placed and with a clear reference to appeal procedures. Within a few weeks, Cranfield received over 600 emails, which it treated as informal complaints, rather than appeals, given that the focus tended to be on dissatisfaction with project supervision rather than a precise ground for appeal as defined by the relevant procedure. In line with the University's complaints procedure, the first stage was dealt with by the Head of Cranfield Health who, in consultation with Registry and the Vice-Chancellor, reviewed decisions of the Board of Examiners. It was concluded that the award of lower qualifications (postgraduate diploma or Cranfield certificate) without an opportunity to redress the perceived deficiencies in academic performance, disadvantaged the students in the context of the operation of the MSc in its first year; moreover, the decision to award these lower qualifications was not in line with agreed Faculty guidelines for failing students. Following this, the Faculty Board approved changes to the assessment arrangements for immediate implementation and these were also agreed with the UK-based external examiner (see paragraph 95).

86 Two major modifications to the original decision of the Board of Examiners were made: first, all students who failed the thesis component of the project would be given the opportunity to resubmit and would be considered for an MSc award; second, students with less than 40 per cent in any integrating examination, or in two or more modules, would be allowed to resit the assessment of the taught component through the special mechanism of an 'auxiliary examination', testing students' ability across the whole spectrum of the course. The effect was to increase significantly the potential for more students to obtain the MSc award. The Course Director conducted seminars in India for those students eligible for the auxiliary examination.

87 The next Board of Examiners, in October 2008, confirmed the changes to the decisions of the April Board. It also considered the results of the auxiliary examination in which 31 per cent of students passed, 38 per cent failed and the remaining 31 per cent fell into a mark range of 40 to 49 per cent. Discussion at the Board centred on this latter group. The outcome was a decision not to condone marks below 50 per cent, since it had been made clear to students that this was the Pass mark and the normal Faculty guidelines did not apply to an auxiliary examination, which was a special arrangement. Those who passed were allowed to re-present their thesis; those who

did not would receive the award decided upon at the April Board.

88 In the view of the audit team, the changes to the decisions made by the April Board improved the balance between fairness to students and maintenance of standards in a wholly exceptional situation that normal procedures did not address. Allowing resits reduced the difference in treatment between the UK-based students and the India-based students, while insisting on the 50 per cent Pass mark for the auxiliary examination went some way to re-asserting the definition of standards expected of master's students. Allowing more students to re-present their thesis was in keeping with the spirit of the Faculty guidelines, although the resolution of the situation awaits the resubmission of theses within a period of 12 months and their evaluation. For the majority of students, their degree result will be known some three years after the start of a one-year course.

89 For the 2007-08 cohort of 360 India-based students, Cranfield took the view that no special measures were needed in terms of re-marking of theses and that the marking by ICRI teaching staff had been appropriately robust. The December 2008 Board of Examiners passed 48 per cent of candidates, required resits or thesis resubmissions from a further 28 per cent, awarded a Cranfield certificate to 1 per cent and failed less than 1 per cent. The audit team was nevertheless struck by the high proportion of candidates (approximately 23 per cent) who had their decisions deferred on grounds, as presented to the team, of mitigating circumstances, evidence for which had not been submitted to Cranfield. This situation appeared to the team to have arisen through a miscommunication or misunderstanding between the partners about the documentary evidence required by the examination board, compounded by cultural difference.

90 The improvement in results between the first and second cohorts was attributed by the ICRI staff who met the audit team to greater rigour at the point of selection, to modifications to the foundation year that left students better prepared for the MSc and to a greater understanding in ICRI of Cranfield's expectations. In this context the team noted that the University had worked on achieving this greater understanding through a focused programme of staff development (see paragraph 68). This had laid emphasis on the differences in approach to assessment between Indian and UK higher education.

91 The audit team saw considerable evidence that Cranfield had engaged in ongoing reflection on the causes of a deeply unsatisfactory situation with respect to assessment. This had led to a number of changes, which the team welcomed as necessary steps in addressing some fundamental problems, including the failure to make clear to ICRI staff the standards that Cranfield expected at master's level and the University's rules on plagiarism; the failure to identify problems of plagiarism sufficiently early in the student's course; the failure to identify discrepancies in approaches to assessment through the timely and effective moderation and sampling of assignments; and the failure to give sufficient attention to the assessment strategy at the course planning stage.

92 While acknowledging the actions now taken by Cranfield to address these failures and the improvements that have been effected, the audit team remained of the view that with greater foresight, energy and rigour many of the difficulties could have been avoided or tackled at a stage when they were still of more manageable proportion. It is particularly salutary to recall that the challenges related to assessment and the supervisory capacity at ICRI were so clearly predicted by the accreditation panel as early as May 2006.

External examining

93 The relevant Senate Code of Practice (1/04: External Examining at First Degree and Taught Master's level) details the role of the external examiner, the appointment procedure and briefing arrangements, the requirements of the role in relation to assessment procedures, and the arrangements for dealing with external examiner reports. The normal procedures are applied to collaborative provision. In the case of the ICRI link, two external examiners have been appointed,

one based in the UK and the other in India. The UK-based external examiner was an existing examiner at Cranfield, already fulfilling the role for a group of medically related master's programmes, including the part-time MSc Clinical Research; his remit was extended to cover the full-time course in August 2007. The second external examiner, also appointed in August 2007, is an Indian national, with specific responsibility to act in India, where he would have the opportunity to review coursework, examination papers and scripts, as well as to visit each ICRI campus during the oral presentations of projects.

94 The audit team noted that the India-based external examiner had been present at Boards of Examiners (typically by tele-conference) and had submitted a report in September 2007 relating to the first student cohort in India, but subsequently had submitted no further reports. It was explained to the team by staff at Cranfield that the India-based examiner was as much an adviser on cultural issues as a traditional external examiner, and that the UK-based examiner was the principal external examiner. Staff at ICRI were also of the impression that the Indian external examiner had a lesser voice than his UK counterpart and were unclear as to why this should be, given that he had the appropriate academic credentials for the role. Since the terms and methods of appointment for both examiners were identical, it was not easy for the team to accept the distinction either. The importance of clear communication of the various roles assigned to external examiners is a key principle (precept) of the *Code of practice, Section 4: External examining*, published by QAA. Cranfield may wish to consider making explicit any distinctions between the roles of external examiners in their respective terms of appointment.

95 The audit team saw evidence that the UK-based external examiner had been kept well informed about the assessment situation as it developed and had been consulted on major decisions between meetings of the Board of Examiners. Following attendance at the April 2008 Board (which considered the assessment of the 2006-07 student cohort in India), the UK external examiner submitted a report which was broadly supportive of the way a difficult issue had been resolved, but also made the point that, with hindsight, the project should have been piloted before being introduced on such a large scale across three campuses. This, the team noted, was in line with a suggestion made at the Faculty of Medicine and Biosciences Board in February 2006 (see paragraph 33). In terms of administrative arrangements, the external examiner indicated that he had not received the course manual upon appointment. Neither had he been sent all the draft examination papers for approval, together with model answers, outline solutions and assessment criteria, nor advance samples of examination scripts, coursework or theses. As these are stipulations within the Senate Code of Practice, Cranfield may wish to consider monitoring the implementation by schools of the requirements for providing external examiners with timely information to facilitate their participation in assessment procedures.

96 In the report on the 2007-08 student cohort, the external examiner indicated that the late receipt of the samples of coursework, theses and modular assessments resulted in less than 24 hours to sample and review these before the Board of Examiners. Nevertheless, the report was substantially positive, although it referred to the complexity of arrangements and the need to take pragmatic decisions on occasions. However, the external examiner did express the expectation that in future there would be strict adherence to a common set of rules, such that pragmatic decisions would not be necessary.

Certificates and transcripts

97 Cranfield is solely responsible for the production of certificates and transcripts which are issued by the University Registry following the formal examination board. The certificate refers to 'having successfully completed a programme of studies in Clinical Research in Cranfield Health'. For India-based students the transcript makes clear that the course is delivered jointly by Cranfield and ICRI, although the precise location is not recorded.

98 The audit team considered that the transcript provided a sufficient explanation that the course involved collaborative delivery and that the partner organisation was based in India. However, the team also considered that the certificate, by mentioning Cranfield Health, could give the impression the course had been studied in the UK. According to the *Code of practice*, certificates and transcripts should not omit anything that is needed for a full understanding of a student's achievement. As there is no reference on the certificate to the related transcript which would link the two documents, in the team's view it was debatable whether this expectation was being met.

Section 4: Information

Student information

99 Information is provided to students through the course manual and, locally, face-to-face through the ICRI mentor/guide, who serves as both academic and personal tutor. Students meeting the audit team explained that if the guide was unsure about a particular point, they could consult the Course Director or other Cranfield staff, as visiting staff made themselves available on a one-to-one basis for students at each campus.

100 According to the Briefing Paper, copies of the course manual are made available to students in the foundation year by being placed in libraries on the ICRI campuses; individual copies are also given to ICRI staff. MSc students have access to an electronic copy through the virtual learning environment (VLE), but since there were continuing difficulties in accessing the VLE from India during 2006-07, ready availability of the electronic version was necessarily limited. The special review of August 2007 recommended that students should receive an individual copy of the course manual (in hardcopy or on CD) in order to guarantee personal access to the definitive guidance on the course. The audit team understood that this action was implemented for the 2007-08 cohort, with each student receiving a CD containing the course manual, together with information on student counselling, guidance on avoiding plagiarism (Senate Code of Practice 5/06: Plagiarism) and advice for disabled learners. The team was told, while in India, that the course manual for 2008-09 was reliably available on the VLE.

101 The responsibility for the accuracy, clarity and comprehensiveness of the course manual lies with the relevant course director. The manual for the 2006-07 course, which established the format for subsequent years, contained sections on Cranfield, the course structure and management, the course syllabus and the research project. There were various appendices dealing with the teaching staff, the course timetable, a guide for thesis writing and oral presentations, and explanations of a range of policies and procedures, including the University's policy on plagiarism.

102 The audit team's impression of the 2006-07 course manual was that it aimed to be comprehensive, although it offered no details on appeals or complaints procedures, or on the operation of work-based research projects. However, the team would challenge its accuracy in several important respects. The manual contained the incorrect assumption that the ICRI foundation year was for students in employment; it described the research component of the course as a part-time equivalent of a 17-week research project, contradicting the advertised fact that the course is full-time; it provided information on the scheduling of coursework submission that did not accord with the students' experience; it offered contradictory information on what students would have to achieve to pass; it included two inconsistent descriptions of the assessment of research projects; it gave misleading and contradictory information concerning the policy on resits; and it asserted that all students would have a Cranfield supervisor for the research project, whereas the team found no evidence that any student in India had a Cranfield supervisor.

103 The audit team was of the view that the course manual should have been the essential guidance document for both staff and students, especially in the first year of a new course with a new partner organisation that had no institutional experience of delivering a UK degree. Evidence that it failed in this regard is found in the comments made by students, both in India and the UK, to the August 2007 review panel. This reported widespread confusion and differing expectations about coursework submission; project arrangements; feedback on assessments; access to electronic resources held by Cranfield; access to the VLE; availability of reading lists; and mechanisms for providing feedback on the course. In some cases, confusion could have been dispelled by a careful reading of the course manual (and easier individual access to it would have helped); in other cases, the course manual itself could have increased confusion, because of its errors, contradictions and omissions. However, confusion also arose because of manifest discrepancies between what the manual stated as definitive practice and what actually happened: for example in project supervision, coursework submission arrangements and individual feedback to students on assessment performance.

104 The 2007-08 course manual, written by the new Course Director, addressed most of the manifest shortcomings of its predecessor, although it does not clarify the policy on resits or dispel the risk of confusion over the weighting of the thesis as part of the assessment of the research project. It also remains silent on appeals, complaints and the operational details of work-based research projects. While the audit team considered this manual to be a significant improvement, Cranfield may wish to consider introducing further revisions to make sure that it is accurate, clear and comprehensive.

105 The limitations of the course manual were reinforced during the audit team's discussion with the UK-based students. They had been signatories of a formal complaint, sent directly to the Vice-Chancellor, at the heart of which was dissatisfaction with the project phase of the course. The students all identified international industrial exposure as one of the main reasons for choosing to study at Cranfield, rather than pursue the course at an ICRI campus. Their expectations included site visits to industrial settings, research organisations and hospitals, as well as industry-based training. The team was told by the students that they had undertaken only one site visit, which was to a hospital. The students' expectations, wrongly held according to Cranfield, might not be unreasonable in the team's view. Although the team did not see the prospectus material relevant to this particular student cohort, the current brochure produced by ICRI promotes the option of completing the 'second year course' at Cranfield and on the same page states that 'students will be placed in prestigious pharma companies, clinical research organisations, site management organisations, institutions and BA/BE [Bioavailability/bioequivalence] units'. The same wording is found on the current ICRI website.

106 On a related matter, the audit team suggests that the ambiguity surrounding the word 'placement' (which in an Indian context, relates to an employment opportunity) was likely to be exacerbated by information produced by ICRI. The current ICRI brochure refers, for example, to the research project being undertaken 'during the initial stages of your placement in either a pharmaceutical company, a clinical research organisation...', with an implication of continuing employment. Given the lack of information produced on the 'placement' from the Cranfield perspective of its being a work-based project, the information produced from the ICRI perspective was the main source of student information.

Publicity and marketing

107 The collaborative agreement contains a clause requiring prior written approval of each party in respect of any press release or other communication to be published. The audit team saw evidence of exchanges between ICRI and Cranfield on draft prospectus material produced by ICRI, with the active and detailed involvement of the University's Director of Business Development. The exchange demonstrated a consensual approach towards a final agreement on any amendments.

108 A particular concern, noted and pursued by Cranfield in 2007-08, related to the marketing by ICRI of the MSc as a two-year course rather than a foundation year followed by a one-year master's course. Faced with the belief among some students and the ICRI marketing team that the MSc was a two-year integrated programme all sitting under the aegis of Cranfield, the University insisted that no marketing material should represent the course as a two-year joint course. ICRI agreed to make it clear that the foundation year was managed by ICRI alone and that the second year was managed jointly by ICRI and Cranfield.

109 The evidence showed there to be robust discussions about publicity and marketing material and oversight at an appropriate level, both academic and corporate. But the audit team had reason to doubt the effectiveness of the outcomes of these discussions. The current ICRI brochure, fronted by messages from the Cranfield Vice-Chancellor and Head of Cranfield Health does not achieve total clarity for prospective students. It still identifies the Clinical Research programme as a two-year MSc, with no clear indication at an appropriate point that Cranfield is not involved in the foundation year. It also describes the Postgraduate Diploma in Clinical Research Management as being 'integrated along with the MSc Clinical Research', although the team understood that this diploma (awarded by ICRI on the basis of study undertaken simultaneously with the foundation year) does not involve Cranfield at all. On the other hand, the notion of integration with the MSc and the presentation of the course in what is primarily a brochure dedicated to the ICRI/Cranfield collaboration, risk giving the opposite impression and Cranfield is encouraged to review this aspect of the promotional material. Other problematic aspects of promotional material worthy of attention have already been identified above; these concern work-based projects (see paragraphs 105-106) and the two-year MSc to be delivered in Hyderabad from 2008-09 (see paragraph 41). In the light of these examples, Cranfield may wish to consider checking more carefully the information on the course produced by ICRI to see that it is accurate and reliable and does not create unintended expectations on the part of current or prospective students.

Section 5: Student progression to the UK

110 One of the original aims of the collaboration from Cranfield's perspective was to attract ICRI foundation year students to study for the MSc at Cranfield, completing both the taught and research components in the UK. In 2006-07 and 2007-08, the number of students following this route (29 in total) was significantly less than the original ambition, although the numbers transferring in 2008-09 have shown an increase (32). As mentioned above (see paragraph 46), the arrangements for course delivery have varied from year to year. The team met students from the 2007-08 cohort at Cranfield who commented very positively on their experience of the taught component. The collaborative agreement also allows Indian students who have successfully completed the foundation year at ICRI, and meet Cranfield entry requirements, to undertake the taught element of the MSc at Cranfield and return to India to complete the research component, but the Briefing Paper confirmed that no student had ever followed this route.

111 The relationship of the foundation year to the one-year MSc course has in one sense been that of a straightforward entry route or prerequisite. In other ways, the relationship has been seen as more complex. The original course approval document stated that Cranfield would be actively involved in the final foundation year assessments, although the audit team saw no evidence that this involvement took place. The design of the foundation year predated the collaborative agreement with Cranfield, although the team noted that there had been changes made in order to improve alignment with the MSc. There were also plans to work with ICRI to effect further changes, so that the foundation year became more of a preparation for studying under the University's learning regime and rather less knowledge based, since many students already had science or medical degrees. In the team's view it was becoming a priority to clarify the purpose of the foundation year, particularly given the plans for the full-time MSc Clinical Research to be offered at Cranfield, independently of the arrangement with ICRI, and with no requirement for a foundation year.

Conclusion

112 In considering the partnership, the audit team identified the following positive features:

- the priority given to ensuring the coherence of communication across plural sites in India and between staff based in the UK and in India (paragraph 49)
- the development of the risk register, which gives the prospect of achieving an appropriate level of rigour in detecting areas of weakness (paragraph 61).

113 The audit team also identified the following points for consideration by Cranfield as it develops its partnership arrangements:

- improving the timeliness with which key committees are established in a new partnership (paragraph 17)
- ensuring the sufficiency of its representation at course team meetings in the context of joint course delivery (paragraph 18)
- reviewing whether the extent of delegation of quality assurance responsibilities normally given to the faculty in the initial phase of a new partnership is appropriate for large and complex collaborative provision in the absence of formal central guidelines governing the joint delivery of courses (paragraph 25)
- reviewing its mechanisms for ensuring full adherence to its procedures for approving collaborations with partner organisations as distinct from approving arrangements for the collaborative delivery of specific courses (paragraph 31)
- strengthening course approval procedures to ensure that assessment schemes conform to the relevant faculty guidelines (paragraph 38)
- establishing the exact status of the ICRI offering at Hyderabad in relation to the Cranfield MSc award (paragraph 41)
- reviewing collaborative agreements to see that they all address the need for maintaining an adequate staffing capacity at the partner organisation (paragraph 44)
- specifying clearly the responsibilities of course directors in relation to collaborative courses (paragraph 47)
- dealing expeditiously with any uncompleted action from the review of arrangements for managing work-based research projects (paragraph 60)
- formulating an institutional policy on staff development at partner organisations delivering courses that lead to Cranfield awards (paragraph 70)
- clarifying to ICRI the entry requirements for master's courses and also monitoring prospective admissions to the foundation year (paragraph 72)
- exercising tighter control over the responsibilities for assessment delegated to ICRI (paragraph 83)
- making explicit any distinctions between the roles of external examiners in their respective terms of appointment (paragraph 94)
- monitoring the implementation by schools of the requirements for providing external examiners with timely information to facilitate their participation in assessment procedures (paragraph 95)
- introducing further revisions to the course manual to make sure that it is accurate, clear and comprehensive (paragraph 104)

- checking more carefully the information on the course produced by ICRI to see that it is accurate and reliable and does not create unintended expectations on the part of current or prospective students (paragraph 109).

114 The audit team considered the extent to which Cranfield was operating the partnership with an appropriate regard for the advice contained in the *Code of practice*. Where the team found aspects of the University's practice that could be improved in the context of the *Code* these are identified in the points for consideration listed above and/or explained in the body of the report.

115 In the Briefing Paper for the audit Cranfield was frank about its inexperience in international collaborative provision and the problems caused by its underestimation of the resources that would be required to ensure that the programme ran successfully. The University was also most helpful to the audit team in providing information about the way in which the collaboration had developed and the action taken to address the various issues affecting the course as they arose.

116 The fundamental risks for the course - high student numbers, a complex and heavy assessment regime, and a need for greater staff resources - were identified early on at the course approval stage. However, Cranfield appeared not to take these risks seriously enough and, during the first year of operation of the course, did very little to prevent a series of problems accumulating that had their roots in the risks previously identified. The scale of the difficulties became apparent when the results of the first cohort of students came to be analysed. The Board of Examiners seemed to have little option but to abandon most of the normal guidelines that would have been used for making recommendations concerning awards. Instead decisions were based on more ad hoc and pragmatic formulas in the quest for a balance between fairness to students and the need to maintain the University's academic standards. In this, success did not always come first time around and decisions made had later to be revisited following numerous student complaints. Results for the second cohort showed a distinct improvement, although many decisions had been deferred and, at the time of the audit, no results had been released to students.

117 Recently, a systematic approach has been adopted for identifying the specific problems and risks, evaluating their impact and formulating plans of action to deal with each one. While there is much to commend the approach, albeit belatedly introduced, it is too soon to reach a firm view about its effectiveness. The findings of the audit suggest that the course is still some way from reaching stability; at this stage, the evidence does not provide a sufficient basis for confidence in Cranfield's management of quality and standards in relation to the large and complex overseas collaboration with ICRI.

Appendix A

Cranfield University's response to QAA's report on its collaboration with the Institute of Clinical Research, India

Cranfield University is grateful to the Quality Assurance Agency for producing a thorough and comprehensive report, which details extensively the history of the development of the full-time MSc programme in Clinical Research, delivered at Cranfield and on four ICRI campuses in India. It accepts that the report contains an accurate representation of events since the programme's inception, although understandably the focus of the report is largely on historical events and therefore does not represent the full and current picture of the collaboration.

Consequently, while the University is disappointed that the report is unable to conclude that the quality and standards of the management of the programme are robust at this time, it welcomes the recognition and commendation of the actions taken to establish the programme on a more robust footing.

Cranfield believes that it is important to highlight the singular nature of this programme within its academic portfolio. The University has an extensive and well-respected network of partners, both academic and industrial, which has resulted in a number of highly successful research collaborations and academic programmes, both in the UK and overseas. It recognises that mistakes have been made with the ICRI partnership, both in the conception and execution of the arrangement and in its subsequent management, but many lessons have been learnt through the process. The University is clear that the difficulties described in the report do not map onto other educational partnerships of the University: most of these involve only very small numbers of students and therefore have operational risks of a lesser order to those experienced with this programme. The University is committed to appropriately adjusting its mechanisms and processes to be truly fit for purpose for the full range of its collaborative enterprises.

Most of the issues highlighted in the report were acknowledged by the University at the time of the audit team's visit in October 2008: since that time, the University has continued to address these and extensive progress has been made on a number of these already.

- The University's Code of Practice on Collaborative Arrangements for Courses leading to awards of Cranfield University is undergoing further reviews and revisions, as part of the University's general engagement with academic and industrial partners and in the light of the difficulties experienced with this programme. It is anticipated that an extensive revision to the current internal Code of Practice will be approved by Senate during 2009-10.
- The School responsible for the partnership and the programme, Cranfield Health, has established more transparent and systematic methods for the regular review of the developments of this particular collaboration. In particular, the introduction of the risk register, and its oversight by the Faculty Board of Medicine and Biosciences, has served to highlight and focus attention on the more critical aspects of the course.
- The School has also recognised for some time the difficulties around the publicity and marketing of the programme: it is sympathetic to the view of its partner that the foundation year (entirely managed by ICRI) and the MSc year (jointly delivered) is seen as a two-year integrated programme, especially as students who enter through ICRI must complete successfully the foundation year to enter the MSc year (Cranfield course and award). The University recognises, however, that the correct balance still needs to be struck between marketing the course and ensuring that prospective students are aware of the distinctions between the two years. The printed marketing material for 2009-10 has undergone a very rigorous approval process within Cranfield, and the University accepts further work is needed to establish the marketing used through other routes, including the web.

- This aspect of marketing also bears upon the findings in the report relating to a campus in Hyderabad (paragraph 41). The University can confirm that the 37 students attending the ICRI campus at Hyderabad are there for the foundation year only, and that all students will be transferring to one of the four approved campuses for the MSc year. The University confirms it has no plans at the present time to deliver the MSc course in Hyderabad.
- The University also accepts the recommendation in the report for the need to address the roles and responsibilities of external examiners for overseas collaboration. The effectiveness of the current arrangement of one from the UK and one from India will be reviewed for future years, with any distinction between the roles being appropriately reflected in the terms of reference.

In addition to these actions, the structure of the course, its curriculum and assessment, has undergone a thorough review during 2008-09 by the course team, in discussion with ICRI. Consequently, the Faculty Board of Medicine and Biosciences approved in April 2009 a number of changes to the delivery and assessment of the programme for introduction in 2009-10. These will help both to address some of the difficulties experienced to date and further enhance the academic experience for students wishing to enter into the discipline of clinical research.

Appendix B

Student enrolments for 2008-09

MSc Clinical Research (Ahmedabad) -	88
MSc Clinical Research (Bangalore) -	88
MSc Clinical Research (Delhi) -	90
MSc Clinical Research (Mumbai) -	110
MSc Clinical Research (Cranfield) -	10
Total student enrolments -	386

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