



Educational Oversight for embedded colleges: report of the monitoring visit of CEG UFP Ltd ONCAMPUS, January 2019

CEG UFP Ltd ONCAMPUS

Outcome of the monitoring visit

1 From the evidence provided in the annual return and at the monitoring visit, the monitoring team concludes that CEG UFP Ltd ONCAMPUS (the Provider) is making commendable progress with continuing to monitor, review and enhance its higher education provision since the March 2018 [Higher Education Review \(Embedded Colleges\)](#).

Changes since the last QAA review

2 The number of ONCAMPUS centres has remained unchanged since the last Higher Education Review (Embedded Colleges) (HER (EC)) and overall student numbers have not significantly changed. Since the review, a new Deputy Chief Academic Officer has been appointed.

Findings from the monitoring visit

3 The HER (EC) made seven recommendations and one affirmation - there were no areas of good practice identified. The Provider is making acceptable progress in continuing to monitor, review and enhance its provision. The Action Plan includes intended outcomes and the means by which their achievement will be evaluated. It is too early to measure the full impact of all actions taken, but good progress is evident.

4 For the Master's Foundation Programme (MFP), there are two programme specifications - one for the Level 6 single-term version and one for the Level 5 two or three-term version. At the time of the 2018 HER (EC), these two programmes specification had identical programme learning outcomes and it was unclear how each fully aligned with *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ). The reviewers recommended that the Provider ensures that programme learning outcomes on the MFP align with the relevant level of the FHEQ. The Provider has subsequently reviewed and revised the learning outcomes at programme level to ensure that they are sufficiently differentiated across the Levels 5 and 6 and more clearly aligned to the FHEQ. These modifications were made by the Provider's Learning and Teaching Committee, and formally approved by the Academic Board in July 2018. The revised programme specifications are now used across all centres that deliver the MFP.

5 At the time of the HER (EC), the Periodic Programme Review (PPR) process required the scrutiny of a self-evaluation document and a proposed new programme specification by a single external reviewer without reference to subject expertise. The reviewers recommended that the Provider ensures that the Periodic Programme Review process includes subject specific externality. While no PPR's have taken place since the review visit, this recommendation was

considered by the Provider's Quality Assurance Committee in June 2018 and the Quality Handbook was revised so that subject-level expertise is now explicitly required as part of the PPR process.

6 The review team concluded that the Provider has transparent, reliable and valid admissions processes. Recruitment, selection and admission of students are undertaken centrally by CEG Central Admissions who work with a network of agents. Although a centralised process, the Provider is involved in admissions in various ways. Academic entrance requirements are agreed between the Provider and the University and notified to Central Admissions. These are published on the web and in centrally generated brochures. The HER (EC) recommended that the Provider 'establishes policies and procedures for complaints and appeals concerning admissions processes and decisions, and make these publicly available.' The Provider has now developed a new policy for complaints and appeals regarding admissions which was approved by Academic Board. This policy specifies the rights of applicants and specifies on what grounds they can make an appeal or complaint. This policy is made available to applicants on the Provider's website. At the time of this monitoring visit, no complaints and appeals have been made concerning admissions.

7 The review team concluded that the Provider operates assessment policies that are rigorous and fair. Assessment is centrally-led by subject and pathway leaders whose role extends across all centres. Common summative assessments are undertaken across centres. Standard templates are provided for submission and recording of marks. Assessment and assessment-related policies, processes and procedures are set out in the Provider's Quality Manual. The HER (EC) gave two recommendations relating to external examiners. The first was to 'ensure that procedures for the appointment of external examiners are formally documented and that external examiners are appointed in a timely fashion'; and the second was to 'ensure that procedures for responding to external examiners' reports are fully adhered to.' These recommendations were considered by the Provider's Quality Assurance Committee and changes to the Quality Manual were approved by Academic Board. The Quality Manual now specifies the procedures for the appointment of external examiners and, in the meeting with staff, the reviewers were informed that this process would start six months before the end of a current externals period of office. The Quality Manual details how external examiner reports will be considered and responded to including specific time scales for when formal responses must be provided. These requirements will need to be monitored by the Provider to ensure they are fully adhered to.

8 In order to ensure that all parties have equal access to all the evidence that will be used as a basis for determining the outcome of an appeal, the 2018 review team recommended that the Provider revises its appeals process to include the availability of marked examination scripts to students who are considering making an appeal. This recommendation was considered by the Quality Assurance Committee in the light of practice by its partner universities. The Academic Board subsequently approved the recommendation that students have the right to see their marked examination script upon request. This policy is specified in the Provider's Quality Manual, but the change of this policy was not uniformly understood by staff and students that the monitoring team met with at the individual centres.

9 The 2018 review team identified three errors in the published information relating to ONCAMPUS Reading. As a result, the Provider was recommended to ensure that centrally produced public information is accurately produced so that it is fully applicable to the Centres. The process for considering and approving marketing materials have been considered and revised by Academic Board. There is now a more formalised process that incorporates the

consideration of draft materials at different stages and by different individuals. Final sign off is required by the relevant university partner before materials are printed or made available electronically. These procedures have been made available and incorporated in to training sessions for relevant staff, but their implementation will need to be monitored and evaluated by the Provider to ensure their effectiveness.

10 The 2018 HER (EC) made an affirmation relating to the improvements being made to systems for student data analysis. This is an ongoing project within the Provider to bring different data sets together and provide more relevant data to centres to facilitate improved comparative analysis of student performance and progression. To oversee the implementation of this project CEG have created a Data Management team, covering functions such as finance, IT, admissions and operations.

The embedded colleges' use of external reference points to meet UK expectations for higher education

11 ONCAMPUS demonstrates effective engagement with relevant external reference points. The requirements of the UK Quality Code for Higher Education, *The Framework for Higher Education Qualifications* (FHEQ) and other relevant external frameworks are reflected in the regulations, policies and procedures set out in the ONCAMPUS Quality Manual. ONCAMPUS centrally appoints external examiners whose reports are shared with staff in the centres, analysed in annual monitoring reports, and appropriate action taken.

12 Sharing of good practice is encouraged and is central to building on the good practice identified in the last HER (EC) at individual centres. Staff at provider level who met the review team were fully aware of key external reference points that underpin standards, quality and enhancement.

Background to the monitoring visit

13 The monitoring visit serves as a short check on the provider's and its embedded colleges' continuing management of academic standards and quality of provision. It focuses on progress since the previous HER (EC). In addition, it provides an opportunity for QAA to advise the provider and its embedded colleges of any matters that have the potential to be of particular interest in the next monitoring visit or review.

14 The monitoring visit was carried out by Mr Phil Markey, QAA Officer, and Professor Graham Romp, QAA Reviewer, on 21 January 2019.

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