

# **Oxford Brookes University**

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APRIL 2006

## **Preface**

The Quality Assurance Agency for Higher Education (QAA) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE.

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales. For institutions that have large and complex provision offered through partnerships, QAA conducts collaborative provision audits in addition to institutional audits.

## **The purpose of collaborative provision audit**

Collaborative provision audit shares the aims of institutional audit: to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard, and
- exercising their legal powers to award degrees in a proper manner.

## **Judgements**

Collaborative provision audit results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the academic standards of its awards made through collaborative arrangements
- the confidence that can reasonably be placed in the present and likely future capacity of the awarding institution to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements; and
- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, (or authorises to be published) about the quality of its programmes offered through collaborative provision that lead to its awards and the standards of those awards.

These judgements are expressed as either **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

## **Nationally agreed standards**

Collaborative provision audit uses a set of nationally agreed reference points, known as the 'Academic Infrastructure', to consider an institution's standards and quality. These are published by QAA and consist of:

- *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)*, which includes descriptions of different HE qualifications
- *The Code of practice for the assurance of academic quality and standards in higher education*
- subject benchmark statements, which describe the characteristics of degrees in different subjects

- guidelines for preparing programme specifications, which are descriptions of the what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

### **The audit process**

Collaborative provision audits are carried out by teams of academics who review the way in which institutions oversee their academic quality and standards. Because they are evaluating their equals, the process is called 'peer review'.

The main elements of collaborative provision audit are:

- a preliminary visit by QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team six weeks before the audit visit
- visits to up to six partner institutions by members of the audit team
- the audit visit, which lasts five days
- the publication of a report on the audit team's judgements and findings 22 weeks after the audit visit.

### **The evidence for the audit**

In order to obtain the evidence for its judgement, the audit team carries out a number of activities, including:

- reviewing the institution's own internal procedures and documents, such as regulations, policy statements, codes of practice, recruitment publications and minutes of relevant meetings, as well as the self-evaluation document itself
- reviewing the written submission from students
- asking questions of relevant staff from the institution and from partners
- talking to students from partner institutions about their experiences
- exploring how the institution uses the Academic Infrastructure.

The audit team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work through visits to partners. In addition, the audit team may focus on a particular theme that runs throughout the institution's management of its standards and quality. This is known as a 'thematic enquiry'.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews how institutions are working towards this requirement.

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## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Oxford Brookes University (the University) from 3 to 7 April 2006 to carry out a collaborative provision audit. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

To arrive at its conclusions the audit team spoke to members of staff of the University, and read a wide range of documents relating to the way the University manages the academic aspects of its collaborative provision. As part of the process, the team visited three of the University's partner organisations in the UK where it met staff and students, and conducted equivalent meetings by video-conference with staff and students from an overseas partner organisation.

The words 'academic standards' are used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK.

'Academic quality' is a way of describing how well the learning opportunities available to students help them to achieve their awards. It is about making sure that appropriate teaching, support, assessment and learning resources are provided for them.

The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' (*Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004, paragraph 13, published by QAA).

In a collaborative provision audit both academic standards and academic quality are reviewed.

### Outcome of the collaborative provision audit

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

- broad confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its awards made through collaborative arrangements.
- broad confidence can reasonably be placed in the present and likely future capacity of the University to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements.

The audit team also concluded that reliance could reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the University publishes and authorises to be published about the quality of the programmes offered through collaborative provision that lead to its awards and about the standards of those awards.

### Features of good practice

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

- the Associate College Partnership that is providing a mechanism for building genuine partnership and developing and sharing good practice in the provision of collaborative higher education for meeting the region's educational needs.

### Recommendations for action

The audit team also recommends that the University consider further action in a number of areas to ensure that the academic quality of programmes and the standards of awards it offers through collaborative arrangements are maintained.

Recommendations for action that is advisable:

- strengthen the Quality and Standards Committee's role for developing and monitoring institutional collaborative provision policy, procedures and regulations so that key decisions are taken with reference to institutional-level oversight
- review its membership of periodic review panels, to ensure that members appointed to represent lead Schools can, without reservation, review all elements of the partnership and provision
- in recognition of the vital role of Liaison Managers in the safeguarding of academic standards and quality, develop a coherent framework for the appointment, tenure and induction, support and development, appraisal and conduct of their role
- reassess the effectiveness of the Operations Manual, and the policies and procedures for their approval, monitoring, update and review, so that it serves as a comprehensive operational guide for partnership.

Recommendation for action that is desirable:

- extend its mechanisms for the systematic identification and dissemination of good practice across partners and across the institution.

### **National reference points**

To provide further evidence to support its findings, the audit team also investigated the use made by the University of the Academic Infrastructure, which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the audit suggest that the University was making effective use of the Academic Infrastructure in the context of its collaborative provision.

In due course, the audit process will include a check on the reliability of the teaching quality information, published by institutions in the format recommended by the Higher Education

Funding Council for England (HEFCE) in the document *Information on quality and standards in higher education: Final guidance* (HEFCE 03/51). The audit team was satisfied that the information the University and its partner organisations are currently publishing about the quality of collaborative programmes and the standards of the University's awards was reliable and that the University was making adequate progress towards providing requisite teaching quality information for its collaborative provision.



# **Main report**

## Main report

### Preface

1 A collaborative provision audit of Oxford Brookes University (the University) was undertaken from 3 to 7 April 2006. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

2 Collaborative provision audit is supplementary to institutional audit of the University's own provision. It is carried out by a process developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with higher education institutions (HEIs) in England. It provides a separate scrutiny of the collaborative provision of an HEI with degree-awarding powers (awarding institution) where such collaborative provision was too large or complex to have been included in its institutional audit. The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' (*Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004, paragraph 13, published by QAA).

3 In relation to collaborative arrangements, the audit checked the effectiveness of the University's procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes leading to those awards; for publishing reliable information about its collaborative provision; and for the discharge of its responsibilities as an awarding institution. As part of the process, the audit team visited three of the University's partner organisations in the UK, where it met staff and

students, and conducted equivalent meetings by video-conference with staff and students from an overseas partner organisation.

### Section 1: Introduction: the institution and its mission as it relates to collaborative provision

4 The University has its origins in the Oxford School of Art, founded in 1865. In 1970 it became Oxford Polytechnic, and in 1992 was granted University status when it became known as Oxford Brookes University. The University operates from four main campuses known as Headington, Wheatley, Harcourt Hill and Marston Road. The University is divided into the following eight schools: Business School; School of Arts and Humanities; School of Biological and Molecular Sciences; School of Health and Social Care; School of Social Sciences and Law; School of Technology; School of the Built Environment, and the Westminster Institute of Education.

5 The University currently has 18,569 students compared with some 17,940 at the time of the QAA institutional audit in 2005. The student population comprises 74 per cent undergraduates; 26 per cent postgraduate; 66 per cent are studying full-time and 34 per cent part-time. Of the total student population, international students comprise 12 per cent, and students from non-UK European Union countries account for five per cent.

6 The University divides its collaborative provision (CP) students into two categories: 'enrolled' or 'registered'. Enrolled students currently number 1,902 and have identical rights to any other student enrolled on an internal programme at the University. Registered students currently number 5,422; they are enrolled with the partner organisation and are registered for an award of the University. Additionally, some 147,164 students are undertaking a programme with a professional body in the UK and the University provides quality assurance of their examinations and assesses their dissertations.

7 The University currently has 26 UK partners and 14 international partners operating in 10 different countries. Awards range from Intermediate to masters level. Regional links focus mainly on arrangements with further education colleges and also includes some links with small, specialist institutions. Recent developments have concentrated on the introduction of new Foundation Degrees, particularly in education and technology areas. A recent feature of the University's CP is the Associate College Partnership (ACP) formed in December 2004. The ACP is intended to develop mutually beneficial long term partnerships with local and regional stakeholders, strengthening existing links, and concerns itself with the strategic development of future local links. Collaboration with international partners is mainly in the areas of business and computing.

8 Following consultation in 2003 the University produced the following revised mission statement:

'Oxford Brookes University will contribute to the intellectual, social and economic development of the communities it serves through teaching, research and enterprise of the highest standards'.

9 In order to deliver the University's mission, three strategic goals and eight key objectives were identified. The CPSED stated that the range of its CP contributes specifically to achieving two of these goals and four of these objectives. The interaction with local, regional and international partners is seen as contributing to the economic and cultural development of the communities they serve and helping to increase and widen the participation into higher education of students from non-traditional backgrounds. Additionally collaboration in distinctive specialist areas is seen as helping to broaden the University's portfolio of academic provision.

## Background information

10 The published information available for this audit included the following recent documents:

- the report of the Institutional Audit conducted by QAA, dated April 2005
- the report of a review of a Foundation Degree in Classroom Support, conducted by QAA dated October 2005, the University, Abingdon and Witney College, Aylesbury College and Solihull College
- the report of the University and Informatics Holdings Ltd, Singapore, Overseas Partnership Audit conducted by QAA, November 2002
- the report of the University and Cyprus College and Intercollege, Cyprus, Overseas Partnership Audit conducted by QAA, August 2000.

11 The University provided QAA with a series of documents and information including

- an institutional self-evaluation document (CPSED) with appendices, titled 'For Collaborative Provision Audit 2006', dated November 2005
- access to the University intranet
- documentation relating to the partner institutions visited by the team.

12 During the briefing and audit visits, the audit team was given ready access to a range of the University's internal documents. The team identified a number of partnership arrangements that illustrated further aspects of the University's provision, and additional documentation was provided during the audit visit. The team was grateful for the prompt and helpful responses to its requests for information.

## The collaborative provision audit process

13 Following a preliminary meeting at the University in September 2005 between a QAA officer and representatives of the University and students, QAA confirmed that four partner visits

would be conducted between the briefing and audit visits. The University provided its CPSED in November 2005 and provided QAA with briefing documentation in February 2006 for each of the selected partner institutions (PIs).

14 The students of the University were invited, through the Oxford Brookes Students' Union (OBSU) to contribute to the collaborative provision audit (CPA) process in a way that reflected the current capacity of OBSU to reflect the views of students studying for the University's awards through collaborative partners. Officers from OBSU contributed to the development of the CPSED and the audit team was able to meet two officers of OBSU at the briefing visit. The team is grateful to OBSU officers for their engagement with the process.

15 The audit team visited the University from 21 to 23 February 2006 for the purposes of exploring with senior members of staff of the University, senior representatives from PIs, and student representatives from OBSU and PIs, matters relating to the management of quality and academic standards in CP raised by the University's CPSED and other documentation, and of ensuring that the team had a clear understanding of the University's approach to collaborative arrangements. At the close of the briefing visit, a programme of meetings for the audit was agreed with the University. Additionally, it was also agreed that certain document audit trails would be followed relating to four PIs representing validation, joint delivery, and flexible and distributed learning arrangements, and covering both registered and enrolled categories of students.

16 During the visits to partners, members of the audit team met senior staff, teaching staff and student representatives of the PIs. The team is grateful to the staff of the PIs for their help in gaining an understanding of the University's arrangements for managing its collaborative arrangements.

17 The audit visit took place from 3 to 7 April 2006, and included further meetings with staff of the University. The team is grateful to all those staff and students, both of the University and its partners, who participated in meetings.

18 The audit team comprised Ms S Blake, Dr M Edmunds, Professor H Griffiths and Dr S Hardy. The audit secretary was Miss E Hilton. The audit was coordinated for QAA by Mr M Cott, Assistant Director, Reviews Group.

### **Developments since the institutional audit of the awarding institution**

19 The overseas partnership audit report (November 2002) of the partnership between the University and Informatics Holdings Ltd. in Singapore preceded the institutional audit but raised a number of points for consideration by the University. The CPSED stated that these points were addressed by the subsequent periodic review. The audit team reviewed a report, received by the University's Learning Partnerships and Advisory Group (LPAG) in December 2004 that confirmed that the periodic review conditions had been met. Since 2002 and in line with the report findings, the University has also reviewed and revised its overall approach to the management of CP, and in particular has discontinued its Collaborative Provision Committee, and put a greater emphasis on the approval of the business case for new collaborative proposals.

20 The findings of the institutional audit report (April 2005) highlighted a number of points relevant to the audit of the University's CP. Relevant features of good practice included the on-line Personal Information Portal (PIP) for students, and the themed audits undertaken by the Academic Policy and Quality Unit (APQU).

21 In the CPSED the University provided the audit team with a summary of its response to the advisable recommendations. The team considered the University's response to the advisable recommendations relevant to CP. The report advised the University to strengthen quality assurance processes at institutional level, in order to secure a sufficiently effective oversight by Academic Board (AB). In response, the University explained that it is reviewing the remits of the Quality and Standards Committee (QSC) and the Learning and Teaching Committee (LTC).

22 The report also advised the University to review its assessment procedures. In response, the University explained that a full review of assessment procedures and practices would be carried out by APQU during 2005-06 using the themed audit methodology.

23 The report also advised the University that it would be desirable to:

- work more closely with officers of the Students' Union in order to improve the utility of student involvement at the institutional level
- continue to develop a more strategic approach to the use and analysis of statistical data within review and decision-making processes (see below, paragraph 119)
- make more effective use of the annual review process and develop further its formal systems for the dissemination of good practice across the institution.

24 The CPSED did not provide a specific response to the desirable recommendations, however, the University has instigated a number of institutional-level initiatives, some of which aim to address the institutional audit recommendations and may impact on CP. For example, QSC approved an action plan in December 2005 and this had subsequently been revised in March 2006. Most of the initiatives are management-led and are discussed in paragraphs 48-56 below.

25 In considering the University's response to the institutional audit, the present team found that the recommendations had been taken seriously. The team noted that due to the recency of the University's institutional audit, only a limited amount of evidence demonstrating progress against the recommendations could be provided at this time. However, the team was satisfied that the direction taken so far, including: review of the remit of QSC and LTC (see below, paragraph 52); the intended themed audit of assessment practices; increased availability of PIP at PIs (see below, paragraph 156); development of its regional and international strategies; intentions

to review its use of statistical data (see below, paragraph 119); and the new policy for identifying and sharing good practice (see below, paragraph 49), is leading the University towards meeting the recommendations.

## **Section 2: The collaborative provision audit investigations: the awarding institution's processes for quality management in collaborative provision**

### **The awarding institution's strategic approach to collaborative provision**

26 The CPSED stated that Executive Board (EB), comprising of deans of schools, directors from the six support Directorates, and the senior management team, determine the University's strategic and operational plans. The CPSED also explained that its strategic approach to UK and overseas collaboration is guided by the University's regional and international strategies.

27 The Pro-Vice Chancellor (External) (PVC (External)) is responsible for executive oversight of CP strategy, while AB has overall responsibility for quality and academic standards. The University has delegated institutional-level strategic oversight for the business approval of CP to LPAG. Institutional-level oversight of academic standards and quality in CP has been delegated to QSC, supported by APQU. Schools implement the University's strategic approach towards CP, and have direct responsibility for the assurance of academic standards and the maintenance and enhancement of the quality of programmes, together with operational matters. In this report the term 'host school' refers to the University school that is linked to the partner institution for the purpose of collaboration.

28 The key elements of the University's strategic approach towards securing the standards of academic awards and assuring and enhancing the quality of students learning

opportunities in CP can be summarised as:

- senior management responsibility through the PVC (External)
- institutional oversight of academic standards and quality by QSC
- central support for schools and partners by APQU, a Unit managed within the Directorate of Academic and Student Affairs, and by other Directorates
- the application of the University's mainstream academic policies and strategies, supported by additional measures for assessing the suitability of the partnership (see below, paragraph 58)
- devolution of responsibility to schools and partners for assuring academic standards and maintaining and enhancing quality (see below, paragraphs 39-47)
- a legal agreement and Operations Manual that sets out the University's expectations for devolved responsibilities (see below, paragraphs 40-42)
- input from advisers external to the University in the processes of programme approval and review (see below, paragraphs 59-60 and 68)
- the appointment of a dedicated University Liaison Manager (LM) to act as the main interface between the University and each programme (see below, paragraphs 43-44)

29 The University has developed an integrated framework of approval criteria for its collaborative partnerships which require host schools to demonstrate:

- the fit with the University's strategies, in the context of known international considerations and with key national, regional and local agendas
- the compatibility between the partner's mission, strategic goals and curriculum with those of the University
- that the partner has a sound financial standing, conferring a viable basis for the likely success of the partnership

- that the partner has a successful track record in the quality assurance of academic provision, together with senior and operational staff experienced in partnership working.

30 At the time of this audit the University's collaborative provision was described and quantified as follows:

● Franchise of an internal University programme	14
● Franchise but jointly developed programme	24
● Validation of a partner's programme	61
● Articulation	8
● Internal University taught programme which is supported by a partner	6
● Jointly taught and delivered programme	3

31 These generic categories are not rigidly adhered to however and the audit team was told that the University takes an increasingly flexible approach towards collaboration. Host schools in consultation with partners negotiate the arrangements on a case by case basis according to the specific requirements of each partnership, aiming to achieve an effective match between each party's capacities and capabilities. These details are confirmed within the respective Operations Manual with initial oversight from LPAG and ongoing oversight provided by APQU.

32 During the audit, the team reviewed evidence that showed that the University is careful to ensure the initial and ongoing compatibility and viability of partnerships. Arrangements are negotiated, agreed and managed in accordance with its policies and procedures. The team noted the advantages of the University's flexible approach that is implemented by schools. The University has however recently considered the need for a more centrally focussed, strategic academic oversight of its collaborative provision.

33 In considering the University's overall strategic approach towards CP, the audit team

found the approach to be comprehensive and well-structured with defined institutional and school level responsibilities. The team viewed the delegation of responsibility to schools for the oversight of academic standards and quality in CP programmes as appropriate.

34 The audit team noted that the effective implementation of the University's strategic approach to CP is dependent on the clear specification and monitoring of responsibilities at school and partner levels. In this respect, the team noted the importance of the Operations Manual that is intended to guide the specific operation of each partnership and the key role Liaison Managers are intended to play in the support of each programme. In enhancing the University's strategic approach towards CP, the team noted the importance of mechanisms for identifying and sharing good practice across schools and partners. These three areas are considered in more detail in paragraphs 40-44 and 56 below.

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

35 AB is the senior academic committee with overall responsibility for academic standards and quality. Through its single layer of sub-committees, it oversees admissions, assessment and awards. Sub-committees which report to AB on matters concerned with quality and standards in CP are QSC, LTC, and the eight school boards.

36 QSC is responsible for two key areas of CP: developing, implementing and monitoring policies and processes for the assurance of academic standards and the enhancement of quality; and for the quality of students' experience, including standards of customer care and the delivery of support services. LTC is responsible for the policies and processes for learning, teaching and assessment, including e-learning, the curriculum, and student support, guidance and retention. Matters that relate to CP are embedded within LTC's areas of responsibility. Both committees have

representation from students, each school, the University executive structure and some directorates, but not from partners.

37 Following a restructuring, that saw the discontinuation of the University's Collaborative Provision Committee in 2003, the Learning Partnerships Advisory Group (LPAG) has taken over the responsibility for the business approval and management of collaborative partnerships. LPAG is chaired by the PVC (External) but reports directly to the University's senior management team (SMT). LPAG was established primarily 'to separate purely business and financial considerations from academic decisions'. An internal audit of CP arrangements in 2005, conducted by KPMG, acting as external consultants to the University, confirmed the benefit of this function.

38 The CPSED stated that CP is also supported by the University's support Directorates with key functions relating to the student experience being delivered in particular by the Directorates of Learning Resources and Academic and Student Affairs. The Directorate of Corporate Affairs is also involved in developing and maintaining relationships with collaborative partners.

39 Substantial responsibility is delegated to schools for the management and assurance of academic standards and quality in CP. Individual schools are permitted to develop differing management structures and quality assurance structures for CP, but are expected to work within the University's broad framework of principles and guidelines set out in the Quality and Standards Handbook (QSH) located on the University's intranet. Quality Assurance Officers (QAOs) of APQU, the Head of Quality Assurance (HQA) and members of the University's Partnership Team, located within the Directorate of Corporate Affairs, provide support to schools in meeting their delegated responsibilities.

40 In turn, depending on the nature of the collaboration, schools delegate substantial areas of responsibility to partners for managing academic standards and quality. These areas are outlined within and are intended to be

formalised through the text contained in the Operations Manual. Partners who met with the audit team confirmed that the Operations Manual provided the basis for the implementation of their agreement with the University. The team noted that the specific details of responsibilities within each agreement might however vary according to the nature and form of collaboration.

41 In reviewing a sample of Operations Manuals across different types of partnership, the audit team formed the view that it was a useful concept but that it was not being consistently implemented in the way that it was intended. While the template for its production serves as a useful starting point, the team noted a lack of customisation for different types of partnership and collaboration.

42 In the examples viewed, an outline of the main areas of responsibility delegated to PIs was provided but this outline was insufficiently detailed and lacked practical instruction of what was required in those areas. The supporting policy, procedure or reference points are often in a separate document to which the Operations Manual did not cross-refer. In meetings, the audit team was told that the Operations Manual was very important, however staff did not use it as their practical operational guide. Additionally, in some instances the team was informed that some of the requirements contained in Operations Manuals, such as moderation by school staff, were no longer carried out, and yet this was not reflected in the Operations Manual. In meetings, the team was also given mixed views of the frequency that the Operations Manual is revised and updated and where the latest version was held. In view of this, the team recommends that it is advisable that the University reassess the effectiveness of the Operations Manual, and the policies and procedures for their approval, monitoring, update and review, so that it serves as a comprehensive operational guide for partnership.

43 Schools appoint a Liaison Manager (LM) to oversee the operation of each collaborative programme and to act as the main interface between the University and the partner. The

role of LM is wide ranging and is expected to encompass all aspects of communication with the partner concerning quality and academic standards. The audit team recognised the importance of the LM role for assuring standards and quality, but also noted an absence of any University-wide job description for the conduct of the role, although one school had produced such a job description. The team also noted an absence of any agreed University-wide framework to support the LM role. Despite this, partners indicated that they were generally satisfied with the support they received from LMs, although in one instance the partner said that they would prefer to receive more input from their LM. Partners confirmed that LMs are their first point of contact, although they were also aware that they could seek advice directly from APQU.

44 In reviewing the evidence for the effectiveness of the liaison function, the audit team identified substantial variation in communication made between different LMs and their collaborative partners. Communication concerning formal matters relating to standards and quality was not always provided to, or required from, partners in an appropriately formal format and this lessened the evidence base upon which schools and the University could draw on. The team noted a lack of any guiding policy or agreed minimum standards for reporting from the LM to the host school or from the LM to the collaborative partner. The team formed the view that the absence of an institutional support framework for LMs has the potential to weaken the oversight available at school and institutional levels for monitoring the implementation of devolved responsibilities, as well as reducing the capacity for cross-institutional oversight of CP. In view of this, the team recommends that it is advisable that the University, in recognition of the vital role of Liaison Managers in the safeguarding of academic standards and quality, develop a coherent framework for the appointment, tenure and induction, support and development, appraisal and conduct of their role.



45 Respective responsibilities for assessment are outlined in the Operations Manual. QAOs provide PIs with administrative manuals which contain more comprehensive details of the University's assessment procedures and the LM, supported by the QAO, communicate the School specific assessment policies and procedures, frequently by email and through meetings held between the LM and PI staff. The QSH contains generic University guidelines on assessment policies and procedures. Schools devolve substantial responsibility to the partner's academic staff to undertake assessment, except where programmes are jointly delivered. There are school processes for the formal receipt and approval of examination papers and assignment tasks and the audit team viewed examples of a rigorous scrutiny and approval procedure being followed in confirming these prior to use. The team noted that in a minority of programmes, schools relied heavily on the external examiner to provide assurances that assessment was being conducted appropriately. This point is also considered below in paragraph 85.

46 A senior member of the host school normally chairs examinations boards. Where the language of delivery and assessment is not English, a bilingual LM chairs the board. The host school receives information about comparative performance in assessments and results at its internal examinations boards. These are checked by the LM and contribute to school monitoring of assessment standards. LMs are expected to attend examination boards and other assessment events and the audit team saw reports where LMs observed assessment and contributed to discussions on the moderation of marks.

47 Overall, the audit team formed the view that the University's framework for managing the quality of the students' experience and academic standards in CP is well conceived and is generally effective. It has mechanisms in place to formalise, implement and monitor the delegation of responsibilities at institutional, school and partnership levels. School and institutional-level oversight of the

implementation of its framework can be further enhanced by: reassessing the effectiveness of the Operations Manual so that it serves as a more detailed, practical, authoritative and current guide for partnership, and by developing a more coherent framework to support the LM role.

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

48 The CPSED stated that the University has 'developed a coherent approach to quality enhancement that applies to all programmes' and for CP has aims that focus on enhancing: the quality of programmes; learning, teaching and assessment practice; staff expertise; academic and pastoral support and the facilities and services available to students; and the mechanisms for identifying and disseminating good practice.

49 The University has developed a new policy for identifying and sharing good practice as advised by the institutional audit in 2005. The CPSED identified the annual review process as an appropriate forum for this but acknowledged that it is not always used effectively for this purpose. The team agrees that this opportunity could be more fully exploited. Although examples of sharing of good practice at programme level were provided, evidence of such activities taking place systematically across CP was limited.

50 During the visit, the audit team was made aware of a number of institution-led strategic initiatives that had been instigated and which impact on their CP. In particular, a draft strategy discussion document had been prepared. The University recognises the value of this consultative stage and has provided the opportunity for discussion at all levels, particularly within schools. Amongst the propositions there is specific reference to fewer but stronger collaborative partnerships, based on financial and academic viability. While there is no specific mechanism proposed for cross-school enhancement, a proposed restructuring is one of the options being considered and the

University anticipates that this may help with the management of CP.

51 The University's information processes and systems strategy has recently been revised. The original strategy (2001) focussed on a number of key principles. Those relevant to CP included improved support for all categories of students; more effective use and management of statistical information; and enhancements to the e-learning environment. The review acknowledges that major advances have been made since 2001. The revised strategy places emphasis on information technology governance and its contribution towards good corporate management. In particular, performance measurement is seen as a fundamental feature of the business strategy. The team recognises that such information is a vital element of the approvals process for new partnerships and collaborative programmes.

52 The audit team also noted that changes to the terms of reference of QSC and the LTC had been approved in October 2005. In particular, these changes were intended to strengthen the role of QSC by clarifying that any regulatory changes from LTC should go to QSC for approval.

53 EB recently endorsed an enhancement to LPAG's role so that it may provide 'a central steer on strategy for partnerships', although AB will also receive reports from LPAG. The newly drafted terms of reference for LPAG provide a clear demarcation between the business focus of LPAG and the academic focus provided through consultation with AB and QSC. Schools developing partnerships would be able to call on more central support and are being asked to take a more proactive role in vetting proposals before they come to LPAG.

54 The need for a more centralised and strategic approach to the development of new partnerships and programmes, rather than the current school-driven approach, concurs with the view of the audit team. The need to strengthen the institutional-level academic oversight in respect of CP is considered in further detail in this report (see below,

paragraphs 63, 85-87 and 98).

55 The audit team was also informed of an on-going review of the University's International Strategy, including CP. The review involves an extensive consultation process with a draft strategy due in April 2006. The balance between national and international partnerships and the move towards fewer, larger and more economically viable partnerships are fundamental issues being addressed. The team supports this and the University's plans to develop further its more local and regional partnerships as part of the CP strategy. Initiatives such as the ACP, that is providing a mechanism for building genuine partnership and developing and sharing good practice in the provision of collaborative higher education for meeting the region's educational needs, provides a model of good practice for the University to build on.

56 Overall, the audit team considered that the wide-ranging developmental and strategic initiatives being undertaken are clear evidence of the University's intentions for enhancing the management of its academic provision. The team formed the view that specific reference and due attention has been directed towards its CP. The enhancement intentions for the University's management of its CP were clear, but it was less clear to the team how these enhancements would be embedded in PIs and across the range of partners.

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

57 The CPSED stated that the University aims to apply the same quality assurance processes to CP as it does to the rest of its provision but with additional mechanisms for the approval, monitoring and review of the effectiveness of the partnership. These procedures are fully documented in the QSH.

#### **Partnership approval**

58 Partnership approval requires an initial consideration by the Chair of LPAG of a school-

endorsed outline proposal. Following this outline approval, a project development group (PDG) is established, consisting of staff from the partner, from the host and other schools, APQU, and the University's specialists covering legal and financial aspects, as well as other areas. The PDG produces a detailed business plan, a legal agreement and an Operations Manual, together with the programme documentation. LPAG must formally approve the business plan and Operations Manual before the proposal can progress to an academic approval event.

### **Programme approval**

59 APQU oversees and manages programme approval events, and the Head of Quality Assurance (HQA) or his nominee chairs the event, usually at the partner's location. Approval panels comprise of members from the host school, and other schools, a QAO, and at least one subject specialist member external to the University and/or a professional, statutory or regulatory body (PSRB) representative (see below, paragraph 74). The panel is asked to confirm the appropriateness of the: learning resources; programme specification; student handbook; staffing; external examiner arrangements; and the legal agreement and Operations Manual. Programme approval may lead to conditions and recommendations, and the conditions are required to be met before the programme may commence.

60 In its consideration of the approval processes for new partnerships and programmes, the audit team formed the view that the University had established clear mechanisms for confirming both the strategic and financial viability of proposals and addressing matters relating to the academic standards and the quality of collaborative programmes.

### **Annual review**

61 Programme teams are responsible for conducting an annual programme review. The broad requirements of these reviews are set out in the Operations Manual. The QSH provides a standard reporting template and includes sections for comment on student evaluation

and the external examiner reports. Programme teams are required to comment on the outcomes of the previous year's action plan and must include an action plan for the coming year. They are also encouraged to identify examples of good practice for wider consideration as a part of this process.

62 The audit team noted that LMs, in consultation with the programme team, coordinate the production of, and present the annual programme review report to the School annual review meeting. These reports are then considered as a part of the internal annual school review process alongside the school's internal programmes. The CPSED indicated that the school annual review meeting is required to 'set out issues for consideration by the school and for the University, with an indication of who should address them'. Schools then produce a brief annual report that summarises all of the annual programme reviews. APQU collates an overview of the outcomes of all annual school reports and this is submitted to QSC for consideration. The CPSED indicated that the overview is 'addressed to areas, such as the Directorates, where action is requested for inclusion in their annual plans'.

63 In reviewing the annual review process, the audit team noted that the procedure was thorough in its focus upon programmes. The team formed the view however that there was little evidence of a coherent QSC policy or procedure for formally communicating identified examples of good practice across all schools and to all collaborative partners; nor was there evidence of QSC evaluating the equivalence of students' experiences across its entire portfolio of CP. Similarly, the team noted that there was no consistently exercised formal procedure set out for the LM to communicate the outcomes of the University's review process to partners.

### **Annual viability monitoring**

64 In addition to the annual programme review, schools are required annually to ensure that their portfolio of CP aligns with its strategic plan. This forms the basis of a short report to LPAG on student numbers and recruitment; a

financial and risk assessment update, and an account of the previous year's liaison. Based on these reports, LPAG may recommend action for the school concerned. The audit team viewed this process as a secure mechanism for monitoring the continuing financial viability of collaborative programmes.

### **Periodic review**

65 The QSH indicated that all CP programmes and agreements with providers are delivered normally within a five year fixed-term contractual period that is set out in the legal agreement. At the end of this period both the partnership and the programme(s) are subject to a periodic review, which must be completed satisfactorily before the partnership may be renewed. The periodic review process for CP is designed to evaluate both the business position and the academic performance of the programme(s).

66 The University has a six year internal periodic review cycle. The QSH contains detailed guidance for the conduct of periodic review and explicitly matches the processes and requirements of review to the relevant sections of the *Code of practice for the assurance of quality and standards in higher education (Code of practice)*, published by QAA while detailing the areas of focus and questioning appropriate to the review.

67 The host school in consultation with APQU and the PI manages the periodic review event. Schools, in consultation with the partner, are required to agree a revised Operations Manual and to determine any necessary modifications to the existing business plan for the programmes and the partnership. These require formal approval at University level by LPAG prior to the progression to the formal periodic review event or to the renewal of agreements. This two-stage process enables the University to periodically and robustly evaluate its CP arrangements within the overall strategy at the school level.

68 Periodic review events are normally held at the partner's location, occupy a full day, and are chaired by the HQA or his nominee. The QSH provides details about both the remit and

the membership of periodic review panels. Panel membership includes the QAO; at least one member of staff from the host school, which can include the LM; a member of staff from another school with experience of CP; and an external adviser who is external to the University with discipline specialist knowledge, or where appropriate a PSRB representative.

69 The University permits LMs to represent the host school as a member of periodic review panels and the team noted that LMs have frequently acted in this capacity. As a panel member they are charged with reviewing the performance of both the partnership and the effectiveness of the school's oversight. They put together the evidence for the panel to consider and are then asked to review that evidence. They are therefore, to a large extent, reviewing their own performance. The audit team formed the view that the objectivity of LMs as a panel member could potentially be impaired due to their close involvement in the operation of the partnership, and/or they could exert an undue influence, and this could weaken the effectiveness of the periodic review process. The team therefore recommends that it is advisable that the University review its membership of periodic review panels, to ensure that members appointed to represent lead schools can, without reservation, review all elements of the partnership and provision.

70 Subject to the satisfactory outcomes of the periodic review, the legal agreement and the Operations Manual for the provision are formally renewed. Periodic reviews result in a report on the event, however, and may contain conditions to be met before re-approval can be granted. These reports are considered by the host school and QSC. APQU provide a copy to the partner. If required, QSC may work with the LM and the PI to identify an action plan and the QAO, acting on behalf of QSC and LPAG, monitors progress against this plan. In evaluating a range of periodic review documents, the audit team identified examples of action plans produced in response to conditions. These examples showed that the progress against the action plan was reported

on in subsequent annual programme reviews and also within LPAG meetings, school committees and PI management processes. The team concluded that the overall process for periodic reviews of partnerships and their programmes was effective.

71 Periodic review reports from all academic programmes are received by QSC who collate an annual report identifying good practice and issues for further consideration. These are drawn to the notice of the LTC for 'wider dissemination'. The audit team noted that there appeared to be no formal mechanism through which cross-institutional good practice matters, as they related holistically to CP, were effectively communicated to all collaborative partners and programme teams. The team formed the view that it would be desirable for the University to extend its mechanisms for the systematic identification and dissemination of good practice across partners and across the institution.

72 Overall, the audit team concluded that the University has robust arrangements in place for the approval, monitoring and review of CP leading to its awards. The team identified some areas where improvements could be made to existing mechanisms. On the whole, the team considers that the overall effectiveness of these arrangements contribute to the team's judgements concerning the broad confidence that can be placed in both the University's present and likely future management of the academic standards of its awards made through collaborative arrangements, and its capacity to satisfy itself that the learning opportunities of CP students are managed effectively and meet its requirements.

### **External participation in internal review processes for collaborative provision**

73 The CPSED outlined a variety of ways that the University involves external participation when developing, approving, revising and reviewing collaborative programmes.

74 For the approval of programmes, standard procedures require the involvement of advisers

external to the University. An external adviser is normally required to be a member of the approval panel, unless the proposal is judged to be a modification of an existing course, in which case the views of the external examiner may be sufficient. A member of staff from a school other than the host school is also normally required to be a panel member. Where PSRB recognition is also sought, their nominee may also be included on the panel. Wherever possible the approval processes of the University and PSRBs are combined.

75 For periodic review of collaborative programmes, the QSH stipulates that an external assessor must be identified and approved, and that he/she will take a full and active part in the review process, including attending the review meeting. Guidance for the selection and conduct of the role of external assessors in periodic review is provided. A member of staff external to the host School is also normally a member of the panel.

76 The audit team reviewed evidence that demonstrated that the procedures for external involvement outlined in the CPSED were in place and being followed. The team noted that the written guidelines on approval of a new programme required evidence of consultation with employers and any relevant PSRB, and that written guidelines for periodic review were quite explicit about external requirements. During meetings, the team was informed that APQU supports the process for involving externals and staff from other schools within the University.

77 The audit team saw evidence of programme approval events involving external members. In addition the team saw a range of reports illustrating the involvement of external participation in periodic review. During visits to partners the team was also provided with examples of external involvement that supported programme development. The team was not made aware of any systematic seeking of the opinions of graduates or employers (see below, paragraphs 113-116), but was given some limited examples of this happening.

78 The audit team formed the view that the

University generally makes good use of external input in the approval and review of programmes. The procedures applied to CP are similar to those for internal programmes and appeared to be used across programmes that were seen by the team. In some individual programmes, high levels of involvement from employers and PSRBs, were demonstrated and the team encourages the University to seek ways of increasing this level of involvement across all of its CP.

### **External examiners and their reports in collaborative provision**

79 The CPSED stated that 'the University sees external examiners as providing the principal ...regular external view of quality and standards of the academic programmes offered by the University'. External examiners are expected to attend examination committees, to sign award lists, to monitor assessment processes and to consider overall academic standards.

80 Nominations for external examiners for collaborative programmes may come from PIs but are the responsibility of the host school and are processed in the same way as nominations for internal programmes, although additional factors may also be considered for CP where, for example, tuition and assessment is in a language other than English. Where there is a clear overlap between the collaborative programme and an internal programme, the same external may be appointed to both. QAOs recommend external examiner nominations for approval by QSC.

81 Induction for external examiners is provided by the External Examiner Resource Pages on the University intranet. Schools and PIs also provide programme-specific briefings for each programme. Where a new appointee has no previous experience of external examining the school may provide additional support such as mentoring by a more experienced examiner. In their reports, external examiners are asked to comment on the adequacy of information they have received.

82 A standard annual report form, modified

in recent years to meet Teaching Quality Information (TQI) requirements, is issued to all external examiners. Completed forms are returned to the APQU and are forwarded to schools, PIs and the relevant QAO for consideration. Responses to reports are provided by the programme team, and it is the responsibility of the relevant dean to ensure that the external examiner receives a formal response. External examiner reports are considered as part of annual and periodic review. Their comments are summarised in reports produced by QAOs covering themes, issues and good practice from their schools and these provide the basis of an annual review by QSC. External examiners are required to comment on whether previous recommendations have been addressed to their satisfaction.

83 The University's CPSED stated that its procedures meet the precepts of the *Code of practice* relating to external examiners, but provided no further specific evaluation. However, the audit team found that the CPSED offered an accurate account of the processes it has in place. The External Examiner Resource Pages are clear and useful, setting out the role and remit of external examiners. External examiners are not expected to look at teaching material or delivery, but have a role in taking an overview of the assessment process through attendance at the examination boards, and are able to comment on assessment policy and practice through their annual reports. The role of the external examiner is seen as a 'critical friend' so that, for instance, in a serious case they should report directly to the Vice Chancellor. The University makes it clear that external examiner reports for the last three years are primary evidence for periodic review.

84 The audit team saw evidence that the processes for external examining outlined were being followed. The team reviewed external examiner reports relating to a variety of collaborative partners, including comments on matters such as the range, type, consistency and rigour of assessments. Staff at PIs showed awareness of the importance of the external examiner role, and said they had been involved

in providing responses to comments from external examiners. Comments from external examiners appeared to be taken seriously, and the team was able to track responses to external examiners, together with reference to their reports in annual and periodic reviews. Staff from PIs demonstrated a clear understanding of the process under which external examiner comments are considered at various levels within the University, but reported that feedback is not routinely provided to them about the outcomes from such processes, although LMs may provide informal feedback. The team noted that the regular formal dissemination of this information to partners could enhance the external examiner system, and the role of the LM might usefully be clarified for this purpose.

85 The audit team found that the University has taken pains to ensure that processes for appointing and using external examiners are the same for CP as for its internal programmes. While this approach has strengths, the significant variations in both the size and type of partnership have resulted in wide-ranging differences in assessment processes and the type and extent of University oversight of assessment practice taking place at different partners. The team saw variations in the role of University staff with regard to both assessment and moderation. In a few cases these variations impacted on the scope of the role that the external examiner was required to perform; and the team were concerned that this could potentially place too much reliance on the external examiner. The team was made aware of one case where significant variations from the normal use of external examiners had been approved by QSC because of the size and nature of the CP programme, but it appeared to be normal practice for even quite significant variations in assessment and moderation arrangements to be dealt with by LMs and schools. The team considered that QSC could take a more proactive overview of assessment and moderation practice, including as relevant the role of external examiners, with regard to the wide range of CP provision offered by the University.

86 The audit team saw an annual summary report of external examiner comments prepared for QSC. While points from collaborative programmes were identified, they were in very summary form, and there was no separation out of issues arising in the CP context. The team formed the view that issues arising in a collaborative partner might lose force and clarity in reaching QSC in this form. While the team did not perceive a threat to current academic standards, QSC might wish to review the capacity of the current process for enabling it to monitor at institutional-level, assessment processes and the issues raised by external examiners for CP.

87 In further support of the University's use of externality in monitoring the assessment of student work, the audit team saw examples in Operations Manuals where general provision is made for moderation by University staff. However the team found examples where moderation no longer takes place in practice. The team was told that this was due to the maturity of the partnership, but the Operations Manual had not been updated to reflect this. The team was told that decisions on matters such as moderation arrangements would normally be taken by programme approval panels, and would thereafter be overseen by the relevant LM. The team formed the view that Operations Manuals might usefully provide more detail on, or cross-referencing to, moderation arrangements by University staff. In addition, QSC might also wish to keep a clearer oversight over the granting and evolution of variations in practice in key policy areas such as moderation.

88 Overall, the audit team found that the processes for appointing and using external examiners are essentially clear and robust, and in general the processes are appropriate for maintaining an oversight of assessment. The University makes a strong and scrupulous use of external examiners and this makes a positive contribution to the assurance of academic standards.

### **The use made of external reference points in collaborative provision**

89 The CPSED stated that the University has engaged actively with all of the elements of QAA's Academic Infrastructure from the outset. The CPSED did not provide further detail about how collaborative partners are made aware of the Academic Infrastructure.

#### **FHEQ**

90 The University has a clearly defined framework for academic qualifications based on academic level and credit, and a long standing modular programme based on credit accumulation. The University expects *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) to be used as part of programme approval and review processes.

91 On the whole, the audit team saw strong evidence of the consideration of the FHEQ in approval and review processes. In visiting PIs, the team found evidence of support from the University in understanding the FHEQ with regard to writing programmes specifications. In talking to staff from PIs, the team found some concerns about the level of support provided by the University when master's level programmes were being considered or developed. The team was informed in meetings with the University that proposals from partners seeking to deliver master's level programmes are normally considered as part of initial LPAG consideration of viability and matters relating to level would then be addressed through programme approval, which would include staff qualification and experience. The team was concerned that while this approach might meet the University's needs, it would not necessarily meet the needs of its partner, and the team concluded that the University might like to give further consideration to how it best assists and supports the development of master's level provision with its partners.

#### **Subject benchmark statements**

92 During approval and review processes, programme teams are expected to provide clear evidence of how relevant *subject*

*benchmark statements* have been considered. The team found a proactive engagement with these and noted that in one instance, the University suggested that a partner engage in the process of developing a new benchmark statement.

#### **Code of practice**

93 When new sections of the *Code of practice* are published, the University reviews its current practice and a grid summarising its position against the precepts of each section is produced showing areas for further development, key responsibilities for implementation and monitoring. These grids are periodically reviewed by QSC and are published on the intranet. Relevant sections of the *Code* are also taken as the starting point for themed audits conducted by APQU. The audit team found strong evidence demonstrating the University's alignment with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* - September 2004.

94 During visits to PIs and through scrutiny of other partnership arrangements through documentary audit trails, the audit team formed the view that the University had not been fully effective in disseminating understanding of all sections of the *Code of practice*. Staff at partners assumed that implementation was primarily a matter for the LM, and few reported any training relating specifically to the *Code*. While it is quite acceptable for the *Code* to be embedded in University policy and procedure rather than be made explicit, the University might wish to review whether it could do more to assist staff at PIs in understanding and implementing the precepts of the *Code*. For example, a number of collaborative programmes include placements and it might be beneficial for the University to work with its partners to increase their knowledge and application of *section 9: Placement learning*.

#### **Programme specifications**

95 All collaborative programmes are required to have an approved programme specification and the team found programme specifications



for all the CP programmes it looked at on its website. Each one made appropriate references to the FHEQ and to *subject benchmark statements*.

96 The University provides a standard template for the production of programme specifications and this requires explicit consideration of the FHEQ, *subject benchmark statements* and the requirements of any relevant PSRB. Programme specifications are sometimes included in student handbooks. The audit team was told that programme specifications are considered as part of annual and periodic review.

97 The audit team was told of some training to assist PIs in writing programme specifications, and staff at PIs said that they had found that LMs were supportive, and the process of writing programmes specifications was helpful. There were a minority of instances where the LM had taken a stronger role in writing programme specifications, such that programme teams felt a lack of ownership until they had undergone a subsequent review.

98 The audit team found that the view expressed in the CPSED was accurate, with a good general level of engagement by the University with the Academic Infrastructure, supported by clear and well documented processes, and by material readily available on its intranet. The team accepted the University's approach to implementing the Academic Infrastructure in PIs by embedding it within University policy and procedures, and through supporting partners through the LM and other University staff. Given the breadth and diversity of its CP, in the terms of partner size, location and HE experience of staff, the University might wish to give further thought to assisting their partners in gaining a fuller understanding of the implications of the Academic Infrastructure for different levels of provision and for the day to day delivery of provision, including providing training or other resources to assist staff in the PIs. This may be an area where QSC might wish to review policy.

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

99 The University has undergone a number of recent reviews that are relevant to CP, including two major reviews of NHS-funded healthcare provision (October and November 2005) and a Foundation Degree review (October 2005). The outcomes of these were generally positive with many strengths and features of good practice, and with a few areas for further development.

100 The recent report of a review of the University's Foundation Degree in Classroom Support (October 2005) highlighted a number of relevant features of good practice including: the communications between the University and the three partner colleges, and the procedures for assuring quality and encouraging the enhancement of the programme. It also noted a number of relevant strengths including the rigour of assessment processes and suggested that greater use of the new WebCT virtual learning environment should be encouraged. The team saw evidence that this report was considered at school and institutional level.

101 Reviews by QAA and other external agencies of PIs over recent years have generally been positive and the University's CPSED stated that a key criteria it uses to assess the suitability of a partner is its performance in external reviews.

102 The CPSED referred to review and accreditation by a number of PSRBs due to the wide range of programmes that are offered in professional areas, and a significant number of collaborative partners offer professionally focussed courses. PSRBs are an important reference point for CP courses, influencing curriculum design. APQU supports schools and PIs in their preparation for PSRB visits and meetings. Approval processes by the University and a PSRB accreditation are combined wherever possible, with support from APQU. The audit team was also made aware of

instances where the University has combined its review processes with those of PSRBs.

103 Programme specifications require mention of any relevant PSRBs. Annual programme reviews also require PSRB reports to be commented upon and they are also considered as part of the evidence for periodic review. These processes are used for communicating the outcomes of external reviews in partner organisations to QSC.

104 The audit team found that University policies in respect of PSRBs were followed in dealing with collaborative partners. They saw various examples of PSRBs and employers being involved in the evolution or delivery of a programme, and examples of PSRB reports being followed up in review processes. The team also saw evidence involvement with relevant overseas partner's PSRBs.

105 The audit team formed the view that the University has effective mechanisms in place for considering the outcomes of reviews conducted by external agencies and these enable it to make effective use of the outcomes from such reviews. Schools engage constructively with a number of PSRBs relevant to CP offered by its partners, and this engagement has also assisted in programme development and delivery. Annual and periodic reviews pick up relevant points from reports from PSRBs, and through this process the University retains a broad oversight.

### **Student representation in collaborative provision**

106 Each collaborative programme is expected to have a Programme Committee with student representation that considers feedback from staff and students on the delivery of the programme. The Operations Manual outlines this expectation. Students also generally attend an annual programme review meeting. The University accepts, however, local variations in practice which, while reflecting the culture or practice of the organisation or country of the partner, nevertheless achieve the same purposes. The CPSED stated that arrangements for student representation are detailed in

student handbooks for each programme, and these arrangements are approved, monitored and reviewed through the approval, annual and periodic review processes. LMs also, on occasion, participate in meetings with student representatives present. The University does not differentiate its approach towards validated or franchised provision. The OBSU is however beginning to seek a greater involvement with student unions of the more local Associate College partners.

107 The University's CPSED stated that evidence from annual and periodic reviews together with the University's student satisfaction surveys, suggests that most students feel satisfied that their views are taken into account and that actions are taken as a result of their feedback where possible. For the most part, students who met the audit team during visits to partners were also satisfied, although some students in one partner were less so. The University and its partners are, however, continuing to look to improve its arrangements so that part-time and distance-learning students can also act as representatives. These students often have little contact with their peers outside the formal teaching sessions and also have difficulties in attending programme committee meetings.

108 Students seen during the audit team's visits to partners were generally satisfied with the arrangements made for student representation. There were some cultural differences in the extent to which students participated actively in such arrangements but generally students were satisfied both with the arrangements and the responses they received to their comments from the PI. The team also saw substantial evidence of participation in student committees through documentary audit trails of other partner links.

109 The University generally takes a positive attitude to arrangements for student representation in the PIs. These are satisfactory and produce an effective expression of the student voice which is listened to and responded to. The QSH specifies the requirement to review arrangements for

student representation through approval, annual and periodic review processes. The audit team found some variability in the level of scrutiny that the University applies to these arrangements, and little evidence that this variability is considered by senior committees whose remit is to monitor the implementation of these policies. The team also found a lack of any University-wide forum where the examples of good practice in student representation can be disseminated across the University and across partners.

110 The University and its staff very obviously value student views and welcome their input into their procedures at appropriate points. There are appropriate representative procedures set up in most PIs that generally mirror those of the University with appropriate variations that take account of local institutional and national cultures and practices. The University offers helpful and appropriate advice in this area to staff involved in approval, annual and periodic review processes but these are used to variable effect in practice. The audit team saw many examples of good practice but the University might wish to consider strengthening the transparency with which arrangements for student representation are defined and examined at the various points in its quality assurance procedures.

## **Feedback from students, graduates and employers**

### **Students**

111 The CPSED stated that the University places great importance on collecting and acting upon feedback from students. Student feedback is required in, and is generally an important component of, annual and periodic review reports. Student feedback is obtained at both module and programme level. Students typically complete module evaluation forms or questionnaires, and at programme level student representatives attend programme committees or students' views may be gathered during meetings with the student cohort (when group size allows) and through smaller focus groups. LMs also have direct contact with students

through their attendance at programme and other committees and in less formal meetings.

112 The majority of students who met the audit team during visits to partners were generally satisfied with the opportunities that they were provided with to give feedback and with the response they received to feedback from their PIs. They were less aware of any consideration of their feedback by the University. Generally, student feedback mechanisms were seen to be effective and it is notable that the number of formal complaints received by the University itself is relatively small. The University does not currently monitor the number, or outcomes, of complaints handled by its partners but plans to do so.

### **Graduates**

113 The method of collection of feedback from graduates varies between different collaborative programmes with some examples of good practice. The University has identified that a number of its partners do not have a systematic process for keeping in touch with their graduates and the CPSED explained that the University is intending to work with them to develop this.

### **Employers**

114 Some partners have strong links with employers and use their networks to gain feedback formally through industrial placements and visits, consultancy and applied research links, visiting lecturers and lectures, approval and periodic review panel membership (in some cases), and at school or programme advisory boards and liaison groups. Feedback is also gathered informally through conversations and at professional body meetings.

115 While student feedback is specified by the QSH as a requirement of many quality assurance processes, the advice on obtaining graduate and employer feedback is less definitive and its use in these processes is less evident.

116 The CPSED accurately reflects the widespread systematic and effective use of student feedback in the monitoring, approval

and review processes in regard to CP. The University values this source of information and encourages and requires its partners to take a similar level of interest. This is somewhat different, however, from the position in regard to employer and graduate feedback where the University recognises the position to be more variable with some examples of good practice but many areas where little or no feedback at all is evident. The audit team would encourage the University to consider how to extend and formalise the collection of feedback from graduates and employers and increase its use in programme approval, monitoring and review. The themed audit methodology commended in the institutional audit report (2005) may be an appropriate means to inform the senior school and University committees of the general position in these areas. Such an overview might well lead to the further development of policy and procedures that would also allow a more thorough monitoring in these areas by the University.

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

117 The arrangements for collecting and managing student data for CP differ according to whether students are enrolled or registered with the University. For enrolled students, the University maintains a full student record, and in the case of registered students, maintains a reduced record with the partner maintaining the full record, including student marks and progression decisions. The University's student data is used to provide admission, progression, completion and assessment statistics about enrolled students while partners generally produce a similar range of statistics from their data for registered students.

118 Statistics for the enrolled provision are currently provided by the University's Academic Registry with developments planned for the coming academic year that will enable staff from the University and PIs to interrogate the database directly through their PIP.

119 The QSH requires the use of data in the critical appraisal prepared for periodic review and the audit team saw evidence of this in the periodic review reports that it reviewed. The recent institutional audit found that the University could be more systematic in the consideration and use made of student progression and achievement data on an institution-wide basis. In discussions during the current audit, the University confirmed that it was aware that it needed to improve the provision and use of data at higher levels of aggregation in CP for use in both planning and monitoring. It also affirmed that any action agreed as a response to the finding will also be applied to CP.

120 During visits to partners and through scrutiny of other partner links through documentary audit trails, the audit team became aware of the widespread availability but variable use of statistics in annual monitoring and periodic review across all CP arrangements. The CPSED itself did not make any significant use of statistical data. The University does, however, recognise the need to improve its practice generally in relation to the provision and use of statistics, particularly at the higher levels of aggregation. It is, therefore, working on a number of improvements to its systems. The team welcomed these developments and would encourage the University to take steps to ensure the wider, more analytical and consistent use of improved data in both enrolled and registered provision throughout its quality assurance processes.

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

121 The University delegates a significant amount of responsibility to its partners for the appointment, appraisal, support and development of staff teaching on its collaborative programmes leading to its awards. This delegation is minimally outlined in the Operations Manual.

122 The process for appointing new staff to teach on collaborative programmes is usually the responsibility of the partner. During partner or programme approval or in subsequent periodic reviews, the University agrees with the partner the qualifications and experience expected for new staff. However, the University through the LM, reviews proposals for new staff and may indicate to the partner if they consider the appointment to be inappropriate. The audit team was shown an example where this occurred and viewed other evidence that confirmed that the LM reviews appointees' CVs and makes recommendations to APQU. In some cases, a member of the host school or the LM sits on the partner's interview panel.

123 Staff development features in the annual and periodic review process and a review of the teaching staff forms part of this. Key questions in the periodic review agenda address staff support and development and corroborating evidence was provided to the audit team. This feature was not consistently prominent across all of the examples provided, although examples were provided where an annual review had highlighted staff development issues and the following review reported on how these issues had been addressed.

124 Staff at PIs confirmed that they did not receive staff induction from the University but were provided with induction, and sometimes mentoring, by the partner. Partners are encouraged by the University to operate a staff appraisal scheme, linked to staff development. At most PIs, teaching observation forms the basis of the appraisal system for teaching staff, normally undertaken by colleagues at the PI, although examples were provided where the LM had observed teaching, but this was mainly restricted to overseas collaboration.

125 The CPSED stated that partners are expected to provide appropriate staff development opportunities to staff teaching on programmes leading to the University's awards. The University does not specify the partner's responsibility in any great detail and no minimum amount or standard is suggested. The team found that the University's

monitoring of this position was fairly minimal. In meetings with University staff, the team noted a lack of recognition of responsibility towards offering central support for staff development for staff in partner institutions.

126 Partner staff confirmed the arrangements for staff development but also cited examples of the University's involvement, generally by the host school. In most cases, this was on an informal basis through the LM and mostly concerned the development of teaching skills. However, the audit team was also made aware of other examples where individual schools interact with their partners in order to provide staff development opportunities. The Associate College Partnership also provides a forum for staff development events, organised by the University, in order to support these links. Similarly, the Westminster Institute of Education has organised a number of staff development days for its partners, covering foundation degrees, on-line tutoring issues, and continuing professional development. The team noted that these examples of good practice could be further exploited through increased communication and coordination between schools, and through a more focussed strategic overview by the University.

127 Partner staff who met with the audit team were aware of the staff development opportunities available to them through the University and knew that they could approach the University if a particular need was identified. Very few full-time staff from partners could attend the University's events due to time and geographical constraints and this was particularly problematic for part-time staff. The team formed the view that the University could be more proactive in the implementation of its strategy for enhancing partners' staff expertise. The team encourages the University to consider the benefits of maintaining a central register of partner staff involved in CP and to develop a more proactive role in formulating staff development strategies during partner/programme approval and review.

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

128 The University has thirteen collaborative programmes which include flexible and distributed learning (FDL) arrangements. These arrangements range from: delivery entirely by University staff (six programmes) to delivery entirely by partner staff (one programme); the entire programme in FDL format (one programme) to single FDL modules, or modules containing elements of FDL (twelve programmes).

129 The University has developed specific criteria for the approval and monitoring of programmes which are delivered through FDL methods and these are mapped against the *Code of practice, section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. Programmes which contain FDL modules or elements, or which incorporate e-learning teaching and learning methods are subject to the same University framework for the management of standards and quality assurance as described above in paragraphs 35-47.

130 A range of information is provided by the University on its intranet in support of FDL provision. The University has developed an e-learning strategy and its implementation plan and the University's E-Learning Forum provide additional support for FDL provision.

131 Through a documentary audit trail, the audit team reviewed one large but atypical FDL arrangement that the University has with a UK professional body. Students who do not opt to study the programme from home may undertake the programme at an approved centre. The FDL materials have been approved by this professional body. The professional body retains responsibility for the conduct of its assessments and for the confirmation of marking, while the University Business School quality assures these processes. The professional body has also retained the responsibility for conducting programme monitoring and annual review, although there was clear evidence of

the school participating in these processes. The team noted that review of the programme had been thoroughly conducted.

132 The audit team also reviewed one programme that contained FDL that is delivered in a programme where the language of delivery and assessment was not in English. The University had appointed external examiners and an LM whose first language is that of the country of delivery. The LM in this instance has also chaired the examinations board and liaised on any matters associated with distance-learning delivery. Within this arrangement the team noted the extensive and regular liaison undertaken by the LM and academic staff to ensure the effective understanding of the University's requirements, and there was substantial evidence of contact with students and the consideration of their feedback on their learning experience.

133 Within this example, the audit team noted specifically the effective and rigorous tracking of the periodic review outcomes. This was particularly evident in the University's responsiveness to student representation matters, and to the University's requirement for the partner to increase its learning resources. The team also noted that annual monitoring and periodic review are conducted in English at the University with the full involvement of partners and University staff. Evidence reviewed by the team confirmed the effectiveness of the University systems for the tracking and approval of minor programme modifications and the effectiveness of its monitoring of marketing and promotional materials.

134 On the basis of the evidence reviewed, the audit team formed the view that the University has broadly effective systems in place for assuring the quality of distributed and distance methods delivered through an arrangement with a partner.

### **Learning support resources for students in collaborative provision**

135 Entitlement to access learning resources and other support resources varies according to whether students are enrolled or registered with the University. Enrolled students are usually entitled to full access to the University's facilities as well as those provided by the partner. For registered students, the majority of which are studying with overseas partners, the University requires the partner to take responsibility for the provision of resources.

136 Resources are reviewed initially as part of the programme approval process. However, the resulting formal approval documentation, reviewed by the audit team, lacked reference to a detailed account of the partner's existing resources. This can make the tracking of changes to resources more difficult and leaves partners unsure of the University's expectations in respect of monitoring. Resource specialists from the University are, on occasion, invited to participate in the approval process, and have sometimes provided advice to PIs on resource requirements, although evidence of their involvement at earlier stages of the partnership or programme development was more limited. The University may wish to consider increasing the involvement of its central resource specialists to strengthen the procedures for enhancing the quality of resources in CP.

137 Annual and periodic reviews and LM visits are used to monitor the quality of the learning resources and to identify any additional requirements. On an ongoing basis, students' views are the main means by which the adequacy and suitability of learning support resources are judged, although LMs also make tours of resources when visiting partners.

138 The position in regard to monitoring resources in partners delivering the University's awards at multiple locations was less clear; visits by LMs and periodic review panels tend to concentrate on the partner's main location although there was evidence, in some cases, of discussion in periodic review and validation reports, relating to a wider range of the

partner's locations. To further enhance its management of CP, the audit team encourages the University to strengthen its approach to assessing resources for programmes delivered by partners at multiple locations.

139 The students who met the audit team through partner visits were generally satisfied with the level of resources provided, although some enrolled students, particularly those studying at some distance from the University questioned the practicality of accessing the University's physical resources. In annual and periodic reviews, the team also noted in a limited number of cases, there were requests by both staff and students for improved resource levels but students were generally satisfied.

140 The audit team saw evidence from annual and periodic review reports, and other sources, and heard from their discussions with staff, that the University's scrutiny of the resource position in its partners was rigorously pursued and was generally effective in maintaining appropriate resource levels. Examples were provided of requests made by students for improvements in resources which were either subsequently met or answered with reasonable explanation.

141 The audit team formed the view that the University has a set of mechanisms operating that generally ensure there is adequate provision of suitable resources to students in its CP. This initial assessment and monitoring of the resource position might benefit from the more extensive and systematic use of the University's central specialists at various stages in these procedures and more systematic reporting and analysis of the resources during programme approval and review.

### **Academic guidance and personal support for students in collaborative provision**

142 Arrangements for academic and personal support for students are outlined in the Operations Manual and in the student handbook. The University's template for the production of Operations Manuals contains a generic clause outlining the University's

expectations for such arrangements. In all of the Operations Manuals sampled, the audit team found this clause inserted without further modification. The student handbooks reviewed provided a varying degree of further clarification about such arrangements. Student support arrangements are considered at programme approval events and are monitored through a combination of LM visits, annual and periodic review.

143 Enrolled students undertaking collaborative programmes are entitled to access the University's Student Services. Students from partners situated at some distance from the University often find it impractical to access these services. In some cases the University's Student Services department also offer assistance to students directly at the partner's site. Partners with registered students are expected to provide the full range of personal tutorial and student services themselves. The mechanisms used to provide student support in the overseas collaborations, generally registered students, vary according to the structure of the organisation, local practices and cultural expectations.

144 The Operations Manuals made little explicit reference to the wider issues related to student services, although there is a general clause that implies that partners must have satisfactory student services provision, but provides no further guidance on this.

145 The University's CPSED cited the 'enhancement of academic and personal support' as one of its intentions for enhancing its CP. The CPSED also instances several examples of what it considers to be good practice including in one place students having access to tutors' mobile phone numbers. The University's CPSED stated that local further education college partners have well developed academic and personal support systems built up through their experience of delivering a wide range of provision. For programmes with registered students, the University provides the partner with guidance and examples of good practice, where appropriate, although many of these partners already have well-developed

systems and resources for providing academic and personal support. The University also has plans to make some of its support materials available to partner staff and students through its PIP in the near future.

146 Students have generally reported in their evaluations and during periodic reviews that they receive quick and helpful responses to their requests for support and information. Some students met by the audit team however, reported some variation in their satisfaction with the academic and personal tutoring received and with their access to student support services. In one PI students expressed dissatisfaction with personal tutoring arrangements and access to student services that was somewhat at odds with the University's view. The team also saw evidence that suggested that issues about this provision had been formally raised in annual monitoring over a number of years but had not been resolved. However the University provided the team with a recent more focussed action plan developed as a result of annual review and, as a result of this the team understands that these issues will be resolved satisfactorily.

147 The Operations Manuals sampled by the audit team contained only the standard statement from the Operations Manual template that 'the Partner shall provide all students on a Programme with appropriate support consistent with the University's guidance'. Although the University had updated the template to take account of recent disability discrimination legislation, this was not evident in any of the Operations Manuals the team reviewed.

148 The partner visits and documentary audit trails, however, indicated that the University and its partners place importance on their monitoring of academic and personal tutoring at all stages of the process. The audit team was provided with examples where periodic review had imposed conditions as to the expected standards of personal tutoring and project or dissertation support and where annual monitoring had identified the need to improve mentoring for students.



149 The majority of evidence reviewed by the audit team confirmed that academic guidance, personal support and the provision of student services for students in CP is acceptable. To ensure that responsibilities are made explicit, as the University considers revisions to its procedures, it may wish to review the processes for monitoring at both school and institutional level, and make its expectations more explicit.

### **Section 3: The collaborative provision audit investigations: published information**

#### **The experience of students in collaborative provision of the published information available to them**

150 The CPSED indicated that information on collaborative programmes is available to students through a number of sources. The University's undergraduate and postgraduate handbooks contain information on collaborative programmes for enrolled students, and these are revised and checked annually by schools and APQU prior to publication. The University website, maintained by the Creative Services Department, is updated regularly with information provided by schools.

151 Partners also promote their programmes in a number of ways, including their own websites, brochures, prospectuses, local advertising, and at open days. The University requires its LMs to approve all publicity and recruitment material to ensure its accuracy. The legal agreement and Operations Manual sets out conditions for the use of the University's logo and for referring to the nature of the partnership with the University.

152 Students receive a programme handbook, prepared by the partner and approved by APQU. The QSH contains a template for the production of programme handbooks.

153 The CPSED stated that the University places great importance on the quality of these handbooks as the main source of information

about the programme, but the audit team found variation in the amount of information provided in these handbooks. The minimum level of information is defined in the Partnership Development and Collaborative Provision Approval document contained in the QSH. The core material required is the programme structure, aims and learning outcomes, and details of how the programme is delivered and supported. Procedures for making complaints and appeals are also included. In some cases, details on the individual modules, including content, assessment and recommended reading, are provided separately.

154 The students who met the audit team were generally satisfied with the quality and accuracy of the publicity and recruitment material. A small number of students indicated that the promotional literature was somewhat lacking in detail and slightly misleading; in one case concerning workload and in another the extent of practical work. The students were aware of the University's involvement in their programmes, but claimed that they had received little or no induction information from the University or information about their entitlements as enrolled or registered students although proposed induction procedures are a standard feature of the University's approval process.

155 Similarly, students were generally satisfied with the student handbooks and additional material provided and they made the audit team aware that sometimes additional updates are provided by email. The overwhelming view from students is that information provided in electronic format was accurate and appropriate. All students were aware that information on complaints and University appeals procedures was available in the handbooks. The team heard that the students considered staff to be approachable, and were willing to resolve any programme and module-specific issues.

156 For enrolled students, the University is developing its PIP, which was identified as a feature of good practice in the institutional audit. Few students in CP have used the system and prefer to speak directly to partner staff. Although considered to provide useful

information, students said that it is difficult to use and there was no PIP support available from PIs. The audit team reviewed the PIP and confirm its value as an information source, however the University will need to work more closely with PIs to embed the system.

157 The audit team reviewed student handbooks and found them to be variable in content but generally appropriate and accurate. Examples of additional supporting material were also made available, and again this was found to be accurate. There is clear evidence that the quality, completeness and accuracy of the student handbooks are addressed at both annual and periodic review and that any previous recommendations are reported on and followed up.

### **Reliability, accuracy and completeness of published information on collaborative provision leading to the awarding institution's awards**

158 The CPSED reported that the University has put in place procedures to ensure that information is placed on the Higher Education and Research Opportunities in the UK (HERO) website, in accordance with the Higher Education Funding Council for England (HEFCE) document 03/51 *Information on quality and standards in higher education: Final guidance*. The audit team noted that the External Examiners' annual report form had been appropriately modified so that a summary of the report could be placed onto the website. Where a collaborative programme has a number of external examiners, the University requires them to agree a summary of their individual views.

159 The University makes available its programme specifications on its website and intends to update these annually, as part of annual review and this was confirmed during the audit visit. The audit team noted the University's intention to review the structure of the programme specifications to provide a more 'public-friendly' version in the future.

160 The CPSED also stated that as the cycle of periodic review progresses, these reports are also being provided for the HERO website. The audit team was provided with evidence of discussions to this effect taking place at QSC. A definitive record of the collaborative partners and programmes is maintained centrally by the University.

161 The audit team concluded that the TQI currently published by the University is accurate and reliable, and that suitable progress was being made towards the requirements in HEFCE 03/51. Similarly, it is considered that the University adopts a rigorous approach to the approval and publication of recruitment and publicity material for its CP to ensure its accuracy and completeness.

# Findings

## Findings

### Introduction

162 An audit of the collaborative provision (CP) offered by the University was undertaken during the period 3 to 7 April 2006. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements. As part of the collaborative audit process, the audit team visited four of the University's collaborative partners. This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged during the audit, and making recommendations to the University for action to enhance current practice in its collaborative arrangements.

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

163 The University's approach to managing its CP is largely based on the model that applies to the rest of its provision. Programme teams are responsible for the management of the programme and the University delegates responsibility to the host school for the oversight of academic standards and quality. Schools report on these matters to Academic Board. Additional procedures have been designed to enable the University to assure itself of the initial and ongoing compatibility and viability of the partnership.

164 Schools negotiate, agree and manage individual CP arrangements in accordance with the University's policies and procedures that are set out in the Quality Standards Handbook (QSH). These arrangements are formalised through a legal agreement and an Operations Manual. This sets out the respective responsibilities for the management of the programme. A Liaison Manager (LM) is

appointed to oversee the operation of the partnership and acts as the main interface between the partner/programme team and the University. Depending on the nature of the arrangement and maturity of the partnership, areas of responsibility may be more or less devolved to the partner. These details are confirmed during the programme approval process.

165 Programme teams undertake annual programme reviews for CP. The report from this process feeds into the school annual review process, with a subsequent summary report from the school being submitted to Quality and Standards Committee (QSC). Schools also submit a short annual report on their collaborative partnerships to Learning Partnerships and Advisory Group (LPAG), containing information about the viability of the programme. The audit team endorsed the thoroughness of this latter procedure particularly in its ability to provide an oversight of continuing financial viability.

166 All CP programmes are expected to operate with a programme committee that includes arrangements for student representation. This provides a forum for the consideration of module feedback and student feedback. Issues that are raised through this process are expected to be addressed by the programme team, in discussion with the LM. The LM reports back to the school committee. There are one or two exceptions to this general process where delivery occurs in a language other than English and where professional bodies and the Partner institutions (PI) have agreed amended but appropriate procedures.

167 In considering the University's overall approach to managing its CP, the audit team found the approach to be comprehensive and well-structured with defined institutional and school level responsibilities but noted there was some variability in practice and in the rigour with which liaison was undertaken. These arrangements are generally supporting the University and its partners to contribute to the economic and cultural development of the communities they serve and are helping

to increase and widen the participation of students who might not otherwise enter higher education.

168 The audit team viewed the delegation of responsibility to schools for the oversight of academic standards and quality in CP programmes as appropriate and broadly successful. Effective implementation of the University's approach to managing its CP depends on the specification and monitoring of responsibilities at school and partner levels, and on the effectiveness of communication arrangements. The team found that the University had been careful to ensure that it had mechanisms in place to achieve this, namely, the Operations Manual and the LM. The implementation of the University's approach to managing its CP can be strengthened through some further development of these. In enhancing the University's overall approach to managing its CP, the team found that it would be desirable to extend its mechanisms for the systematic identification and dissemination of good practice across partners and across the institution.

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

169 The University has established procedures for the approval of partnerships and the subsequent approval of programmes. These appear to ensure that the learning opportunities available to students in PIs are of an appropriate quality. Monitoring arrangements and periodic review/partnership reapproval ensure that the quality of provision is maintained and enhanced.

170 Approval of programmes is overseen and managed centrally by Academic Policy and Quality Unit (APQU). Approval events are chaired by the Head of Quality Assurance (HQA) or nominee and follow the standard procedures contained in the QSH. Events are normally held at the PI. Approval panels include members who are external to the University with subject expertise and/or PSRB representatives. Panel members are required

to confirm the appropriateness of the arrangements for student support and representation and the learning resources, including staffing arrangements. Partnership agreements operate over a fixed term and require formal reapproval to continue beyond this. The University applies similar institutional level processes to both partnership approval and reapproval. Periodic review includes members who are external to the University.

171 The University regards its approval and renewal procedures to be an effective part of its management of CP. The audit team endorsed this view and found the procedures to be broadly effective. The team were concerned however that the inclusion of the LM on the periodic review panel could potentially weaken the effectiveness of the periodic review process. The team therefore recommends that it is advisable that the University review its membership of periodic review panels, to ensure that members appointed to represent lead schools can, without reservation, review all elements of the partnership and provision.

172 An annual programme review is required for all collaborative programmes. Comprehensive guidelines on undertaking the review are contained in the QSH and a standard template is provided that requires comment on an appropriate range of areas. The audit team found the annual programme review process to be effective.

173 The University stated that student feedback and representation is an essential component in the monitoring of its CP. Programmes are required to have a programme committee with arrangements for student representation. Student feedback is received as part of the annual review cycle and through the conduct of student satisfaction surveys. Students who met the audit team were generally satisfied that their views were both listened to and acted upon. The team also saw and heard evidence that the LM meets with students to receive comment from them directly on their learning experiences, although this seemed to vary across different

partnerships.

174 The audit team noted that variations exist within some PIs on the manner in which formal comment was received from students and that this was often dependent upon the size of the student cohort and the nature of the programme. The QSH specifies the requirement that student representation arrangements are reviewed at the time of programme approval, and within the annual and periodic review procedures. The team saw evidence of the systematic use of such feedback in the monitoring of programmes.

175 Methods for obtaining feedback from graduates and employers on the quality of CP tend to vary across PIs. Some PI's have well established networks for the seeking of employer comment and mechanisms for receiving former students' evaluations of their previous learning experiences. There are some good examples of employer links formed through consultancy, research, and professional body activities but these were mainly related to individual initiatives within PIs, and the audit team could see little evidence of a systematic coordination or strategic approach towards the development of employer relationships across its CP by the University. The University recognises that some partners do not have mechanisms in place for collecting the views of graduates and the team were told that the University intends to liaise with PIs in their development of this. The team would also encourage the University to consider how it might make more systematic use of the views of employers across its CP.

176 Overall, the audit team found that the University has effective arrangements in place for assuring the quality of the educational provision within its CP. The team concluded that broad confidence can be placed in the University's current procedures and processes for assuring the quality of its collaborative provision.

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

177 The University described how it focuses on two key strands in describing its approach to securing the standards of academic awards: the same quality assurance processes are used for CP as for other provision and external examiners play a very important part in institutional quality assurance. It went on to state that these strands are underpinned by a variety of policies and strategies, in particular:

- clear assessment of proposals for new CP
- clear and rigorous approval and review processes
- providing documentation relating to key quality assurance matters on the University's intranet
- providing support for quality assurance processes through APQU.

178 The University's approach to ensuring standards for CP includes:

- initial consideration of the financial viability of proposals for partners and programmes by LPAG
- documentation for partnerships that includes an Operations Manual
- attaching each collaborative partner to a specific host school within the University
- the deployment of a LM from the host school to assist each collaborative partner
- a focus on assessment processes
- annual monitoring and periodic review.

179 The audit team considered that the policies and procedures in place were fit for purpose, were adequately robust, and were followed. Policies and procedures are clearly documented, especially as regards the role of external examiners, and APQU plays an important role in supporting schools in the maintenance of standards.

180 The audit team found that the processes for selection and approval of partners and for validation of programmes were sound, in particular as regards the processes followed by LPAG. Processes for terminating partnerships also appeared to be managed appropriately. The team found that the role of AB and QSC in formulating, implementing and monitoring clear overall academic policies for CP seemed a little overshadowed by the development of the role of LPAG, which focuses primarily on the business case. There is also a potential weakness in applying identical policies and procedures to CP as for internal programmes especially where there is a wide diversity in the size and type of collaborative partners; standard policies and procedures may be less appropriate for some partners and/or more difficult to embed and/or monitor. There is also a potential weakness where the implementation of policies and procedures rests so heavily on the LM and the external examiner, especially where there are limited links between University teaching staff and staff at a partner. For all these reasons the team considers it advisable that the University should strengthen the Quality and Standards Committee's role for developing and monitoring institutional collaborative provision policy, procedures and regulations so that key decisions are taken with reference to institutional level oversight.

181 The role of legal agreements and Operations Manuals seemed to be clear, and the Operations Manual in particular was frequently referred to by staff in the University and in partner organisations as an important document. The audit team was told that Operations Manuals were key to collaborative partnerships, and that they were reviewed and updated regularly. However the team found that in practice an Operations Manual could deal with some important policy areas quite briefly and generally or could delegate an important area of responsibility, for example student support (see above paragraph 147), to a PI without setting clear standards. The team also found that other important documents relevant to standards were not cross referred to in Operations Manuals. Although staff in PIs

frequently mentioned Operations Manuals, they tended not to have a very clear knowledge of their contents. The team found some inconsistencies in evidence provided about what was standard practice for reviewing and updating an Operations Manual, and also as to how the University achieved oversight of responsibilities delegated to PIs. While the team found that the concept of the Operations Manual was useful, and that staff consider it an important document, the team considers it advisable that the University reassess the effectiveness of the Operations Manuals, and the policies and procedures for their approval, monitoring, update and review, so that it serves as a comprehensive operational guide for partnership. This review could usefully include content, cross referencing to other documents, how standards are set and monitored for areas delegated to a PI, and how knowledge of the content of an Operations Manual is disseminated to all staff in a PI.

182 All assessment boards are chaired by a member of the relevant school nominated by the dean, often the LM. This is seen as being in line with internal practice of programme directors chairing exam boards. The system for appointing and using external examiners is the same for programmes run by the University, and the external examiners are all appointed by and report to the University. External examiner reports are sent to APQU and are considered by the collaborative partner and the relevant school within the University, and then as part of review processes. The audit team saw evidence that comments by external examiners relating to the standards achieved are picked up in annual monitoring. The team concluded that appropriate use is made of external examiners in relation to programmes run by PIs. Standards are carefully monitored for all programmes within the University modular scheme with common form data being centrally produced by the University. Where programmes are not within the University modular scheme, PIs produced their own data. The University makes provision in the Operations Manual for school staff to moderate the marking of student work, but the team was told that this activity is not always undertaken.

183 The implementation of policies and procedures, and hence the protection of standards, can be heavily dependent on the role of the LM. The LM forms the key link between each partner and programme and the relevant school. The audit team saw and heard evidence from the University and from PIs that LMs do an effective, valuable and valued job. However the team noted that the only written role description for LMs is a short one developed by the Business School, and that training tends to take the form of mentoring. The team formed the view that there is much merit in the role of the LMs, and the role could be more clearly underpinned by a clear written role description, supported by training and by regular evaluation of how the role is being performed. The team found that communication with and through a LM can often be informal, and while this can support a positive relationship, it can mean that the following up of action points and the passing of information is not always clearly happening or clearly documented. It would also benefit the University to ensure that good practice is identified and shared if LMs could have a forum in which they could regularly and more systematically exchange ideas, including good practice. For these reasons the team considers it advisable that the University should, in recognition of the vital role of Liaison Managers in the safeguarding of academic standards and quality, develop a coherent framework for the appointment, tenure and induction, support and development, appraisal and conduct of their role.

184 Overall, the audit team considered that the University has effective mechanisms for safeguarding the standards of its awards gained through CP.

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

185 The CPSED stated that the University has engaged actively from the outset with all the elements of QAA's Academic Infrastructure. APQU maps all sections of the *Code of practice*

*for the assurance of quality and standards in higher education (Code of practice)*, published by QAA in detail against University procedures and these are approved by QSC and made available on the University's intranet. In CP it is generally the responsibility of the LM to ensure that the Academic Infrastructure is embedded in the practices of the PI. The audit team formed the view that the University's approach and oversight of the embedding of the Academic Infrastructure with its partners could be more systematic.

186 All programmes are required to have a programme specification clearly referenced to the FHEQ and to relevant *subject benchmark statements*. The audit team found clear evidence that these are firmly integrated into the processes for producing programme specifications and the approval and review of programmes. However, although partner staff are involved in producing programme specifications, this is not always in a lead role capacity. The team saw some evidence of training for partners in producing programme specifications but this is not provided routinely. The University may wish to provide partners with further support in this area, particularly where partners wish to develop new programmes at higher levels of the FHEQ.

187 Overall the audit team considered that the University is making effective use of the Academic Infrastructure, and has practice that is aligned to the intended effect of the precepts of the *Code of practice*. The team was also satisfied that the University has addressed the Academic Infrastructure in the context of CP in an appropriate way.

### **The utility of the CPSED as an illustration of the awarding institution's capacity to reflect upon its own strengths and limitations in collaborative provision, and to act on these to enhance quality and safeguard academic standards**

188 The CPSED was generally accurate but relatively brief in its description and reflection



upon the University's CP. While the CPSED provided an outline view of the CP which was supported by useful examples, the audit team found that overall the CPSED and the documents provided with it at an early stage could have done more to assist the team in developing more quickly a fuller understanding of policies and practices. The team also found evidence of reflection on practice amongst the staff it met in the University that gave a fuller picture of the level of self reflection that was going on in the institution, and the way in which it was dealing with issues it had itself identified.

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

189 The University is reviewing many of its procedures and practices. This is likely to impact on the management of the quality and academic standards within its CP. In particular, the draft strategic document recognises the need to rationalise its CP through the creation of fewer yet stronger partnerships. The audit team is fully supportive of these proposals and the consequential strengthening of control over quality and standards that this should provide. Furthermore, the many benefits of creating groupings of partners such as the Associate College Partnership are clear and the team encourages such developments. These benefits include coordinated staff development activities and the opportunity to disseminate good practice. The review of the international strategy, also with a view towards more viable partnerships, provides further evidence of the University's intentions with respect to the management of its international CP.

190 The more strategic role being adopted by LPAG in the approval of new partnerships and programmes is considered beneficial to the management of CP since it requires more detailed consideration of the proposal at school level and a more pragmatic approach being taken by LPAG. Strategic decisions are now

being made based on a sound business case, with supporting justification from Academic Board and QSC on the management and control of academic quality and standards.

191 Although these developments clearly provide the mechanism for enhancement of the management of CP at University level, it is less clear how the University intends to embed them within the PIs. The team formed the view that enhancement of the quality of the CP at PIs would benefit from a more proactive role to be taken by the University.

### **Reliability of information provided by the awarding institution on its collaborative provision**

192 The University and its partners provide a range of information on the collaborative programmes in a number of different formats. The University operates a robust method for ensuring that all publicity and recruitment information generated by partners is both accurate and current. Information that refers to the University and/or uses its logo is subject to a strict approvals process.

193 The University has an effective annual approval mechanism to ensure that all programme material produced by partners and provided to the students, including student and module handbooks is accurate and complete.

194 A programme specification is produced for each collaborative programme and this is available on the University's website. The audit team saw evidence of external examiner and periodic review reports on the Higher Education and Research Opportunities in the UK (HERO) website and concluded that the University was taking appropriate steps to fulfil its responsibilities to TQI as set out in the HEFCE 03/51 document.

### **Features of good practice**

195 Of the features of good practice noted in the course of the collaborative provision audit, the audit team noted in particular:

- the Associate College Partnership that is providing a mechanism for building genuine partnership and developing and

sharing good practice in the provision of collaborative higher education for meeting the region's educational needs (paragraph 55).

### **Recommendations for action**

196 The University is advised to:

- strengthen the Quality and Standards Committee's role for developing and monitoring institutional collaborative provision policy, procedures and regulations so that key decisions are taken with reference to institutional-level oversight (paragraphs 54, 63, 85-87, 98, 116, and 180)
- review its membership of periodic review panels, to ensure that members appointed to represent lead Schools can, without reservation, review all elements of the partnership and provision (paragraph 69)
- in recognition of the vital role of Liaison Managers in the safeguarding of academic standards and quality, develop a coherent framework for the appointment, tenure and induction, support and development, appraisal and conduct of their role (paragraph 44)
- reassess the effectiveness of the Operations Manual, and the policies and procedures for their approval, monitoring, update and review, so that it serves as a comprehensive operational guide for partnership (paragraph 42).

197 In addition, the University may wish to consider the desirability of enhancing its quality management arrangements by:

- extending its mechanisms for the systematic identification and dissemination of good practice across partners and across the institution (paragraphs 56, 63, 109, 116, 168).

## **Appendix**

### **Oxford Brookes University's response to the collaborative provision audit report**

The University welcomes the favourable report of the audit of its collaborative provision arrangements. It is pleased that the team recognised the good practice involved in the development of the Associate College Partnership which is an important development in the furtherance of the University's role in the region.

The University is also gratified that the audit team noted the rigour with which partnerships were examined at the time of initial development and periodic review.

The partners, who were selected for specific scrutiny, have expressed to the University the view that the documentary demands placed upon them by the team seemed to be high, given that the purpose of the audit was to review of the University's current policies and procedures for its collaborative arrangements.

The University has considered the recommendations made in the report and has taken them into account in its intentions for the enhancement of the quality of its collaborative arrangements.

It has recently reviewed the remits of its senior committees to clarify their areas of responsibilities and the oversight of collaborative provision by the Quality and Standards Committee will be further strengthened with additional reports and standing agenda items.

We thank the audit team for its observations on the composition of periodic review panels and the Quality and Standards Handbook has been modified to clarify the role of the liaison manager in this process.

The review of the University's Human Resources Strategy has already identified the need to define the roles of specific functional posts such as liaison managers and a new job description will be agreed for institutional-wide use as well as further guidance to their line managers. This will need to recognise the very individual needs required to meet the quite varied nature of the different collaborative partnerships. At the same time, an expanded Liaison Managers' Manual is being produced, using experience from across the University, which will be used for the induction and support of staff taking up the role and those already in place. It is planned to arrange regular liaison managers' forums for sharing of good practice and updating them on recent changes in University policies and procedures. A web-based news page is also being developed to support these forums.

The University intends to investigate the use made of Operations Manual in the support of existing partnerships, through discussions with liaison managers and key staff in partners.

