

**St Martin's College,
Lancaster**

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Institutional audit

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Preface

The Quality Assurance Agency for Higher Education (the Agency) 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 the Agency carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. The Agency operates similar but separate processes in Scotland and Wales.

The purpose of institutional audit

The aims of institutional audit are 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

Institutional 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 its programmes and the academic standards of its awards;
- the **reliance** that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its 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

Institutional 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 the Agency and consist of:

- *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)*, which include 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

Institutional 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 institutional audit are:

- a preliminary visit by the Agency 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 five weeks before the audit visit;
- the audit visit, which lasts five days;
- the publication of a report on the audit team's judgements and findings 20 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;
- talking to students 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 using 'audit trails'. These trails may focus on a particular programme or programmes offered at that institution, when they are known as a 'discipline audit trail'. 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 02/15 *Information on quality and standards in higher education* published by the Higher Education Funding Council for England. The audit team reviews progress towards meeting this requirement.

Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (the Agency) visited St Martin's College, Lancaster (the College) from 8 to 12 December 2003 to carry out an institutional audit. The purpose of the audit was to provide public information on the quality of the opportunities available to students and on the academic standards of the awards that the College makes on behalf of the University of Lancaster (the University).

To arrive at its conclusions the audit team spoke to members of staff throughout the College, to current students, and read a wide range of documents relating to the way the College manages the academic aspects of its provision.

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

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

In institutional audit, both academic standards and academic quality are reviewed.

Outcome of the audit

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

- broad confidence can be placed in the soundness of the College's current and likely future management of the quality of its academic programmes and the academic standard of its awards.

Features of good practice

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

- the recently published Guidelines for Good Assessment Practice;
- the pervasiveness and impact of the work of the Quality Assurance and Standards Unit;
- the operation of the Centre for Development of Learning and Teaching, including the role of the faculty Learning, Teaching and Assessment Coordinators, and the support they provide to colleagues;

- the Procedural Protocol for Faculty Deliberative and Executive Committees developed by the Faculty of Health and Social Care;
- the effective use of detailed Action Plans in strategic documents and committee minutes;
- staff engagement with, and ownership of, the procedures for assuring quality and academic standards;
- the supportive collegiate ethos for staff and students; and
- the utilisation, consideration and analysis of management information data, particularly in the areas of admissions, student records and assessment.

Recommendations for action

It would be desirable for the College to:

- develop an enhancement strategy to enable integration of the various individual approaches to enhancement;
- strengthen those elements of annual reporting which focus on the comparability of the students' learning experience following the same programme on different campuses;
- ensure the procedures for auditing assessment practices and module handbooks between validation and periodic review are sufficient to assure the College that its expectations are fully met in these respects;
- satisfy itself that its procedures for reviewing the processes used to monitor modes of module delivery and assessment are able to capture and take account of the introduction of any new forms of teaching; and
- in consultation with the University, review the present external examiner report form with a view to seeking the examiner's comments on institutional assessment procedures, and on examples of good practice.

Outcomes of discipline audit trails

In the course of the audit, discipline audit trails were conducted in programmes leading to the awards of Information Technology Joint/Minor within the Single and Combined Studies (SCS) Scheme, Applied Social Science Single/Major/Joint/Minor (SCS) and Sports Studies Major/Joint/Minor (SCS). The audit found that in each programme the standard of student achievement was appropriate to the title of the award and its location within *The framework for higher education qualifications in England, Wales and Northern Ireland*, published by the Agency, and the quality of learning opportunities available to students was suitable for a programme of study leading to that award.

National reference points

To provide further evidence to support its findings the audit team also investigated the use made by the College of the academic infrastructure which the Agency has developed on behalf of the whole of UK higher education. The academic infrastructure is a set of nationally agreed reference points which help to define both good practice and academic standards. The findings of the audit suggest that the College's response to the academic infrastructure has been both considered and systematic, and the elements were used effectively to set the standards of the awards at the appropriate level, to provide pertinent points of reference in programme specifications and to promote good practice.

From 2004, the institutional audit process will include a check on the reliability of the information set published by institutions in the format recommended in the Higher Education Funding Council for England's document 02/15, *Information on quality and standards in higher education*. The audit team found that the College is making good progress with the development of its information set. The College is awaiting the outcome of the development of the proposed national graduate survey before attempting to gather feedback from current undergraduates via an internal College-wide survey. It is intended that this will provide the institution with comparable data and information from students midway through their programme of study and on graduation.

Main report

Main report

1 An institutional audit of St Martin's College, Lancaster (the College) was undertaken during the week commencing 8 December 2003. The purpose of the audit was to provide public information on the quality of the College's programmes of study and on the discharge of its responsibility for its awards.

2 The audit was carried out using a process developed by the Quality Assurance Agency for Higher Education (the Agency) in partnership with the Higher Education Funding Council for England (HEFCE), the Standing Conference of Principals (SCOP) and Universities UK (UUK), and has been endorsed by the Department for Education and Skills (DfES). For institutions in England, it replaces the previous processes of continuation audit, undertaken by the Agency at the request of UUK and SCOP, and universal subject review, undertaken by the Agency on behalf of HEFCE, as part of the latter's statutory responsibility for assessing the quality of education that it funds.

3 The audit checked the effectiveness of the College's procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes of study leading to those awards; and for publishing reliable information. As part of the audit process, according to protocols agreed with HEFCE, SCOP and UUK, the audit included consideration of an example of institutional processes at work at the level of the programme, through discipline audit trails (DATs), together with examples of those processes operating at the level of the institution as a whole. The scope of the audit encompassed all of the College's provision and collaborative arrangements leading to its awards.

Section 1: Introduction: St Martin's College, Lancaster

The institution and its mission

4 The College was founded by the Church of England in Lancaster in 1963. It offers a range of courses in arts, humanities and social sciences. It is also a major provider of both professional teacher education and health-related professional development. The courses in teacher education include Qualified Teacher Status (QTS) undergraduate programmes and professional training for graduates. The College has expanded its health-related work since the Lancaster and Morecambe College School of Radiography transferred in 1991

and the merger of the Lakeland College of Nursing and Midwifery with St. Martin's in 1995. The College has three main campuses located in Lancaster, Ambleside and Carlisle. In addition, it operates from a number of small hospital-based centres at Kendal, Whitehaven and Barrow-in Furness, and from an education centre in London.

5 The College has an accreditation agreement with the University of Lancaster (the University) under which it has full responsibility for designing and managing its validation processes, course review, periodic evaluation and student assessment. As an accredited college of the University, the College has responsibility for ensuring the quality and standards of its academic programmes which lead to awards of the University. The current agreement applies until July 2005. The audit team was told that the College aspires to achieve its own taught degree awarding powers.

6 The College had 4,761 full-time and 5,256 part-time students in 2002-03. Of these students, 1,787 are based at Ambleside, 1,791 at Carlisle and 6,439 at Lancaster. Some 63 per cent of students are undergraduate, and 80 per cent are female. There are currently 50 research students.

7 The College organises its academic work in three faculties. The present arrangements followed a major review of the College's academic structure in 2001-02 and were introduced in August 2002. The review affirmed a commitment to a faculty structure and, consistent with the College's policy of changing the balance between central regulatory control and local responsibility, devolved some administrative functions to the faculty level. Subsequently, heads of faculty administrators (HoFAs) have been appointed. It also resulted in some movement of staff and courses between faculties. The current faculties are: Arts, Humanities and Social Sciences (AHSS), Education, and Health and Social Care. Each faculty is led by a dean and is divided into a number of schools. There are three schools in AHSS and two in Health and Social Care, however, the Faculty of Education has adopted a different structure and is subdivided into nine divisions. Each faculty operates across at least two campuses.

8 Each campus has a Campus Principal who, in addition, as an Assistant Principal of the College, has cross-college responsibilities. These are Academic Standards and Quality; Academic Development and External Affairs; and Infrastructure and Learner Support.

9 The 2001-02 review referred to above also resulted in a major review of the College's

deliberative and executive committee structure. One of the major changes was the enlarging of the College Management Team (CMT) from nine to 30 members, chaired by the Principal. The College is a major provider of higher education (HE) in the region. It sees itself as having a significant role in developing HE in Cumbria, and is part of a strategic alliance with other HE providers to develop a strategy to that end.

10 The College's mission states that: 'In expression of our Christian foundation and vision the mission of St. Martin's College is:

- to excel in providing specialised HE in a supportive environment where all individuals can flourish;
- to welcome in their differing strengths students of all ages, ethnicities and backgrounds for study on distinctive programmes informed by innovative scholarship and relevant research;
- to value the pursuit of social justice in a spirit of openness and trust, respecting the wealth of human and natural diversity;
- to respond to the educational needs of the urban and rural communities of Lancashire, Cumbria and the Borders among whom we live and work and to those of the wider national and international community'.

Collaborative provision

11 The College stated in its self-evaluation document (SED) that it did not have any collaborative provision. However, there were a number of partnership arrangements. These included 'outreach' arrangements which involved the delivery of courses by College staff at the premises of a partner, plus some specialist input from staff of the partner institution. Eleven such partnerships were listed in the Appendix to the SED; these involved 338 students. For the purposes of this audit the audit team accepted the College's view of its partnership arrangements.

Background information

12 The published information for this audit included:

- the report of a quality audit of the College by the Higher Education Quality Council (HEQC) (October 1996);
- the report of an Agency subject review of drama, dance and cinematics (October 1997);
- the report of an Agency subject review of nursing and other subjects allied to medicine (January 1999);
- the report of an Agency subject review of art and design (February 2000);

- the report of an Agency subject review of theology and religious studies (October 2000);
- the report of an Agency subject review of hospitality, leisure, recreation, sport and tourism (January 2001);
- the report of an Agency subject review of business and management (December 2001).

The College provided the Agency with:

- an institutional SED and appendices;
- discipline self-evaluation documents (DSED) for the three areas selected for DATs;
- the College Quality Handbook;
- copies of professional and statutory regulatory body (PSRB) reports.

13 During the briefing and audit visits the audit team was given ready access to the College's internal documents, many of which were available via the College intranet. The level of access the team was given to the College's documents greatly aided its work.

The audit process

14 A preliminary meeting was held at the College in March 2003. Informed by this, the Agency confirmed that three DATs would be conducted during the audit visit. Based upon their reading of the institutional SED the audit team's selection of DATs was programmes leading to the awards of Information Technology Joint/Minor within the Single and Combines Studies (SCS) Scheme, Applied Social Science Single/Major/Joint/Minor (SCS) and Sports Studies Major/Joint/Minor (SCS).

15 The Agency received the institutional SED and supporting documentation in August 2003 and the DSEDs, accompanied by programme specifications, in October 2003. Both the SED and the DSEDs were written specifically for the audit.

16 At the preliminary meeting for the audit, the students of the College were invited, through their Students' Union (SU), to submit a separate document expressing views on the student experience at the College, and identifying any matters of concern or commendation with respect to the quality of programmes and the standard of awards. They were also invited to give their views on the level of representation afforded to them, and on the extent to which their views were taken into account by the College. In August 2003, the student body submitted a detailed document (the students' written submission (SWS)) to the Agency. It had been prepared by members of the SU, and was based on information gathered through a

questionnaire and from informal and formal discussions among students. The student body indicated that the SWS had been shared with institutional staff and there were no matters within it which would require the audit team to treat it with any level of confidentiality greater than that normally applying to the audit process. The team is grateful to the students for preparing this valuable document to support the audit.

17 The audit team undertook a briefing visit to the College on 4 to 5 November 2003 for the purpose of exploring, with the Principal, senior members of staff and student representatives, matters relating to the management and enhancement of quality and standards raised by the SED and other documentation provided for the team, and the SWS. During this briefing visit, the team signalled a number of themes for the audit visit. At the close of the briefing visit, a programme of meetings for the audit visit was developed by the team and agreed with the College.

18 The audit visit took place from 8 to 12 December 2003 and included further meetings with staff and students of the College, both at central level and in relation to the selected DATs. The audit team comprised Dr N Casey, Ms J Emms, Professor A Gale, Professor A Jago, auditors, and Dr C Robinson, audit secretary for the briefing visit. Mr D Attwood acted as audit secretary for the audit visit. The audit was coordinated for the Agency by Dr A Biscoe, Assistant Director, Reviews Group.

Developments since the previous academic quality audit

19 The College was last subject to an external audit by the HEQC in 1996. This commended a number of the College's arrangements including placement training, course and programme handbooks, support for student services, student evaluation questionnaires and the professionalism and enterprise of staff in partnership arrangements. The recommendations that the College was asked to consider included the necessity of separating the responsibility for academic planning and development from quality assurance, and also to consider the aims and objectives of the modular programme, the role of college tutors, and the role of external examiners.

20 The audit team noted a number of significant changes in the College since 1996. All of the main issues raised in the 1996 report were found to have informed those changes. In particular, the College reconsidered the subordinate committee structure to the Academic Board (AB). This resulted in two new subcommittees, the Academic Policy and Planning

Committee (APPC) and the Quality Assurance Committee (QAC), which were introduced in 1997. The College has kept the matters raised under continuing review and in 2002 introduced further revisions to the committee structure. At the same time the College has sought to secure and develop the physical infrastructure, while experiencing substantial growth. The College has expanded from 5,892 students (4,106 full-time equivalents (FTE)) in 1995-96 to 10,017 students (6,426 FTE) in 2002-03.

21 The College has been subject to a large number of interactions at the programme level with external bodies. The Agency and its predecessor have undertaken five subject reviews and one developmental engagement at the College since 1996. The subject review teams considered the provision to be 'approved'. In the same period the teacher education provision has been scrutinised by the Office for Standards in Education (Ofsted) at frequent intervals and all of these visits have had successful outcomes. The Faculty of Health and Social Care works with a range of PSBs including the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC), The College of Radiographers (COR), The College of Occupational Therapists and the Chartered Society of Physiotherapy. Some of the courses in the Faculty of AHSS are accredited by the National Youth Agency and the British Association for Counselling and Psychotherapy. All of these bodies have approved the quality of the provision at the College.

22 The College provided clear evidence of the way in which it dealt with comments made by the Agency in its subject reviews. Particular issues which occurred as themes in more than one review, including inconsistencies in assessment practice and the challenge at level 3, have been addressed across the institution. There was also similar evidence in relation to the PSBs' comments. Outcomes from such visits are considered first by the schools and faculties, before they are presented to the Academic Standards Committee (ASC) for discussion and approval. Any ongoing actions necessary are picked up in the Annual Evaluatory Report (AER) process.

Section 2: The audit investigations: institutional processes

The institution's view as expressed in the SED

23 The SED outlined the ways in which the College assures the quality of its programmes and the academic standards of its awards. The College adopts a range of quality management and enhancement

mechanisms which aim to ensure that the quality of the student learning experience is high; to identify and support the appropriate location of ownership and responsibility for academic standards and quality at each level of operation; to deploy and promote the development of staff expertise and qualifications to support and enhance academic progression and scholarship; and to manage and appraise the effectiveness of the academic quality process.

The institution's framework for managing quality and standards, including collaborative provision

24 As an accredited college of the University, the College has responsibility for ensuring the quality and standards of its academic programmes which lead to awards of the University. Ultimate responsibility within the College for managing quality and standards rests with the AB, which is chaired by the Principal and maintains and monitors academic quality and standards through its various subcommittees. Recent restructuring, which was completed in 2002, ensures there is a central deliberative subcommittee for each key area of academic activity, through planning and development, to the delivery of teaching and its monitoring and evaluation. The current subcommittees are Academic Strategy and Planning (ASPC), and its subcommittee Academic Development (ADSC); Academic Standards (ASC, formerly QAC), and its subcommittees External Examiners (EESC), Validation Scrutiny (VSSC) and Open & Distance Learning (ODLSC); Learning, Teaching and Assessment; Research Committee, Student Support (SSC); and Information Services (ISC). The subcommittees of Academic Board have cross-campus representation, and include student representatives and staff from service departments.

25 The terms of reference and membership of the AB subcommittees are set out in the Quality Handbook which was last revised and updated in August 2003. The Introduction sets out the College's quality strategy, and states that the high level of autonomy which the College enjoys in its relationship with the University, requires the College to acknowledge and accept 'its share of responsibility for the academic and professional standards of its courses and the quality of the student learning experience'.

26 The senior executive committee is the CMT which has 30 members and is chaired by the Principal. It includes all the senior academic office holders (assistant principals, deans of faculty, heads of school), the senior administrative staff (College Secretary, Head of Finance, Academic Registrar) and the heads of

service departments. Its terms of reference state that its 'overriding task...is to secure the achievement of the Mission of the College'. Eight executive committees report to CMT (Finance and Resources, College Health and Safety, the Management Teams for the three campuses, Human Resources, Information Technology Strategy, Equality and Diversity). The latter three committees were formed in May 2003.

27 Much of the work in relation to approval, monitoring and review is conducted within faculties. Each faculty has a Faculty Academic Standards Committee (FASC) and, since the restructuring in 2002, a Learning Teaching and Assessment Group, and a Single and Combined Honours Board reporting to Faculty Board, which reports relevant matters to ASC and ASPC rather than directly to AB. Faculty boards have mutual cross-representation. Their key responsibilities are to ensure academic planning is coherent with the College's corporate plan; that policies and procedures comply with College requirements; ensure the quality and standards of academic provision; and provide a forum for discussion of the faculty's work, in particular, in relation to teaching, learning and assessment. Their role in supporting the management of quality and standards was reinforced in 2002 by the appointment in each faculty of a HoFA.

28 As a result of the debate which followed publication of the 1996 HEQC Audit Report, the College established a Quality Assurance and Standards Unit (QASU) whose staff are responsible for documentation and procedures relating to quality and standards. In 2000, the College created the Centre for the Development of Learning and Teaching (CDLT). Much of the responsibility for guidance and training on good practice in relation to quality and standards rests with the CDLT which, since 2002, includes membership of a Learning, Teaching and Assessment Coordinator (LTAC) from each faculty.

29 At the time of the audit visit the College was in the process of evaluating the implementation of its policy of redistributing immediate responsibility for quality and standards, reducing central control and enhancing local responsibility, the aim being to achieve an appropriate balance between central regulation and local autonomy. The Quality Handbook which is published on the QASU web page, while paper copies are also available in all school and division offices, states that 'a good understanding of and adherence to College systems will ensure that the expectations of the academic infrastructure are met'. A key aim of the Handbook, therefore, is to provide guidance to staff on College systems and procedures. It includes the various templates which support the

procedures, including programme specifications, programme handbooks, outreach agreements, and staff curricula vitae (CVs) together with guidelines for the appointment and guidance of external examiners. The two posts of HoFA and LTAC, together with the work of the QASU and the CDLT, provide the main operational links between the College's central administration and the faculties.

30 The Quality Handbook explains that the College has systematically developed its own quality framework to ensure that it strongly articulates with the academic infrastructure. In its General Principles the College states its 'systems, procedures and practices conform to the QAA's *Code of practice [for the assurance of academic quality and standards in higher education (Code of practice)]*, and where necessary, professional and statutory body requirements'. The SED demonstrated that in establishing its framework for managing standards the College had drawn on the *Code of practice, The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)* and subject benchmark statements. Programme specifications and course handbooks set out the intended learning outcomes and the manner in which achievement of these is assessed. In terms of external examining arrangements and the assessment of students, the College has followed good practice present elsewhere in the sector. In relation to assessment the College has developed a comprehensive handbook entitled *Guidelines for Good Assessment Practice*.

31 The College has a number of partnership outreach arrangements which it does not regard as collaborative provision. Nevertheless, the SED stated that the College affirms its commitment to maintaining and enhancing quality and standards in its partnership provision, in line with the precepts of the *Code of practice, Section 2: Collaborative provision*. The SED continued that ASC is responsible for approving partnership agreements and monitoring is commensurate with that which applies to College courses. In the majority of partnerships, course delivery and assessment is the responsibility of College staff and all the quality and standards procedures applying to on-site delivery apply equally to outreach provision. In the limited cases where much of the teaching is secured by off-campus teachers, they hold lectureship status within the College. Having outlined the procedure in relation to its partnerships, the SED stated that 'these procedures ensure that in every instance the quality of the academic award, its delivery and assessment, remain the direct responsibility of the College'.

32 In the light of its discussions with staff and its scrutiny of relevant documentation the audit team concluded that the College's arrangements for managing quality and standards, including partnership outreach arrangements, are fully fit for purpose and well understood by College staff. The roles and responsibilities of committees are well defined, as are the reporting routes between them. The team was also of the view that an effective communication framework has been established in which information passes vertically in both directions and in which there are several opportunities for information to pass horizontally between organisational units. QASU plays an important part in ensuring that the quality and standards framework operates as intended, and staff were fully aware of the processes. Nevertheless, the College is undertaking a review of its committee structure during 2004 so that it can evaluate the effectiveness of the recent changes in structure. The team concluded that the College is moving forward effectively in its plans to establish greater responsibility for quality and standards within its faculties and has secured an appropriate balance between central regulation and local autonomy. Moreover, the College demonstrates a constant willingness to question and evaluate the effectiveness of its procedures. This expression of confidence takes into account the fact that many of the arrangements for maintaining quality and standards are relatively new.

The institution's intentions for the enhancement of quality and standards

33 The SED did not include a major heading for quality enhancement. Nonetheless, during the audit visit staff drew attention to the various ways in which the Quality Strategy supported enhancement: by reference *inter alia*, to the committee structure and reporting routes, cross-membership of committees, key quality assurance procedures such as validation and monitoring, peer review, staff development and training, student representation, and the College's response to reports by external agencies including external examiners' reports. The College's data management system provides the underpinning for systematic scrutiny of quality-related data, such as admissions, student academic achievement and variations in student performance across the campuses. Three key publications supporting enhancement of quality and standards are the Quality Handbook, the Teaching and Learning Strategy, and the Guidelines for Good Assessment Practice. Central to enhancement matters was the work of QASU and the CDLT's support for staff in learning, teaching and

assessment matters. The heads of both QASU and CDLT are members of AB. The audit team's attention was also drawn to major quality enhancement events such as the Learning and Teaching Fests, and workshops organised by the CDLT. During the main audit visit the College provided a recently prepared document entitled College Plans for Enhancement which summarised a list of the elements in its approach to enhancement. These included the academic restructuring (including committee changes), the review of academic regulations, procedures for validation monitoring and review, the adoption of cross-campus marking processes and peer review, the Teaching Fellowship Scheme, and the Guidelines for Good Assessment Practice.

34 Although there were many examples given in the SED of activities leading to enhancement of provision, there was no discrete section in the SED on enhancement. Nevertheless, it was clear to the audit team that the College undertakes extensive activity aimed at ensuring enhancement and the College's confidence in developments to date, expressed firmly by College staff during the briefing and audit visits, was fully justified. However, the team also concluded that the recently produced College Plans for Enhancement amounted to a record of recent enhancement initiatives rather than an explicit strategy designed to move matters forward. Thus, the team concluded it desirable for the College to develop an enhancement strategy which would enable the integration of various individual approaches to enhancement. Such a strategy might ensure that all College processes could be subject to scrutiny to ensure every opportunity for enhancement can be grasped. The team was informed by College staff on several occasions that the preparation of strategies and plans has had a dynamic and unifying effect on College thinking and wishes to encourage a similar approach in the area of quality enhancement.

Internal approval, monitoring and review processes

Programme approval

35 The information stream with regard to approval, monitoring and review, passes from schools, divisions and faculties up through to central committees, guided by clear statements of College procedure and supported by the work of identified responsibility holders. QASU staff have the responsibility of ensuring that documentation and procedures are as expected and work closely with faculty academic and administrative staff. In relation to monitoring, the College's data management system ensures that

upward reporting is based on evidence. Thus, the College has put in place structures to ensure local responsibility while maintaining overall monitoring and control through appropriate regulations and the deployment of specialist staff.

36 The Chair of ADSC and the Chair for the Committee of Associated Institutions at the University must approve all applications for approval and development. Issues of principle are considered by an *ad hoc* group report to the Accredited Colleges Committee (ACC), which makes recommendations to the Senate.

37 Applications for Approval and Development (AADs) require a full specification including: rationale, philosophy and aims; evidence of market need; relationship to College or local strategic plans and existing provision; outline of content; assessment; resource implications; location of delivery; and, any necessary changes in regulations. ASPC and ASC receive summaries of approved AADs.

38 The College's ADSC must approve all major developments before they proceed to validation. Initial proposals for all University awards must be approved by its Committee of Associated Institutions. The College's Quality Handbook sets out threshold criteria for validation including: programme aims and outcomes, the curriculum, assessment, learning and teaching, student progression regulations, student support and guidance, learning resources, and quality management and enhancement, together with a full table of detailed level descriptors for undergraduate, masters and doctoral levels. Procedures for full validation and streamlined validation are described. The latter is for conversion to open and distance learning (ODL), delivery in new locations, awards with less than 120 credits, and joint or minor awards where both subjects exist as single or honours major degrees. Minor changes to modules are approved at FASCs and confirmed at VSSC on behalf of ASC.

39 Stage 1 of full validation begins with a faculty panel, chaired by the FASC chair or nominee, which meets with the course team and can set conditions, including changes to documentation. When signed off by the dean the proposal moves to a college validation event. At Stage 2, the College Validation Committee judges the proposal against the threshold criteria for course validation and level descriptors. It can approve, approve with conditions/recommendations or not approve. It includes peers from the same faculty, and a different faculty, and external specialists who must submit written comments to QASU one week before the event.

40 Streamlined validation is operated at the faculty level, but the panel is chaired by a College Validation Chair. The panel must be satisfied with the resource base and equivalence of standards. Documentation, which includes written comments by external specialists, is scrutinised by the Faculty Administrations Office (FAO) and a Scrutineer from among the Panel of Validation Committee Chairs. The Registry confirms compliance with regulations. The Chair may deal with the process by correspondence and/or a short committee meeting with some members of the course team. The Streamlined Validation Committee can approve, approve with conditions/recommendations or not approve.

41 Minor changes are approved by the FASC using a pro forma including the signature of the external examiner. Minor changes are reported to Faculty Board and to ASC for approval. All documentation is lodged with QASU. FAOs keep track of cumulative minor changes ensuring that course learning outcomes remain as validated.

42 Validation documentation includes a background statement, the AAD, the programme specification, the Student Course Handbook, the Student Placement Handbook (if applicable), module specifications, staff CVs, and the Scheme Framework Document (if applicable). Revalidations must include a Critical Course Review. Any minor changes are recorded on a 'minor changes' form.

43 Validation events focus on inputs, processes and outputs. The College considers its validation process to be the key mechanism by which it establishes academic standards. The University's ACC maintains equivalence of academic attainment between the University and its accredited colleges. Validation panels require assurance of standards to be achieved. For postgraduate or final-year honours work, there must be underpinning by scholarly activity and intellectual challenge. External advisers comment on the standards set by reference to subject benchmark statements, the *FHEQ* and comparability with awards elsewhere in the sector.

44 The audit team scrutinised extensive documentation relating to all aspects of the validation process, including joint validations with professional, statutory and regulatory bodies (PSRBs); for example, a January 2003 report by the Validation Committee (Health and Social Care) of a meeting held with the Joint Validation Committee (JVC) of COT and HPC. Participating in the event were a chair from another faculty, Registry and QASU staff, two external experts representing the COT/HPC, and the teaching team for the course. The report on this two-day event was

considered by the team to be thorough and comprehensive with constant reference to national standards. The team was able to conclude that the procedures described in the Quality Handbook are fit for purpose, consistently applied, fully understood by staff and followed effectively.

Annual monitoring

45 All courses and programmes are evaluated annually and result in an Annual Evaluatory Report (AER) produced by the Programme Leader. AERs are informed by external examiner reports, the views of school course committees, student and staff evaluation questionnaires, student performance and, where relevant, external body reports. Using a specified framework course/programme leaders must address: identification of good practice, their response to the previous Action Plan, a cohort analysis, the external examiner report, student feedback, staff feedback and, where appropriate, reports from any PSRB. They must also prepare an Action Plan to demonstrate how they propose to deal with issues they have identified.

46 Based on the course and programme AERs, Heads of School or Division produce an overall draft school AER which is critically examined by Scrutineers appointed by the FASC. The Scrutineers attend the school/division Course Committee which agrees the final AER, suggesting any modifications. The FASC considers both the school AERs and the Scrutineers' reports and the FASC Chair produces a report highlighting good practice and common issues. Since 2002-03, faculty boards are required to initiate action at faculty level transmitting elements of good practice to ASC together with issues beyond its control. AB is then made aware of such issues and ASC's responses through the minutes of ASC. Feedback from AB and ASC comes to the FASC and the school Courses Committees through the dean. The FASC monitors the progress of school action plans.

47 Overall, the College expressed its satisfaction with the Annual Evaluatory Review process. The SED stated that it 'underpins the ongoing quality of courses and enables issues to be identified and practical actions to be put into place to address them'. According to the Quality Handbook, the College has delegated the precise nature and operation of the AER process to faculties, subject to them satisfying a list of minimal requirements. The report from FASC Chairs to ASC was introduced in 2002-03, in response to the College's judgement that AB had previously not given sufficient detailed consideration to AERs. ASC now provides a forum for discussion and exchange of views. The SED frankly stated that this new procedure 'exposed a

lack of detailed discussion and action planning relating to the outcome of the AER process in the minutes of some Faculty Boards'.

48 The audit team was able to read a number of AERs and to track their progress through the committee system. It noted that the College was moving towards a standardisation of reporting drawing on good practice contained within the Faculty of Health's Procedural Protocol for Faculty Deliberative and Executive Committees.

49 Many of the College's programmes are subject to monitoring by PSRBs, much of which is carried out as a joint venture with College staff. Among the annual reports scrutinised by the audit team was a set of annual monitoring reports over a three-year period submitted by the College to the JVC of the COR and the Radiographers Board of the Council for Professions Supplementary to Medicine (succeeded by the HPC), together with a JVC Report which collated and summarised all the individual reports. Both sets of documentation were comprehensive. The JVC Report sent to all centres, apart from providing full data sets on provision, included sections on staff development, clinical education and curriculum development and delivery, identifying new developments and models of good practice. Each centre can compare its progress against data sets derived from the national scene. The team was able to track the College's response to such external reports through the relevant committee papers and concluded that the College makes effective use of the feedback they provide on the quality and standards of courses.

50 The audit team was able to conclude that in spite of the reservations frankly expressed in the SED relating to the past inadequate consideration of AERs by faculty boards, the procedures for annual monitoring are secure and the College draws effectively on the monitoring arrangements required by external bodies.

Periodic review

51 Periodic review normally takes place on a five-year cycle, with sufficient flexibility to allow a six-year period where, for example, there are external requirements which make this appropriate. The process is similar to validation with, *inter alia*, the additional requirement for a retrospective critical review which incorporates the key elements of cumulative AERs. It may cover one award or a group of awards. The review draws upon cohort statistics, identifies good practice, and offers a critical analysis of the students' learning experience and opportunities. Current student feedback is a requirement. In addition, and as part of the

Accreditation Agreement, the University undertakes equivalency reviews whereby courses in the same subject area offered by the University and its accredited colleges are reviewed by representatives of the discipline.

52 In the SED the College expressed its satisfaction with the view given by periodic review of the health of the course. However, it stated that current arrangements were too fragmented to provide useful information at the strategic level. It was similarly critical of the narrowness of view provided by University Equivalency Reports which also focused on individual disciplines. However, in the light of its decision to monitor and evaluate the effectiveness of its procedures for assuring the quality and standards of the awards for which it is responsible, the College will be undertaking a general review of its key procedures in the summer of 2004. In the case of periodic review, it has already decided to mount a pilot exercise with a view to moving from review of individual or small clusters of programmes to a larger group of cognate programmes within the same disciplinary area. The present procedures for periodic review will be retained until the outcomes of the pilot exercise have been reported and evaluated.

53 The planning cycle for periodic evaluation begins in the previous academic year and is coordinated by the QASU. Documentation required includes promotional literature, validation reports and external agency reports, together with information relating to the three previous academic sessions: course leader reports; admission, retention and assessment statistics; external examiner reports and responses to them; Course Committee minutes; and AERs. Also required are a SED and relevant supporting documents.

54 Following its required activities, including meetings with the subject team, the periodic review panel produces a Periodic Evaluation Report (PER) which includes a confidence statement confirming continuation of the course for a defined period. If the panel is unable to express full confidence it will make a recommendation to ASC for appropriate remedial action. In exceptional circumstances the recommendation may be that approval is withdrawn from some or all of the courses. The confidence judgement is based upon the appropriateness of the learning outcomes, the learning opportunities to achieve the academic standards of the award, and evidence of a commitment to continuous improvement and enhancement.

55 Each PER leads to an Enhancement Plan which indicates actions necessary to improve the quality and standards of provision and includes timescales,

responsibilities and provision for monitoring. It is prepared by the QASU officer, approved by the Panel, and transmitted to the dean and to ASC. The PER, and the Plan are submitted to ASC as well as the subject provider's response to the Plan. The FASC and ASC monitor progress in the implementation of the Plan.

56 In the light of the evidence made available the audit team was able to express broad confidence in the College's present arrangements for validation and monitoring. Following discussions with staff, consideration of the clear procedures set out in the Quality Handbook, inspection of many of the materials and processes which contribute to periodic review, and evaluation of the effectiveness of the QASU in supporting processes relating to the security of quality and standards, the team concluded that the procedures for periodic review are sound and has confidence in the College's capacity to implement existing procedures successfully. This confidence was not limited by the College's intention to review existing arrangements for periodic review in the light of concerns expressed in the SED.

External participation in internal review processes

57 It is expected that external subject experts are appointed to validation panels and to periodic evaluation panels. The College has developed a nomination template for the appointment of external advisers together with a clear list of criteria for appointment, including a specification of circumstances, such as conflict of interest which would preclude nomination. External advisers must be totally independent of the College; for example, previous or current external examiners cannot be appointed. They are required to provide a written report prior to panel meetings. Once appointed they are provided with a checklist relating to standards, learning outcomes and assessment strategies. In the case of validation, the guidance includes the threshold criteria for validation and the College level descriptors.

58 The SED contained no evaluation of the role of external subject specialists in internal review processes. However, from the documentation made available, including papers relating to validation and periodic review, the audit team was able to conclude that the College, in its efforts to maintain standards and in its desire to learn from good practice elsewhere in the sector, makes effective use of external advice both in relation to its own processes and in the context of accreditation by, and in association with, PSRBs.

External examiners and their reports

59 The College's external examining arrangements are framed by its relationship with the University. Criteria for the appointment of external examiners, including seniority, experience, distance and objectivity, number and duration of other current appointments, are set by the University. Within the College, nominations from heads of schools, divisions or programmes are sent to the EESC of ASC for consideration and, if approved, forwarded to the University. Appointments for College awards, for example at level 1, follow the same process. External examiners are appointed for three years initially and this may be extended for one year with the agreement of the University Senate.

60 Roles, responsibilities and powers of external examiners are set out by the University, and summarised within the College's Handbook for External Examiners. External examiners are expected to scrutinise draft examination papers, moderate examination scripts, coursework and professional practice, attend first-tier boards, and produce an annual report. Chief externals are appointed to operate across programmes, schemes or groups of subjects and are required to attend the relevant College Awards Board. All external examiners receive details of the terms of office and procedural information from the Office for Associated Institutions at the University, course information from the relevant head of academic unit at the College and notification of College procedures from the Registry. In addition, the College holds an annual external examiners' Induction Day where institutional and departmental procedures are covered.

61 Reports from external examiners are received by the Vice-Chancellor of the University and then passed, via the University's Office for Associated Institutions, to the College Principal. QASU then circulates reports to the Chair of ASC and to the relevant member of staff via the Faculty Administration Officer. Since 2002, schools and divisions are required to respond formally to QASU with regard to comments in the report and suggestions for improvement. The Chair of ASC sends responses to external examiners which are also lodged with QASU. Where a report requires urgent attention or is exemplary the process is accelerated by the Chair of ASC writing directly to the course leader and head of division/school. Responses are monitored at College level by ASC which compiles a report summarising issues raised and examples of good practice. At the faculty level external examiners' reports are handled in the context of the AER process. The school or division AERs are informed by programme AERs and action plans and,

thereby, responses to external examiner reports. Peers within the faculty, appointed by FASC, scrutinise the school/division AER. External examiner reports for the previous three years also form part of the evidence for course revalidation. A summary of external examiners' reports is considered and acted upon by ASC.

62 The SED contained little explicit overall evaluation of the effectiveness of the College's external examining system, but made clear that the College believed the system adhered to the *Code of practice, Section 4: External examining*. In addition, the SED pointed to efforts, where necessary, to improve external examiner performance, for example, with regard to the receipt times and usefulness of external examiner reports. The annual Induction Day for external examiners and the intention to provide mentors for less experienced externals were also mentioned as attempts to enhance the system. However, the audit team is of the view that external examiners could be encouraged to further broaden the scope of their commentary in two ways. First, neither the external examiner report form nor the University's Information for External Examiners require external examiners to comment explicitly on institutional assessment policies. Second, the external examiner report form does not offer space for the noting of good practice. The team acknowledges that the external examiner report template is controlled by the University and not by the College. However, in line with the team's view that the College could have a more systematic approach to enhancement, the team concluded it would be desirable for the College to consider these matters further.

63 Aside from these issues, the audit team, on the basis of analysis of documentation and what was heard in meetings, found that procedures generally work as described in the SED to provide a meticulous and robust system of external examining at programme and institutional levels. Appointment of external examiners, their designated roles and the use of their reports in monitoring programmes enable the College to be confident about the academic standards of awards. Thus, the evidence available to the team indicated appropriate and thorough use of external examiners in assessment and reporting procedures, warranting a judgement of broad confidence.

External reference points

64 The College is affected by a large number of external reference points including those produced by the National Youth Agency, the Teacher Training Agency (TTA), Ofsted, DfES (for initial teacher education), NMC, HPC and the Agency. The academic infrastructure is regarded as a set of

'important prompts' in the management and enhancement of standards and quality. Other reference points are regarded as 'strong influences as they regulate the professional qualifications' of students in those fields of study.

The FHEQ, subject benchmark statements and programme specifications

65 The SED stated that the College 'welcomed' the publication of the academic infrastructure and has 'sought systematically to map and integrate [it] into its internal procedures and, where appropriate, customise the letter of their provisions, while maintaining the spirit, to better suit its mission and course portfolio'. The Quality Handbook lays out expectations with regard to the academic infrastructure for all staff. It describes the development of a quality framework strongly articulated to the academic infrastructure, within which subject staff adhere to expectations via understanding of College systems rather than 'QAA documentation'.

66 The expectations laid out in the Quality Handbook with regard to the academic infrastructure are reinforced in the work of QASU and in the work of subject staff. Attention to the *FHEQ*, subject benchmarks and programme specifications is evident in guidelines on validation and review which set out new procedures for scrutinising course proposals, showing how they need to set out explicit expectations for academic standards using College level descriptors. This regard was traced through to validated programmes and examples of assessed work.

67 The College's undergraduate regulations were revalidated in 2002-03, partly as a philosophical shift to define student attainment in terms of achieved learning outcomes on all modules taken, but also to align with the levels outlined in the *FHEQ*. The SED noted that the College's level descriptors were customised to meet the institution's specific course portfolio and other external reference points such as those set by Ofsted, the National Youth Agency and the NMC.

68 Little mention is made in the SED of how the College responded to the development of subject benchmarks and programme specifications. However, the audit team noted that validation panels are required to consider how proposals take account of relevant benchmarks and validation documents must include programme specifications. At programme level, individual subject teams were aware of and attentive to relevant benchmarks, and had produced programme specifications as sections of Programme Handbooks, in line with a template in the Quality Handbook.

The Code of practice

69 The SED did not specify a general procedure for the handling of each section of the *Code of practice*. However, documentary evidence revealed how the College has employed a systematic approach in considering sections of the *Code*. On publication, each section was received at QAC (or, on one occasion, AB) where the College's approach was either reported or established. Minutes of relevant committees reveal how the College has sought to address each section and review any implementation. For example, with regard to the *Code of practice, Section 6: Assessment of students*, there was evidence of the *Section* being received by the former QAC, before being taken forward by APPC, which in turn established a working group to promote institutional adherence and monitor subsequent progress. The audit team was also able to see how the *Code* had informed a number of developments at the College. For instance, admissions procedures had been subject to extensive changes following an internal audit against *Section 10: Recruitment and admissions*, while *Section 5: Academic appeals and student complaints on academic matters* had helped the College develop new procedures for handling student appeals and complaints. The College judges that it does not engage in collaborative provision as defined by *Section 2: Collaborative provision*. However, the SED outlined institutional procedures for maintaining and enhancing quality and standards in its partnership work making reference to the *Code*.

70 In one respect only, the audit team considered there was scope to reconsider engagement with aspects of the *Code of practice*. The external examiner report form does not encourage externals to comment on institutional assessment policies and the team concluded that it is desirable the College reassesses its approach to this matter. Beyond this, the evidence available to the team pointed to conspicuous attention to each section.

71 Where appropriate, other external reference points such as those provided by TTA, DfES, NMC and HPC are considered at validation and, via external inspection reports, inform AERs. The AERs feed into the annual monitoring process but it was not clear to the audit team as to how far external reference points provided a source of enhancement beyond the relevant professional courses.

72 Overall, the audit team considered that the College's response to the academic infrastructure has been both considered and systematic and the elements were used effectively to set the standards of the awards at the appropriate level, to provide pertinent points of reference in programme

specifications and to promote good practice. Similarly, the team saw evidence of appropriate attention to reference points set by other external bodies.

Programme-level review and accreditation by external agencies

73 Given the nature of its provision, a substantial proportion of College programmes are subject to external accreditation or monitoring. For example, of the 80 or more subjects offered at certificate, diploma, bachelors and masters levels, more than 40 are externally accredited and monitored in one form or another, involving approximately 5,000 of its FTE numbers or 75 per cent of the total. The Faculty of Education has frequently been inspected by Ofsted and the TTA. In the Faculty of Health and Social Care there is external scrutiny encompassing nursing and professions allied to medicine including visits and reports to and from joint committees shared between the NMC and the HPC and its predecessors. Engagement with PSRB's in this latter case involves validation, accreditation and continuous monitoring, with a requirement for regular monitoring, visits and/or report. In addition, the College has been involved in five subject reviews and one developmental engagement since 1993.

74 The outcome of the six engagements with HEFCE and the Agency since 1993 was confidence in the quality of programmes reviewed. Student support and guidance was one area in which the College was consistently praised.

75 External reports are initially considered by school and faculty boards. They agree a response which is passed to ASC for discussion and approval. Where a response is required these are sent by ASC. Areas for continuing action are picked up as part of the AER process. In addition, for those subjects involved in Agency subject reviews, an analysis of emerging themes was undertaken by QASU staff and discussed at ASC.

76 The SED stated that the College has a positive approach to its many engagements with external review and inspection agencies. They allow the College to measure its performance against those of similar providers and 'to reap the enhancement dividend that these engagements bring', including contributing 'to the overall framework for the assurance and enhancement of quality and standards'.

77 The audit team examined a number of external body reports, AERs, action plans and committee minutes at all levels of the College, and concluded that the College's procedures for responding to external reports were effective. The team found that

the College was able to act effectively both in response to any individual recommendations or indeed to commonly expressed concerns. The arrangements for receiving such reports and the College responses, which require scrutiny by several committees with cross-faculty representation, means that lessons learned can be widely disseminated in the interest of enhancing practice. The active involvement of QASU staff at all stages also provides considerable continuity and consistency of approach.

Student representation at operational and institutional level

78 Student representatives sit on committees at school/division, faculty and College level. At school/division level, students from each year of a programme sit on staff-student committees, while SU representatives sit on faculty boards. At the institutional level student representatives sit on all deliberative committees. In addition, the President of the SU is a member of the Finance and Resources Committee, and an SU representative also sits on the Equality and Diversity Committee.

79 The minutes of all meetings are circulated to committee members; thus, student representatives are informed of the progress through the committee structure of any key issues they have raised.

80 The SED stated that the College regards student representation on College, faculty and school/division committees as an important route for student comments and views to be communicated to the College, and students make a valuable contribution to the development of College policies and practice as well as to the decision-making process at school/division and course levels. The SED noted that student attendance at College and faculty level committees was good but at school/division level there had been some inconsistency, especially by part-time students.

81 The SWS confirmed that students have many opportunities, both formal and informal, to voice issues and concerns at all levels of the College. Moreover, student representatives confirmed that the College values student opinion and takes it into account in the management, design and delivery of programmes. Information technology (IT) student representatives make good use of email to both gather student input and to disseminate actions resulting from staff-student consultative committees (SSCCs). Sports studies students reported that few issues of any significance were raised at SSCC since the informal mechanisms work so effectively, and applied social science students said issues raised at

SSCC were dealt with promptly. At module and course level students were very positive about the willingness of staff to receive and respond to informal feedback, a fact that was also echoed in the SWS.

82 As a demonstration of the good relationship which exists between the SU and the College, the SU was working with the College on addressing poor attendance by representatives at school/division committees. The Union recognised that it was not fulfilling its responsibilities in delivering effective training to student representatives and thus worked with the College in piloting an induction and training programme for student representatives. Completing the training and serving on a committee for one year can lead to the award of a Certificate. The SU maintains a list of student representatives on College committees.

83 As a result of its activities the audit team concurred with the College's assessment that it valued student input at all levels of the College, and this underpins the good relationship which exists between staff and students. Formal mechanisms exist, although at the programme level students have not always played their full role in making them operate effectively. This, in part, was said to be because of the effectiveness of informal feedback mechanisms which are much valued by students. Nonetheless, the team welcomed the new initiatives to train student representatives and award a certificate to students who served effectively on course committee.

Feedback from students, graduates and employers

84 Arrangements for gathering student feedback at the module and programme level are the responsibility of faculties. The arrangements are informed by the College Policy on Student Feedback, developed by the CDLT, and approved by AB in May 2003. A centrally designed questionnaire is used at module level, and tutors are encouraged to include a paragraph in module guides which summarises responses to feedback from students on previous cohorts and, if the division or school chooses, to display this on relevant notice boards. At programme level, feedback from students is collected on an annual basis, and may be gathered through questionnaires, pyramid discussions, a focus group or through another method. CDLT is willing to assist in the development of new methods of gathering feedback. Programme leaders are required to analyse the feedback and produce an action plan where appropriate, which should be included in the AER. The feedback policy is to be evaluated after the first year of operation in 2003-04.

85 Individual services, such as the Information Systems and Technology Service, Student Support (including money advice, learning support and careers and the Chaplaincy) and Library Services, are required to undertake periodic satisfaction surveys. For example, the library has recently sought student feedback through a suggestion scheme, regular meetings with Student Services and the SU and two questionnaires. The output of these activities will be fed into the planning cycle.

86 There are currently no systematic, college wide arrangements for gathering feedback from employers, although there are strong effective links with the professional courses which are often delivered in conjunction with practitioners. Former students are surveyed six months after receiving their award.

87 The SED stated that student feedback along with student representation is regarded as an important component of the College's quality assurance processes. Understanding and taking account of students' views on their learning experience assisted the College in improving the quality of that experience. With this in mind, the SED stated that the College wishes to move to a position where it can undertake a single survey of graduates which would combine their views of both the provision of services and academic experience. While a pilot survey to this effect was undertaken in 2000-01, the College is awaiting the outcome of the DfES' consultation to develop a National Graduate Survey before making further progress on this matter.

88 While the SWS noted some concerns of students with a number of services, it reported a generally favourable attitude towards the responsiveness of the College to students' concerns. Students who met with the audit team were exceptionally complimentary about the College's openness to their views and the supportive ethos which the College maintained, consistent with its Mission.

89 The audit team noted that the College has already responded to some of the concerns raised in the SWS survey. For example, in response to students' concerns expressed in the SWS about the quality of careers service provision at the Ambleside campus, a review will take place in 2003-04.

90 The audit team concluded that the College had extensive and appropriate mechanisms for gathering formal feedback from students and graduates and informally from employers. While there was some variability in the application of these mechanisms by the different faculties and centrally administered services, the team supported the students' impression that they were generally fit for purpose. The team also recognised the intention to evaluate

the College Policy on Student Feedback as a further reflection of the College's willingness to continually keep under review its policies.

Progression and completion statistics

91 The College uses progression and completion statistics in a variety of ways to inform the management and enhancement of standards and quality. For example, since 2001-02 the Registry has produced an Assessment Digest which interrogates data by award, classification and campus, and analyses other assessment-related information, such as academic appeals and reassessment patterns. The report is discussed at ASC. This recently resulted in suggestions for more extended, future analysis and discussion at FASCs. The College produces an annual, cross-college Admissions Report which provides an analysis of recruitment patterns. The report is considered at ASPC (formerly APPC) and AB, providing a valuable resource with which the College can review recruitment and its academic portfolio.

92 The SED contained little evaluation of the use made of progression and completion statistics in the management and enhancement of standards and quality. However, the extent to which data informs the College's approach to the assurance of quality and standards became clear through a perusal of documents. The College's overall intentions with regard to data are set out in the Information Strategy, 2001 to 2006. Comprehensive data on student progression and completion are available to academic and support staff via SMARTIS, the College's reserved section of the web site. Programme leaders are required to include and interrogate SMARTIS in their AER. The audit team saw the potential of the database to analyse cohorts by variables such as result, module, programme, faculty, campus and individual students. Evidence from meetings and documentation from programme-level enquiries as part of the DATs suggested that tutors were familiar with the database and analysed progression and completion data in their course AERs which, in turn, were included in school AERs.

93 Overall, the audit team was of the view that the role of the data systems available to academic and support staff in the maintenance and enhancement of standards and quality was underplayed by the College in its SED. The College makes effective use of the extensive management information in the contexts of admissions, assessment and student records. The data are routinely described, analysed and acted upon in the course of annual reporting, enabling the institution to reflect critically on standards, quality and strategic development.

Assurance of the quality of teaching staff, appointment, appraisal and reward

94 Procedures for the appointment, appraisal and reward of staff are set out in the College's Human Resource Strategy, and communicated to staff through the Personnel Handbook. The latter is available both in paper format and on-line. The strategy takes account of relevant legal obligations and the importance of due process. An annual academic staffing exercise, in which heads of school/division/service are required to demonstrate necessity, identifies staffing needs. Applicants for academic positions are called to interview, and must undertake a presentation on a specified topic. It is expected that a gender balance will exist on all appointing committees. All members of appointing committees receive training in recruitment.

95 Induction for teaching staff includes an introduction to management and committee structures, faculties, staff development, administration and other relevant issues related to the new member of staff's work. The College operates a probationary scheme of one year's duration for new staff. Each probationary member of staff has a mentor, as a 'friend', and the probation is managed by someone else, usually the line manager, who is expected to identify development needs. Staff new to lecturing at HE level have the opportunity to study the Postgraduate Certificate in Teaching and Learning in HE run by CDLT. The College stated its intention that this will be mandatory for all new teaching staff without appropriate teaching experience from January 2004.

96 The College's Staff Development Policy is the mechanism through which the Human Resources Committee (HRC) determines the overall framework for professional development. It states that 'following completion of probation, all staff are required to take part in the College's annual appraisal scheme'. Issues identified during the appraisal process are considered by the CMT and the HRC. The line manager has a responsibility to ensure that peer review does take place. The peer review process, which may review teaching or any other aspect of the teaching role, is separate from the appraisal process unless the appraisee raises issues from it.

97 The College makes extensive use of part-time staff; such staff at the three main sites are treated exactly like their full-time colleagues. Where teaching is in outreach centres then staff at those institutions who have teaching responsibilities for the College are appointed as associate lecturers of the College, and have the same conditions of service

as other College staff with respect to induction, appraisal and staff development. Only a few research postgraduates work as teaching assistants as nearly all are registered as part-time, although they may occasionally be asked to cover for sickness or absence of full-time members of staff.

98 The SED did not include any evaluation of the mechanisms for the appointment, appraisal and reward of teaching staff. However, the Human Resources Strategy states that it is the College's aim to ensure its employment practices and policies conform to best practice in the sector.

99 The College has found that recruiting staff with the appropriate mix of professional and academic experience and skills is becoming particularly challenging, as the salaries and career progression of school teachers and health professionals are now highly competitive with HE. A number of strategies are being applied which aim to make the College more attractive to applicants, and remove unnecessary barriers to potential applicants.

100 The audit team found that the processes used in the appointment, appraisal and reward of teaching staff were effective in appointing enthusiastic, well-qualified staff who appreciated the opportunities for identifying development needs and having those needs met. All staff met by the team confirmed that annual appraisal does take place and is considered worthwhile.

Assurance of the quality of teaching through staff support and development

101 The College has a number of policies, systems and procedures to support staff development. The overall framework is determined by the HRC and is set out in the College's Staff Development Policy. CDLT is a key driver of in-house staff development and produces guidelines on aspects of teaching, for example, the Guidelines for Good Assessment Practice, and provides relevant resources for all staff engaged in teaching and facilitating learning. In addition, staff are supported by funds to attend conferences and professional networking groups and enrolment on professional and academic courses for higher degrees. Excellence in teaching is promoted through the annual Teaching Fellowship Scheme. This work is also supported by the Staff Development Office which works in parallel with the CDLT. The SED stated that further work needs to be done 'to ensure better coordination and liaison between CDLT-led activities and those led by the Staff Development Office'.

102 Peer review, first adopted by the Faculty of Health and Social Care, is now a normal expectation

across the College and is supported by standard documentation (College Policy for the Peer Review of Teaching, Learning and Assessment). This is intended to record the outcomes in terms of good practice and staff development needs.

103 The SED stated that the College has a 'comprehensive programme of staff development activities' which are reviewed for their effectiveness and appropriateness through feedback from the staff appraisal scheme. The College considers that it fosters a supportive and developmental staff culture through these activities. Staff development schemes are also open to teaching staff in partner colleges on St Martin's College contracts. Having noted that it needs to ensure better coordination and liaison between the Staff Development Office and CDLT, the College also states that it plans to ensure staff development activities achieve a better balance between the corporate agenda and personal professional needs.

104 Particularly through its meetings with staff representing all faculties and campuses, including staff met as part of the three DATs, the audit team concluded that the professional development needs of staff are recognised and addressed by the College. It became apparent that the College is responsive to staff development needs identified during probation and annual appraisals, and appropriate resources were forthcoming from both central and faculty held funds.

105 Staff met by the audit team felt rewarded by gaining a Teaching Fellowship and welcomed the status it accorded them. Being asked to run a workshop for CDLT or to contribute to the annual Teaching Fest was also seen as rewarding and as recognition of good practice.

106 In terms of staff development the audit team concluded that the work of CDLT was highly effective in the provision of staff development initiatives and guidance. Overall, the team confirmed that the College achieves its aim of fostering a supportive and developmental culture for its staff.

Open and distance learning

107 The College has declared its commitment to lifelong learning opportunities for a broad range of students, and ODL is one of the mechanisms in place to support this. The College's policy on ODL was first promulgated in 1999 and recently revised in November 2003, to apply to the period 2003 to 2005. Revision followed a successful pilot study and the adoption of a virtual learning environment (VLE) platform. A principal aim of the policy is 'to ensure that all ODL provision whether paper based or

electronic based adopts a consistent approach which is within the College's capacity to design, deliver and quality assure'. One of the key stated aims of the policy is to ensure comparability of quality and standards between ODL and face-to-face teaching and to draw upon the latest research on effective student learning. The policy states that the *Guidelines on the quality assurance of distance learning* (the *Guidelines*) published by the Agency, are embedded within the validation procedures for ODL and fully reflected in the policy statement.

108 The Open and Distance Learning Handbook - A Guide for Developers provides procedural advice for those wishing to offer teaching through distance learning and encompasses both paper and electronic media. It includes technical advice, guidance on the construction of learning materials, threshold criteria for ODL, templates for submitting proposals, and quality assurance procedures, including peer review arrangements. Those wishing to develop virtual learning-based teaching materials must apply for web space allocation, undergo training provided by CDLT and enter discussions with their LTAC, who authorises the project.

109 The policy requires that ODL delivery must be identified on the AAD. Those proposing ODL based courses or parts of courses must involve a member of the ODLSC and must guarantee peer reviewed learning materials, provide necessary student support, build in elements of face-to-face engagement, recognise diversity in learning styles, and promote phased transmission from dependence to independence. A statement must also be submitted at the time of validation confirming conformance with relevant sections of the *Code of practice*. All students are required to have a named tutor, to attend an induction programme which explains the relative responsibilities of student and college, and must be provided with technical support for a VLE, advice on software purchase, and study skills support. The relationships between programme specifications, intended learning outcomes and assessment are the same as for College-based programmes.

110 In reviewing its procedures for course approval, including courses delivered at a distance, the College stated in its SED that its processes 'have strengthened academic standards and improved operational consistency'. The College expresses confidence that 'its processes for course approval demonstrate strong articulation with the QAA external reference points'. The College claimed it has ensured that the quality assurance procedures in relation to distance learning are encompassed by its procedures relating to College-based courses. In

addition, the work of the ODLSC ensures that the development of distance learning materials is fully consistent with the *Guidelines*.

111 The audit team met with members of the ODLSC and scrutinised the minutes of the ODLSC from July 2002 through to October 2003, which revealed how the present policy has evolved and how practices to ensure conformity of approach and equality of provision have been strengthened over time. During that period, for example, there had been an audit of ODL learning materials and a requirement that all such materials be scrutinised by the Committee. Initially, an ODL Course Proposer Handbook was prepared which included threshold criteria for ODL delivery. This was then followed by the more substantial Open and Distance Learning Handbook - A Guide for Developers. The committee has been concerned, *inter alia*, with its links with other committees, staff training, responsibility holders for e-learning, and publication of a special library brochure for ODL provision. The team formed the view that this was a vigorous and enthusiastic group.

112 However, during scrutiny of documentation related to one DAT the audit team identified a number of electronic learning materials prepared by teaching staff which did not appear to have been processed through the procedures developed by the ODLSC and which were specifically designed to support teaching on a course offered on two campuses but by a small staff group. The Quality Handbook is clear in its requirements that mode of delivery has to be confirmed at the time of validation and subsequent changes must be authorised. Much of the work of the ODLSC so far has involved authorisation of paper-based materials. The College's policy is to approach development of a VLE platform cautiously and slowly, rather than with a Big Bang. Those wishing to innovate are encouraged to seek advice from CDLT. However, the team noted that the electronically-based materials they had identified fell into a grey area, being neither paper nor fully fledged interactive in style, yet appeared to students to be a substitute for face-to-face teaching. The team concluded that it would be desirable for the College to ensure its monitoring is sufficiently strong to give it confidence that it has the level of control over changes to electronic teaching materials which is consistent with its expectations and agreed procedures, and to ensure that students do not perceive electronic delivery as a substitute for face-to-face teaching.

Learning support resources

113 A main aim of both the Library Services and Information Systems and Technology Services (ISTS) is to provide an equivalent level of service regardless of the physical location or type of student accessing their services. The College's library resources are distributed across several locations, with major libraries operating on the Lancaster, Carlisle and Ambleside campuses. In addition, the College has arrangements with the Associated Health Libraries of Kendal, Barrow and Whitehaven which are located in hospital education centres. An arrangement also exists with the Schools Library Service in Tower Hamlets to ensure that students based at the Professional Development Centre in London are also catered for. Library Services, which coordinates library provision, is also a member of a number of schemes that allow part-time and distance-learning students to access local library resources. Communication between the various providers is largely through electronic means. TALIS, the Library Services management system ensures stock can be easily transferred between sites to meet student and staff requests. The SED stated that these arrangements ensured the needs of College students are catered for regardless of their learning contexts, be it undertaking formal study, during clinical placements or on teaching practice.

114 The College stated that a number of strategies exist to ensure the library needs of different subject disciplines and types of students are met. Thus, library opening varies across the main campuses in line with student requirements. At Ambleside student helpers are being utilised to provide IT and study facilities, and a new self-help terminal has been introduced. At Carlisle an 'early bird' system has been introduced to enable students to access resources before lectures begin. Particularly with distance learning and part-time students in mind there has been heavy investment in electronic resources including databases, e-journals and e-books. All libraries are wheelchair accessible and a learning support service including a named contact at each site is available to staff and students with a disability.

115 Information and communications technology (ICT) is seen by the College as having an important role to play in bridging the physical distance separating the three College campuses. The Learning, Teaching and Assessment Strategy states that 'the provision of electronic learning environment to expand part-time, resource based and work based learning will be a recognition of the importance of technology in learning and teaching'. Implementation of this is based on the plans to

introduce a college-wide VLE, and some controlled work is already taking place using a virtual learning platform for this purpose. All students have a College email account and an increasing volume of communications occurs using email. College information is routinely available on the internet as well as in paper form. ICT development needs are managed through the Head of ISTS, who is now supported by the deliberative ISC and the Information Technology Strategy Committee.

116 A number of mechanisms exist to ensure there are adequate levels of library and IT resources. The AAD requires those proposing a new programme to specify library resources and their cost, and in signing off the AAD the Head of School/Division and the Dean must confirm 'that the Librarian, IT Services Manager, have been consulted regarding the commitment of resources'. Student views and opinions underpin library provision and are actively sought through the library suggestions scheme as well as through regular meetings with representatives of Student Services and the SU. A Partnership Agreement between Library Services and the Faculty of AHSS has recently been established which outlines the standard of services the Faculty can expect and the required activity of the Faculty to achieve quality of provision. In terms of ICT development, needs are managed and evaluated by the Head of ISTS.

117 Student membership of the SSC and a variety of mechanisms, such as focus groups and AERs, supplemented by informal processes at all levels, are used to evaluate the quality of learning support. The need for a student satisfaction survey was recognised by the SU and resulted in the survey which formed the basis of the SWS. Students met by the audit team confirmed the inclusive ethos of the College reinforced by the availability and caring attitudes of all teaching and support staff was a highly-valued feature of the learning environment. This level of individual learning support helped ease any short-term difficulties with, for example, schedule of modules for part-time students with prior expertise and access to materials for those on placements. The survey carried out for the SWS reported only one or two individual points of concern with the learning support facilities.

118 The College devoted a substantial section of the SED to its provision of learning resources. The audit team found that the College was largely successful in achieving the aim of equivalence in the level of learning resources available to the disparate range of students. Both Library Services and ISTS had appropriate mechanisms to assure their respective services were fit for purpose.

Academic guidance, support and supervision

119 The SED noted the 'strong record' of the College in the field of student support and guidance as demonstrated by the outcomes of subject reviews. The SED went on to acknowledge that this record is more to do with the 'excellent staff-student relationships and tutor commitment' than consistently effective systems. The College recognised that although there are many excellent examples of the tutorial system working effectively, it is important to ensure good practice is apparent across the College.

120 Academic support begins with each student being allocated a personal academic tutor (PAT) on entry. Once allocated, a student normally retains their PAT throughout their life at the College. This allows students to retain a degree of continuity which is especially important for students who may be on placement or teaching practice for various periods of their time at the College. Also on arrival students receive detailed information about their programme of study through a student handbook which includes programme specifications, and induction into library and ISTS.

121 In order to foster and share the skills agenda of the many vocational degrees taught at the College, a Cross College Students Skills Group (CCSSG) has been established by the CDLT. The Group has devised a Skills and Employability Curriculum which must be included in all programmes. Although it is left open to programme leaders how the Skills and Employability Curriculum is integrated, it now includes elements on study skills and induction to HE, personal development planning and remedial support for literacy and numeracy. The latter is often developed in association with Learning Support, a part of Student Services and includes support for students with specific learning difficulties, and students who wish to improve their English or numeracy. In line with the work of CCSSG each faculty has piloted in at least one programme the use of Progress Files. These pilots are currently being evaluated with a view to developing Progress Files across the institution.

122 In their SWS students reiterated the belief that the PAT system reflected the caring ethos of the College. Students emphasised that staff were generally very positive in their approach to student needs, although they highlighted some instances where staff had not always acted in accordance with College procedures, or with an individual students' interests necessarily to the fore.

123 Full and part-time undergraduate students spoke highly of the induction process, which clearly succeeds in familiarising them with the College, particularly

their own campus, and in ensuring that they find their academic and social bearings. Taught postgraduate and research students also appreciated their induction process. Students reported that centrally produced handbooks, prospectuses, and programme and module handbooks were generally accurate and of a good quality. The handbooks ensure students are fully aware of relevant regulations and expectations throughout their time at the College. Students who met with the audit team were confident that they understood the structure of their degree programmes although they were not all always aware of the pathways available on all campuses. The students confirmed that they receive annual transcripts of their progress at the end of each year and can thus understand how they are performing. Each year students receive an updated version of the programme handbook and selected modules.

124 Students spoke very positively of the academic support and guidance they received and the audit team formed the clear view that the staff were fully committed to ensuring students realised their potential and progressed as smoothly as possible to successful completion of their programme of study. It was clear that part-time and postgraduate students felt equally well supported by the provisions made on each campus.

125 It was clear to the audit team that the College's arrangements for academic support and guidance were in line with good practice across the sector, and that students were generally very appreciative of the personal support they received.

Personal support and guidance

126 A wide range of services designed to promote student wellbeing and to enable students to achieve their personal and academic potential is provided by Student Services. In addition to the academic support provided by Learning Support noted above, Student Services, often in conjunction with the SU, provides advice on pastoral and welfare issues, including student finance, counselling, and advice and support for disabled students.

127 In an effort to ensure students are able to access equivalent services on each main campus, full-time Student Service Officers were appointed to the Carlisle and Ambleside Campuses in 2002. These provide a 'one-stop shop service' to address students' concerns about all pastoral, welfare and academic issues.

128 A key feature of recent initiatives by Student Services has been input from and collaboration with other College bodies and the SU. Collaboration has resulted in reviews of student induction, the Staff

and Student Bereavement Strategy, and the Student Disciplinary Policy and Procedure, all of which have been informed by the College's commitment to widening participation and retention.

129 Careers advisers are available at the three main sites and they provide a careers education, information and advice service to students. In some cases careers advice is embedded in the curriculum. For example, members of the Careers Service speak in lecture slots for some subjects and levels. Conversely the IT students said that the Careers Service was not perceived as valuable even though careers staff had been in contact with all students. The officers speak at induction, and handle one-to-one sessions by appointment or through a drop-in service. However, the SED stated that the Careers Service 'recognises the need to address further the parity of service across all sites, and the profiling of the service to the greater College community'.

130 The Chaplaincy plays a distinctive and important part in the life of the College. It aims to provide opportunities for prayer and worship but, beyond that, to offer a hospitable and welcoming embodiment of the inclusive and supportive culture which defines the College. This culture is recognised by students, whether or not they are Christians, as characteristic of the College.

131 In the view of the audit team, through its Student Services, the College is able to provide comprehensive personal support and guidance for students. It is particularly well-equipped to respond positively to disabled students with special learning and study needs. There was a strong feeling among students at both Lancaster and Carlisle Campuses that appropriate support, advice and guidance was available to them. Work is in hand to address issues at Ambleside. The team also formed the view that the Careers Service was generally an active and effective service.

Collaborative provision

132 The College stated in its SED that it did not have any collaborative provision. However, there were a number of partnership arrangements. These included outreach arrangements which involved the delivery of courses by College staff at the premises of a partner, plus some specialist input from staff of the partner. Eleven such partnerships in the UK were listed in the Appendix to the SED; these involved 338 students. Outreach arrangements are governed by Partnership Agreements, and ASC is responsible for approving any such agreements. Monitoring of outreach provision is commensurate with that which applies to other College courses.

133 In the majority of partnerships, course delivery and assessment is the responsibility of College staff and all the quality and standards procedures applying to on-site delivery apply equally to outreach provision. In the limited cases where much of the teaching is secured by off-campus teachers, they hold College lectureship status. Having outlined the procedure in relation to its partnerships the SED stated that 'these procedures ensure that in every instance the quality of the academic award, its delivery and assessment, remain the direct responsibility of the College'.

134 The audit team was satisfied that the management of standards and quality in courses provided in partnership with other colleges was satisfactory following its consideration of documentation and meetings with staff.

Section 3: The audit investigations: discipline audit trails and thematic enquiries

Discipline audit trails

135 In each of the selected DATs, appropriate members of the team met staff and students to discuss the programmes, considered a sample of assessed student work, saw examples of learning resource materials, and considered annual module and programme reports and periodic school reviews relating to the programmes. Their findings in respect of the academic standards of awards are as follows.

BA (Hons) Sports Studies: Major, Joint and Minor pathways within the Single and Combined Studies Scheme

136 Sports studies is part of the provision of the School of Sport and Outdoor Studies within the Faculty of AHSS. The School runs courses at all the main campuses. The sports studies programmes are based at Lancaster. The subject area is currently responsible for three programmes: BA (Hons)/DipHE Sports Studies (Major, Joint and Minor pathways); BSc (Hons) Sport and Exercise Science; BA (Hons) Physical Education (non QTS) with named pathways in Sport Development and Health and Exercise. The DAT was concerned with the first of these.

The DSED was based on the most recent AER, the programme handbook, with some recent revisions drawing on module evaluations, external examiner reports and recent validation reports. The Sports Studies programme was last validated in June 2001.

137 The programme specification, which was appended to the SED, follows the agreed College

format and was prepared in light of the aspects of the academic infrastructure. It does include limited reference to the *Subject benchmark statement* for hospitality, leisure, sport and tourism, however, it was clear from other documentation that the learning outcomes of the programmes articulate with those in the subject benchmark statement.

138 The DSED contained little information on student progression or completion. Such information was available in the AER. The data available to the audit team showed the course with an average entry of 69 students over the last four years. Most students are full-time although a few part-time students are on the programme. Use is made of the College's management information system by personal tutors in their review of student progress with individual students, and also cohort data is analysed as a part of the annual review process. As an example of this the course team had indicated one area for further scrutiny in their most recent AER, namely the degree classification distribution. It was clear to the team that staff were making good use of the data available to them to monitor quality and standards.

139 Course staff use the College's agreed procedures for monitoring and enhancement of quality and standards, including the system of annual monitoring, to good effect. The AER was open, clear and evaluative. Judgements within the report are evidence based and there is a clear link to a programme of intended actions. Each action is allocated to a particular individual or group of individuals and the date for completion is stipulated. The AER is discussed by the School's Courses Committee and scrutinised by peers from outside the School appointed by the FASC. The FASC reports to the Faculty Board. The validation and periodic review process has been used to deal with issues related to changing student demand, and the provision of specialist pathways.

140 There is a single external examiner for the programme, and the audit team saw the external examiner's reports for the last three years. The reports were comprehensive and in the main complementary of the provision, with regard to both standards and quality. Issues raised by the external are considered in the AER. Appropriate written responses have been produced in response to the last three external examiner's reports.

141 Assessment strategies and policies are consistent within the programme and are in accordance with College strategies and policies. The audit team viewed a selection of student work from modules at all levels. The team found a consistently high

standard of feedback on the work. The assessed work seen by the team demonstrated that the standard of student achievement is appropriate to the title of the award and its location within the *FHEQ*. This is confirmed by the external examiner's comments.

142 Students receive a copy of the College Student Handbook and also a programme handbook which includes the programme specification. In addition, they receive a module handbook for each of their taught modules. All of these documents provide useful and relevant information. Students confirmed the handbooks were clear, timely and valuable aids to their studies.

143 General resources for the course are available on Lancaster Campus including library, computing and student support services. The specialist resources available in the Sports Complex are of an appropriate standard and appreciated by students. The AER for 2002-03 drew attention to a number of problems with regard to room bookings, timetabling and the fragility of the computing network which had been raised at the Course Consultative Committee. It was clear to the audit team that these issues had been addressed.

144 The sports studies course team gathers feedback formally from module evaluations and course consultative committees. Formally these are reported through the annual monitoring process. Students are kept informed about actions consequent on the monitoring process through action plan updates placed on their notice board. The DSED indicated that there had been problems with student attendance at the committees. A number of recent actions including training by the SU and video conferencing have improved the situation in 2003-04. It was clear to the audit team that there was a good level of student involvement in the quality management arrangements for the sports studies programmes, and students described instances where improvements had been made, for example, recent improved communication between the Careers Service and the School. The students greatly valued the PAT system and commented on the easy accessibility of all staff. It was clear to the team from both its meeting with students and the minutes of the Course Consultative Committee that in addition to the formal arrangements there was very positive informal communications between staff and students.

145 Overall, the audit team was satisfied that the quality of learning opportunities was eminently suitable for the programme of study leading to the named awards.

BA (Hons) Applied Social Science

146 ASS is located within the School of Applied Social Sciences and Business Studies, a unit within the Faculty of AHSS. ASS is available as Single, Major, Joint and Minor within the SCS Scheme and is offered on both the Lancaster and Carlisle campuses. The DSED, with appended programme specifications, was written specifically for the audit. The programme specifications identify programme level descriptors based on College descriptors, which reflected the *FHEQ*. There is no mention of the *Code of practice* in the programme specifications, but the Quality Handbook does make plain that the College expects sound knowledge of College procedures rather than explicit awareness of the *Code*. With the exception of information regarding different combinations of modules at different sites, the audit team considered that the programme specifications provided students with relevant information.

147 ASS as such, does not have a benchmarking statement, and this was noted by the subject team in the 2001 validation document and the DSED. However, the DSED also stated that learning outcomes are aligned to the most appropriate *Subject benchmark statements* for sociology and social policy and administration and social work. The audit team could not identify strong alignment between the benchmarks, with their depth of disciplinary consideration, and the ASS programmes, particularly those drafted for students undertaking minor routes. Further, in the 2001 ASS Validation Document, the subject team stated that, in line with advice in the *FHEQ* for areas where more than one benchmark may be relevant, the programme specifications had been informed by the *FHEQ* rather than specific benchmarks. The team was of the view that in spite of the fact that the DSED had suggested there was alignment with the subject benchmark, ASS's approach to subject benchmarks is appropriate in the context of provision straddling several disciplines.

148 The DSED included little data beyond totals of ASS admissions at Carlisle and Lancaster since 2001 entry. However, the Course Leader's annual report for ASS includes comprehensive, centrally provided progression and completion data for each cohort. The data were interrogated within the report, for example, in 2001-02 the analysis of the cohort enable the team to draw attention to 'value-added' which became part of the AER for the Department of Applied Social Science. This provided another opportunity for analysis and while the 2001-02 report tended to focus on recruitment issues, the audit team concluded that available data provided ample opportunity for enhancement of standards and quality.

149 Annual review is via a programme leader's report which, following scrutiny by a board of studies, forms part of a school AER that, in turn, is received by the FASC. The report is informed by external examiners' reports, student feedback and progression and completion data. The audit team found ample evidence of timely and appropriate follow-up to issues raised in annual monitoring.

150 In terms of validation and periodic review, ASS had been subject to internal review and revalidation in 2001 as part of a revalidation of the College's SCS framework. In 2002 ASS went through a Streamlined Validation undertaken within the Faculty and subject to written scrutiny by an external adviser. It was designed to expand the range of ASS modules, change the ASS psychology modules in Carlisle and make ASS modules accessible to students outside ASS.

151 The audit team saw the ASS external examiners' reports and course team responses for the last three years. The Course Leader's reports for 2001-02 and 2002-03 reveal ways in which the external examiners' comments inform annual evaluation and the development of the ASS programme in an appropriate and timely fashion. The external examiners' reports do, however, tend to focus on the programme rather than institutional issues.

152 The audit team noted that the precise combination of modules offered on the ASS programme varied between the Lancaster and Carlisle Campuses: Psychology modules were only on offer at the latter. The team was assured that, because 'core' modules are available on both campuses, the existence of varying routes across sites does not prevent students being able to achieve the core intended learning outcomes. Further, staff reported that students could travel between sites to take psychology modules, although this was comparatively rare.

153 The audit team noted that the variation of ASS provision remains largely unmentioned in publicity and other information for students, and there was some evidence that students had perceived a difference in experience between sites. Accordingly, the team concluded that the College might consider improving the consistency, accuracy and reliability of documentation for students with regard to campus variation. Further, the team concluded that it would be desirable for the College to take steps to ensure the comparability of students' learning experience following the same programme across different sites is subject to effective monitoring.

154 Assessment practices followed by ASS staff are in line with College regulations set out in Guidelines for

Good Assessment Practice. The audit team sampled assessed student work from seven modules at all levels of the programme and from both campuses, and was satisfied that the standard and content of the work was appropriate to the title and level of the award.

155 Students revealed knowledge and appreciation of the handbooks they received from the programme, particularly the ASS Programme Handbook, completed in line with a template from the Quality Handbook and including programme specifications, and showed awareness of the assessment criteria used to grade their work.

156 Staff and students reiterated the DSED's view that learning resources and support for the programmes were fit for purpose. Students spoke very highly of the commitment of staff and also commended library and IT facilities. However, the ASS Programme Leader's Report for 2002-03 suggested that levels of ASS staffing, combined with the pressures put on staff by travelling between campuses, had caused problems for both staff and students. While this issue had been picked up by normal annual monitoring processes, the audit team considered that the College would be sensible to continue to assure itself that, firstly, learning resources and support are adequate on both campuses and, secondly, that the maintenance of a programme across two sites does not threaten the sufficiency of the programme's learning resources and support. This would help ensure that the institution secures a comparable student experience across campuses.

157 Students expressed their enthusiasm for the curriculum, particularly its inclusivity and vocational sensitivity. Staff, students and the College's CDLT singled out the level 3 module Investigating Professions in the Social Sciences for special praise.

158 Students confirmed the view expressed in the DSED that they have plenty of opportunities to comment on the quality of their course. At Lancaster, ASS student representatives sit on an ASS/Community and Youth Studies Courses Consultative Committee, while in Carlisle ASS has a student representative on a Combined Studies Consultative Group which includes ASS staff. While the forums for feedback are different in Lancaster and Carlisle, the minutes provided evidence of effective arenas dealing with student agendas, including library facilities, IT resources, assessment issues and curriculum content. Students told the audit team that they received a prompt response to issues raised and that responses came back to all students via posting of minutes on notice-boards.

159 The audit team was satisfied that the quality of learning opportunities available to students

was suitable to the award of BA (Hons) Applied Social Science.

Information Technology Joint/Minor (SCS Scheme)

160 The DSED for this DAT was purpose written and made reference to a number of reports produced by module leaders, programme directors and the faculty committees. The subject area selected was Information Technology as offered in a Joint (50 per cent) and Minor (25 per cent) subject within the SCS Scheme. Programme specifications were appended to the DSED. Most of the students are based in Lancaster and the subject is offered in Carlisle.

161 Information Technology is now located in the School of Applied Social Sciences and Business Studies within the Faculty of AHSS, having been moved from the Faculty of Education in 2002. This restructuring was driven by management and was welcomed by the IT staff because they felt they were unable to own the IT syllabus within the Faculty of Education, where they formed a small part of the ICT Education provision.

162 The current programme and a new Major route which was not part of the DSED were validated in February 2003. The Definitive Course Document prepared for the revalidation and the Major route demonstrates the improved coherence of the programme. At the time of the audit visit all current students had transferred to the new Major option under transitional arrangements so that meetings with students and staff included reference to the Information Technology Major. Since the modules for the Major, Joint and Minor routes are the same, the students comments were relevant.

163 The programme specifications identify as relevant the *Subject benchmark statement* for computing. The programme specification identifies programme level descriptors based on College descriptors, themselves drafted in accordance with the *FHEQ*. There are Curriculum Skills Maps for each programme, but module handbooks do not refer explicitly to the assessment of these skills. Level descriptors are provided in each programme specification and these are used explicitly in some coursework.

164 Progression and completion data were not included in the DSED but they are easily accessible on-line via SMARTIS and are made use of in the AER. Statistics were attached to the Course Leader's Report for 2002-03 but little analysis of them is included in the report. The retention rate for the IT students was poor in comparison with other subject areas but this was not identified in the 2002-03 Report. However, in the 2001-02 Report, presented to the FASC, it is stated that 'overall student retention

and progression is pleasing given the modest entry qualifications that some students present on entry'. Recruitment at Carlisle was not up to target and this is recorded in the Action Plan. Staff said that viability, especially at Carlisle, was a longer-term issue but that the subject was an area for growth and links with Health and Health Informatics, should be considered.

165 Annual review is via a programme leader's report which, following scrutiny by a board of studies, forms part of a school AER that, in turn, is received by the FASC. The report is informed by the external examiner's report, student feedback and progression and completion data. At the time of the audit no AER had been produced to include Information Technology since it moved to the School of Applied Social Sciences and Business Studies, so it is not yet possible to comment on the effectiveness of the internal monitoring and review process. Nonetheless, the Course Leader's reports for 2001-02 and 2002-03 were seen by the audit team. The 2001-02 Report was considered by the AHSS FASC and ASC, as any forward action would be taken in the new School. The evidence from the revalidation process and consideration by ASC of the last 2001-02 report from the Course Leader suggested that due process as set out in the Quality Handbook is being followed and quality assurance procedures have worked effectively. Issues are being identified and are addressed in the Action Plan for ASS and Business Studies.

166 Revalidation produced a number of improvements including an explicitly progressive academic model of level 2 and 3 modules that puts increasing demands upon students as they move through the course. A number of new topics were introduced to reflect the influence of the internet and to ensure strong articulation with the *Subject benchmark statement* for computing.

167 However, continued care is needed to ensure that the student experience is the same on both the Carlisle and Lancaster campuses. The same modules, irrespective of student numbers, are usually taught by the same member of staff on both sites. However, this is not always the case. IT staff confirmed that in those cases the second-marking was done by another tutor. The use of video conferencing and electronic delivery aids the achievement of a consistent student experience. Students reported that at least one module is completely on-line and other modules have a significant amount of the course materials provided electronically, and the students' overall perception was that this resulted in decreased availability of the tutor. However, the move to formal adoption of ODL as identified in the Action Plan for 2003-04

should address all aspects of this change in mode of delivery. The audit team was concerned that students should receive the same experience on both sites and that the disparity in student numbers could work against this, especially in topics which required discussion and group working.

168 The audit team had access to external examiner reports for 2000-01, 2001-02 and 2002-03, together with the Course Leader's response to the comments. The external examiner, in 2000-01, reported being encouraged overall by the development and progress being made. One report noted major concerns about the appropriateness of level 2 and level 3 assessments with regard to analysis and critical evaluation. It was clear that this has been addressed in the revalidation process and student assessment seen by the team provided evidence of these changes. The development of analytical and critical evaluation skills is an ongoing process for students which is being addressed year by year as students learn requisite skills at earlier levels. Course leaders' responses to external examiner comments result in changes to modules/programmes and they are monitored by faculties through the AER process.

169 Overall, the audit team was generally satisfied that the nature of the assessment and standard of student achievement was appropriate to the titles of the relevant awards and their location within the *FHEQ*. However, in viewing student assessed work it was found that the Guidelines for Good Assessment Practice were not being consistently followed by some module leaders: for example, desired learning outcomes and marking criteria are not always defined.

170 Students are issued with a number of handbooks which, they reported, help their understanding of learning and assessment expectations and responsibilities. However, it was noted that module handbooks were not of a consistent standard and this had previously been commented upon in the Course Leader's report which was considered by ASC in January 2003. Consistency has still not yet been achieved. However, the assessment components for each module are published in the Programme Handbook. Although the Programme Handbook uses the approved format, the amount of detail is very limited and should improve as the Information Technology Major takes full shape.

171 Student feedback is collected at the end of each module and this data is collated and summarised by an individual outside the subject area, with the summary being given to both the module tutor and the course leader who may input from it to the course leader's report. Students reported that much

is done informally and hence swiftly. The student representatives use group email to request concerns from students prior to course consultative committee meetings and they report back following the meeting in the same way. They feel that their voice is heard, while recognising that items requiring resource may be slower to be actioned. Student input informed the Course Proposal for the Major in Information Technology.

172 In general, the quality of learning opportunities is suitable for the programmes of study leading to the named awards, but the audit team considers that it would be desirable for the College to ensure the relative quality of student experience at the Lancaster and Carlisle campuses, and to produce module handbooks of a consistent standard.

Section 4: The audit investigations: published information

The students' experience of published information and other information available to them

173 The College provided the audit team with a range of hard copy and electronic published information used in publicity and marketing. At the institutional level this included the Undergraduate Prospectus 2003, the Postgraduate Prospectus, and the Student Handbook 2003-04. In addition, the team had access to the College's intranet. At the level of the discipline it included a number of programme handbooks and module handbooks.

174 The SED did not explicitly refer to the way in which the College checks the accuracy of the published information that it produces. However, the audit team was informed that the Academic Registrar's Department is responsible for vetting all information prior to publication, and that published information is generally accurate.

175 The audit team gathered information from students, drawn from across the College, during the DAT and institutional-level meetings. The team asked the students to comment on their experience of the information provided for them at both the programme/course and institutional level, including the prospectus, student handbook, programme guides and module information. The team was informed by the students that in general the published information provided for them contained an accurate and reliable account of what the College offered. The SWS had reported that some students had been critical of the accuracy of some of the material in the prospectus,

particularly with regard to mode of study. However, it was based on a small sample and was not reinforced in meetings with current students.

176 From the documentation made available during the DATs the audit team found that all students were issued with the College Student Handbook. This contained a great deal of information including regulations, the complaints and appeals procedure and assessment requirements. They were also provided with programme handbooks and with module handbooks. Although the programme handbooks varied in detail, they contained accurate information which the students found helpful. Programme handbooks contained information about the programme specific requirements, learning obligations and responsibilities, assessment procedures, student support and some more general information including careers guidance. The Quality Handbook contains a template which programme leaders should follow. Some of the module handbooks seen by the team set out clearly the aims and learning outcomes for the module, provided clear assessment criteria and gave a detailed programme for each week of the module. Other module handbooks were less detailed and were weakened by a lack of clarity, particularly with regard to statements of assessment criteria.

177 The audit team was informed that material in the prospectus and the Student Handbook was reviewed annually. Prospectus production is based upon wide consultation with programme leaders and with heads of school, with the Academic Registry taking overall responsibility for ensuring accuracy.

178 The audit team did find examples where the prospectus indicated common course content across two campuses, when in fact there was variation. Programme leaders ensure that the programme handbooks are reviewed and updated annually. Increased use is being made of the College web site and there are procedures in place to ensure that the paper-based information and that on the internet are the same. The Academic Registry undertakes this vetting role. In addition, all publicity information produced by individual courses or schools has to be approved by the Academic Registry.

179 The audit team concluded that published information available to students was accurate and reliable and was augmented by both the formal and informal consultation and communication channels available to students within the College. The team were impressed by the quality of communication within the College across its campuses.

Reliability, accuracy and completeness of published information

180 From December 2004, the institutional audit process will include a check on the reliability of the information set published by institutions in the format recommended in HEFCE's document, *Information on quality and standards in higher education: (HEFCE's 02/15)*. The information comprises two sections; first, information available in all institutions for internal management information purposes and second, that routinely published. The College had shown that ongoing developmental work was being undertaken to meet its responsibilities. The SED stated that the College 'is in a good position to respond positively' to the requirements of *HEFCE 02/15*. At the time of the audit the College was in the process of assessing the implications of the recently received definitive guidance from the relevant national body. In general, the audit team is satisfied that the College is engaging constructively with the recommendations of *HEFCE 02/15* and is well placed to meet its responsibilities in this area. The team is also satisfied that the information the College is publishing currently about the quality of its programmes and the standard of its awards is reliable in terms of its accuracy, integrity, completeness and frankness.

Findings

Findings

181 An institutional audit of the College was undertaken during the week 8 to 12 December 2003. The purpose of the audit was to provide public information on the quality of the College's programmes of study and on the discharge of its responsibility for ensuring the quality and standards of its academic programmes under its accreditation agreement with the University. As part of the audit process, according to protocols agreed with HEFCE, SCOP and UUK, three DATs were selected for scrutiny. This section of the report of the audit summarises the findings of the audit. It concludes by identifying features of good practice that emerged from the audit, and recommendations for enhancing current practice.

The effectiveness of institutional procedures for assuring the quality of programmes

182 In its recent reorganisation the College has shifted the balance of responsibility for validation, monitoring and review towards the faculties, while maintaining a strong set of central regulations and central monitoring committees. Each faculty board has a FASC and reports are made through the faculty board, to the subcommittees of the AB. Following the 1996 audit report the College established a QASU which has responsibility for providing advice in the preparation of documentation and for ensuring the procedures and processes are consistent with the College's intentions. In 2002, the College appointed HOFAs in each faculty and they have a key role in ensuring consistency of practice both within and between faculties. The College intends to conduct a major review in 2004 to evaluate the effectiveness of the recent reorganisation of both the faculties and the committee structure.

183 Procedures for programme approval, monitoring and review are set out in the Quality Handbook which was last revised in August 2003. This provides detailed descriptions of the College's expectations, the procedures to be followed, the documentation required and the templates to be used. The procedures involve a series of stages in which information is passed from schools, divisions and faculties, through to central committees. As an accredited college of the University, the College has responsibility for ensuring the quality and standards of its academic programmes. This responsibility lies with the AB which secures appropriate standards and quality through its various subcommittees. The Handbook sets out the terms of reference and membership of all the key committees. The College makes appropriate use of independent external

advice in its procedures for approval, monitoring and review. Many of its programmes are accredited by external professional bodies and, where it is possible, validation events are held as a joint exercise with those agencies.

184 In terms of annual review, programme leaders are required to provide an AER which draws upon a required set of sources and which draws on information provided by the management information system. Each school or division then prepares and submits a composite AER which is scrutinised by independent colleagues and passes upwards through the committee structure. Each AER includes an Action Plan to deal with identified issues and must refer to actions taken in accordance with previous Action Plans.

185 The Handbook sets out the requirements for periodic review which normally occurs on a five-year cycle and includes the involvement of external experts. The University also undertakes periodic reviews of disciplinary provision, that is equivalence reviews, across its accredited colleges. A high proportion of the College's programmes are subject to periodic review by external agencies. The College is moving towards an approach to periodic review which focuses on a group of cognate programmes rather than individual programmes and in 2004 is undertaking a pilot study of this method, having consulted with several other institutions.

186 Students are represented on the committees of the College, and the College is committed to working closely with the officers of the SU. The SU, in collaboration with the College, has designed and implemented a programme of training for course representatives and maintains a list of representatives. Every school or division has procedures for securing student evaluation of individual course modules and secures student opinion through representative arrangements. AERs are required to provide an account and analysis of both student and staff opinion. Students who met with the audit team expressed satisfaction with the manner in which the College engages with its students and the commitment of the College to a collegial and supportive ethos. A high proportion of the College's educational programmes involve collaboration with local institutions and the College is thus able to secure feedback from local employers by virtue of regular contacts with both tutors and students.

187 The ODLSC has responsibility for approving and monitoring distance-learning materials. The ODLSC in association with the CDLT has prepared handbooks and guidance for staff wishing to deliver

distance learning. The mode of presentation for any programme has to be approved at the time of validation and cannot be altered without a formal College procedure, as specified in the Quality Handbook.

188 The College has no collaborative programmes. Rather it has a number of outreach partnership arrangements but, in the majority of cases, courses are delivered and assessed by College staff. In the few instances where staff of other institutions are directly involved with teaching, they have associate lecturer status in the College and are subject to the same arrangements for induction and staff development.

189 The College has designed its procedures to ensure that they secure the key aims of the Mission. While the SED was largely descriptive and does not typically set out to evaluate the efficacy of the College's procedures, it is nevertheless frank in identifying areas where further improvements might be developed. The SED did express confidence in the security of the College's procedures, not least because the College has been proactive in ensuring that its procedures are fully consistent with the guidance provided within the academic infrastructure. The SED also pointed to the fact that the outcome of external reviews had always been positive.

190 In the light of its discussions with College staff and its scrutiny of relevant documentation and evidence, the audit team concluded that the College's arrangements for managing quality and standards, including its outreach partnership and distance-learning arrangements, are generally fully fit for purpose, well understood by College staff, and consistent with good practice in the sector. The roles and responsibilities of committees are well defined, as are the reporting routes between them. The College has established an effective framework for the transmission of information relating to quality and standards. The handbooks and guides are clear, accessible and user-friendly. Effective use is made of the management information system, particularly in relation to monitoring and the AER. The QASU plays an important role in ensuring the College's expectations are met. While the College has yet to review the effectiveness of recent changes which place more responsibility for quality and standards within the faculties, the team is able to place broad confidence in the arrangements while acknowledging that some procedures are relatively new and that the College has some way to go before full consistency of practice is achieved. One such matter would be to strengthen the procedures for reviewing the processes used to monitor modes of module delivery and assessment so that it is able

to capture and take account of the introduction of any new forms of teaching. The team was also able to conclude that the procedures are fully shared and owned by the staff who displayed a full engagement with the College's procedures and an enthusiasm to secure the highest quality of student experience.

The effectiveness of institutional procedures for securing the standards of awards

191 As an accredited college of the University, the College has responsibility for ensuring the standards of its academic programmes which lead to awards of the University. Ultimate responsibility within the College for managing standards rests with the AB, chaired by the Principal, and which maintains and monitors academic quality and standards through its various subcommittees

192 The SED outlined the College's procedures for assessment and award classification, within which the Academic Registry manages assessment processes and conduct. A two-tier system of assessment boards, at subject and curriculum levels, is underpinned by a robust system for the internal comparability of standards. The College has ensured that its assessment procedures are in line with good practice in the sector. In order to support its efforts to secure standards, the College has developed a comprehensive handbook entitled Guidelines for Good Assessment Practice.

193 The SED set out the procedures and responsibilities with regard to external examining and noted adherence to the *Code of practice, Section 4: External examining*. The University frames the College's approach to external examining by setting criteria for appointment and roles, responsibilities and powers of external examiners, approving nominations and receiving reports. On appointment, external examiners are required to attend an induction day where College procedures are set out. External examiners are expected to scrutinise draft examination papers, moderate examination scripts, coursework and professional practice, attend first-tier boards, and produce an annual report. Chief external examiners are appointed to operate across programme schemes or groups of subjects and are required to attend the relevant assessment boards. External examiners' reports are received by the Vice-Chancellor and then passed to the College Principal. The QASU coordinates the internal processing of reports. They are routinely addressed at programme level and responses are monitored at faculty and, where necessary, institutional level. The audit team was generally of the view that the arrangements for external examining were sound, but felt they could be improved by eliciting feedback from external

examiners on examples of good practice, which might enhance College practice, and on institutional assessment processes.

194 Little mention was made in the SED of the use of relevant progression and completion statistics to inform the management of standards. However, it became apparent that standard student data and institutional summaries are readily available to staff through SMARTIS. The College's overall intentions with regard to data are set out in the Information Strategy 2001 to 2006. The audit team saw evidence of effective use of management information data in the contexts of admissions, assessment and student records. The data is routinely described, analysed and acted upon in the course of annual reporting and enables the institution to reflect critically on the standard of awards.

195 The findings of the audit confirm that broad confidence can be placed in the soundness of the College's current and likely future management of the standards of its awards.

The effectiveness of institutional procedures for supporting learning

196 The College is a relatively small institution that operates across three campuses over a wide geographical region which includes areas of social deprivation, and a number of small hospital-based centres at Kendal, Whitehaven and Barrow-in-Furness, and from an education centre in London. In spite of the complexities arising from this structure, part of the College's mission is 'to excel in providing specialised HE in a supportive environment where all individuals can flourish'. In support of this aim the College provides support for learners through the provision of resources including library and ICT resources, through academic guidance, support and supervision, through personal support services and staff development.

197 In order to overcome some of the problems associated with providing an equivalent standard of learning resources across a number of campuses and learning centres, and responding to the needs of the large number of part-time and distance-learning students, the College has adopted a range of strategies. These include an electronic reservation system and a postal loan service to facilitate access to library resources. The College is making increased use of e-journals and e-books and citation databases. Library Services have also entered into a number of agreements with other libraries to ensure that students on placement can access relevant resources. In terms of ICT the College has a 24-hour access

policy to its standard networked computers which are available on all three main sites. Communication between staff and students is increasingly electronic. Overall, the audit team found that library and IT provision in support of student learning was both appropriate and adequate to student requirements.

198 On arrival at the College all students are allocated a PAT, normally for the duration of their studies. While students expressed some concerns about consistency of the PAT systems across faculties, they were generally highly appreciative of the academic support provided by staff. Students confirmed that staff were highly accessible and helpful, and this contributed significantly to the collegiate ethos that existed at the College.

199 While welfare and other support services are provided by Student Services, students spoke warmly of the personal support they received from their personal tutors on such matters. At Ambleside and Carlisle, Student Service Officers have been appointed to deliver advice on money, careers and other matters to meet students' needs, and augment the provision at Lancaster. Student Services also provides important advice and support to disabled students, and the Chaplaincy is regarded by students as contributing to the caring ethos of the College. The collegiate ethos that also characterises the College is reflected in the fact that Student Services often works very closely with the SU in providing key services.

200 Individual services are required to undertake periodic satisfaction surveys. For example, the library has recently sought student feedback through a suggestion scheme, regular meetings with Student Services and the SU and two questionnaires. The output of these activities are fed into the planning cycle.

201 Overall, the findings of the audit indicate that the College provides a full range of student support and guidance services, and works hard to ensure that there is parity of provision for all students. Students clearly value the provision, and believe it is an important contribution to the collegiate and caring ethos that characterises the College.

Outcomes of discipline audit trails

BA (Hons) Sports Studies: Major, Joint and Minor pathways within the Single and Combined Studies Scheme

202 From its study of students' assessed work and from discussion with students and staff, the audit team formed the opinion that the standard of student achievement in the programme was appropriate to the title of the award and its location within the *FHEQ*. The programme specification gives a clear indication of the content and structure.

It appropriately refers to the academic infrastructure and the learning outcomes which are appropriate for an honours degree in Sports Studies. The programme team showed awareness of the *Subject benchmark statement* and the learning outcomes of the programme articulate with those in the benchmark. The progression and completion data available were comprehensive and were used in the AERs to monitor quality and standards. The discipline uses the College's agreed procedures for monitoring and enhancement of quality and standards. Judgments within the AER are evidence based and clearly feed into intended actions.

203 Student evaluations of the programme were very positive across all year groups. There is clear documentary evidence of positive staff intervention to address any issues which may arise. The quality of learning opportunities is eminently suitable for the programmes of study leading to the named awards and the standard of the students' work is appropriate for the degree award.

BA (Hons) Applied Social Science

204 The programme specifications for the BA (Hons) Applied Social Science identify aims, outcomes and level descriptors while taking an approach to subject benchmarks informed by the *FHEQ* which is appropriate to a provision straddling several disciplines. In the view of the audit team, the subject team could provide clearer guidance indicating differing pathways across campuses. Overall, from its study of assessed work and external examiners' reports, and from discussions with students and staff, the team formed the view that the standard of student achievement was appropriate to the titles of awards and its location within the *FHEQ*. Student evaluation of the programme was positive, with its orientation to vocational goals being identified for especially positive comment. The team concluded that the standard of learning opportunities available to students was appropriate to the programme of study.

Information Technology Joint/Minor (SCS Scheme)

205 From its consideration of assessed work, external examiner reports, and from its discussions with students and staff, the audit team formed the view that the standard of student achievement was appropriate to the title of the awards and their location within the *FHEQ*. Student evaluation of the programme was broadly positive and has informed the revalidation process. The programme specifications identified the programmes aims and learning outcomes, and take account of the relevant benchmarks. The team concluded that overall the standard of learning opportunities available to students was appropriate to the programmes of study.

The use made by the institution of the academic infrastructure

206 In terms of external reference points the SED stated that the College welcomed their publication and has 'sought systematically to map and integrate them into its internal procedures and, where appropriate, customise the letter of their provisions, while maintaining the spirit to better suit its mission and portfolio'. In line with this attitude the College has responded in a number of ways to the development of the academic infrastructure. For example, the College revalidated its undergraduate regulations in 2002-03 to align with the *FHEQ*, and to define student attainment in terms of learning outcomes. The Quality Handbook lays out expectations with regard to the academic infrastructure for all staff and this is reinforced in the work of QASU.

207 Although little mention is made of subject benchmarks and programme specifications in the SED, the audit team found clear evidence of engagement with at both programme and institutional levels. Attention to the *FHEQ*, subject benchmarks and programme specifications is evident in guidelines on validation and review, in validated programmes and in examples of assessed work. The evidence available to the team at discipline level confirmed that subjects take account of benchmarks at validation, where they are required to produce programme specifications for each programme.

208 It was also evident that the College had employed a systematic approach to the *Code of practice* by discussing each section at QAC and planning a strategy for review and implementation. The audit team found evidence that it had clearly informed a number of developments at the College. For example, admissions procedures had been subject to extensive changes following an internal audit against the *Code of practice, Section 10: Recruitment and admissions*.

209 Overall, the audit team considered that the College's response to the academic infrastructure had been both considered and systematic and that the elements were used effectively to set the standards of the awards at the appropriate level, to provide pertinent points of reference in programme specifications and to promote good practice.

The utility of the SED as an illustration of the institution's capacity to reflect upon its own strengths and limitations, and to act on these to enhance quality and standards

210 The SED prepared for this audit by the College gave a clear description of the procedures for assuring the quality of its programmes and securing the academic standards of its awards. In doing so, the SED identified areas of perceived strength and also areas for potential improvement. However, the SED did not fully engage appropriately with issues relating to quality enhancement. Nor did it strike an appropriate balance between description and evaluation.

211 During the audit visit, the audit team's meetings with staff at all levels were characterised by an open exchange of views and it became clear that the College had reflected on these issues far more than the text in the SED had indicated. It transpired that enhancement matters had been addressed in a generally effective way. Evidence of the College's reflective capacity was apparent in their willingness to evaluate internal developments as a matter of course, such as its committee structure, and the devolution of responsibility for quality and standards to faculties. The team concluded that the College could have made more use of the SED to evaluate the effectiveness of its processes and to reveal its many strengths.

Commentary on the institution's intentions for the enhancement of quality and standards

212 The SED did not include a major heading for quality enhancement, and there was little comment on plans for enhancement. During the audit visit the College provided a recently prepared document entitled College Plans for Enhancement, which summarised the elements which contribute to enhancement. These included the recent academic restructuring and review of academic regulations, procedures for validation, monitoring and review, cross-campus marking procedures, peer review, the Teaching Fellowship Scheme, and the Guidelines for Good Assessment Practice. Both in the SED and in discussions with the audit team the role of the QASU and the CDLT in enhancement processes was emphasised. Several illustrations were provided of the use made of SMARTIS in enhancing quality.

213 While the audit team observed many examples of good practice within the College, it formed the view that the College might with benefit review its approach to enhancement with a view to devising a formal enhancement strategy. The recent plans document, in the view of the team, amounted to a record of recent initiatives rather than an explicit strategy designed to move matters forward. Thus

the team concluded that it would be advisable for the College to develop an enhancement strategy which would enable the integration of the various individual approaches to enhancement and ensure that all opportunities for enhancement, in all areas of activity, are grasped in a proactive manner.

Reliability of information

214 The audit process included a check on the progress made by the College towards production of the information set in the format outlined in HEFCE 02/15, and the reliability of those elements currently published by the College. The SED stated that the College had undertaken 'an audit of the information it currently generates through its ordinary business against the data and information sets', which was being considered by ASC. The SED concluded that the audit had demonstrated that the College is 'in a good position to respond positively' to the requirements. However, at the time of the audit visit the College was awaiting outcomes of the Higher Education Research Opportunities portal pilots before taking further steps to implement its action plan.

215 Information for students is available in printed form, including College, programme and module handbooks. Some of the information is available electronically. The audit process involved consideration of the SWS and meeting with students. Students generally commented positively on the accuracy and supportive nature of the published and other information available to them, both prior to entry and while studying on their programmes. In addition, the students commented favourably about the ease of communication, both formal and informal, which augmented the information at their disposal.

216 The audit team found that the College had put in place appropriate mechanisms to ensure that the information made available in its printed and electronic publicity materials was generally accurate and up to date. All information is checked for by the Academic Registry prior to publication to ensure that it is accurate and up to date. This applies both to printed and electronic publicity materials. The audit process revealed that the College was aware of the requirements set out in HEFCE 02/15 and was clearly moving to fulfil its requirements in this respect.

Features of good practice

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

- i the operation of the CDLT, including the role of the faculty LTACs and the support they provide to colleagues (paragraphs 28, 101 and 106);

- ii the recently published Guidelines for Good Assessment Practice (paragraph 30);
- iii the pervasiveness and impact of the work of the QASU (paragraphs 32, 56 and 77);
- iv staff engagement with, and ownership of, the procedures for assuring quality and academic standards (paragraph 32);
- v the Procedural Protocol for Faculty Deliberative and Executive Committees developed by the Faculty of Health and Social Care (paragraph 48);
- vi the effective use of detailed Action Plans in strategic documents and committee minutes (paragraph 77);
- vii the supportive collegiate ethos for staff and students (paragraphs 83, 124 and 129);
- viii the utilisation, consideration and analysis of management information data, particularly in the areas of admissions, student records and assessment (paragraphs 93 and 138).

Recommendations for action

218 It would be desirable for the College to:

- i develop an enhancement strategy to enable integration of the various individual approaches to enhancement (paragraph 34);
- ii in consultation with the University, review the present external examiner report form with a view to seeking the examiner's comments on institutional assessment procedures, and on examples of good practice (paragraph 62);
- iii satisfy itself that its procedures for reviewing the processes used to monitor modes of module delivery and assessment are able to capture and take account of the introduction of any new forms of teaching (paragraph 112);
- iv strengthen those elements of annual reporting which focus on the comparability of the students' learning experience following the same programme on different campuses (paragraph 153);
- v ensure the procedures for auditing assessment practices and module handbooks between validation and periodic review are sufficient to assure the College that its expectations are fully met in these respects (paragraphs 169 to 170).

Appendix

The institution's response to the audit report

The College welcomes the Audit Report's clear confidence in the academic standards of its awards and quality of its provision. The visit of the audit team was constructive and conducted in a professional and courteous manner, and the subsequent expressions of confidence and commendation have been gratifying to all staff. The College values the audit team's identification of areas that may benefit from further development. An action plan has been produced in response to these suggestions and approved by the College Academic Standards Committee which will monitor progress. The actions include:

- integrating an enhancement strategy into the Corporate Plan so that all College activities are informed by it;
- refinement of the annual evaluation process to ensure that the process and reporting give a particular focus to programmes delivered on more than one site;
- the development of a standard template for module guides for 2004-05, drawing on best practice within and out with the College. In addition to this a random audit process will be developed to assure the College that module guides and assessment practices are consistent with the definitive module descriptor. Staff development will be provided by the CDLT and QASU to promote this;
- refinement of the mechanisms in place for monitoring changes to modes of module delivery and assessment which will include the random audit process described above;
- consultation with the University of Lancaster with regard to the revision of the external examiner report template with a view to seeking the University's consent to include examiners' comments on institutional assessment procedures, and examples of good practice.

