

# **Thames Valley University**

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NOVEMBER 2005

## Preface

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

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales.

## 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 QAA 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 QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team 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 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews progress towards meeting this requirement.

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## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Thames Valley University (the University) from 21 to 25 November 2005 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 University's awards.

To arrive at its conclusions the audit team spoke to members of staff throughout the University and to current students, and read a wide range of documents relating to the way the University 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 award (for example, a degree). It should be at a similar level across the UK.

Academic quality is a way of describing how well the learning opportunities available to students help them to achieve their awards. It is about making sure that appropriate teaching, support, assessment and learning 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 University is that broad confidence can be placed in the soundness of the University's current and likely future management of the quality of its programmes and the academic standards of its awards.

### Features of good practice

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

- the support for students' academic development provided through the Learning Skills Development Scheme
- the leadership and support for teaching and learning, including a focus on

enhancement activity, provided by the Educational Development Unit

- the appointment of the Students' Union President as chair of the Learning Resource Centre User Group which promotes effective communication of the student voice.

### Recommendations for action

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

The team advises the University to:

- review the remit and operation of the Academic Standards Committee to promote more effective central oversight of the operation of the University's devolved framework for academic quality and academic standards, thereby allowing the University to be assured that any variability in the application of the relevant policies and procedures is within defined boundaries
- elaborate the emergent University Learning, Teaching and Assessment Strategy, and the associated faculty learning, teaching and assessment strategies, and move to early and universal implementation across the University
- define and promote a clear understanding of the respective responsibilities of staff at the University and those in collaborative institutions for the marking and moderation of summative assessed work undertaken by students in partner institutions.

It would be desirable for the University to:

- develop and implement an institutional framework for students' personal development planning, including the fostering of increased staff engagement and commitment to the process
- re-examine the procedures for the validation, monitoring and review of programmes of study, including consideration of the approach to identification of cognate clusters of programmes, to eliminate duplication of effort

- ensure that all students receive timely and appropriate feedback on assessed work in accordance with the University's stated policies
- expedite the integration of the Reading Campus into the University's structures to secure the early establishment of the requisite culture and ethos for all students involved in programmes leading to higher education awards of the University
- keep under review the fitness for purpose of the revised format for reporting by external examiners.

making appropriate progress towards fulfilling its responsibilities in relation to TQI requirements.

### **Art and design; law; and psychology**

The standard of student achievement in the programmes is appropriate to the titles of the awards and their location within *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), published by QAA. The quality of learning opportunities available to students is suitable for programmes of study leading to the awards.

### **National reference points**

To provide further evidence to support its findings the audit team also investigated the use made by the University of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the audit suggest that the University has responded appropriately to the FHEQ, subject benchmark statements, programme specifications and the *Code of practice for the assurance of academic quality and standards in higher education*, published by QAA.

The institutional audit process included a review of the information set published by the University in the format recommended in The Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance*, regarding Teaching Quality Information (TQI). At the time of the audit, the University was



# **Main Report**

## **Main report**

1 An institutional audit of Thames Valley University (the University or TVU) was undertaken during the week commencing 21 November 2005. The purpose of the audit was to provide public information on the quality of the University'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 (QAA) 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. For institutions in England, it replaces the previous processes of continuation audit, undertaken by QAA at the request of UUK and SCOP, and universal subject review, undertaken by QAA 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 University's procedures for establishing and maintaining the standards of its academic awards and 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 University's higher education (HE) provision and collaborative arrangements leading to its awards.

## **Section 1: Introduction: Thames Valley University**

### **The institution and its mission**

4 Thames Valley University was formed in June 1992 from the former Polytechnic of West London as a result of the award to the Polytechnic of university status. The Polytechnic had itself achieved polytechnic status in July 1991 following the merger of Ealing College of Higher Education, Thames Valley College and Queen Charlotte's College of Health Care Studies to form the Polytechnic of West London in July 1991. The London College of Music became part of the Polytechnic later in 1991. The University has over 140 years experience in technical and vocational education. It operates from campuses in Ealing, Slough, Richmond and Reading. The University's campus at Reading was formerly the Reading College and School of Arts and Design (RCSAD) which merged with the University in January 2004. The University has full taught and research degree-awarding powers.

5 In June 2005, the University had 40,116 registered students, of which 19,261 were enrolled on HE programmes; 17,264 were undergraduate and 1,997 postgraduate students. The student profile reflects 126 nationalities, 45 per cent ethnic minorities, 60 per cent female, 60 per cent part-time students and 50 per cent over the age of 30.

6 The University's self-evaluation document (SED) stated that, following the merger of the University and RCSAD, the University was 'a different kind of educational provider'. It went on to affirm that 'first and foremost, it [was] a genuinely tertiary education institution, with equal commitment given to both higher and further education, and a mission to encourage and enable progression within and between them'. In the SED the University emphasised its commitment to 'meeting the challenges that [were] presented to tertiary education in the key policy pronouncements: "The Future of Higher Education", "Success for All" and "Learning to Succeed" '. In the context of the

University's mission, the SED continued '[to] encapsulate the aspirations and modes of operation of such a complex institution within a single statement is a daunting task. Rather we prefer to establish a series of value propositions that locate the University, encapsulate its aspirations, and reveal the parameters within which these aspirations will be realised'.

These value propositions are:

- We are a university
- Growth through full participation
- Curricula and qualifications in support of full participation
- Full participation for staff as well as students
- Releasing potential through budgetary processes.

7 The University is led by the Vice-Chancellor. The Vice-Chancellor's core executive group comprises the Vice-Chancellor, Deputy Vice-Chancellor, Pro-Vice-Chancellors, University Secretary and Directors of the University's corporate services.

8 At the time of the audit there were three faculties: Professional Studies (FOPS); Health and Human Sciences (FHHS), and the Arts (FOTA); there was a further academic grouping, Technology, which was developing internal committees structures for quality management and assurance that paralleled those operating in the faculties. Staff from Technology are represented on University committees on the same basis as those from the formally designated faculties. Deans, who are also pro-vice-chancellors, head the faculties and there is a Head of Technology. Faculties are supported by faculty executive groups comprising deputy or associate dean(s), faculty registrars, heads of subject and directors of studies. Heads of subject lead the development of staff and of the subject across the University; directors of studies coordinate the curriculum and the resourcing of qualifications.

9 At the time of the audit the University had recently established a Graduate School with the remit to develop a 'comprehensive Research Governance Framework to ensure that all

research [was] conducted to the highest possible ethical and methodological standards'. The Graduate School is also seen by the University as playing a pivotal role in enhancing the experience of postgraduate students, and providing a focal point for research activity in line with the University's strategy of encouraging more explicit and creative linkages between scholarly activity, research and teaching. It was too soon after the establishment of the Graduate School for the audit team to reach any informed conclusions about its effectiveness in fulfilling these aims.

### **Collaborative provision**

10 The University has collaborative arrangements with a number of partner institutions, including UK and overseas HE institutions, and further education (FE) colleges in its region. In the academic year 2004-05, there were 1,312 full time equivalent undergraduate students on collaborative programmes, 953 of whom were in the UK and 359 in partner institutions overseas.

### **Background information**

11 The published information for this audit included:

- the information available on the University's website
- the report of the previous quality audit of the University, published in March 2003
- the reports of HEFCE and QAA reviews of provision at the subject level
- the College's prospectuses
- information on the Teaching Quality Information (TQI) website.

12 The University provided QAA with the following:

- the SED
- the University's Quality Handbook
- the University's Strategic Plan
- the University Calendar
- minutes of key committees

- the University's Assessment Regulations
- discipline self-evaluation documents (DSEDs) for the three areas selected for DATS.

13 The audit team was given ready access to the University's website and intranet and to a range of documentation relating to the DATs, the latter including samples of student work.

### **The audit process**

14 Following a preliminary meeting at the University in February 2005, QAA confirmed that three DATs would be conducted during the audit visit. QAA received the SED in July 2005 and the DSEDs in October 2005. The audit team's selection of DATs was: art and design; law, and psychology. The DSEDs were written for the purposes of the audit.

15 The audit team visited the University from 18 to 20 October 2005 for the purpose of exploring with the Vice-Chancellor, other senior members of staff, and student representatives matters relating to the management of quality and standards raised by the SED and other documentation provided for the team. During this briefing visit, the team signalled a number of lines of enquiry for the audit and developed a programme of meetings for the audit visit, which was agreed with the University.

16 At the preliminary meeting, the students of the University were invited, through their Students' Union, to submit a separate document expressing views on the student experience at the University and identifying any matters of concern or good practice with respect to the quality of programmes and the standards 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 University.

17 In July 2005, the Students' Union submitted to QAA a students' written submission (SWS). The Students' Union indicated that the document had been shared with appropriate University staff. There were no matters that the audit team was required to treat with any level of confidentiality greater

than that normally applying to the audit process. The team is grateful to the students for preparing this document to support the audit.

18 The audit visit took place from 21 to 25 November 2005 and involved further meetings with staff and students of the University, both at institutional level and in relation to the DATs. The audit team was Mr D Calderon; Mr D Day; Dr P D Hartley; Professor D Lockton; Professor M G Stewart, auditors, and Ms R Cowie, audit secretary. The audit was coordinated for QAA by Mrs S Patterson, Assistant Director, Reviews Group.

### **Developments since the previous academic quality audit**

19 The University was subject to institutional review by QAA in December 2002. The findings of the review provided broad confidence that the University was managing effectively its policies and procedures for determining and assuring the quality of its educational provision and the standard of awards granted in its name.

20 The review report suggested that the University consider the advisability of:

- reviewing the terms of reference and memberships of the subcommittees of the Academic Board with a view to: best fulfilment of the intended purposes of those subcommittees; making fullest use of their potential for continuous improvement; and consolidating the academic ownership of the management of quality and standards at university level
- developing explicit criteria to enable the Academic Board to assess the readiness of individual faculties to accept new responsibilities for the assurance of quality and standards in its staged devolution of aspects of quality management to faculty level.

21 The SED stated that the University had responded to these recommendations by reviewing the committee structure. As a consequence the membership of the Board of Governors was halved and the committee structure revised (see paragraph 32). The SED

indicated that criteria for 'giving further responsibilities to faculties were quite straightforward' and outlined areas to be taken into consideration, for example, the level of decision-making involved and budgetary responsibilities, when deciding whether a particular area would be 'devolved, decentralised or delegated'; the criteria are not formally defined or documented.

22 The review report also pointed to the desirability of:

- supporting the research community through greater research student representation at university level
- presenting the analysis of assessment and management information to academic staff, committees and boards in ways that enable the most effective use of available data
- ensuring that all faculties impress upon their collaborative partners the need to observe the University's schedules for quality management procedures
- formulating a clearer framework for the training and support of tutorial assistants in their teaching role.

23 The SED indicated that greater representation for research students had been considered within the review of committees and the audit team saw evidence, confirmed in meetings, that improved representation had been secured. The SED also reported that the presentation of assessment and management information had been improved, as confirmed by internal and external audits. The SED drew attention to the implementation of a new University-wide data system which would bring 'further improvements' (see paragraph 80). In the SED, the University reported that it had responded to the recommendation about quality management in collaborative provision in the context of the revised section of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* on collaborative provision and flexible and distributed learning. Further detail of the University's approach to collaborative provision may be found at paragraphs 119 to

131. The SED noted that a clearer framework for the training and support of tutorial assistants in their teaching role had been provided by the introduction of a Certificate of Personal and Professional Development in Learning and Teaching for Support Staff (see paragraph 84).

24 Since the previous institutional review the University has undergone a review of its Foundation Degrees in Hospitality Management; in Credit Management, and in Public Service Management and also developmental engagements in Communications, Media, Film and Television Studies, Music, Medicine, and Accountancy, and major review of its nursing and midwifery and allied health professions provision. All of the reviews had satisfactory outcomes. The SED reported that the University had taken responsibility for the response to the outcomes of reviews at RCSAD prior to the merger.

25 Since the institutional review there have been major institutional changes, most of which are consequent on the merger with RCSAD. The SED noted that the merger reflected the commitment of the University to its regional base and represented a 'significant and important milestone in the development of the University and post-16 provision in the Thames Valley...'. The merger has involved the University in a complex process of change management, the establishment of a single governing body, a revised academic organisational structure of three faculties with a fourth planned, and the creation of a Graduate School opened in October 2005 (paragraph 9). The academic structures and systems of the two previously separate institutions have been integrated within a single Academic Registry and it is planned that a new student record system will be operational from September 2006.

26 The SED identified the development of an integrated academic community across three main, geographically separated sites as 'perhaps the greatest challenge to the improvement of learning opportunities'. The University has made revisions to conditions of service and

undertaken academic audits of provision at the Reading Campus. Emphasis has been placed upon the integration of the provision at Reading into the University's HE environment and upon the sharing of good practice between the HE and FE provision. Initial work has begun on the development of new academic leadership roles with associated relevant staff development.

27 The audit team found that the University had given thoughtful consideration to the report of the institutional review and that appropriate and timely actions had been taken in response to the recommendations. The University has experienced considerable change in character, organisation and process in a short period of time. While acknowledging the University's clear intentions for and progress towards the establishment of 'an integrated academic community', the audit team considers that there remains work to be done in relation to achieving a full integration of the HE provision at the Reading Campus into the University (paragraphs 111 and 145).

## **Section 2: The audit investigations: institutional processes**

### **The institution's view as expressed in the SED**

28 The SED discussed the complex and interrelated series of institutional developments that resulted from the merger with RCSAD, and expressed the University's view that it was undertaking this in a controlled way while sustaining the ability to manage standards and quality. The University considers that it is managing the changes 'responsibly' and that modifications to the academic structure, governance arrangements, regulatory framework and academic roles have 'strengthened [its] infrastructure for the management of standards and quality'. It believes that it has acted upon the messages from internal and external review and audit; that it uses the Academic Infrastructure 'as it was designed to be used'; it uses external

expertise widely; the new roles, networks and protocols it has developed have furthered its ability to manage quality processes; its quality assurance mechanisms are sufficient to allow information to be generated, analysed and acted upon; information about quality and standards is reported to and deliberated by all relevant academic groups and committees; collaborative arrangements are inaugurated and monitored carefully; student support and guidance arrangements are appropriate; learning resources are sufficient, and that appropriate measures are in place for the quality assurance of staff and their professional development.

29 Given the review of the Board of Governors, the revised roles of some of the University's committees and the ongoing definition of key roles for quality within the faculties, the audit team was interested to explore the operation and relationships of the committees at University and faculty level and the implementation of the Quality Strategy in a devolved structure.

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

30 The SED identified the purposes of the University's Quality Strategy as threefold: to have in place quality assurance arrangements which guarantee academic standards in an explicit, public fashion; to use the findings of quality assurance processes to remedy weaknesses and seek improvements, and to use the evidence from evaluations to understand the quality of the students' experiences in order to improve them.

31 The Quality Strategy is implemented through the University's quality assurance processes and committee structures. The SED stated that 'responsibility for quality and standards [was] shared by all those who support[ed] student learning' and that it was 'exercised through the roles of individuals...and through the deliberations of committees and working groups...'. The SED also pointed to the 'essential' contribution of administrators in

central and faculty base administrative units to the assurance of quality as 'their work [bore] directly on quality and standards.

32 The review of the University's committees in 2004 was undertaken to enable the Board of Governors to exercise its responsibilities more effectively and to support more efficient management of the Academic Board and its committees. As a result, the number of members on the Board of Governors was reduced, including the number of student members which was not welcomed by the Students' Union (see paragraph 72). In addition, rolling programmes of business were developed for the Board of Governors and its committees; standard agenda, report and minute templates have been implemented University-wide and a matters arising report to record and update on outcomes has been introduced for the Board and is being extended to other committees.

33 The SED identified the Academic Board as having 'ultimate responsibility for the academic standards of awards granted in the University's name'; accordingly, the Academic Board receives an annual report on quality and standards produced by the Quality Audit Office. The main committees to which Academic Board delegates powers are the Academic Standards Committee (ASC), Academic Planning Committee (APC), Research Degrees Committee (RDC), External Examiners Appointments Committee (EEAC), Learning, Teaching and Assessment Committee (LTAC) and faculty boards and their committees. Responsibility for monitoring the developing Learning Teaching and Assessment Strategy rests with LTAC.

34 Many operational matters in the management of quality and standards are delegated to ASC and APC. ASC is responsible for the overview of quality assurance and improvement processes, including external examiners, annual monitoring and validations. APC formulates policy on academic matters, approves the regulatory framework and considers the student experience. This division of responsibility is reflected operationally by the Academic Office and the Quality Audit Office.

The Academic Office plays an important role in, inter alia: the implementation of external programme approval procedures; procedures for the appointment of external examiners; providing a framework for internal programme approval; developing and reviewing academic policy; developing and overseeing the implementation of the University's regulatory framework, and contributing to the development of strategic partnerships to promote student progression onto programmes of study at the University. The role of the Quality Audit Office is quality assurance with a primary audit function for both the University's FE and HE provision.

35 The SED reported that the University had devolved responsibility, within a defined framework, for the assurance of quality and standards to faculties. At the time of the audit, definitions of roles and responsibilities for quality assurance at faculty level were being 'reinforced'. The University's Quality Handbook sets out the terms of reference for both University and faculty committees.

36 Within faculties, faculty boards have responsibility for academic matters including admissions, curriculum, teaching and learning, assessment and research and scholarship. A number of committees report to faculty boards: appeals committees, assessment boards, faculty academic standards committees (FASC), accreditation of prior experiential learning committees and faculty research committees. FASCs overview quality assurance and improvement processes within the faculty. FOPS also has a Collaborative Provision Committee. In meetings with senior staff the audit team was told that the University regarded this as good practice and was encouraging the other two faculties to introduce such a committee. Meetings with staff and examination of minutes indicated to the team that University processes were interpreted differently across the faculties; by way of example, minutes seen by the team recorded the receipt of minutes of central University committees by faculty boards with the exception of FOTA.

37 The SED stated that the University strategy for collaborative provision was based on a closure of those international partnerships which were 'deemed to present an unacceptable level of risk, and the expansion of regional and local partnerships'. Quality assurance of collaborative provision is subject to the University's mainstream quality assurance processes. Further details of the University's approach to collaborative provision may be found at paragraphs 119 to 131.

38 It was clear to the audit team from meetings with staff and reading of the minutes of key committees that the framework for quality assurance was established, but it was less clear whether the volume of business conducted by ASC allowed it gain sufficient oversight of the operation of the University's devolved framework for academic quality and standards. The team noted that ASC considered preparation for and response to external reviews, reports from initial partnership audits, and quinquennial reviews of partnerships. It also engages with external influences such as the *Code of practice*, subject benchmark statements, and external reviews and inspections. In addition, ASC receives annual monitoring and programme leaders' reports. From scrutiny of minutes available, it appeared to the audit team that the committee received only overview reports on the outcomes of some internal processes such as validation and internal discipline audits; the team did not find evidence of discussion of matters arising from FASC minutes which ASC received and noted. It appeared, therefore, to the team that while ASC had a close involvement in external matters impinging on the assurance of quality and standards, it exercised less stringent oversight of the operation of internal processes.

39 In the light of its reading of documents and discussions with staff, the team would invite the University to consider the advisability of reviewing the remit and operation of ASC to promote more effective central oversight of the operation of the University's devolved framework for academic quality and academic standards and to allow the University to be

assured that any variability in the application of the relevant policies and procedures is within the permissible boundaries.

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

40 The SED expressed the University's 'desire to move the quality strategy to a more enhancement based approach'. The approach to quality enhancement at the time of the audit drew on mainstream quality assurance processes and the establishment of learning and teaching committees, both centrally and at faculty level. Other activities related to enhancement include:

- the establishment of a central educational development team
- the appointment of teaching fellows, e-learning coordinators and professional development coordinators
- the work of the e-Learning Unit
- an annual teaching conference.

41 The SED identified the following areas as supporting future enhancement of quality and standards:

- reinforcement of the purpose and implementation of the personal tutor system
- improvements in the quantification, analysis and dissemination of student evaluation
- further strengthening of the student representative system
- more effective sharing of good practice across the University and with partner organisations
- greater support for academic leadership at programme level
- further development of the academic/administrative networks which support the quality agenda;
- reinforcement of learning and teaching initiatives such as e-learning
- academic skills development and progress files



- audits of new processes, for example, annual, periodic and partnership reviews and those which are devolved, for example, validation and updating of modules.

42 In the view of the audit team, the University's plans for enhancement are appropriate and there was evidence that the University had already undertaken work in some of the areas identified for development and action.

### **Internal approval, monitoring and review processes**

43 The University's processes for internal approval, monitoring and review are detailed in the Quality Handbook. Academic review is undertaken through annual reporting at module and programme level, and annual and periodic review events covering clusters of programmes. Both module and programme reports are written to a set template.

44 The Quality Audit Office also conducts selected internal audits and reviews of either processes or disciplines at the request of faculties or University committees. The process for the audits at discipline level draws on that for annual cluster reviews (see paragraph 51) and may include external members, depending on the areas to be covered. The processes or disciplines to be audited are decided on an annual basis by ASC, and reports are discussed at FASCs with a summary report including responses from teams being presented to ASC.

### **Programme approval**

45 Module approval and updating are faculty based and are coordinated by the head of subject and approved by faculty boards or FASCs on behalf of the boards. The process calls on external expertise, sometimes involving an external examiner. In some cases module approval involves a two-stage validation event as in the case of individual modules leading to University awards. The required procedure for the addition of a module to an existing programme was not clear to the audit team but from documentation seen by the team it was

apparent that practice differed between faculties. The SED stated that the University had identified the approach to module approval as an area for review and improvement, given the volume of the exercise. At the time of the audit, faculties had been asked to audit samples of module validations and report on the effectiveness of the process via ASC to Academic Board but the resultant reports had not yet been considered by ASC. From documentation and meetings with staff the team concluded that, notwithstanding the variations in approach, the process for module approval was rigorous.

46 FASCs or faculty boards give initial consideration to proposals for new programmes which are passed to APC for formal approval of development of the proposal for validation. Validation is conducted in two stages: stage one is managed by the faculty with support from the Academic Office and tests the design construct and pedagogy of the programme and the adequacy of the documentation. Recommendations from stage one are carried forward to stage two which is managed centrally by the Academic Office which is responsible for reporting to ASC that conditions for approval of the proposal have been met.

47 The SED stated that the Academic Infrastructure was used as a tool for curriculum development and that its use was checked during the validation process. Documentation examined by the audit team demonstrated that the Academic Infrastructure did inform the validation process with evidence of reference to both *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmark statements. Documentation for the validation of new programmes included programme specifications. Staff whom the audit team met were clear about the requirements of the two-stage validation process and the use of the elements of the Academic Infrastructure as points of reference.

48 The SED reported that the University periodically evaluated the effectiveness of its arrangements for validation and approval,

acknowledging that the two-stage approval process could place 'considerable strain' on faculty resources and could on occasion result in the validation timescale being 'uncomfortably compressed'. The SED also acknowledged that sometimes there was duplication of process in the two stages. A need for refinement of the process has already been recognised by the University through reductions in documentary requirements and designation of the first stage as developmental and the second stage as the formal approval.

49 Based on scrutiny of documentation and meetings with staff, the audit team would agree with the University's view that on occasion the two-stage validation process was a drain on faculty resources. The team formed the view that there was insufficient clarity of purpose and process between first and second stage validation in that both stages involved external representation, discussion with the programme team and the setting of conditions and recommendations for approval. Nonetheless, the team concluded that the process for the validation of programmes was conducted with rigour and due reference to the Academic Infrastructure and operated in accordance with the guidance in the Quality Handbook.

### **Annual monitoring**

50 Annual programme reports which draw on annual module reports are discussed at programme team meetings before submission to FASCs. In the SED, the University acknowledged that the information contained in the reports was variable, which was borne out by reports seen by the audit team. FOTA has a system of critical readers who receive the reports prior to submission to the FASC; where reports are not considered to be sufficiently evaluative and evidence-based, they are returned to the authors who are asked to revise them accordingly. In 2005, a special meeting of ASC to consider reports from faculties on the system of annual reporting highlighted the use of critical readers in FOTA as good practice to be disseminated across the University. The team would support this intention as a means

of providing ASC with additional assurance of academic quality and standards across the institution.

51 In the academic year 2004-05, the University introduced a system of annual cluster reviews, which are events lasting a minimum of one day, chaired by the associate deans (quality) and with input from external examiners. The SED stated that annual cluster review was intended to redress four identified shortcomings in the previous arrangements: an over-lengthy and paper-based system of subject and faculty reports; the desire to provide a 'more interactive dialogue-based review mechanism'; the desire to link review with risk analysis and faculty strategic planning, and the need to create manageable units for TQI purposes. The aims of the annual cluster review are to make judgements on the management of standards and quality, including learning opportunities, within the cluster, and to undertake risk analysis and forward planning. The panel has available to it a range of documents, including annual reports, student evaluations, external examiner reports and responses, data on student performance and programme and assessment board minutes. Annual cluster review reports are discussed at FASCs and a summary is presented to ASC.

52 Drawing on documentation and discussion with staff, the audit team concurred with the view expressed in the SED that while in some cases annual cluster reviews did achieve the stated aims, in others the number of programmes in the cluster inhibited rigorous discussion of all the programmes. An evaluation report presented to ASC one year after the introduction of the revised approach came to the same conclusion. The SED also acknowledged that the events were more costly in time and resources than previous forms of monitoring. While a perceived lack of rigour where the clusters for consideration are too large could be overcome by reducing the number of programmes in the cluster, the team noted that this would increase the burden on faculties, potentially exacerbating the pressure on resources consequent on the two-stage approach to validation, as identified by the University.

### Periodic review

53 Clusters as identified for annual review are also periodically reviewed every five years, replacing revalidation of individual programmes. Each cluster review lasts a day and a half and is undertaken by a panel composed of both internal and external members, looking at a range of documents similar to that supporting annual review but with additional items, including the student handbooks and samples of student work. The review is built around an SED produced by the staff from the cluster and the resulting reports are discussed at ASC. From its reading of periodic review reports, the audit team concluded that the process was rigorous and included reference to the FHEQ and subject benchmark statements where appropriate.

54 Collaborative programmes are subject to the same approval and monitoring processes as the University's home provision: there is an annual report for each collaborative programme and staff from collaborative institutions are involved in cluster annual review events. There are also annual partnership reviews, conducted by senior staff of the University, reports of which are sent to ASC with a requirement for faculties to report on action taken in response to matters identified (see paragraph 125).

55 The SED reported that review methods were themselves kept under review and that annual report templates were systematically modified in response to comments from the academic community. The SED highlighted the fact that the University's approach to annual and periodic review were resource intensive and more costly than predecessor processes. The SED also indicated that fulfilment of the intention of linking review to strategic planning had still to be confirmed. From its review of documentation and discussion with staff, the audit team would endorse the University's identification of the cumulative effect of its approach to approval, monitoring and review as resulting in pressure on faculty resources. In confirming the rigour of the conduct and reporting of these processes and their

alignment with the relevant sections of the *Code of practice*, the team also concluded that there was potential for elimination of duplication of effort. The team therefore recommends that the University consider the desirability of re-examining the procedures for the validation, monitoring and review of programmes of study, including consideration of the approach to identification of cognate clusters of programmes.

### External participation in internal review processes

56 There is external participation at all stages of internal review processes. External input is a requirement for module approval and both stages of validation. Annual reviews of programme clusters involve the lead reporting external examiner and periodic reviews of programme clusters also include external representation. Internal audit may include external members depending on the areas under consideration. From documentation and meetings with staff, the audit team determined that the University's approach to the use of externality was consistent, serious and rigorous. The team concluded that the University's approach to externality in internal review processes contributed to and enhanced the operation of those processes and supported a judgement of broad confidence in the soundness of the University's current and likely future management of the quality of its academic programmes and the academic standards of its awards.

### External examiners and their reports

57 The University's policies and procedures relating to external examiners are set out in the Quality Handbook. All of the University's HE provision is covered by programme and subject external examiners; in addition the University employs moderators and verifiers where required by professional and other awarding bodies.

58 There is a three-stage process for the appointment of external examiners. Initial approval by faculty boards is followed by scrutiny of nominations by the EEAC to ensure

they meet the University's stated minimum requirements. EEAC recommends suitable applicants to the Academic Board for formal approval on behalf of the University. Appointments are for four calendar years with the possibility of a one-year extension and then exclusion from appointment for the following five. External examiners for collaborative partnerships are appointed in the same way and the University considers it 'most desirable' for external examiners to cover cognate work at both. Where this is not possible the faculty concerned must report to EEAC on how the comparability of student work between delivery sites will be considered.

59 The Quality Handbook defines the role of the external examiner as to 'perform the function of independent expert review of the assessment process for the purpose of expressing an opinion as to the accuracy, comparability of standards, (internally and externally), compliance with the regulations and the justice of the output from that process' and indicated that this was principally achieved through scrutiny of student work and attendance at assessment boards. The Quality Handbook stressed the independence of external examiners and their freedom of operation, including expression of opinion and access to relevant documentation and personnel. The Quality Handbook also noted that external examiners could play an advisory or developmental role in module or programme development. External examiners are also involved in the annual cluster review process (see paragraph 51). Directors of studies are responsible for the induction of external examiners and for providing them with information on the subjects and/or programmes for which they are responsible and the relevant assessment regime.

60 External examiners' reports are received initially by the Quality Audit Office on behalf of the Vice-Chancellor and are distributed to faculties. The University's standardised reporting template asks external examiners to report on standards and performance and additionally provides the opportunity for external examiners

to report in confidence to the Vice-Chancellor about other matters not readily expressed within the report template. Directors of studies and subject heads are responsible for replying to the external examiner in respect of discrete programmes or clusters of modules respectively, indicating how their comments and recommendations have been addressed. The Quality Audit Office then prepares summaries of external examiners' reports for consideration at ASC. The audit team found evidence of action taken by ASC in response to comments made by examiners. FASCs also consider reports from external examiners. External examiners' reports form part of the documentation for the annual reporting cycle and relevant periodic cluster reviews.

61 At the time of the audit, the University had recently moved to the addition of a category of 'Yes, with reservations' to the list of options available to external examiners when completing the summary checklist on the external examiners' report form. In the view of the audit team this provision has the potential to distort the clarity of reporting from external examiners.

62 For the purposes of public reporting through TQI the University has created the role of lead reporting examiner with responsibility for writing summary reports on clusters of programmes. As part of this process, lead reporting examiners consider all external examiner reports for the programmes courses in their cluster and have right to contact other external examiners from the cluster should the need arise. In the view of the audit team the designation of lead reporting examiner is a positive step, providing the University with additional assurance of the academic standards of its awards.

63 The SED did not offer any explicit evaluation of the efficacy of the University's external examining arrangements. From other documentation, including external examiner reports and discussions with staff, the audit team concluded that the University's approach to external examining was fit for purpose, was in alignment with the section of the *Code of practice* on external examining and was

operating as intended. The team considers it desirable that the University keep under review the fitness for purpose of the revised format for reporting by external examiners. The team confirmed that the University's use of external examiners was strong and scrupulous and supported a judgment of broad confidence in the soundness of the University's current and likely future management of the quality of its academic programmes and the academic standards of its awards.

### External reference points

64 The Quality Handbook sets out the elements of the Academic Infrastructure and includes all of the precepts from the *Code of practice* for reference. On publication, each section of the *Code of practice* and subsequent revisions were considered by the Academic Board and policy and procedures were revised where deemed appropriate. The University also draws on external reference points other than those in the Academic Infrastructure, for example, the Qualifications and Curriculum Authority's *National Qualifications Framework*, BTEC course specifications for HNDs/HNCs, Southern England Consortium for Credit Accumulation and transfer (SEEC) level descriptors and professional body competencies.

65 It is a University requirement that all courses have programme specifications which are considered in the validation process. The Academic Office provides a template for programme specifications to assist in the design of new programmes. Programme specifications are also required for revalidation and periodic review of programmes. Programme specifications are referenced to subject benchmark statements and to the FHEQ; some also make reference to the SEEC credit framework.

66 The audit team formed the view from scrutiny of documentation and discussion with staff that the University had engaged appropriately with the elements of the Academic Infrastructure. The team confirmed that processes for the validation and review of programmes drew on relevant external reference points. The team concluded that the

University was making appropriate use of external reference points in its approach to quality management and assurance of the standards of its awards.

### Programme-level review and accreditation by external agencies

67 Since the previous institutional review the University has undergone a review of its Foundation Degrees in hospitality management; credit management and public service management, and also developmental engagements in Communications, Media, Film and Television Studies, Music, Medicine, and Accountancy, and major review of its nursing and midwifery, and allied health professions provision. All of the reviews had positive outcomes. Prior to the merger, there was a subject review in Computing at the then RCSAD which resulted in a failing judgement. The SED stated that while the University had not been responsible for the provision at the time of the visit, following the merger it had assumed responsibility for monitoring the action plans.

68 A large number of the University's programmes are accredited by professional bodies, including the Law Society; the Association of Chartered Certified Accountants; the Chartered Institute of Management Accountants; the Chartered Institute of Personnel and Development and the British Psychological Society (BPS). Reports from reviews and accreditation visits are considered at FASCs and ASC and action plans in response to the reports are drawn up and monitored by faculties and ASC. Both the reports themselves and generic issues identified are discussed at the Academic Board. The SED included an example of an instance when reviewers found it difficult to find a clearly articulated strategy for supporting and demonstrating academic challenge or 'honours-worthiness'. This was debated at the Academic Board and resulted in changes to validation, review and audit agendas and a greater emphasis on the preparation and supervision of dissertations and major projects. It was clear to the audit team,

from the documentation available to it, that the University gave due consideration to professional and statutory body reports, taking appropriate action in response, with systematic use of the outcomes in its approach to the assurance of quality and standards.

### **Student representation at operational and institutional level**

69 The SED stated that all key senior and University-wide committees included sabbatical officers of the Students' Union in their membership. The SED also indicated that the sabbatical officers had access to members of the core Executive. In addition, there is a Student Liaison Committee, chaired by an independent governor, designed to act as a forum for monitoring the student experience. There are student representatives on faculty boards as well as on committees at subject and programme level.

70 The SED also noted that the University had worked with the Students' Union to establish student representative forums, which are open meetings for the 'consideration of the student experience, preparation for student written submissions for external audits, consultation over developing policy and information about organisational changes which may affect students'. The SED indicated that members of the University's core executive were 'welcome to attend'.

71 After the merger, a review was undertaken of student representation at the Reading Campus and it was agreed that the University's standard model and structures for student representation should be established. The SED reported that further work was necessary to implement fully the necessary student representation arrangements at the Reading Campus.

72 In meetings, the Students' Union discussed with the audit team its concerns about the nature and effectiveness of some aspects of the arrangements for student representation. The SWS highlighted the reduction in student representation on the Board of Governors from two members to one; the Students' Union was

of the view that this resulted in considerable onus for expressing the student view on a single student representative in a very senior and experienced formal body. The Students' Union also considered that the University Student Liaison Committee had not worked as effectively as it might because of the 'lack of issues that the University [brought] to the table'. The SWS also noted that some major changes had been introduced by the University without the customary consultation, citing a revised library loans policy, the introduction of a deposit for student identity cards and new student disciplinary procedures. In the light of these matters raised by the students, the University will no doubt wish to keep under review its arrangements for consultation with the student body on matters which have a bearing on the student experience.

73 The SWS reported that, at the beginning of the academic year 2004-05, there had been a major breakdown of communication between the Students' Union and the University but emphasised that communication with the Vice-Chancellor, Board of Governors and core executive of the University had improved significantly since then. The SWS went on to emphasise the 'positive relationship' that now existed with the University which was also corroborated in separate meetings with senior management of the University and with students. The audit team also confirmed that the Students' Union did meet regularly with members of the core executive.

74 From its reading of documentation and meetings with staff and students at institutional level and in the DATs, the audit team concluded that arrangements for student representation at institution, programme and module level were appropriate and consistent across the institution. The team noted in particular the constructive relationship between the University and the Students' Union. The University is aware of the need for further action to secure full representation at the Reading Campus.

## Feedback from students, graduates and employers

75 Student feedback is routinely obtained on all modules and programmes. There is a set of standard questions for module evaluations which can be adapted or supplemented to reflect the context of particular modules. Student views are collected at the end of each module and sometimes also mid-module. Programmes are evaluated annually using methods designed by programme teams and may include questionnaires, focus groups and class meetings. Additional, more immediate, feedback is gathered from student representatives at programme team meetings or course committee meetings.

76 The SED stated that actions were taken in response to student views, noting that 'the students themselves [were] not always aware of this' as was confirmed in the SWS and by students whom the audit team met. The SED also acknowledged that, although 'a great deal of time and energy [went] into student evaluation', the University was not capitalising fully on the amount of information generated. The SED reported that the University planned to make the necessary investment in technology and administration to support more effective use of student feedback on modules and programmes.

77 In addition to routine module and programme evaluation, the University uses a variety of other means to collect information about student satisfaction including specific service surveys, for example, the Learning Resource Centre User Survey, and University-wide satisfaction surveys. The SED reported that in 2003 the University conducted its first institution-wide student survey; although the participation rate was low, the University believes that it still provided useful feedback. The University identified a need for more rigorous action planning and reporting in the conduct of future surveys; nonetheless, the audit team saw evidence of action taken in response to the findings of the 2003 survey, including the issuing of guidance to staff on student induction. In 2005, a survey in a

revised format secured a much improved participation rate. The outcomes of this latter survey were considered by the Academic Board and showed significant improvement across all indicators, including support for work placements and personal guidance. There is a Learning Resource Centres User Group, chaired by the President of the Students' Union, which monitors the quality of services provided by the Learning Resource Centres and identifies ways in which these can be enhanced.

78 The SED made brief reference to the use of employer expertise to inform course delivery and, mainly in health-related areas, assessment. Views of employers are collected through a variety of mechanisms including stakeholder representation on University bodies and industrial panels. There is also a University Employer Links Group. The views of past graduates are collected where alumni contacts are maintained and in areas where graduates have subsequently become employers. Where available, these views are considered during validation and review processes particularly where there are clear professional body requirements or scrutiny. The audit team did not see evidence of central gathering and appraisal of employer and graduate feedback to inform curriculum development or the enhancement of provision.

79 From documentation and meeting with staff and students, the audit team formed the view that the University was taking appropriate action to gather feedback from students to improve the quality of the student experience. The audit team considers the appointment of the Students' Union President as chair of the Learning Resource Centre User Group to be a feature of good practice which promotes effective communication of the student voice. The team would encourage the University to explore ways of ensuring that students are informed routinely about responses to issues raised through student feedback and evaluations. The team also considers that the University could establish a more systematic institutional approach to the collection and use of feedback from graduates and employers to contribute to the assurance of quality and standards.

### **Progression and completion statistics**

80 At the time of the audit the University was making a number of changes to its approach to student information and to its information system which had recently been replaced. The implementation of the new system was, in part, prompted by the findings of the previous institutional review (paragraph 22). In discussion with senior University representatives, the audit team was informed that the new system had the potential to provide the University with a greater range of information than its predecessor, and that it would enable more effective and strategic use of information. The new system was introduced on the University's Slough and Ealing Campuses in 2005; the Reading Campus had been using the system for a number of years, but, at the time of the audit, the database had not been merged with those for the other campuses.

81 Admissions data are gathered by the University and are considered at university level by the core executive and at faculty level. The University's approach to progression and completion is a reflection of its widening participation strategy: the emphasis is therefore on credit accumulation rather than completion in a predetermined period of time, although there are limits on duration of registration and progression opportunities. This approach means that data are not presented on a cohort-by-cohort basis. The University does not include students in graduation data who have not met the requirements for an award but are eligible to continue on the course, which therefore indicate pass rates of 100 per cent. While the audit team accepts the University's distinctive approach and emphasis on credit accumulation, it would encourage the University to consider whether cohort analyses, showing cumulative progression and patterns of progression, withdrawal and failure over time, would be a beneficial statistical indicator for the University.

82 The SED contained only limited information about the University's use of progression and completion statistics in its management of quality and standards. Reports of annual and periodic reviews of clusters seen

by the audit team included varying degrees of analysis of statistical information. The University is confident that the revised management information system will allow it to make effective use of progression and completion statistics in its management of quality and standards. At the time of the audit, the system had only recently been installed so it was too early for the audit team to come to an informed view on its use and effectiveness in the compilation and analysis of data in support of institutional approaches to the assurance of quality and standards.

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

83 The SED described the University's standard process for recruiting and appointing staff which involves a business case for the post, a job description and a person specification. The SED went on to state that all new staff were formally inducted, noting that a staff handbook was available on the University intranet.

84 New staff with less than three years' relevant teaching experience are contractually required to undertake and complete the University's Postgraduate Certificate in Learning and Teaching in HE. Postgraduate teaching assistants are required to take selected modules from the programme, leading to a Certificate in Personal and Professional Development in Learning and Teaching. The SED stated that all new academic staff were mentored by experienced staff who were trained to undertake the role and that their assessment activities were carefully 'monitored'. The professional development coordinators in the faculties provide support to the mentors.

85 The SED reported that following the merger with RCSAD there were three different systems of appraisal or performance development review in operation across the University and acknowledged that this was 'not ideal'. The University considers that the system in place at the Reading Campus is embedded and works well in terms of identifying training needs. At the time of the audit, the systems



used at the Ealing and Slough campuses for academic staff and professional support staff had only been in place for one year and the University was aware that they were not fully embedded. The University has started an evaluation of the different approaches to appraisal and performance development review with a view to introducing a harmonised system for the whole institution by August 2006.

86 The University's primary mechanism for rewarding teaching is the Teaching Fellowship Scheme under which individual Teaching Fellowships, which carry an honorarium, are awarded for five years. The Teaching Fellows also receive funding to support learning and teaching innovation projects and, at the time of the audit, had recently become part of a developing cross-institutional network of staff with expertise in learning and teaching.

87 From documentation and meetings with staff, the audit team concluded that the University's approach to assurance of the quality of its teaching staff through appointment, appraisal and reward was generally robust and operating as intended. The planned harmonisation of arrangements for appraisal should provide the University with increased central oversight of the assurance of the quality of its teaching staff.

### **Assurance of the quality of teaching through staff support and development**

88 The University has three departments for oversight of staff development:

- Academic Office - staff development to support implementation of academic policy and processes
- Education Development Unit (EDU) - guidance and support for the faculties in the development and implementation of faculty strategies for learning, teaching and assessment

- Staff Development Department - processing and recording of all staff development activities. The Strategic Staff Development Group oversees the work of the Staff Development Department and reports to the Board of Governors.

89 The SED reported that staff development needs were identified through faculty business plans, annual performance reviews, and quality reviews and audits. In meetings with the audit team, senior management were clear that the departments with responsibility for staff development activity needed to work closely together to provide a coordinated and effective approach to staff support and development for teaching and learning support staff. The SED highlighted the impact of the EDU on the University's approach to staff development in support of the quality of teaching, pointing to support for faculty staff and the first University Learning and Teaching Conference held in June 2005.

90 The SED stated that the University had a system of annual peer observation for staff in its HE provision which, although widely used, was not yet universally implemented. The SED reported that in the course of the academic year 2005-06 the University intended to review the effectiveness of the peer observation processes in operation in its HE provision and the lesson observation arrangements in its FE provision with a view to aligning the two approaches. The peer observation process is intended to be developmental and, in the SED, the University intimated that the confidential nature of the observation process made it difficult for it to judge the effectiveness of peer observation and to use it to share good practice.

91 Meetings of the audit team with staff confirmed that the extent and nature of peer observation across the University was variable and that a diversity of schemes operated both within and between faculties. FHHS has a single scheme in place but the other faculties have a variety of practices and, at the time of the audit, the University was reviewing them in order to establish faculty-wide schemes.

92 The SED acknowledged, that prior to 2003, the University's central processes for enhancing learning and teaching had not been as 'strong as it would have wished' and pointed to a number of actions taken in the academic year 2004-05 to rectify the situation. In the second half of 2004 the EDU was established and 0.5 faculty professional development coordinator posts were created. The EDU is encouraging and supporting staff to become registered practitioners with the Higher Education Academy (HEA) and the faculty professional development coordinators are establishing links with HEA Subject Centres.

93 Faculty learning and teaching committees were established in July 2005 with a central Learning, Teaching and Assessment Committee also being constituted, meeting for the first time in September 2005. At the time of the audit, the faculty learning, teaching and assessment committees had started to develop faculty learning, teaching and assessment strategies with the intention that these would ultimately inform the development of a University strategy. In meetings with the audit team, senior staff reported that the institutional Human Resource Strategy was also being revised, drawing attention to the need for it to provide explicit support for implementation of an institutional Learning, Teaching and Assessment Strategy.

94 From scrutiny of documentation and meetings with staff and students, the audit team formed the view that, while faculties had started to develop local learning, teaching and assessment strategies, there appeared to be a lack of an overarching institutional framework for the operation of such strategies. The audit team therefore advises the University to elaborate the emergent University Learning, Teaching, and Assessment Strategy, and the associated faculty learning, teaching and assessment strategies, and move to early and universal implementation across the University to provide a framework for staff development activity in support of the quality of teaching.

95 Documentation seen by the audit team and discussion with staff and students led the audit team to conclude that EDU provided an effective focal point for learning and teaching in tandem with the developing infrastructure comprising University and faculty learning and teaching committees, and faculty-based coordinators. The team considers the leadership and support for teaching and learning, including a focus on enhancement activity, provided by the EDU to be a feature of good practice in the University's assurance of the quality of teaching. The team also supports the University's intention to standardise its approach to peer observation across its HE and FE provision, noting the potential for it to promote integration across the University's campuses.

### **Assurance of the quality of teaching delivered through distributed and distance methods**

96 Documentation seen by the audit team demonstrated the University's commitment to enhancement of its educational provision through the development of e-learning as part of a strategy to implement e-learning and blended learning across its portfolio of programmes. The University established a central e-Learning Unit within the EDU in August 2005 to provide strategic leadership, further embed the use of the virtual learning environment (VLE), and integrate academic and technical support. There are faculty e-learning coordinators who work in close liaison with the e-Learning Unit. There is also a blended learning unit in FHSS, established in September 2004. There is a Blended Learning Steering Group at university level.

97 At the time of the audit, the University's on-line learning environment had recently been updated to the latest version of its chosen VLE with new features added to assist in the updating of materials in courses and make access to IT systems easier through a 'portal' system. The SED reported that a number of staff had received development in on-line facilitation skills and that an 'e-repository' had been started in-house and made available to staff.

98 The SED noted that e-learning coordinators were 'working towards making the online experience for students and staff as rewarding as possible' and that they had examined the issues that academic staff had identified in adopting e-learning, including the need for coordination of e-learning initiatives and ensuring that the systems met the needs of the University's courses.

99 Facilities available to students include an email system, on-line progress files and on-line databases. The audit team confirmed from meetings with undergraduate students that the VLE was available to all students but was not used on all courses. Students also told the team that while database access was important to them, the use of on-line progress files was less prominent across the University. Nonetheless, it was clear to the team that use of the VLE was becoming more widespread not only for teaching and learning but also to facilitate contact between staff and students. The team noted, in particular, the use of the VLE in FHSS where lecture notes, schedules for work submission, and response to module feedback were placed on the VLE. The team would encourage the University to consider drawing on the approach to e-learning in FHSS for wider application across the institution. The SED also drew attention to work in FOTA on e-learning in music which had led to developmental sessions to inform teaching, learning and assessment. The team also noted that the art and design subject group within FOTA had been provided with dedicated websites for research and assignments and that a VLE was being introduced to support the student learning experience.

100 The institutional licence for the use of the VLE has been extended to cover VLE use on the Reading Campus which is due to commence in September 2006. The VLE is also being used at colleges involved in collaborative arrangements with the University which greatly facilitates communication between TVU and students and staff at the colleges.

101 From scrutiny of documentation and meetings with staff and students, the audit team formed the view that while the use of the VLE was variable across the institution, the University was aware of its increasing importance as an effective support for learning and communication. The team concluded that the University's approach to the assurance of the quality of teaching through distributed and distance methods was appropriate and that there was potential to draw on existing good practice, notably in FHSS, to inform future developments. At the time of the audit the e-Learning Unit had been only recently established and it was, therefore, too early for the team to assess its effectiveness in support of this area of programme delivery.

### **Learning support resources**

102 The SED stated that the learning support resources offered to students included an infrastructure of information services based on a 'multiple media approach', extending traditional library provisions with video, IT and e-learning. Learning facilities are concentrated in resource centres, managed by Information Services on each of the main campuses. The needs of part-time students are taken into account through extended opening hours and, during University terms, there is 24-hour opening in the Learning Resource Centre which, students whom the audit team met confirmed, was a widely used facility. An on-line survey of 446 students undertaken in 2005 showed that over 80 per cent of users who responded to the survey were satisfied or very satisfied with the Learning Resource Centre, with 17 per cent expressing dissatisfaction. The main three suggestions for improvements were: more core up-to-date text books, more PCs as students found it difficult to find a spare PC in a quiet area, and an increase in the numbers of permitted loans per student. Other items included a desire for more on-line electronic resources and more IT support. Students whom the audit team met were generally satisfied with the teaching and study facilities at the Ealing and Slough sites. Students on the Reading Campus studying art and design

reported that there was a need for more specialist rooms for art and improved IT facilities.

103 The SED reported that the University's Information Strategy committed it to an integrated approach to information and learning systems based on industrial strength databases. The University envisages that in the future students will have access to University course support material on a 24-hour basis in a way that would allow them to combine their studies and any demands of employment more effectively. At the time of the audit, work was in train to upgrade teaching space to provide classrooms that enabled e-learning and presentations by tutors to be combined in ways best suited to the subject material and in a variety of teaching styles.

104 From discussion with staff and review of documentation, the audit team found University was aware of the considerable challenge in providing appropriate and consistent levels of learning support resources across its multisite campuses. The team noted evidence of variation in facilities across sites and that the University was working through funding allocations to redress any imbalances and to ensure that the provision of resources across sites was satisfactory.

### **Academic guidance, support and supervision**

105 The SED placed considerable emphasis upon skills development and the role of personal tutors in providing academic support and guidance. It is a University requirement that academic skills are developed in all programmes, usually through the Learning Skills Development Scheme (LSDS) which operates within or alongside modules and is supplemented by a series of study skills booklets. Meetings with staff and students confirmed that the scheme was an umbrella for a variety of discipline focused approaches to skills development, all of which were characterised by the allocation of an additional hour in student weekly timetables dedicated to skills development.

106 On entry, all undergraduate students undergo a key skills assessment which can lead to a referral to the Learning Skills Unit which is available to all students, including through self-referral. Programmes are also required to provide the opportunity for students to engage in personal development planning involving reflection and forward planning. The SED stated that the VLE was being used increasingly to provide additional guidance on skills development and that an electronic template for progress files, incorporating personal development planning, was being used on some programmes.

107 The SED reported that 'the widening range of student demographic characteristics [had] reinforced the need for an integrated skills development policy'. In its discussions with staff and students, the audit team found only limited awareness of personal development planning which, in the view of the team, would be integral to the implementation of such a policy. In meetings with the team, staff identified a need for staff both to be aware of and demonstrate the importance of personal development planning if students were to engage constructively with the process.

108 The SED stated that the findings of internal and external reviews indicated that most students considered that they had 'good access to support and guidance from academic staff'. There is a University requirement that all students have a personal tutor but the University is aware of variability of practice across and within faculties. The SWS echoed these concerns about the operation of the personal tutor system, noting that while in general most students did appear to know their personal tutors, a significant proportion did not. The audit team noted that 'personal guidance' was one of the 10 worst aspects identified by students in the 2005 Student Satisfaction Survey. The SED concluded that the University's guidance on the responsibilities of the personal tutor role was 'insufficiently clear to provide guarantees of, at least, a threshold entitlement to support'.

109 At the time of the audit, the University had established a working party to work with the Students' Union to explore the effectiveness of the personal tutoring system with a view to reporting in Easter 2006. In the SED, the University expressed confidence that the personal tutor system could be enhanced by the dissemination of good practice, the provision of training and guidance for personal tutors, and the establishment of a core student entitlement.

110 The University's Assessment Policy states that 'the University will ensure that appropriate feedback is provided to students on assessed work in a way that promotes learning and facilitates improvement'. The SWS drew attention to delays in the provision of feedback and to the quality of feedback in some areas and the audit team noted that similar concerns featured in the University's 2005 Student Survey. In discussion with staff and students at institutional level and in the DATS, the team confirmed variation in the specification of time limits for returning work to students, with three weeks and 10 working days cited variously as the requirement. The University Guidelines on Assessment Practice indicate that mid-module assessments should 'normally' be returned within three weeks and end-of-module assessments no later than publication of the results. Documentation seen by the team established that ASC was aware of instances of late return of coursework, but there appeared to be less appreciation of the extent of different staff perceptions of the requirements in this area.

111 The SED identified the development of an 'integrated academic community across three main geographically separated sites' as 'perhaps the greatest challenge to the improvement of learning opportunities'. The SWS pointed to the need for students on HE programmes at the Reading Campus to be provided with a genuine HE experience. In meetings with students, the audit team heard that the HE students at Reading considered that there was insufficient differentiation between the HE and FE experiences with a perception that limitations on access to and provision of facilities were driven by the imperatives of the FE provision.

Discussion with staff and reading of documentation confirmed for the team that the University recognised the importance of establishing an HE culture at the Reading Campus; nonetheless, the team considers it desirable that the University expedite the integration of the Reading Campus into the University's structures to secure the early establishment of the requisite culture and ethos for all students involved in programmes leading to HE awards of the University.

112 Review of documentation and discussion with staff and students led the audit team to identify a need for the University to develop and implement an institutional framework for students' personal development planning, including the fostering of increased staff engagement and commitment to the process. The team also considers it desirable that the University ensure that all students receive timely and appropriate feedback on assessed work in accordance with the University's stated policies.

113 From documentary evidence and meetings with staff and students, the audit team formed the view that the support for students' academic development provided through the Learning Skills Development Scheme was a feature of good practice in the University's provision of academic guidance. There was evidence of the University's own internal systems operating effectively in identifying variability in the extent of personal tutoring support across its provision and that the institution was taking action in cooperation with the Students' Union to remedy the situation. The team concluded that the University's approach to academic guidance and support for students was fit for purpose and that the institution was exercising effective central oversight of that area of its provision.

### **Personal support and guidance**

114 The SED described the range of central advisory services to which students had access including Student Services (Ealing and Slough) and Customer Services (Reading), Accommodation, Careers Service, Counselling and Health Services, Religious Support, Disability

Support and Advice, Financial, Immigration and Advisory Services, and the International Office.

115 The Disability Service offers confidential advice and support for students with disabilities and specific learning difficulties such as dyslexia. A HEFCE-funded project has established a team, focused upon supporting students with disabilities, which has been involved in raising awareness of disability issues through a range of staff development activities. A Special Needs Steering Group is advising the institution on the requirements of the *Disability Discrimination Act* and an academic audit of policies, procedures and practices in relation to the *Code of practice* was undertaken in 2005.

116 At the time of the audit, a major focus of activity for the Careers and Employability Service was the enhancement of the employability of the students. The Head of Careers chairs the University's Employer Links Group and the Service is currently developing a University employability strategy. The SED noted that demand for careers advice was high at the Reading Campus.

117 The SED reported that following the academic restructuring consequent on the merger with RCSAD, the range of services available to students would be subject to a fundamental business process review led by the Dean of Students. The SED stated that the Dean of Students would 'establish structures and operations that deliver[ed] a co-ordinated student experience tailored to the diverse range of learners'. At the time of the audit, the Dean of Students had been recently appointed and the review was therefore only at an early stage.

118 The audit team confirmed that the 2005 Student Satisfaction Survey did not identify any major deficiencies in the support services offered. Students whom the team met also expressed satisfaction with the level and nature of support. From documentation and meetings with staff and students, the team concluded that the arrangements for the personal support of students had been established in line with the guidance of the relevant sections of the *Code of practice* and were operating as intended.

## **Collaborative provision**

119 At the time of the audit, the University had collaborative arrangements with a number of partner institutions, including some with FE colleges in its region to provide Foundation Degrees. There were also collaborative arrangements with six overseas organisations. In total, there were 1,312 full-time equivalent undergraduates, 953 of whom were in the UK and 359 in partner institutions overseas.

120 The SED stated that the University's strategy for collaborative partnerships was based on a closure of those international partnerships which were 'deemed to present an unacceptable level of risk'. In the UK, the University has focused its collaborative provision on expansion of regional and local partnerships which, the SED noted, was in line with the regional and widening participation agenda of the University.

121 The University operates three types of partnership arrangement: admission with advanced standing based upon scrutiny of the curriculum match between the University and the collaborative institution; memoranda of understanding on areas of potential collaboration; and partnerships for the franchise or validation of programmes which entail formal contractual arrangements. The SED reported that the University had strengthened the contracting and review processes for partnerships in response to the revised section of the *Code of practice* on collaborative provision and distributed and flexible learning.

122 Formal agreements seen by the audit team were in alignment with the precepts of the *Code of practice* with the exception of formal specification of detailed arrangements for termination. In meetings with staff, the audit team was assured that if a collaborative programme closed there would be a 'teaching out plan' and the University would ensure that the programme continued until the students completed the courses. While accepting that the University would meet its responsibilities in supporting students to complete their programmes of study, the team would

encourage the University to develop explicit exit strategies to protect its own interests and those of the students in the event of closure of a collaborative arrangement.

123 Proposals for new collaborative arrangements are considered by faculty boards and then, if approved by, APC. The University requires that all prospective partners must be audited prior to consideration of arrangements for programme approval and delivery. Proposed centres for delivery and the suitability to deliver particular programmes of study must also be assessed. The University examines the quality assurance arrangements of prospective partners to confirm their suitability and to recommend actions necessary to be undertaken where required to ensure that they meet the necessary requirement for delivery of HE programmes of study. The University also examines the financial stability and standing of the potential partner in accordance with guidance provided centrally. ASC receives the audit reports on prospective partners' arrangements for securing quality and standards, and receives partnership reports and those recording the outcomes of partnership reviews.

124 The audit team examined sample audit reports for potential collaborative arrangements which demonstrated that prospective partner institutions' systems for the management of quality and standards at HE level were appraised, and that the panel confirmed the match between the partner's mission and strategic intentions and those of the University. The reports specified action necessary to meet the University's quality assurance requirements.

125 Once approved and operational, partnerships are subject to the University's standard quality assurance processes, including student evaluation, annual monitoring, external examining and, in addition, to annual and quinquennial partnership reviews. The annual reviews of collaborative partnerships consider a range of issues including management of the partnership and the student experience, administrative links, risk analyses and forward planning.

126 The audit team reviewed documentation for the quinquennial review of specific partnerships which included quality management handbooks, a faculty profile, and staff and student handbooks. All the review panels involved external representation in accordance with the University's requirements. The reviews found that the arrangements for the assurance of the standards of awards through the University's validation, assessment and reporting processes were operating as intended. Documentation seen by the audit team confirmed that action was taken in response to recommendations arising from the reviews. From scrutiny of documentation the audit team concluded that the process for quinquennial review of partnerships was rigorous in both concept and execution.

127 For all collaborative relationships a link tutor is identified from the cognate faculty programme team; if the University does not offer the programme concerned in its home provision then the link tutor will be selected from the most appropriately experienced member of staff in the general subject area. In meetings, the audit team heard that University staff contributed to student induction at local partner colleges which the team considered to be good practice in fostering in the students a sense of identity with the University.

128 The academic standards of collaborative provision within the UK and overseas are assured through the same range of mechanisms as for home-based programmes, with additional requirements for the validation and approval of partner organisation sites and programmes. Assessment boards are attended by both the partner institution and University staff. The University is not directly involved in admissions decisions: to ensure parity of approach, the partner institution provides details of students to whom offers have been made and the criteria on which the offers were based to the University link tutor. The University may wish to consider whether this approach provides it with sufficient control over the admission of students to programmes leading to its awards.

129 External examiner reports for overseas provision confirmed the rigour of the assessment process. In meetings with staff, the team heard that external examiners were expected, though not obliged, to visit overseas institutions.

130 External examiner reports seen by the audit team confirmed overall satisfaction with the standards of programmes at UK partner colleges, and the audit team saw evidence of appropriate action in response to matters raised by examiners. From meetings with partner college and University staff, the audit team noted a lack of consistency and definition in the arrangements for the marking of assignments and examinations undertaken by students in collaborative arrangements. Although work was double-marked in accordance with University requirements, the involvement of the University in this process did not appear to the audit team, from the evidence available, to be consistent from college to college or within any one programme. For greater assurance of standards, the team therefore advises the University to define and promote a clear understanding of the respective responsibilities of staff at the University and those in collaborative institutions for the marking and moderation of summative assessed work undertaken by students in partner institutions.

131 Since some of the processes relating to the overview of quality and standards in collaborative provision had recently been reviewed and revised at the time of the audit, for example, the constitution of a Standing Group on Collaborative Provision, it was too early for the audit team to reach a definitive judgement about their effectiveness. The team concluded that the processes for approval and review of collaborative arrangements were rigorous and operating as intended, with reference to the relevant precepts of the *Code of practice*. Minutes seen by the team indicated that the University had begun to develop new partnership links overseas; the team would therefore encourage the University to continue to monitor the effectiveness of its procedures for the quality assurance of collaborative provision as it changes and develops, to ensure

that they remain fully appropriate to the scale, type, and location of provision.

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

### **Discipline audit trails**

132 In each of the selected DATs, appropriate members of the audit team met staff and students to discuss the programmes, studied a sample of assessed student work, saw examples of learning resource materials, and studied 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.

#### **Art and design**

133 The DAT covered the following programmes:

##### Reading Campus

- HND Fine Art
- BA Interdisciplinary Fine Art
- HND Design (Fashion)
- BA Fashion and Textiles
- BA Three Dimensional Design Studies
- HND Three Dimensional Design Studies
- BA Graphic Design
- BA Art in the Community
- HND Graphic Design.

##### Richmond Campus

- HNC/D Fine Art
- HNC/D 3D Design Crafts: Jewellery
- HNC/D Interior Spatial Design
- HNC/D 3D Design Crafts: Ceramics
- HNC/D 3D Design Crafts: Glass.

134 The DSED was written for the purpose of the audit and was accompanied by course/unit specifications. In some cases the specifications had been written in-house; others were more



generic and were based on Edexcel templates. The programme specifications made reference to the *Code of practice* and included level descriptors referenced to SEEC criteria. Where appropriate, reference had been made to relevant subject benchmark statements with mapping of learning outcomes to teaching and learning methods.

135 The art and design subject group is located within FOTA. Following the merger of the University with RCSAD, an enlarged art and design grouping was created from the RCSAD art and design provision and existing creative technology provision at the University. The provision at Reading covers a range of qualification levels but is predominately sub-degree level. There is also provision in the subject area at Richmond Adult Community College (RACC). At the item of the audit, the art and design full-time equivalent (FTE) students at Reading within the scope of the DAT were 204. At the time of the audit the total FTE at RACC was 37.

136 The DSED stated that the provision was subject to the normal University monitoring and review procedures. From its discussions with staff the audit team formed the view that annual processes were shared and owned by staff and that they understand their role in the process. Module evaluations and external examiner reports are considered as part of annual monitoring, in line with standard University procedures. In the academic year 2004-05 the art and design provision was evaluated in a periodic cluster review which involved staff from the Reading Campus and RACC provision.

137 External examiners' reports on the provision are discussed by course teams. Documentary evidence seen by the audit team established that external examiners received comprehensive responses to matters that they raised. The external examiner reports seen by the team also confirmed the comparability of student attainment with cognate provision in the sector. The team reviewed the summaries of external examiner reports on the TQI site and confirmed that they were an accurate record of

the original reports.

138 The audit team found that the diet of assessments was varied, comprising: individual and group presentations; critiques; self and peer assessment; practical assignments including multimedia; reflective practice portfolios, and essays and dissertations. Detailed individual assignment briefs made clear linkages between intended learning outcomes and assessment methods. Review of documentation and discussion with staff did not elicit evidence of clear links between local and University teaching, learning and assessment strategies, reinforcing the team's advice that the University elaborate the emergent University Learning, Teaching and Assessment Strategy, and the associated faculty learning, teaching and assessment strategies, and move to early and universal implementation across the University.

139 The audit team viewed samples of student work from across the range of provision and delivery sites. The work was in alignment with the programme specifications and was consistent across locations for delivery and organisations. The team found that current assessment processes were in line with the relevant precepts of the *Code of practice*. From scrutiny of the programme specifications and external examiners' reports the team confirmed that the standard of student achievement was appropriate to the titles of the awards and their location in the FHEQ.

140 Students receive comprehensive handbooks which provide information about the University, the delivery site and modules or units. Course handbooks also include information about staffing, structures, tutorial systems, course lists, the assessment regime, health and safety information, and module/unit details. In meetings with the audit team students reported that they found course and module information useful in helping them to understand the requirements on them in terms of learning and assessment.

141 Students based on the Reading Campus whom the audit team met identified a lack of dedicated space for the subject area and limited

studio space as ongoing issues, which were also highlighted the SWS and by staff whom the team met. The students also drew attention to a general lack of dedicated teaching and social spaces for HE students. In meetings with the team, both staff and students raised a number of matters related to the provision of learning resources, including a need for exhibition spaces and areas for creating large pieces of work. The University has responded by creating disciplinary zones in which FE and HE students are co-located but in such a way that the separate and collective needs of both groups can be recognised and met. The HE zone includes the provision of base rooms specifically for HE work. In meetings with the team, students also expressed a wish for out-of-hours access to facilities which, at the time of the audit, was limited. Students whom the team met also reported the student view that the administrative support systems at Reading were not sufficiently responsive to the differing nature and maturity of the FE and HE students.

142 At the time of the audit, plans were in hand to establish an operational VLE by September 2006. As an interim measure, staff have created their own web pages which the audit team considered to be comprehensive and visually striking. Students whom the team met confirmed that they made extensive use of these local web pages.

143 There is an active student representative scheme and meetings between staff and students are held regularly. In meetings with students, the audit team heard that as cohort sizes were small most matters were resolved informally, but students were aware of how they could raise issues more formally and gave examples of such issues being raised and addressed.

144 Students whom the audit team met reported that academic staff provided a supportive and student-centred environment and were both approachable and accessible. From meetings with staff and students, the audit team concluded that the small cohort size had enabled staff to create good working relationships with students and to provide them with a high level of personal support and guidance.

145 From scrutiny of documents and discussion with staff at Reading and at university level, the audit team was clear that the University was aware of the necessity of fostering of an HE culture at Reading and that some action had been taken. In response to the identification through its own internal procedures of the need for action to inculcate an HE culture at the Reading Campus, the University appointed a Head of Art and Design with a specific remit to provide HE leadership. The team noted action already taken by the University but would urge it to move to early implementation in full of its plans to establish an appropriate experience for its HE students on its Reading Campus

146 On the basis of the written evidence examined and meetings with staff and students, the audit team was satisfied that the quality of the learning opportunities available to students was suitable for programmes of study leading to the named awards.

#### **Law**

147 The scope of the DAT comprised pathways and programmes leading to the following awards:

- Foundation Degree in Applied Law
- LLB with Foundation Year, LLB (full and part-time)
- BA (Hons) Criminology with Law
- BA (Hons) Criminology with New Media Journalism
- BA (Hons) Criminology with Psychology
- BA (Hons) Criminology with Sociology
- Graduate Diploma in Law
- Postgraduate Diploma in Law
- Postgraduate Research Degrees.

Both the Foundation Degree and the BA Criminology include elements of work-based learning. Responsibility for the programmes lies with the Law Subject Group which is located in FOPS.

148 The LLB degrees are recognised as qualifying law degrees for professional exemption purposes. The Graduate Diploma in Law is

accredited by the Joint Academic Stages Board and the Postgraduate Diploma in Law is accredited by the Law Society. In 2003 the Academic Board made a decision to suspend recruitment to the undergraduate law programmes to allow the law team to redevelop its programmes as 'both recruitment and retention had been poor for some years'. As a result all of the undergraduate law provision was revalidated in May 2004 producing programmes within an integrated framework with shared modules to facilitate student choice and delivery efficiencies, while retention was addressed with additional learning support in level 1. At the time of the audit these programmes were in their second year of operation.

149 The DSED was written specifically for the audit; full programme specifications for all of the programmes within the scope of the DAT were appended. Apart from the Postgraduate Diploma in Law, the specifications clearly linked both the FHEQ level descriptors and the *Subject benchmark statements* for law to the learning outcomes and the teaching, learning and assessment strategies. In addition, the Foundation Degree and the criminology degree incorporate the *National Occupational Standards* provided by Skills for Justice.

150 The law programmes are subject to the standard University systems for internal monitoring and review. In addition, the Postgraduate Diploma in Law is subject to the annual reporting requirements of the Law Society, and to annual visits which consist of a monitoring visit one year and a pastoral visit the following year. A Law Society monitoring visit occurred in March 2004 when the provision was awarded a 'good' rating, and the subsequent pastoral visit in May 2005 also had a positive outcome.

151 Staff whom the audit team met were familiar with the requirements of the University processes for internal monitoring. The team examined the annual programme reports for the academic year 2004-05, all of which complied with the University template as laid down in the Quality Handbook although the

amount of analysis of, for example, student achievement and progression, was variable between programmes. In 2005, law participated in the one of the first annual cluster reviews introduced by the University for the academic year 2004-05. The review was chaired by the Associate Dean (Quality) and the panel included the lead reporting external examiner. The meeting focused on issues such as student progression and retention, strengths and weakness of the programmes, student evaluation, learning resources, maintenance of academic standards, response to external examiners and action planning for the following year. The report identified poor language skills in some LLB students and problems of attendance, whilst noting action taken by the staff to alleviate these matters. From its review of reports the team concluded that the processes of annual monitoring and review met the requirements of the Quality Handbook and were operating as intended.

152 External examiner reports for the programmes were provided for the audit team. On the whole the external examiners are complimentary about the provision. In one case the external examiner commented 'the learning resources and the work sampled displayed a clear and positive approach to the delivery and learning of the subject areas' and in another 'there is clear evidence of careful double marking and moderation on each student's work'. Reports are considered at programme team meetings where a response is agreed; the response is approved by the Head of Subject and is then sent to the external examiner. The team saw clear evidence of action taken in response to external examiner comments, a point noted in the cluster review report.

153 The DSED stated that assessment design was linked to the achievement of learning outcomes and this was confirmed at validation. Students undertake a variety of assessments on the undergraduate programmes: written coursework; oral presentations; court visit reports; and formal examinations. The Criminology and Foundation Degrees also include work-based assessments. Formative

assessment was introduced as part of the revalidation. The DSED recognised this had increased the assessment load on students, noting it had been more successful on the full-time than the part-time LLB. The DSED went on to state that the assessment load would be evaluated in the academic year 2005-06.

154 Details of the assessment regime are provided in the module study guides (MSGs). All assessments are approved by the internal Law Scrutiny Committee before being sent to external examiners. External examiners' reports seen by the audit team confirmed that the assessments were varied and appropriate and that assessment boards were conducted with full reference to the University's assessment regulations. External examiners also confirmed that there was clear feedback to students and evidence of double-marking, in line with the University's expectations. The sample of assessed work seen by the team had been double-marked and feedback to the students identified strengths and weaknesses and how the work could be improved. Students whom the team met confirmed the value and timeliness of feedback they received on assessed work. In discussion with staff and students, the team established that staff did comply with the University policy of returning assignments within 10 working days. The team regarded the variety of approaches to assessment as suitable and the manner in which assessment was conducted appeared to be consistent with the *Code of practice*.

155 The audit team viewed samples of student work from across the range of provision. The work was in alignment with the programme specifications and was consistent across locations for delivery and organisations. From scrutiny of the programme specifications, external examiners' reports and meetings with staff and students, the team confirmed that the standard of student achievement was appropriate to the titles of the awards and their location in the FHEQ.

156 The audit team had available to it the MSGs which are given to students in addition to programme handbooks. The team found the MSGs to be informative and detailed, with

contents including learning outcomes, lecture notes, tutorial guidance, marking criteria, content of lectures, deadlines and previous examination papers. In some cases there was also guidance on writing essays and preparing for examinations. The programme handbooks provided further information including assessment regulations and mitigation procedures. In meetings with the team students confirmed the value and usefulness of the information in the MSGs and the programme handbook.

157 The report from the law cluster annual review event conducted in May 2005 concluded that learning resources were adequate. This view was confirmed by students who told the audit team in meetings that the VLE was increasingly being used across modules and that there had been significant improvements to the Learning Resource Centre, especially in the provision of electronic sources. The team viewed minutes from course committee meetings where resource issues had been raised by student representatives and saw evidence that action had been taken in response.

158 Student feedback is obtained at the module level through written questionnaires, by student representation on programme committees and by a biennial student survey undertaken by the University. The audit team found evidence in the documentation and from meetings with students that students' feedback was acted upon. Examples of such action included changes to modules at level 1 following feedback from students. The team also saw minutes of programme committees where students had raised issues and noted records of the action taken in response. In meetings with the team students reported that student representation on programme committees worked well and that they considered that they had a real forum to make an input to course developments.

159 Overall, the audit team came to the view that the students felt well supported, with staff listening to student feedback and taking action where possible. On the basis of the written evidence it examined and its meetings with staff and students, the team was satisfied that

the quality of the learning opportunities available to students was suitable for the programmes of study leading to the award titles listed above.

### Psychology

160 The scope of the DAT was:

- BSc (Hons) Psychology
- BSc (Hons) Psychology with Counselling Theory
- Graduate Certificate/Diploma in Psychology
- BA (Hons) Psychology Major/Minor
- MSc Health Psychology.

161 All of the programmes are offered within FHHS and, with the exception of the BA and MSc programmes, were accredited for the five-year period 2002 to 2007 by the professional body responsible for subject area, the British Psychological Society (BPS). At the time of the audit the University was in the process of seeking accreditation for the master's programme.

162 The DSED was written for the purposes of the audit. Programme specifications were appended and were clearly referenced to the *Subject benchmark statement* for psychology. Curriculum maps which indicated the relationship between the programme learning outcomes and the specific modules on each programme were also provided.

163 Sets of application and enrolment data for the programmes from 2000-01 to 2004-05 were available to the audit team. There were 402 applications in the academic year 2000-01, 399 in 2003-04, rising to 490 in 2004-05. The periodic cluster review in 2005 examined student admissions and noted that the increase in student numbers was a planned development with a target of 120 FTEs for the academic year of 2004-05. The rise was linked to the widening participation agenda within the University's Strategic Plan, and also reflected increased demand for Graduate Diploma and Certificate programmes. Admission numbers to the psychology degree programmes rose from 124 full-time and 17 part-time in 2000, to 227 full-time and 31 part-time in 2004.

164 Progression and completion rates showed that between university levels 4 and 5 progression was 93 per cent of those who completed their assignments. Non-completion for the academic year 2004-05 year was 15 students out of 120, including some who transferred from full to part-time study. The audit team noted significant improvements in retention rates: at the time of the audit only 2 had withdrawn out of 120 enrolled on programmes of study; as compared with 75 per cent completion five years previously. In accordance with standard University procedures, students admitted to Psychology programmes are required to undertake a key skills test on admission which identifies any academic problem, in which case the student is directed to the LSDS which addresses skills deficits in areas such as mathematics and English.

165 Internal monitoring and review occurs through annual and periodic cluster reviews. The audit team examined the annual report for the academic year 2004-05 and noted that it provided a thorough examination of delivery methods, achievements on courses, changes to teaching, learning and assessment, changes to curriculum structure and content, and learning resources.

166 A more detailed examination of programmes is made every five years through periodic cluster reviews, the first of which under the University's revised approach was carried out in 2005. The review panel included internal experts from within the University and external experts in the subject area. The review appraised the quality of the programmes of study and the maintenance of standards; it also identified best practice and the strengths and weakness of the programme. The evidence base included, among an extensive list, external examiners' reports, the BPS accreditation report, annual reports, minutes of subject group meetings and data on student performance. The review team concluded that it had broad confidence in the psychology programmes. The action plan in response to the review was considered by FASC.

167 External examiner reports seen by the audit team were generally positive, confirming standards attained and the appropriateness of the assessments. It was noted in one report that student performance across cohorts varied considerably: at the top end candidates demonstrated well their ability to substantiate their work with current research but this aptitude was absent in the weaker students. Other matters identified for consideration by the course team included: encouragement to staff to use the entire marking scale especially at the top end; students with difficulties in using appropriate grammatical style; a request to see all dissertations rather than a sample. The team saw evidence of timely and appropriate responses to these and other matters raised by external examiners. The reports from the external examiners in subsequent years indicated that they felt their concerns had been addressed adequately. The team viewed the summaries of external examiners' reports on the TQI website and concluded that they were an accurate reflection of the original reports seen by the team.

168 The audit team saw evidence that assessment was used to support student learning and the management of assessment and feedback to students was effective, as was confirmed in external examiner reports. There is a two week turnaround of assignments with general feedback provided on the VLE, which is considered helpful by students. The team concluded that the approaches to assessment in psychology were consistent with University policy and the relevant precepts of the *Code of practice*.

169 The audit team viewed samples of student work at each of university levels 4 to 6, including dissertations. The work was in alignment with the programme specifications. All the samples included a rationale for the grade awarded and feedback to students was clear and concise. All dissertations were subject to second-marking (and sometimes a third marker), and then an agreed mark was awarded before approval by external examiners.

170 From scrutiny of the programme specifications, external examiners' reports and meetings with staff and students, the audit team confirmed that the standard of student achievement was appropriate to the titles of the awards and their location in the FHEQ.

171 Learning resources include two dedicated IT suites and a dedicated area for psychology in the on-site library. The periodic cluster review of psychology in 2005 commended the intranet presence in psychology and the use of the VLE to support students' learning. Students whom the audit team met considered that the learning resources were adequate and the BPS report confirmed that the resources met its requirements for psychology provision.

172 Students whom the audit team met expressed a high level of satisfaction with the course of study and with the teaching and learning facilities. The students confirmed that module study guides described explicitly the content of modules and that the dissertation guide provided a comprehensive explanation of the requirements for the work. The students understood fully the expectations associated with particular examination and assessed coursework gradings. The course guides which were also considered by the students to be helpful in supporting their studies.

173 Student feedback is gathered at an end of module presentation; the audit team also saw samples of mid-module evaluation forms. Scrutiny by the team of the evaluation forms confirmed students' enthusiasm for the quality of teaching and learning, with particular praise for the use of external speakers on some modules. The results of module reviews are posted on a dedicated notice-board within the faculty.

174 There are two student representatives from each year group on course committees where they have an opportunity to raise issues about a range of aspects of study on the programmes. The audit team saw evidence, confirmed in meetings with students, that issues raised at course committees were addressed; by way of example, changes in the presentation of

modules had resulted from suggestions made by students in the previous year.

175 From scrutiny of documentation and meetings with staff and students, the audit team concluded that the quality of learning opportunities was suitable for programmes of study leading to the named awards.

### **Thematic enquiries**

176 The audit team did not select any area for thematic enquiry.

## **Section 4: The audit investigations: published information**

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

177 Published information available for the audit included the University's prospectuses and information on the website. In the course of the DATs, the audit team reviewed a range of student handbooks. The team met students at institutional level and in the DATs and discussed their experience of the University's published information with them.

178 Prospective students are able to access information on courses through the prospectuses, the internet and information produced locally by course teams. Prospectuses are produced for full and part-time undergraduate study, full and part-time postgraduate study and sub-degree work at the University's Ealing Campus, and there are full and part-time prospectuses for courses at the Reading Campus. Websites for the Reading, Ealing and Slough Campuses are cross-referenced. In addition to this information students cited word of mouth, personal recommendations, local advertising and London listing magazines as sources of information about the University.

179 In meetings with the audit team at institutional level and in the course of the DATs, students confirmed that the information produced for induction and about University processes and procedures and teaching and

learning documents was comprehensive and fit for purpose. The SWS did not offer any comment on the accuracy of published information.

180 Prospectus information is assembled in faculties in line with standard templates. Once the information has been collected it is passed to the central marketing section to generate the published material.

181 From documentation and discussion with staff and students the audit team formed the view that the information provided to students before and after entry to the University was helpful and accurate. The team concluded that the University's approach to the accuracy of its published information was secure and operating as intended.

### **Reliability, accuracy and completeness of published information**

182 From meetings with staff and scrutiny of documentation, the audit team confirmed that the University accepted fully its responsibility for supplying public information for reporting purposes. While the University has engaged actively with TQI, in meetings with the team, staff expressed some reservations about requirements for the format of material on the site where it is not possible to provide information in a way that would relate more closely to the pattern of the University's provision.

183 The Director of Academic Audit is the University's TQI contact and is responsible for approving the qualitative data; responsibility for approving quantitative data rests with the Data Manager. The University has established that lead reporting external examiners will provide summaries for clusters of programmes for publication on TQI.

184 At the time of the audit the University's TQI site included:

- statistics for each subject area
- summary of the University's Learning and Teaching Strategy (2004)
- details of the external examining process

- summaries of external examiners' reports
- summaries of periodic review reports
- results of the National Student Survey.

185 Overall, the audit team concluded that the University was alert to the requirements of the document *HEFCE 03/51, Information on quality and standards in higher education: Final guidance*, and had moved in an appropriate manner to fulfil its responsibilities in this respect.



## Findings

## Findings

186 An institutional audit of Thames Valley University (the University) was undertaken during the week 21 to 25 November 2005. The purpose of the audit was to provide public information on the quality of the University's programmes of study and on the discharge of its responsibility as a UK degree-awarding body. As part of the audit process, according to protocols agreed with the Higher Education Funding Council for England (HEFCE), the Standing Conference of Principles and Universities UK, three audit trails were selected for scrutiny at the level of an academic discipline. 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 to the University for enhancing current practice.

187 The University was formed in June 1992 from the former Polytechnic of West London as a result of the award to the Polytechnic of university status. It operates from campuses in Ealing, Slough, Richmond and Reading. The University's campus at Reading was formerly the Reading College and School of Arts and Design which merged with the University in January 2004. The University has full taught and research degree-awarding powers.

### **The effectiveness of institutional procedures for assuring the quality of programmes**

188 The self-evaluation document (SED) identified the Academic Board as having 'ultimate responsibility for the academic standards of awards granted in the University's name'; the Academic Board receives an annual report on quality and standards produced by the Quality Audit Office. The SED also reported that the University had devolved responsibility for the assurance of quality and standards to faculties, working within a defined framework. The main committees to which Academic Board delegates powers are Academic Standards Committee (ASC), Academic Planning Committee (APC), Research Degrees Committee (RDC), External

Examiners Appointments Committee (EEAC), Learning, Teaching and Assessment Committee (LTAC) and faculty boards and their committees. ASC is responsible for the overview of quality assurance and improvement processes while APC formulates policy on academic matters, approves the regulatory framework and monitors the student experience. The University's processes for internal approval, monitoring and review are detailed in a Quality Handbook.

### **Programme approval**

189 The University has a two-stage validation system for new programmes: stage one is managed by the faculty, supported by the Academic Office, and tests the design construct and pedagogy of the programme and the adequacy of the documentation. After successful completion of the first stage, which includes recommendations to be carried forward, the proposal is developed in more detail for the second stage validation event, managed centrally by the Academic Office which is responsible for reporting to ASC that conditions for approval of the proposal have been met.

190 Module validations are organised at faculty level, and include external input. Faculties hold devolved authority to decide whether a formal approval event is required; the criteria applied to determine whether an approval event was necessary were not clear to the audit team from the evidence available to it. The team noted varying practice between faculties arising from this lack of definition.

191 The University regards its validation and approval processes as robust but is also aware of the associated significant demand on resources, particularly at faculty level. The SED pointed to attempts to reduce paperwork in first-stage validation to encourage a more dialogue-based approach. The replacing of periodic programme revalidation with periodic cluster review was also identified in the SED as a key step in rationalisation of processes.

192 The University recognises that the differentiation between the two validation stages can on occasion be indistinct. At the time of the audit faculties had been asked to

audit samples of the module validation process and to report on its effectiveness including proposals for potential improvements to the system.

### **Monitoring and review**

193 The annual monitoring process requires the production of reports at module and at programme level. The module reports feed into the programme reporting process, and the programme reports are subject to programme team scrutiny before being submitted to faculty academic standards committees. In the academic year 2004-05 the University introduced an annual 'event-based' review process, covering a cluster of programmes. There is external input to this process from the lead reporting external examiner.

194 The University has a system of periodic review events also covering clusters of programmes. Annual and periodic monitoring and review processes are complemented by internal audits and reviews which can be requested by faculty or University committees, and are organised by the Quality Audit Office. The audit team confirmed that all of the review events and audit processes involved external input and resulted in action plans.

195 The University intended that the event-based cluster review processes introduced in the academic year 2004-05 would mitigate the problem of lengthy paper-based exercises, and encourage more discussion and debate between the course team and the review panel. The approach was also designed to establish clearer linkages between review and strategic planning. The SED acknowledged that some clusters might be too large to facilitate rigorous scrutiny, but reported that the academic staff regarded the new process as more 'open and interactive, informative and relevant' and that there was a greater sense of faculty ownership. The University also recognised that the new system was more costly than its predecessor in both time and resources, and that it was too early to evaluate its success in linking review and strategic planning.

196 From documentation and meetings with staff, the audit team formed the view that the process of programme approval was robust, with a high degree of external input, and that proposals were subject to an appropriate intensity of scrutiny at faculty and university levels. The audit team also reached the conclusion that the processes of annual monitoring and review, and the periodic review process, were suitably rigorous and stringent, and there was clear evidence of action plans emerging from the review and monitoring activity. The team noted that the quality and detail of the annual monitoring reports were variable. The Faculty of the Arts has incorporated a system of critical readers into its annual review process, a practice which might usefully be extended to all faculties.

197 From documentary evidence and discussion with staff, the audit team concluded that although the individual review processes were of themselves rigorous and robust, there was significant overlap of activity which contributed to resource pressures identified by the University. The University might therefore wish to consider the desirability of re-examining the procedures for the validation, monitoring and review of programmes of study, including consideration of the approach to identification of cognate clusters of programmes, to eliminate duplication of effort.

### **Feedback from students**

198 The University obtains formal feedback from students at module and programme level, in addition to gathering views from student representatives on boards and committees. Programme-level feedback takes a number of forms including questionnaires, class meetings and focus groups. There is no centrally prescribed approach, and programme teams are therefore free to adopt the mechanisms most appropriate to the local context.

199 In addition to feedback on modules and programmes, the University introduced a University-wide student survey in 2003. The response rate was described as 'disappointing'; nonetheless, the audit team saw evidence that the University had taken action in response to

matters raised by the survey. Following evaluation of the content and format, in 2005 a revised survey was carried out and secured a much improved participation rate; the audit team noted that the results would be presented to the Academic Board and the Board of Governors in the autumn term of 2005.

200 In the SED, the University recognised that a large amount of data was being produced from various student feedback processes but that it was not collected and evaluated centrally as effectively as it might be. The University has identified the potential to quantify student views and prepare statistical summaries, but at the time of the audit there had not been the necessary investment in the technology and the administration required to make optimum use of the available information. The University stated its intention to make such investment in the academic year 2005-06.

201 It was evident to the audit team that there was a fully operational student representation system, which afforded the students opportunity for participation in boards and committees at faculty and university levels. Students expressed general satisfaction with the feedback opportunities available. From its reading of available documentation and its meetings with students, the team noted that although students were aware that they had opportunities to provide feedback to staff through a variety of processes, and they were satisfied with the availability of staff to provide support and advice, they were frequently unsure what actions had resulted from their feedback. The team would encourage the University to explore ways of ensuring that students are informed routinely about responses to issues raised through student feedback and evaluations.

#### **Feedback from other stakeholders**

202 The audit team found evidence of some faculty-based initiatives in gathering feedback from employers, for example, employer forums and industrial panels. There was also some evidence of feedback being solicited from graduates in those areas where alumni relations were maintained. There is no cross-University

systematic or consistent approach to gathering feedback from graduates and employers. The audit team would wish to encourage the University to seek ways of gathering and making more effective use of such feedback in the quality assurance and development of its academic provision.

#### **Blended learning/e-learning**

203 A Blended Learning Unit was established in 2004, and an e-Learning Unit in August 2005. A VLE is available to all staff and students of the University. It was apparent to the audit team from its discussions with staff and students that the use of the VLE to support learning was very variable, with some students indicating that they had little or no contact with the system other than to download module or programme guides. It was evident that some health studies courses in the Faculty of Health and Human Sciences had made much more intensive use of the VLE in a blended e-learning approach and the team would encourage the University to draw on this good practice in extending the use of the VLE across the University.

#### **Collaborative provision**

204 The SED stated that the University's strategy for collaborative partnerships was based on a closure of those international partnerships which were 'deemed to present an unacceptable level of risk'. In the UK, the University has focused its collaborative provision on expansion of regional and local partnerships which, the SED noted, was in line with the regional and widening participation agenda of the University.

205 At the time of the audit the University had collaborative arrangements with a number of partner institutions, including further education (FE) colleges in its region to provide Foundation Degrees. There were also collaborative arrangements with six overseas organisations.

206 Proposals for new collaborative arrangements are considered by faculty boards and then if approved by APC. The University requires that all prospective partners must be audited prior to consideration of arrangements

for programme approval and delivery. Proposed centres for delivery and the suitability to deliver particular programmes of study must also be assessed. The University examines the quality assurance arrangements of prospective partners to confirm their suitability and to recommend actions necessary to be undertaken where required to ensure that they meet the necessary requirement for delivery of higher education (HE) programmes of study. The University also examines the financial stability and standing of the potential partner in accordance with guidance provided centrally. ASC receives the audit reports on prospective partners' arrangements for securing quality and standards and receives partnership reports and those recording the outcomes of partnership reviews. When a new collaborative programme has been approved, the University Secretary is responsible for the establishment of an appropriate Memorandum of Co-operation.

207 Formal agreements seen by the audit team were in alignment with the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*, with the exception of formal specification of detailed arrangements for termination. While accepting that the University would meet its responsibilities in supporting students to complete their programmes of study, the audit team would encourage the University to develop explicit exit strategies to protect its own interests and those of the students in the event of closure of a collaborative arrangement.

208 Once a partnership is operational, it is subject to the same monitoring and review arrangements as the University's home provision; in addition, there is an established system of annual partnership review, an integral part of which is the production of an evaluation report by the University. Collaborative partnerships are also subject to quinquennial review and the Academic Board has the right to request an exceptional audit of a partnership at any time.

209 Since some of the processes relating to the overview of quality and standards in

collaborative provision had recently been reviewed and revised at the time of the audit, for example, the constitution of a Standing Group on collaborative provision, it was too early for the audit team to comment on the effectiveness of their contribution to the University's assurance of its collaborative provision. The team concluded that the processes for approval and review of collaborative arrangements were rigorous and operating as intended, taking due account of the relevant precepts of the *Code of practice*. Minutes seen by the team indicated that the University had begun to develop new partnership links overseas; the team would therefore encourage the University to continue to monitor the effectiveness of its procedures for the quality assurance of collaborative provision as it changes and develops, to ensure that they remain fully appropriate to the scale, type and location of provision.

210 It was clear to the audit team from meetings with staff and reading of the minutes of key committees that the institutional framework for quality assurance was well established. Meetings with staff and examination of minutes indicated that University processes were interpreted differently across the faculties. The team noted the ongoing developments in the University's arrangements for assuring the quality of programmes and that the University intended to pursue its own internal evaluation of the suitability of some of its procedures.

211 The audit team is aware, from its reading of the SED and other documentation, of the importance attached by the University to the ASC as pivotal to its quality and standards processes. Review of the minutes of ASC and discussion with staff led the team to conclude that the ASC had a weighty agenda, and that it currently received a significant volume of high-level internal and external reports which restricted its ability to maintain a fully effective oversight of processes and activity within the University's devolved structure. The team therefore advises the University to review the remit and operation of the Academic Standards

Committee to promote more effective central oversight of the operation of the University's devolved framework for academic quality and academic standards, thereby allowing the University to be assured that any variability in the application of the relevant policies and procedures is within defined boundaries.

212 On the basis of documentation consulted and its discussions with staff and students the audit team concluded that the University's procedures for assuring the quality of programmes, including its use of externality, were robust and operating in accordance with the *Code of practice*, and therefore supported a judgment of broad confidence in the soundness of the University's current and likely future management of the quality of its academic programmes.

### **The effectiveness of institutional procedures for securing the standards of awards**

213 The SED stated that responsibility for the assurance of quality and standards was shared by all those who supported student learning, and included module and programme leaders in addition to administrators at University and faculty level. The Academic Board has ultimate responsibility for the academic standards of awards granted by the University.

#### **External examiners**

214 External examiners are appointed by Academic Board on the advice of the External examiners Appointments Committee, following initial scrutiny of their suitability at faculty boards. External examiners are appointed at subject and programme level for a term of office of four years. External examiner reports are read at various points in the University, and directors of studies have the responsibility of making formal written responses to the reports and to any issues raised. In addition to producing a report through the standard channels, external examiners also have the opportunity of raising issues directly with the Vice-Chancellor.

215 External examiner reports are considered at faculty level as part of the annual review

cycle, and ASC receives a summary of the reports provided by the Quality Audit Office. In order to ensure compliance with Teaching Quality Information (TQI) requirements, the University has designated lead reporting external examiners, who produce summary reports for programme clusters for publication on the TQI site.

216 The audit team noted that in a revision to the external examiner report form, the University had introduced an additional category of 'Yes with reservations' to enable the external examiners to raise issues of concern without making an overall definitive negative judgement about quality and standards. The team would encourage the University to consider the desirability of keeping under review the fitness for purpose of this revised format for reporting by external examiners.

#### **Use of statistical data**

217 At the time of the audit the University was making a number of changes to its approach to student information and to its information system which had recently been replaced. The University is confident that the revised management information system will allow it to make effective use of progression and completion statistics in its management of quality and standards. At the time of the audit, the system had only recently been installed so it was too early for the audit team to come to an informed view on its use and effectiveness in the compilation and analysis of data in support of institutional approaches to the assurance of quality and standards.

218 Admissions data are gathered by the University and are considered at university level by the core executive and at faculty level. The University's approach to progression and completion is a reflection of its widening participation strategy: the emphasis is therefore on credit accumulation rather than completion in a predetermined period of time, although there are limits on duration of registration and progression opportunities. This approach means that data are not presented on a cohort-by-cohort basis. The University does not include students in graduation data who have not met

the requirements for an award but are eligible to continue on the course, which therefore indicate pass rates of 100 per cent. While the audit team accepts the University's distinctive approach and emphasis on credit accumulation, it would encourage the University to consider whether cohort analyses, showing cumulative progression and patterns of progression, withdrawal and failure over time, would be a beneficial statistical indicator for the University.

219 The University is confident that its procedures for the assurance of standards are effective. The SED commented that external reviewers had on occasion highlighted difficulties in perceiving a clearly articulated strategy for supporting and demonstrating academic challenge or 'honours-worthiness'. A discussion of this matter at the Academic Board led to a strengthening of validation, review and audit agendas to provide for explicit consideration of this area and a stronger emphasis on dissertation and project preparation and supervision, illustrating the University's effective use of external input in its assurance of standards.

220 The audit team formed the view that the University had a clearly articulated framework and committee structure for the assurance of standards, and that these were understood at faculty and university level, and by collaborative partners. There was evidence in documentation consulted by the team of appropriate evaluation of and response to issues raised in reviews and by external examiners, and it was apparent to the team that there was a high degree of externality at all levels in the University's processes.

221 In its discussions with liaison tutors and representatives of partner colleges, the audit team noted that there was some variability in the understanding of University and partner college staff with regard to their responsibilities for marking and moderation of assessed work. The team formed the view that it would be advisable for the University to define and promote a clear understanding of the respective responsibilities of staff at the University and those in collaborative institutions

for the marking and moderation of summative assessed work undertaken by students in partner institutions.

222 From scrutiny of documentary evidence and discussions with staff, the audit team formed the view that the University displayed a critical awareness of the requirements of its framework and procedures for the assurance of standards, and was vigilant in evaluating its procedures and making modifications to them with a view to further enhancement. The team concluded that the University's approach to securing the standards of its awards, including the use of external examiners, supported a judgement of broad confidence in the soundness of the University's current and likely future management of the academic standards of its awards.

### **The effectiveness of institutional procedures for supporting learning**

223 Learning facilities are concentrated in resource centres on each of the main campuses and are managed by the Information Services section. The needs of part-time students are taken into account through extended opening hours and there is 24-hour opening during term-time of the Learning Resource Centre, which students whom the audit team met confirmed was a widely used facility. There is a Learning Resource Centre User Group, chaired by the Students' Union President, which gathers student views on learning resources.

224 Documentation seen by the audit team demonstrated the University's commitment to enhancement of its educational provision through the development of e-learning as part of a strategy to implement e-learning and blended learning across its portfolio of programmes. There is a central e-Learning Unit within the Education Development Unit (EDU) to provide strategic leadership, further embed the use of the VLE, and integrate academic and technical support. There are faculty e-learning coordinators who work in close liaison with the e-Learning Unit. There is a Blended Learning Steering Group at university level. The University's VLE has been updated to the latest version of the

package used, and access to IT resources is available through a portal system. The team was aware that the VLE was available to all staff and students, but it was evident from discussions with students that its use was variable.

225 The University's Information Strategy promotes an integrated approach to information and learning systems, and the intention is that in future students will have access to course support material on a 24-hour basis. At the time of the audit teaching space was being upgraded to provide facilities which supported e-learning and presentations by tutors.

#### **Academic and personal support for students**

226 The SED placed considerable emphasis upon skills development and the role of personal tutors in providing academic support and guidance. It is a University requirement that academic skills are developed in all programmes, usually through the Learning Skills Development Scheme (LSDS) which can operate within or alongside modules and is supplemented by a series of study skills booklets. On entry, all undergraduate students undergo a key skills check which can lead to a referral to the Learning Skills Unit.

227 Programmes are required to provide the opportunity for students to engage in personal development planning. It was evident to the audit team that the progress in implementing the use of personal development portfolios was variable: in discussions with the team some staff and students displayed little awareness of the system or its requirements. The team therefore considers it desirable that the University develop and implement an institutional framework for students' personal development planning, including the fostering of increased staff engagement and commitment to the process.

228 Students are allocated a personal tutor, and students whom the audit team met confirmed that they had ready access to academic staff, including module and course tutors. Although all students have an entitlement to a personal tutor, the SED recognised that the range and degree of support offered varied across programmes.

The SED concluded that the University's guidance on the responsibilities of the personal tutor role was 'insufficiently clear to provide guarantees of, at least, a threshold entitlement to support'.

229 At the time of the audit, the University had established a working party to work with the Students' Union to explore the effectiveness of the personal tutoring system with a view to reporting at Easter 2006. There was evidence of the University's own internal systems operating effectively in identifying variability in the extent of personal tutoring support across its provision and that the institution was taking action in cooperation with the Students' Union to remedy the situation.

230 From discussion with students on the subject of assessment and feedback on assessment, the audit team concluded that the time taken by tutors to provide students with marked assessments and feedback on their performance was variable with some students reporting lengthy delays in obtaining appropriate feedback. The team therefore considers it desirable that the University ensure that all students receive timely and appropriate feedback on assessed work in accordance with the University's stated policies.

#### **Staff support for learning, and staff development**

231 The SED indicated that more development was needed in the area of support for learning. The University has therefore established a central EDU, together with a number of fractional posts of faculty professional development coordinators. Faculty learning, teaching and assessment committees were established in July 2005 followed by a University Teaching, Learning and Assessment Committee in September 2005. The University operates a Teaching Fellowship scheme, introduced in 2001 which is open to all teaching and learner support staff.

232 The audit team recognised the efforts made by the University since the merger to develop an HE culture at its Reading Campus, but it was evident from discussions with staff



and students that there was a need for further progress in this direction. In meetings with students, the audit team heard that the HE students at Reading considered that there was insufficient differentiation between the HE and FE experience, with a perception that limitations on access and provision to facilities were driven by the imperatives of the FE provision. The team therefore considers it desirable that the University expedite the integration of the Reading Campus into the University's structures to secure the early establishment of the requisite culture and ethos for all students involved in programmes leading to HE awards of the University.

233 The audit team considered the recent establishment of the EDU and of university and faculty level learning, teaching and assessment committees to be positive developments. The team considered the leadership and support for teaching and learning, including a focus on enhancement activity, provided by the EDU to be a feature of good practice in the provision of learning support.

234 It was evident that faculties had started to develop their own learning, teaching and assessment policies, but the University has yet to develop a coherent and consistent framework for learning and teaching within a clearly articulated strategy. The audit team therefore considers it advisable that the University elaborate the emergent University Learning, Teaching, and Assessment Strategy and the associated faculty learning, teaching and assessment strategies and move to early and universal implementation across the University.

235 The audit team identified the appointment of the Students' Union President as chair of the Learning Resource Centre User Group as good practice in promoting effective communication of the student voice. The team considers the support for students' academic development provided through the Learning Skills Development Scheme to be a feature of good practice in the University's approach to academic support for its students.

236 From documentary evidence, including feedback from students, the audit team formed the view that the University's approach to the management of its learning resources was appropriate. From discussion with staff and review of documentation, the audit team found the University was aware of the considerable challenge in providing appropriate and consistent levels of learning support resources across its multisite campuses. The team noted evidence of variation in facilities across sites and that the University was working through funding allocations to redress any imbalances and to ensure that the provision of resources across sites was satisfactory.

## **Outcomes of discipline audit trails**

### **Art and design**

237 The discipline audit trial (DAT) covered the following programmes:

#### Reading Campus

- HND Fine Art
- BA Interdisciplinary Fine Art
- HND Design (Fashion)
- BA Fashion and Textiles
- BA Three Dimensional Design Studies
- HND Three Dimensional Design Studies
- BA Graphic Design
- BA Art in the Community
- HND Graphic Design.

#### Richmond Campus

- HNC/D Fine Art
- HNC/D 3D Design Crafts: Jewellery
- HNC/D Interior Spatial Design
- HNC/D 3D Design Crafts: Ceramics
- HNC/D 3D Design Crafts: Glass.

238 From its study of students' assessed work and from discussion with students and staff, the audit team formed the view that the standard of student achievement in the programmes was appropriate to the title of the awards and their location in *The framework for higher education*

*qualifications in England, Wales and Northern Ireland* (FHEQ). The programme specifications set out appropriate educational aims and learning outcomes. The need for the establishment of an appropriate HE culture at the University's Reading Campus has been noted elsewhere in this report. The team concluded that the quality of learning opportunities available to students was suitable for the programmes for study leading to the named awards.

### Law

239 The DAT covered the following programmes:

- Foundation Degree in Applied Law
- LLB with Foundation Year, LLB (full and part-time)
- BA (Hons) Criminology with Law
- BA (Hons) Criminology with New Media Journalism
- BA (Hons) Criminology with Psychology
- BA (Hons) Criminology with Sociology
- Graduate Diploma in Law
- Postgraduate Diploma in Law.
- Postgraduate Research Degrees.

240 From its study of students' assessed work and from discussion with students and staff, the audit team formed the view that the standard of student achievement in the programmes was appropriate to the title of the awards and their location in the FHEQ. The programme specification set out appropriate educational aims and learning outcomes, linked effectively to programme delivery and the assessment of students. In general, the programme specifications matched the expectations of the Academic Infrastructure. The team concluded that the quality of learning opportunities available to students was suitable for the programmes for study leading to the named awards.

### Psychology

241 The DAT covered the following programmes:

- BSc (Hons) Psychology
- BSc (Hons) Psychology with Counselling Theory
- Graduate Certificate/Diploma in Psychology
- BA (Hons) Psychology Major/Minor
- MSc Health Psychology.

242 From its study of students' assessed work and from discussion with students and staff, the audit team formed the view that the standard of student achievement in the programmes was appropriate to the title of the awards and their location in the FHEQ. In general, the programme specifications matched the expectations of the Academic Infrastructure. The team concluded that the quality of learning opportunities available to students was suitable for the programmes for study leading to the named awards.

### The use made by the institution of the Academic Infrastructure

243 The SED stated that the Academic Infrastructure was used mainly at programme level as a tool for curriculum design, and that its use was checked during the validation process. According to the SED, the University ensures that the *Code of practice* is used to inform University policy. The SED noted that use of subject benchmark statements had been variable across subject groups, and the University has undertaken to reinforce the importance of the statements by foregrounding them more in validation and review processes.

244 From documentation available to the audit team it was apparent that the validation process was informed by the Academic Infrastructure and that there were clear statements relating to adherence to the FHEQ. The documentation available to the team also evidenced the production and use of appropriately constructed programme specifications.

**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**

245 The audit team found the SED to be a very informative document in the light of the significant changes prior to the audit to the University's framework and committee structure for the assurance of quality and standards, by way of its response to external review and its own evaluation of the suitability of its systems and processes. The sections relating to developments since the previous audit were particularly useful. The SED displayed a critical awareness of some of the areas in which further adjustment of practice was needed, for example, with the personal tutor system, the development of the Reading Campus, and the annual and periodic review processes. The team welcomed the open approach of the University to the drafting of the SED but noted a tendency to understate the amount of activity and development work ongoing in e-learning and blended learning. Overall, the team found the SED a very helpful document in preparing for the audit and in guiding it through the University's structures and processes.

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

246 The SED stated that the University's approach to quality enhancement comprised several elements: enhancement through audit and review; enhancement led centrally by the Educational Development Unit, the Academic Office and the Human Resources Department; enhancement led by faculties and subject groups; enhancement via developments in teaching and learning; and scholarship and research linked to teaching and learning.

247 The University regards its investment in posts directly related to the enhancement of teaching and learning as a key driver in its enhancement agenda, together with the newly established network of central and faculty-level

learning, teaching and assessment committees, and work on developing the University's learning, teaching and assessment strategy. Past activity related to enhancement identified in the SED included the establishment of the e-Learning Unit, development of the role of teaching fellows and the annual teaching conference. At faculty level, faculty development coordinators have been established to help to identify academic practice needs. The Graduate School, recently established at the time of the audit, is also seen as playing a pivotal role in enhancing the experience of postgraduate students, and providing a focal point for research activity in line with the University's strategy of encouraging more explicit and creative linkages between scholarly activity, research and teaching.

248 The SED cited a number of other areas in which the University sought enhancement of quality and standards, notably improvement to its collection and analysis of data emerging from student evaluation; further strengthening of the student representation system; and consistent implementation of the personal tutor system for students.

249 The audit team concurred with the University's identification of the areas targeted for enhancement, and noted that in certain areas actions were already under way. The team formed the view that the University had set itself an appropriate but challenging agenda, based on critical reflection on its current position.

**Reliability of information**

250 The Director of Academic Audit is the University's TQI contact and is responsible for approving the qualitative data; responsibility for approving quantitative data rests with the Data Manager. The University has established that lead reporting external examiners will provide summaries for clusters of programmes for publication on TQI.

251 At the time of the audit the University's TQI site included:

- statistics for each subject area

- summary of the University's Learning and Teaching Strategy (2004)
- details of the external examining process
- summaries of external examiners' reports
- summaries of periodic review reports
- results of the National Student Survey.

252 The audit team concluded that the University was alert to the requirements of HEFCE's document 03/51 in relation to *Information on quality and standards in higher education: Final guidance*, and had moved in an appropriate manner to fulfil its responsibilities in this respect.

### **Features of good practice**

253 The following features of good practice were noted:

- i the appointment of the Students' Union President as chair of the Learning Resource Centre User Group which promotes effective communication of the student voice (paragraph 79)
- ii the leadership and support for teaching and learning, including a focus on enhancement activity, provided by the Educational Development Unit (paragraph 95)
- iii the support for students' academic development provided through the Learning Skills Development Scheme (paragraph 113).

### **Recommendations for action**

254 Recommendations for action that is advisable:

- i review the remit and operation of the Academic Standards Committee to promote more effective central oversight of the operation of the University's devolved framework for academic quality and academic standards, thereby allowing the University to be assured that any variability in the application of the relevant policies and procedures is within defined boundaries (paragraph 39)

- ii elaborate the emergent University Learning, Teaching and Assessment Strategy and the associated faculty learning, teaching and assessment strategies, and move to early and universal implementation across the University (paragraph 94)
- iii define and promote a clear understanding of the respective responsibilities of staff at the University and those in collaborative institutions for the marking and moderation of summative assessed work undertaken by students in partner institutions (paragraph 130).

255 Recommendations for action that is desirable:

- iv re-examine the procedures for the validation, monitoring and review of programmes of study, including consideration of the approach to identification of cognate clusters of programmes, to eliminate duplication of effort (paragraph 55)
- v keep under review the fitness for purpose of the revised format for reporting by external examiners (paragraph 63)
- vi develop and implement an institutional framework for students' personal development planning, including the fostering of increased staff engagement and commitment to the process (paragraphs 107 and 112)
- vii ensure that all students receive timely and appropriate feedback on assessed work in accordance with the University's stated policies (paragraphs 110 and 112)
- viii expedite the integration of the Reading Campus into the University's structures to secure the early establishment of the requisite culture and ethos for all students involved in programmes leading to higher education awards of the University (paragraphs 111 and 145).

## Appendix

### Thames Valley University's response to the audit report

The University welcomes the report and finds it to be a balanced and fair document which will be of use to the University in its strategic and operational planning. We are pleased that confidence in the University's management of quality and standards has been confirmed and are responding to the recommendations as follows.

We have reconsidered the remit of the Academic Standards Committee (ASC) and are of the view that its terms of reference and membership remain appropriate. We are, however, reviewing the nature of the evidence received by the Committee, to ensure it has greater oversight of the delegated responsibilities of faculties for quality and standards. One faculty has offered itself for a full audit of local processes, the results of which will be fed into ASC and act as a pilot for other faculties. It will also inform our continuing considerations of validation and review procedures, and of the ways in which external examiners operate and report.

The University's 2006 Learning, Teaching and Assessment Strategy (LTAS) includes the faculty strategies. Its priority areas include: sharing models of good practice across further and higher education; enhancing the quality of student assessment and feedback; developing a framework of continuous professional development for teaching and learner support staff. The strategy incorporates the recommendation for an institutional framework for personal development planning. The schedule of implementation will be in line with the associated action plans.

The two recommendations referring to assessment and feedback have been incorporated into the LTAS, and include a University-wide action learning project to research our assessment practice in both further and higher education, including collaborative provision.

The development of an integrated higher education culture following a merger between a University and a large college of further education is not quickly accomplished. It is the theme of the University's 2006 Annual Teaching Conference. We have put in place necessary structural and personnel changes (including the designation of Technology as a faculty). To facilitate integration we have established a Progression Support Team, to work with academic groups to effect the further changes necessary to achieve the targets established in the Merger Action Plan. Those targets include: continuity of the student experience across the boundary of further and higher education; development of curriculum models which characterise systematic progression to graduateness, including a review of level 3 provision to see where concepts of higher education might be extended; rationalisation of the curriculum offer to provide a level 4 foundation of subject-based core concepts and skills, with increasing specialisation as the student progresses, and awards defined at exit rather than at entry; a more supportive entry into higher education first year experience with an emphasis on continuity of learning and regular formative assessment; and the provision of work based learning and the accreditation of prior experience and learning to students with non-traditional entry qualifications.

