

# **University of East London**

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MAY 2006

## **Preface**

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

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

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

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

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

## **Judgements**

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

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

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

## **Nationally agreed standards**

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

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

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

### **The audit process**

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

The main elements of collaborative provision audit are:

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

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

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

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

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

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

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## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of East London (the University) from 15 to 19 May 2006 to carry out a collaborative provision audit. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

To arrive at its conclusions the audit team spoke to members of staff of the University and read a wide range of documents relating to the way the University manages the academic aspects of its collaborative provision. As part of the process, the team visited four of the University's partner organisations in the UK, where it met with staff and students, and during the audit visit also carried out desk-based case-studies of five other institutions.

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 award. It is about making sure that appropriate teaching, support, assessment and learning resources are provided for them.

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

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

### Outcome of the collaborative provision audit

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

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

### Features of good practice

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

- the University's development of its collaborative provision as an extension of its vision, mission and aspiration for widening participation in, and access to, higher education
- the development of relationships which foster an ethos of reciprocation and mutual learning between the University and its partners
- the provision of a staff development process which integrates the experiences of schools, partners and academic link persons, underpinned by central support services
- the University's oversight of conditions of approval following the validation process.

### Recommendations for action

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

The audit team considers it advisable that the University:

- ensures that the monitoring and review processes implemented for collaborative programmes maintain a level of institutional oversight equivalent to that of the approval process
- enhances its ability to evaluate and reflect upon the student experience at the point of delivery of collaborative programmes
- puts in place clear procedures for ensuring the continuing quality of the student experience during the process of partnership termination.

The audit team also considers it desirable that the University:

- strengthens the development and support of staff as they move into the key role of academic link person.

progress towards providing requisite teaching quality information for its collaborative provision.

### **National reference points**

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

In due course, the audit process will include a check on the reliability of the teaching quality information, published by institutions in the format recommended by the Higher Education Funding Council for England (HEFCE) in the document *Information on quality and standards in higher education: Final guidance* (HEFCE 03/51). The audit team was satisfied that the information the University and its partner organisations are currently publishing about the quality of collaborative programmes and the standards of the University's awards was reliable and that the University was making adequate

# **Main report**

## Main report

1 A collaborative provision audit of the University of East London (the University) was undertaken from 15 to 19 May 2006. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements.

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

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

and students, and during the audit visit also carried out desk-based case-studies of five other institutions.

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

4 The University traces its origins back to three local institutions: the West Ham College of Technology, founded in 1898; the Barking Regional College of Technology which opened in 1936; and the Waltham Forest Technical College and School of Art which opened in 1938.

5 In 1970 these three institutions were brought together to form the North East London Polytechnic (NELP). Under the Education Reform Act 1988 NELP, later renamed the Polytechnic of East London (PEL), moved out of local authority funding and control, and on 1 April 1989 became a higher education corporation. The Further and Higher Education Act 1992 empowered PEL to award its own degrees, and to adopt the title of university should it so wish. Privy Council consent to the title the University of East London was granted on 16 June 1992.

6 The period since 1992 has seen a gradual restructuring of the University, from some 30 academic departments organised into six faculties to a school structure of nine schools. In its self-evaluation document (SED), the University states that 'the intentions behind a flatter structure were to facilitate better two-way communication; to encourage far greater ownership of policies by involving more staff in decision making; to provide a sharper focus for student number planning and academic development; and to ensure that our strategic priorities could be delivered through the shortest "chain of command"'.

7 On his arrival in November 2001, the Vice-Chancellor established a Corporate Management Team (CMT) consisting of all heads of schools and directors of (support) services. Members of CMT have 'cabinet-style

responsibilities' once decisions are made 'in order to maximise institutional team working'. There is no other layer of senior management.

8 The University currently has links with 55 collaborative partners. These range from partnerships based upon a single franchised programme through joint development of Foundation Degrees with local further education (FE) Colleges to a major partnership with the Tavistock and Portman NHS Trust where the University has some 25 master's and doctorate-level programmes. Early in 2005-06, 17,700 students were registered on programmes with the University, of whom 2,250 were registered on programmes with UK collaborative partners and 1,240 on programmes with partners located overseas.

9 In its SED, the University states that 'it is an essential part of our institutional identity to promote and to celebrate the diversity of our community and to focus on the regeneration of our region, not least by striving to widen successful participation for our student body, the majority of whom can be defined as local students'. In implementing its vision, the University has committed itself to building upon its internal partnership activity in teaching, research and academic development, to develop partnerships with schools, FE colleges and other education and training providers and to develop what the University defines as 'multimode provision'.

10 The University gives formal expression to its vision through an explicit set of values, drafted and agreed within the CMT and expressed within the SED; 'Our values are for us to be student centred, really useful, inclusive, challenging and open, honest and accountable'.

### **Background information**

11 The published information available for this audit included:

- the institutional audit report, May 2004

- an Overseas Quality Audit Report, of March 2004 focused upon a collaboration between the University, the Tavistock and Portman NHS Trust and the Centro Studi Martha Harris, Florence
- Foundation Degree (FD) review report of the University of East London and Thames Gateway College reviewing the FD in Modern Manufacturing.

12 The University provided QAA with the following documents:

- the SED for collaborative provision (CPSED)
- documentation linked to the CPSED
- documentation relating to the partner organisations visited by the audit team.

13 In addition, the audit team had access to a range of the University's internal documents in hardcopy or on the University's website, including the intranet. The team is grateful to the University for the access it was given to this information.

### **The collaborative provision audit process**

14 Following the preliminary meeting at the University in December 2005, QAA confirmed that between the briefing and audit visits there would be four visits to partner organisations. QAA received the CPSED in January 2006 and documentation relating to the four partner organisations in March 2006.

15 The University's students were invited, through their Students' Union (SU), to contribute to the audit process in a way that reflected the SU capacity to represent the views of students in partner organisations offering the University's awards through collaborative arrangements. At the briefing visit, the audit team was able to meet SU staff members as part of a wider student group, and the team is grateful to the SU for its engagement with the audit process.

16 The audit team undertook a briefing visit to the University from 4 to 6 April 2006 with the purpose of exploring with senior members of University staff, senior staff from partner organisations, and student representatives matters relating to the management of quality and standards raised by the CPSED and the linked documentation. At the end of the briefing visit a programme of meetings for the audit visit was agreed with the University. It was also agreed that certain audit trails would be pursued through specific case-studies prepared by the University.

17 During its visits to the partner organisations the audit team held meetings with senior staff, teaching staff and student representatives of the partner organisations. The team is grateful to the partner organisations for their help in furthering its understanding of the University's processes for managing its collaborative arrangements.

18 The audit visit took place from 15 to 19 May 2006 and involved further meetings with University staff, partner staff and students. The audit team is grateful to all those who participated in meetings.

19 The audit team comprised Professor Marwan Al-Akaidi, Ms Judy Glasman, Professor Paul Luker and Dr David Starling, auditors, and Mr David Stannard, audit secretary. The audit was coordinated for QAA by Dr P Cardew, Assistant Director, Reviews Group.

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

20 The last institutional audit of the University was carried out in May 2005. The advisable and desirable actions that emerged have some bearing on the conduct of partnership activities. The University was advised to review 'the impact of the implementation of the new academic framework to ensure that the University's quality procedures have been followed where changes have been made to programmes', and 'to enhance its capacity to oversee and monitor its engagement with professional, statutory and regulatory bodies

[PSRB] in respect of accredited programmes'. The audit team was able to confirm that the University, through its Quality and Standards Committee (QSC) and Validation and Review Subcommittee (VRSC) has taken a number of steps to ensure that its procedures are followed for modifications, and that its QSC now receives and considers all PSRB reports.

21 The institutional audit report recommended that it would be desirable 'to encourage in staff a greater awareness of the Academic Infrastructure' and that it would be desirable for the University to 'seek ways to give a higher profile to its user-friendly and accessible student charter'. The audit team found that the academic framework and Academic Infrastructure have been used in recent staff development events hosted by the schools and by the University. The team also found that the University is developing specific versions of the Student Charter for distance learners and for students of collaborative partners of the University. The team found that a useful discussion had been taking place with staff across the University in developing these documents and at the time of the audit, a number of collaborative partners were being consulted. The expectations of students at collaborative partner institutions are set out and relate to obligations stated in the Memorandum of Cooperation. All changes in processes resulting from institutional audit have been included in updated versions of the Collaborations Handbook and Quality Manual.

22 A number of other QAA engagements related to the University's work with its partners have taken place in recent years. In March 2004 an overseas quality audit report focused on a collaboration between the University, the Tavistock and Portman NHS Trust and the Centro Studi Martha Harris, Florence. This report expressed broad confidence in the way in which the University had exercised its stewardship of the quality and standards within this relationship. A number of issues were raised for further consideration including ethical issues arising from observational interactions (including the legal requirements for students

registered on programmes in countries which do not have legislation similar to that of the UK regarding the protection of vulnerable groups). It was also suggested that more work needed to be done to ensure that students following the course in Italy have a comparable quality of information accessible to them as those studying within the UK. The report asked the University to consider whether, in the light of the experience of the closure of the course centre in Rome, it was fully discharging its responsibilities to registered students following such termination. Since the report the translation of the course handbook had taken place and ethical guidelines had been developed and introduced through the Tavistock Research and Ethics Committee. During the audit, the team learned that the remaining students had transferred from Rome to Florence and judged that they had been appropriately supported during this transition.

23 In May 2005, QAA undertook a Foundation Degree review of the University of East London and Thames Gateway College reviewing the FD in Modern Manufacturing. The overall outcome of the review was that the reviewers had confidence in the emerging standards and emerging achievements of students and they had confidence in the quality of learning outcomes. A number of areas for development were identified and the School of Computing and Technology drew up an action plan in November 2005 addressing these issues. Additional procedures were put in place to inform students, employer representatives and work-based learning supervisors of the aims and intended learning outcomes of the programme; students have been counselled about the accreditation of prior education and industrial experience so that AP(Experiential)L and AP(Certificated)L can be applied; progression arrangements to level 3 were given to students verbally and in writing and procedures put in place for students to raise issues on a formal basis.

24 The audit team found that a number of specific actions have been taken by the University in respect of institutional audit and review outcomes and these are beginning to

have an effect in the conduct of work with partner institutions.

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

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

25 In its CPSED, the University identified several key activities that, while designed to help it achieve its vision, also present a rationale for its collaborative activity. These activities include:

- providing mould-breaking educational opportunities to support social inclusion and widening participation, recognising the diversity of the regional community in East London
- providing seamless access for local students through partnerships with schools and colleges
- building on international partnership activity to enhance the recruitment of international students
- developing an institution-wide culture of research and scholarship through collaboration with specialist providers.

26 The University's approach to securing the standards and managing the quality of its collaborative provision is based upon the common use of policies and processes for all its awards. It assigns the highest risk to proposals for new partnerships and new programmes, and has therefore sought to minimise risk through the design of appropriate procedures at the appropriate level. While seeking to ensure corporate oversight of collaborative provision, the University attempts to balance that with working with partners in ways that are truly collaborative.

27 In May 2005, Academic Board approved a taxonomy of collaborative models for current and future partnerships. These models (and the number of programmes to which they applied at the time of audit) are:

- **Franchise (37):** the University may license other institutions to deliver whole programmes, or levels of programmes, designed by University staff, leading to a terminal award of, or the award of credit by, the University. Core modules will be as set out in the programme specification, save that differences in curriculum content in core modules may be permitted to reflect cultural and regional differences with the key proviso that learning outcomes remain consistent. The partner may be permitted to develop a set of optional modules, as long as they demonstrably enable the programme learning outcomes to be met. Any additional optional modules must be approved through the University's approval procedures.
- **Joint (24):** a programme developed jointly with at least one other institution, which may also have degree awarding powers, leading to a University award or a comparable award from another institution (but not to awards from both).
- **Validation (71):** the University may accredit a programme developed by another institution as equivalent to a University award, or leading to the award of a specific number of credits.
- **Distributed Delivery (21):** the delivery, support or assessment of a University programme, or part thereof, at a location other than the University campuses, by the University staff or those specifically appointed to represent them. Learning materials may be produced at the University or elsewhere by agreement.
- **Dual award (0):** a programme of study leading to the granting of both a University award and that of a partner institution. The programme may be offered under either a franchise or a validation agreement.

- **Articulation (12):** an arrangement whereby programmes and modules delivered by a partner institution are formally recognised for the purposes of advanced standing towards a University award.
- **Moderation (1):** an arrangement whereby the University confirms that the standards attained by students on programmes and modules at a partner institution are comparable with the standards at the appropriate level attained by students at the University or a comparable UK HEI, and that the assessment process has been conducted appropriately and fairly.

28 Through meetings, visits to partner institutions and desk-based studies of materials relating to the establishment of partnerships, the audit team found that the University uses this variety of collaborative models successfully to create collaborative partnerships that extend its mission to increase access to and widen participation in higher education. The team also found that the University had established some partnerships that foster an ethos of reciprocity and mutual learning, such as through the establishment of joint research groups, and/or joint programme development.

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

29 In its Quality Manual, throughout which the *Code of practice*, published by QAA, has been embedded, the University describes its approach to securing academic standards and enhancing quality which is founded on five underlying principles:

- 'We aim to assure the quality of the total student experience
- All staff are responsible for quality
- We aim to improve quality whenever possible
- We are committed to the principle of external peer involvement in assuring quality
- We take into account the views of our students'.

30 In its CPSED, the University stated that the responsibility for quality and standards ultimately rests with Academic Board which delegates operational oversight to QSC. VRSC manages elements on behalf of QSC and has particular responsibility for: reviewing the reports of approval panels and making recommendations on validation to QSC, actively monitoring the conditions of approval; approving advanced standing arrangements; and considering review reports.

31 The University also stated that quality assurance has evolved from a more centralised system to one where responsibility and ownership are devolved to schools. For collaborative provision, the approval and review of collaborative programmes and partnerships has been retained at institutional level, with processes being managed centrally by the Strategic Planning and Quality Enhancement (SPQE) unit and being overseen by VRSC. Once a programme has been approved, the responsibility for managing the provision is delegated to the appropriate school through its school quality standing committee (SQSC).

32 For each collaborative programme, schools assign both an academic and an administrative member of staff, who are responsible for maintaining and developing the link. The former is referred to in University documentation as the University link person, the latter as the University school administrator. These link staff may have responsibility for more than one link as appropriate. The link person is the primary point of contact between the partner and the University with respect to the programme(s) in question.

33 Owing to the scale and maturity of the University's collaboration with the Tavistock and Portman National Health Service Trust (the Tavistock), both partners determined that it would be appropriate that the partnership have its own quality committee which reports into the School Board of the School of Social Sciences, Media and Cultural Studies (SSMCS), with a status equivalent to that of the SQSC. The Tavistock Quality Committee was established in 2004 and has reciprocal

representation, such that the chair of the committee is a member of the SSMCS School Board and QSC, while the University's Collaborations Liaison Officer, together with the academic link, are members of the Tavistock Quality Committee.

34 Following a review of University-wide quality assurance mechanisms for Academic Board, QSC established in June 2003 the Collaborations Working Group (CWG) to review aspects of the University's collaborative activity. CWG's initial remit was to review the procedures for the approval, assurance and enhancement of collaborative provision. It was reformed in 2004 to take account also of the revised *Code of practice, Section 2*, together with the outcomes of an internal audit of collaborative activity conducted during summer 2004. QSC considered the full report of CWG in June 2005. The group made a series of recommendations including:

- defining the range of partnership models used for collaborative provision
- agreement of memoranda of cooperation (MoC), or contract
- improvements to approval and review processes
- procedures for arrangements for entry with advanced standing
- defining the roles of academic and administrative link staff
- staff development for partners and University staff
- assessment processes and boards
- provision of information to students studying in partner institutions
- applicability of Student Charter.

35 Academic Board's response to the recommendations is fully incorporated into the Quality Manual. This response is also reflected in the Collaborations Handbook, a guide primarily aimed at the University link persons, but also intended to inform all University and partner staff with some responsibility for collaborative provision.

36 As with its on-campus provision, the University requires that all collaborative programmes have a programme committee which must comprise student representatives, teaching staff and the link person. The programme committee, which is required to meet at least once each term/semester, is responsible for assuring and enhancing the quality of the student experience. The University's annual monitoring process, the Review and Enhancement Process (REP), takes note of programme committee minutes *inter alia*, and programme committees discuss the REP reports and action plans produced by programme teams.

37 All collaborative models, except for articulation agreements, are subject to the University's Assessment and Engagement Policy which covers assessment design, marking, moderation and feedback. The University uses the generic credit level descriptors for HE levels 0 to D provided in Credit Level Descriptors for Further and Higher Education, published by the South-East England Credit Consortium in January 2003. Schools are responsible for the appointment of external examiners, who, under the Assessment and Engagement Policy, are required to moderate a double-marked sample of each assessment component that contributes to an award. All assessment boards are required to be conducted under the University procedures, except where delegated arrangements are in place, as with, for example, the Tavistock.

38 Through all its meetings and its analysis of documentation provided, the audit team found that the University's framework for managing quality and standards in collaborative provision is well conceived and appropriate. The system put in place for 2005-06 clearly benefited from the deliberations of CWG. The documentation of policies and procedures for managing collaborative provision is thorough and clear.

39 Staff from partner organisations who met the audit team were supportive of the University's approach to managing its collaborative provision, which indicated to the team that the University had been successful in

obtaining the right balance. Reciprocity does not only apply to the partnership with the Tavistock mentioned above. Staff from partner organisations told the audit team how they are involved with the appropriate school at the University, such as through membership of SQSC and/or appropriate assessment boards.

40 While the MoC with partners highlight a commitment on behalf of both partners to facilitate the completion of studies of students on a programme of study that is terminated, the audit team found no documented process that would identify such arrangements, nor any record of such arrangements through the committee structure.

41 It was evident to the audit team that the University's institutional oversight of the approval process is robust and well documented. In particular, the team regarded the standing item of VRSC meetings to review outstanding conditions of validation as a feature of good practice. However, through its analysis of documentation, the team found that the monitoring of collaborative provision is not adequately represented in the minutes of SQSCs and school boards and is therefore less visible at institutional level. While it was told that QSC has discussed this, the team found little evidence that any changes to practice had resulted from this discussion. The audit team encourages the University to consider this matter further.

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

42 The University stated, in its CPSED, that its strategy for enhancing the management of collaborative provision centres on improving regular quality enhancement processes, staff development strategies for their own and partner staff, and the provision of information and guidance notes to support staff in managing provision. The REP is seen as providing a key role in enhancement at programme level which is discussed in paragraphs 54-58, below. The CPSED stated that matters identified in the programme REP

contribute to the overview REP which provides an opportunity for schools to evaluate issues arising from collaborative provision and to identify areas of good practice to share across the University. Information and guidance to staff includes the provision of a handbook for link staff and related notes which are seen as supporting the enhancement of programme development and delivery.

43 The CPSED also stated that staff development has been an area of focus over 2005-06 which is seen as a method of dissemination of information and good practice, assisting staff to understand their roles in relation to collaborations. Two partner conferences were hosted in July 2005 which were reported as having been well received by participants. Staff development is also run at school level, for example, one programme team has run events which provide partners with a forum to meet one another and share good practice, as well as specific sessions for example, how to write REP reports. One school has set up a course using the virtual learning environment for provision of staff development and communication with partners. A distance learning version of a postgraduate certificate in learning and teaching is also being developed.

44 The University's plans for enhancement of the management of its provision were viewed by the audit team as being both timely and appropriate. The recently updated Collaborations Handbook and the Quality Manual were both found to be used effectively by University staff in working with partners. Link tutors in particular had found the Collaborations Handbook helped to clarify the scope of their work. The team found evidence of many staff development events. There had been specific training for link academics and chairs of validation panels. Many schools had held events at their partners as well as on the University's sites which supported the development of collaborative programmes. Visits to partners, meetings and desk-based studies showed evidence of partner participation in staff development at the University and through dialogue with link academics.

45 The audit team found that there were many positive practices which involved members of staff from SPQE, link academics and other key individuals from the University who were able to integrate local subject support for partners within an understanding of larger University or sector considerations. The provision of a staff development process which integrates the experiences of schools, partners and academic link persons, underpinned by central support services, was found to be an area of good practice. This aspect was well aligned with the awarding institution's own view of the contribution made by staff development to collaborative partner provision.

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

46 The University makes a clear distinction between the approval of a partner organisation and the approval of collaborative programmes. The approval process, which applies to all models except articulation, is set out in the Quality Manual, with further guidance in the Collaborations Handbook. The approval process is designed to satisfy the following criteria:

- that the arrangement is consistent with the University's vision and strategy and policy on collaboration
- that there is evidence to suggest that there will be adequate resources available to support the collaborative arrangements proposed
- that the proposal has academic benefit for the University and is financially viable
- that the collaborating institution is of appropriate standing and is capable of providing a suitable learning environment for the delivery of programmes of study leading to the University awards
- that there is confirmation from official sources that official recognition will be granted, or of the limitation or conditions applying in respect of recognition (overseas programmes only)

- that there is no evidence to suggest that the collaborating institution will be prepared to place quality and standards at risk for financial gain.

All proposals must be granted initial approval by CMT before being allowed to proceed. Proposals with a supporting rationale come from schools, through the school board (or SQSC acting on its behalf) and must be endorsed by the head of school before being presented to CMT, which will grant unconditional approval to proceed to the next stage, or reject the proposal.

47 Where institutional approval is required, SPQE works closely with the prospective partner to gather the requisite information for the exercise of due diligence. Information with respect to governance, legal issues and administrative infrastructure is considered by the Secretary and Registrar, while the Chief Management Accountant assesses the financial stability of the organisation from audited accounts and other financial indicators. If and when all institutional approval criteria have been satisfied, the proposal proceeds to the approval stage, which usually involves a visit. The decision whether or not to grant institutional approval, conditionally or unconditionally, rests with the Pro-Vice Chancellor (PVC) (Academic). All collaborative relationships require a formal MoC that identifies the responsibilities of each partner for the purpose of defining how the quality of the student experience will be assured and how appropriate standards will be maintained.

48 The University acknowledged in its CPSED that there have been some instances where institutional approval conditions have still to be met after the programme approval event. The audit team did find examples where this had been the case, but was told that this would not happen in future. Recent examples of institutional approval seen by the audit team evidenced an assiduous approach to due diligence.

49 Collaborative programmes, once given initial approval, are subject to formal approval

which takes the form of a validation event. The programme proposer works with the partner to prepare the three documents required: the validation document, a student handbook, and a programme specification. SPQE identifies a validation chair, who will normally be a head or associate head or quality leader of a school that is independent of the programme in question. At least two external panel members, who are not external examiners of the University, are nominated for approval by the chair. A planning meeting with the chair is held in advance of the approval event to determine whether or not there are any outstanding issues to be resolved and to agree the agenda for the approval event itself. Unless the partner has recently been visited to validate a similar programme, the approval event will be held at the partner institution and will involve staff from the University and the partner. The chair is responsible for determining how the academic environment is assessed.

50 The validation document requires that programme teams evaluate their proposal with respect to *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)*, appropriate subject benchmark statements, the *Code of practice* and any relevant professional accreditation requirements. Approval panel members are provided with copies of relevant benchmark statements, Section 2 of *the Code* and documents relevant to accreditation so that they can assess the programme team's self-evaluation.

51 Following the approval event, a draft report is sent to the proposer, head of school and partner for comment. The confirmed report is submitted to VRSC for endorsement. The programme proposer is responsible for ensuring that conditions are met by the specified deadline, while the chair of the approval panel is formally responsible for determining that approval conditions have been satisfied.

52 VRSC has a standing item for each meeting, where all outstanding validation conditions are considered with the head of school concerned if necessary. The audit team

was told that this has significantly reduced the number of outstanding conditions while also enabling VRSC to focus more on other issues, which was clear to the team from the minutes.

53 From its meetings with members of the University who have direct involvement in the approval process, and having scrutinised documentation relating to both institutional and programme approval, the audit team found that the CPSED was accurate and honest in reflecting historical shortcomings with respect to the approval process. However, from its meetings and the documentation that it analysed, the team concluded that the procedures introduced in 2005 are beginning to work well to ensure greater consistency and minimise risk. VRSC's condition logs have had a significant positive impact. The University has oversight of the approval process through subcommittees of Academic Board and through CMT. Overall, the audit team was satisfied that the University's approval processes were sound.

### **Annual monitoring**

54 The REP is the annual monitoring applied to all the University's provision. The only difference between the monitoring of collaborative provision and that of on-campus provision is the involvement of the partner in the former. The Quality Manual notes that it is the responsibility of each SQSC to oversee the REP process and ensure that the relevant sources of information are used and that action plans are completed and acted upon. Each school designs its own process that has to be approved by QSC. Every process must include inter alia: external examiners' reports; student achievement data; student feedback, including an agreed end-of-module questionnaire, and programme committee minutes. Action plans must assign responsibilities and deadlines. SQSCs prepare an overview report for the school which is considered by QSC before going to Academic Board.

55 The CPSED acknowledged that REP reports for collaborative provision have posed a number of challenges. To help address these, staff development was introduced in 2004-05

to enhance further the degree of reflection and engagement and the need to understand the importance of setting objectives and timescales for action plans. In many cases, partners compile the reports in collaboration with the link person, while, in other cases, partners might not be involved at all in the production of reports. The audit team did encounter a range of scenarios as predicted in the CPSED. In some cases, the collaborative partner needs little support in developing a reflective, analytical REP report, while in others, the report is, indeed, compiled by the link person. The diversity of arrangements in part reflects the experience and confidence of the partner.

56 From 2005-06, REP reports (from 2004-05 onwards) are required for both field and programme level. The University recognises that it is not always practicable to prepare a REP report in collaborative provision at any level other than that of the programme. It was noted by the audit team that there has been a move to disaggregate some REP reports to facilitate the identification of issues relevant to the programme at the point of delivery. The team was told that with the introduction of the Academic Framework and the appointment of external examiners to fields, while analysis of standards at subject level was enhanced, analysis at programme level might have been weakened. The team would agree with this analysis and would therefore encourage the University to do more to support analysis and reflection at this level.

57 REP overview reports are required from 2005-06 to have a section on collaborative provision, so that relevant issues might be drawn to the attention of QSC. However, the audit team came across examples where issues had been identified in the REP, but which did not appear in the overview report. The consequent low visibility of these issues led to a speed of resolution that was variable. On the basis of the evidence seen by the team, it would encourage the University to continue its discussions with a view to matching the level of oversight for approval with that for monitoring.

58 The audit team was able to confirm the accuracy and honesty of the CPSED through all its meetings with students and with staff from the University and partner organisations, together with its analysis of the documentation provided to it by the University.

#### **Periodic review**

59 Institutional review of the partnership and academic review of programmes offered by a partner takes place every five years as a combined review at the location of delivery. The University has separated the review of collaborative programmes from the review of programmes based at the University, in order not to lose focus on the particular collaboration and to minimise the impact on partners who might work with more than one school. The process closely follows that deployed for internal programmes. For franchised programmes, the focus is on standards and the quality of the student experience, while for validated programmes, the programme specification and content are reviewed as well.

60 The key document for the review is the Critical Appraisal Commentary which should be produced as a joint effort between the school and the partner. The Quality Manual is clear that this Commentary should address the strengths and weaknesses of the link as well as programme-related issues. Other documentation required includes REP reports, external examiners' reports, student handbooks and reports and action plans from previous reviews.

61 The review is normally chaired by a member of QSC or a senior academic independent of the academic grouping under review. The panel includes at least two external members, who are not external examiners. In reaching its judgement, the panel is asked to take heed of the Academic Infrastructure. The accuracy of the draft report of the review is agreed with the programme team before being submitted to QSC. QSC also considers the action plans that schools are required to produce.

62 Through its desk-based studies of documents relating to the management of partnerships over several years, the audit team

found that the CPSED was accurate in its description of the process and analysis of its efficacy. The team did consider, however, that the evaluation of the partnership itself did not always feature prominently in the review reports, notwithstanding the analysis in the Critical Appraisal Commentary.

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

63 In its CPSED the University suggested that external participation in internal review processes for collaborative provision is located both within the validation and the review of partnerships and programmes. External advisers act as key members of the panels operating these processes and collaborative arrangements of any kind are subject to their approval.

64 A collaborative partnership review panel consists of a chair and both internal and external advisers, with a minimum of two external advisers usually being required for validation/review activity, which, the University further suggested, provide appropriate breadth of expertise for the majority of situations. The role of the panel is to validate the programme and to ensure that the proposal conforms to the University's requirements which are specified in 'Quality Criteria' which apply to all programmes.

65 The University noted that external advisers are both subject specialists from other HEIs and from business and/or a professional background. It was further noted that the role of external advisers is central to the calibration of programme standards with other UK HEIs and with the FHEQ and the attendance of external panel members at the approval event, itself, is required by the University (in special circumstances the chair may agree to one member contributing by correspondence). It is the responsibility of the panel chair to approve the appointment of the external advisers, taking full account of the appropriateness of their expertise.

66 The audit team was given access to many confirmed reports for the Academic Board and QSC and found that there was clear evidence of a firm commitment to ensure the maintenance of standards and further enhancement of quality assurance processes, exemplified through the involvement of external advisers within these processes.

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

67 In its CPSED, the University makes it clear that it has full responsibility with regard to the appointment of external examiners for all collaborative programmes.

68 External examiners are appointed at either programme level (for programmes outside the modular academic framework) or at field level (for programmes within the framework) and the University's procedures for the nomination and induction of external examiners and for the consideration of reports are the same as those operated for external examiners on programmes offered internally. In its External Examiners' Manual, the University outlines the criteria set in place to ensure that prospective external examiners are competent to undertake their role and that no conflicts of interest exist in their relationship with the University. It is possible that partners may suggest nominees as external examiners, assessed against the University's criteria, and these are approved first at the school level and then forwarded to the External Examiners Subcommittee (EESC) for consideration. EESC (which reports to QSC) meets at least once a year but also conducts much of its business by correspondence. If the need arises the chair will convene additional meetings.

69 In respect of programmes operating both on campus and with partners, wherever possible the same external examiner has been appointed for the programme offered at the partner and at the University. Some schools are working towards a situation where at module level the external examiner is responsible for the module wherever taught and the University gave assurance that, in the case of programmes

offered by distributed delivery, the same external examiner has in all cases been appointed to both the University's internal programme and the partner programme.

70 The University provides all external examiners with an opportunity to attend an induction event (which is run twice a year) and those staff involved in collaborative provision are also encouraged to attend these courses. These events include input from the PVC Academic and other senior academic staff across the University, covering many different aspects of the external examiner's role. This is followed by a school-level induction which gives the external examiner an opportunity to meet staff from the school and reports from external examiners praise this event highly. The University's CPSED states that all external examiners are provided with a manual which states their responsibilities with respect to: the assurance of the comparability of standards; the approval of assessment tasks; the evaluation of assessed work; moderation of marks; attendance at, and participation in, assessment boards; the scope of their report. The manual also provides more general information on external examiner procedures which makes full use of the relevant section of the *Code of practice*.

71 External examiners' reports are submitted directly to the University and are analysed by SPQE, which provides a digest of points requiring a response. This, together with the report, are required to be sent to the schools, for direct response to the examiner, and to the PVC Academic. The PVC Academic reads all external examiner reports and associated digests, as well as the resulting school responses. Any significant issues are discussed individually by the PVC with the relevant head of school and an action plan, addressing the issue, is put in place. Through the scrutiny of reports and associated action plans, the audit team found clear evidence of the effectiveness of this process.

72 The University uses a template that covers all aspects of reporting within the requirements of teaching quality information, formatted to facilitate transfer of summaries to the Teaching

Quality Information (TQI) website. It is the responsibility of the Quality Manager to check that responses to institutional issues are appropriate and to ensure that any additional responses are provided to the external examiner.

73 The CPSED stated that school-based monitoring of the consideration of, and response to, external examiners reports is working effectively. However, through its scrutiny of reports, the audit team found that, on occasions, some reporting by external examiners did not engage fully with the process. Where serious issues are raised by an external examiner, the audit team found evidence of school-level and institution-level intervention, under the auspices of QSC, which monitored the situation until all actions were completed. All problems identified by external examiners are reported to QSC and then considered at the Academic Board during the annual school overview report to Academic Board. The team would encourage the University to further stress the desirability for full engagement to those external examiners whose reports fall short of their expectations.

74 The University produces an annual overview report which reflects on all external examiners' reports received in an academic year, highlighting points of strength and good practice as well as areas for improvement and development. This report covers both internal and collaborative provision, and is considered in detail by both QSC and Academic Board. The University assured the audit team that it takes external examiners reports very seriously and has in place a robust process for ensuring response and action. The team found no evidence to contest this assurance.

75 In meetings, the view was expressed that the University recognised that it has, to a certain extent, shifted the balance of scrutiny, through broadening the overview of external examiners of standards at subject level by appointing them to fields rather than to programmes. The audit team would encourage the University to seek to ensure that external examiners for collaborative activity have full opportunity to reflect on matters of quality and

standards at individual cohort level and that, wherever possible, external examiners are able to evaluate and comment separately on the achievement of student cohorts on collaborative programmes and to support that process by providing them with student achievement data appropriately disaggregate for the purpose.

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

76 In its CPSED, the University stated that it ensures that the engagement with the Academic Infrastructure is fully embedded within its quality assurance and enhancement processes. Programme specifications are prepared for all collaborative programmes, using a standard template provided by the University, and these reflect upon engagement with a range of external reference points. In the case of validated programmes, the programme team is required to evaluate the proposal with regard to the FHEQ, subject benchmark statement(s) (where applicable), the *Code of practice*, and any PSRB requirements, which assists in establishing a formal engagement with the Academic Infrastructure.

77 The University also stated that it considers aspects of the Academic Infrastructure, in particular the *Code of practice*, when developing processes and procedure, seeking to embed engagement with the precepts within its internal documentation. In relation to collaborative and distance learning provision, the University reflected that it had used both the original and 2004 versions of the section of the *Code of practice* dealing with collaborative provision as a best-practice guide in the development of their procedures.

78 The programme approval processes require programme development teams to be engaged with the appropriate elements of the Academic Infrastructure. The award framework conforms to the FHEQ and all programmes conform to the qualification descriptors of the FHEQ. The role of school and partner subject specialist staff in evaluating their programmes against these and other reference points have

been stressed within quality assurance and enhancement procedures.

79 Through meetings and through the scrutiny of documentation, the audit team found that both the Collaborations and Distance Learning Working Groups had knowledge of the elements of the *Code of practice* relating to collaborative provision and distance learning and that these had informed their review of process. In the case of the Distance Learning Working Group, this was evident in the drafting of the Distance Learning framework. The Collaborations Working Group reviewed the guidance provided by the 2004 version of the *Code* and as a result enhanced processes in a number of ways such as: by requiring evidence of the collaborating institution's regard for the health and safety of students in the shape of the institution's health and safety policy; by updating guidance on the contents of students handbooks; by preparing guidance notes to support schools in delivering their responsibilities to approve partners' promotional material.

80 In its CPSED, the University stated that the recently updated version of the *Code of practice, Section 1: Postgraduate research programmes*, had resulted in a number of developments which will impact on those of its partners offering professional doctorate programmes. The University has developed a revised set of regulations which was approved by Academic Board in 2006 with the aim of working with partners (by the means link persons) to make sure that by the beginning of 2006-07 academic year that any implications of the new regulations are embedded into doctoral-level programmes.

81 The audit team found that, overall, the University and its partners (by means of link persons) are working to develop and improve the use of external reference points in those processes which encompass collaborative provision.

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

82 As noted above (paragraph 11) the University has had one external engagement with respect to programmes delivered with collaborative partners since the Institutional Audit in 2005 and has responded effectively to the published report, making good progress towards engaging with its recommendations.

83 In its CPSED, the University acknowledged the need to 'enhance capacity to oversee and monitor engagement with PSRBs' and stated that oversight of the reports of PSRB was now located within QSC, ensuring an institutional-level perspective on their findings. The audit team was told that schools are responsible for liaison with PSRBs. The majority of schools at the University have programmes which are accredited by PSRBs and students who met the team saw professional accreditation as an important factor in choosing where to study. The University indicated that it considered carefully the demands of PSRB requirements in the light of its agenda for widening participation, access and diversity.

84 The audit team learned that processes for involving PSRBs within validations were working effectively and that external professional panel members had a good level of engagement with the approval of programmes delivered within collaborative partnerships.

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

85 In the CPSED, the University indicated that MoC drawn up between the University and each of its collaborative providers require the convening of a programme committee, which must include student representation. Revised terms of reference for committees within collaborative partners are to be implemented from September 2006, but were not complete at the time of the audit visit. Currently, partners are free to develop additional mechanisms to

enable students to be involved in programme operation. The CPSED acknowledged that in some cases there is a lack of feedback to students. Programme committee outcomes feed into the REP, where student responses are evaluated.

86 The role of a 'programme representative' is to 'represent the views of students, form a link between staff and students and bring issues to the attention of the students' union'. Student representatives who met the auditors indicated that they saw it as an essential part of their role to keep their fellow students informed of the outcomes of any representations made. A number of examples were cited by students of 'improvements' that had been made as a result of student requests, which were then recorded in programme committee minutes. There were also examples where link tutors had made effective representation of students' requests to appropriate members of University staff, thus securing swift redress of a problem. Programme representatives are members of the programme committee. The frequency with which these groups meet and the proportion of them that students are able to attend varies between providers and programmes. Student representatives are encouraged to complete 'meeting feedback forms' for the SU.

87 Student representatives for campus-based programmes are trained for their role using materials from the SU. A draft distance learning pack for programme representatives in collaborative partners is in preparation, but currently the pack has little content that is specifically addressed to the role of students in collaborative provision.

88 Some students interviewed expressed a reluctance to undertake the representative role themselves. Although they recognised the value to them of representation, a number felt that they already had 'very busy lives', particularly through adding programmes of study to existing work and family commitments. Of the students who met the auditors, some were programme representatives and they were able to give positive examples of how they had been able to bring about what they perceived to be

improvements to their programmes or had been able to represent their fellow students through the role.

89 Complaints and appeals are facilitated by the availability of pro formas on the University website. SU officers and officials have been active in representing students who study off campus, including those from overseas.

90 The audit team found that the University pays attention to the representation of the views of its students in collaborative partners. It continues to make progress with the enhancement of its procedures for the representation of students in collaborative partners and monitors effectiveness through the REP process.

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

91 In addition to student representation on programme committees, the University expects individual students to complete module evaluation questionnaires at the end of each module undertaken. Some individual programmes in partner institutions survey student opinions at more frequent intervals. For many programmes, appropriate University questionnaires are available on-line which facilitates their availability to students in collaborative partners. Analysis of such questionnaires is shared with the University or obtained directly and is used to inform the REP. However, a number of first-year students who met the audit team indicated that they had not completed their end of module questionnaires and acknowledged that they had 'underestimated their importance'. University staff acknowledged the difficulties that they sometimes experienced in persuading some students to complete questionnaires.

92 The University provided the audit team with examples of a range of completed questionnaires and the analysis made of them by programme leaders. A variety of approaches were in use between summer 2005 and January 2006, the period during which the evidence provided was gathered. For example, a number

of evaluation questionnaires required students to rate various aspects of their programmes on a numerical scale. Several scales were in use ranging from ratings from 1 to 10 to ratings from 1 to 4. In the case of the 1 to 10 ratings, student respondents confined their ratings to the higher numbers; indicating their positive view of their programme. Some programme leaders attempted to analyse the numerical responses, but others did not. Although the University takes steps to survey the opinions of its students in collaborative partners, the CPSED acknowledged that these students do not always get feedback to let them know the tangible results of their input into the REP process.

93 All questionnaires seen gave students the opportunity to comment on aspects of their programme. In one case students were invited to comment on, and rate on a numerical scale, each course seminar that they had attended. In another students' feedback questionnaires were completed on each 'programme day'. In addition this group of students were invited to complete 'assignment response forms' and 'end of programme evaluations'. The written responses seen tended to give positive evaluation of the students' experience on their programmes. They also, in some instances, made it clear that some issues had been addressed by tutors following informal requests and indicated the students' appreciation of the rapid resolution of some issues. The surveys were used by programme leaders to inform their programme review processes. Completed questionnaires, including some from overseas programmes, were sent to the University.

94 The University is sensitive to the established good practice in a number of its partners. There is, however, a perceived need for uniformity of practice across individual partner institutions. The audit team learned that the University is working towards establishing greater uniformity within questionnaires in order to facilitate comparisons of student opinions between programmes, providers and year groups.

95 The CPSED also indicated that graduates who studied in UK partner institutions are subject to the national survey of the Destinations of Leavers in Higher Education along with other the University graduates. The International Alumni Association communicates with graduates overseas.

96 There is some input from employers into the validation of some collaborative programmes, in particular FDs. The audit team found little evidence of any measures in place to systematically survey the views of employers of its graduates.

97 The audit team found that, overall, the University and its partners are working to improve procedures to obtain feedback from students in collaborative partners. A variety of types of questionnaire have been used for this purpose in the past and the University is trying to introduce a more uniform approach and thus facilitate year-on-year comparisons of student opinions. However, the University is also sensitive to the usefulness and appropriateness of methods already in use by its partners, many of whom have established traditions of using student perception surveys. In the relatively short time since institutional audit, little progress had been made by the University with the collection of 'systematic feedback from graduates and employers'.

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

98 The CPSED indicated that admission criteria both for standard entry to programmes and for entry with advanced standing are determined at the approval stage. All students in collaborative partners have their enrolment information recorded on the University corporate management information system. The information recorded is the same as that for students registered directly at one of the University's main sites. In addition, providers are free to keep their own records on aspects of students' achievements and progression. At the beginning of their programmes, some

students studying in colleges close to the University were taken by their college tutors to one of the University's main sites and enrolled as part of their induction process. In contrast, some students in other partner colleges reported difficulties and delays in enrolment procedures. Students in partner colleges can obtain access to their own student records using electronic links to the University records system. In contrast, some tutors in collaborative partners indicated that they did not have on-line access to management information data on their student groups.

99 Statistical information on student performance in each module studied is produced by partners and made available at partner assessment boards. Following the boards, data are entered onto the student record system so that assessment, completion and progression data relating to students at partner institutions can be made available through management information systems to field boards and to inform the REP process. Data on the performance of discrete groups of students in individual partner institutions is therefore not always preserved during this process. Recently data has been produced by the University management information system on individual student cohorts at partner institutions. It would now be possible to supply external examiners with such information prior to field boards and thus assist them where appropriate to comment in their reports on the achievements of specific groups of students in collaborative partners. This development has been discussed with some partners, who are keen to have focused input from external examiners. Some link tutors have been asked to seek the views of appropriate external examiners on the implementation of this practice.

100 The audited REPs from the programme leaders are full, showing that action plans have been carried out and that there is due regard to students' and external examiners' opinions. Analysis of statistical data is included. There is a check list for the auditor to record whether actions have been completed. The check list

includes reference to actions arising from the previous year's action plan, and appropriate responses to external examiners, as well as various questions on issues raised by statistical data and student feedback.

101 The CPSED acknowledged that the 'preparation of standard comparable student performance statistics' is an area for development. The audit team considered that the University should enhance its ability to evaluate and to reflect upon the student experience at the point of delivery of collaborative programmes. Such information would also prove valuable to the University in its processes to promote and disseminate good practice.

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

102 In its CPSED, the University stated that the quality of teaching staff was monitored through the presentation of CVs during the validation process. Staff development and partner staffing practices are also part of the approval process with staff development plans often supplied at this stage. The University also stated that it encourages the adoption of peer observation processes. The University has recently introduced staff development at partner institutions to support the initial stages of collaboration which includes the national and institutional background, teaching and learning strategies, the University policies and assessment. The MoC includes a requirement for partners to provide staff induction, development and training. In 2005-06 the University on-campus staff development courses have been offered free or at a nominal charge to partners.

103 The CPSED went on to reflect that, while the University has considered the assurance of the quality of teaching staff, there are some areas in which it is seeking to extend its practice. The University has been working to ensure that staffing changes are monitored

on a periodic basis after initial approval of programmes. In this respect, the University has been seeking further information on the peer observation processes that are in place in partners.

104 Through scrutiny of appropriate documentation, the audit team found that initial monitoring of staffing teams was taking place at validation. The Collaborations Handbook states that the link person should put in place mechanisms to receive from partners copies of CVs of staff subsequently appointed to teaching on the programme. However, it was not clear to the team that this was being applied consistently. The team were informed that a procedure to regularise this was being submitted to QSC in the near future. Staff handbooks from partners showed that there was good consideration of staffing support being undertaken at collaborating institutions. There were some differences in the peer observation arrangements in place at partner institutions. Staff at the partner institutions reported on the usefulness of attendance at on-campus University induction and events. Informal support through dialogue with teaching staff at the University and the link academics was also found to be useful particularly in relation to the marking of student work.

105 A number of well organised staff development events have taken place at partner institutions giving lecturers based at collaborative partners an intensive experience of the academic infrastructure and its applications. Two collaborative partner conferences have been held, to date, and these have been able to bring partners together for a large scale event focusing on the University policy updates. The audit team encourages the University to continue this practice.

106 The audit team found that there were staff development activities taking place across the University. The centrally-provided programme was found to be complemented by school provision and the development work of the link academic. The provision of a staff development process which integrates the experiences of

schools, partners and the academic link person, underpinned by central support services was found to be an area of good practice. The consistent evaluation of staff development was also found to be helpful in judging the effectiveness of the organised programmes.

107 In the light of the significance of the link person in relation to regulations, policies and procedures and the school-led developments during the first year of partnership, the University may wish to give further consideration to the training and development of link persons during their first year in post. The audit team found that it would be desirable to strengthen the development and support needs of staff as they move into the key role of academic link person.

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

108 The University's distance learning portfolio has developed substantially since the publication of the QAA institutional audit report in March 2005, at the time of which the University offered 'six programmes entirely by distance learning'. The SED for the institutional audit described the University's aim to become one of the 'UK's leading multi-mode universities'. By the time of the collaborative audit, the University had validated 14 programmes with a commercial partner and developed its former Learning and Development Service into its School of Distance and E-Learning (SDEL) in part to lead the planned substantial growth in the University's development of distance learning. As noted earlier, the University plans to have 10,000 distance-learning students, of whom at least half will be studying through its commercial partner.

109 The University has had a Distance Learning Policy in place since 2002. More recently, however, it revised the section of the Quality Manual that is devoted to distance learning and a distance-learning version of the Academic Framework (modular regulations)

was approved by Academic Board in December 2005. The approval and monitoring processes for collaborative provision by distance learning are very similar to those described above for institutionally-based collaborative provision delivery. For example, the institutional approval process is no different, but the programme approval process requires that 50 per cent of the first-year learning materials be available for the approval event.

110 SDEL works in close collaboration with the commercial partner and relevant schools of the University to provide programmes for students internationally as well as in the UK. The partner had recruited students, appointed tutors and mentors, provided student support by telephone and continued to prepare good quality learning and support materials for its students.

111 The MoC provides for the partner to have responsibility for marketing and delivering programmes. The University enrolls students on its Delta system, and provides full external examining and quality assurance services. A handbook has been prepared to give all parties a clear understanding of their roles. The University's schools retain responsibility for the development and management of programmes, but the SDEL assumes the role of supporting these programmes on behalf of the University and acting as a conduit for communication with the partner.

112 Although a number of these programmes are still in their first year of delivery, quality enhancement is keenly sought by both parties. There have been discussions about access for the partner to student data in a form which allows that particular cohort to be identified. The intention is to facilitate the role of external examiners so that they can analyse and comment on the performance of distinct groups of students on collaborative programmes.

113 The students studying through the partner who spoke to the audit team were unanimous in their praise of their experiences. Although they came from widely separated geographical locations, they felt that they had received uniform and supportive treatment by their

provider. Some had applied to other HEIs, but had been so impressed by the rapid response and informed guidance that they had received from mentors employed by the provider that they had enrolled in preference to taking up other offers. They declared themselves well satisfied with the flexible enrolment and study processes, the frequent opportunities to discuss their academic progress both with tutors and mentors and the pastoral and tutorial support and materials that they had received.

114 One student commented that the opportunity to 'renegotiate her programme' to progress more rapidly than anticipated was a tribute to the flexibility offered by the provider as well as to the quality of tuition and support materials. The students declared themselves enthusiastic users of a website set up to promote communication between students and declared themselves pleased with improvements made by mentors in response to their messages. The provider had given them 'helpful information' about web-based learning resources and also facilitated their reading facilities at universities close to their homes.

115 Through its meetings with students and staff at the partner institution, and those with staff at the University, together with its analysis of the documentation available, the audit team concluded that the CPSED was accurate. The relationship between the partner and the University, particularly SDEL, is one that provides mutual benefit to both partners, which provides accessible, flexible higher education to satisfied students. The close working relationship ensures that the University maintains an overview. Partly through staff development by the University and through hiring experienced staff, the partner is familiar with the Academic Infrastructure and good practice associated with its use.

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

116 As indicated in the CPSED, the appropriateness of resources for learning support at partner institutions is assessed at the approval stage of programme development

with a partner. Validation panels carry out site visits and recommendations on resources are made for individual programmes. Institutional approval, which can take place simultaneously with a validation event, focuses on the wider supporting infrastructure at the partner institution. Validation documents, scrutinised by the audit team, made references to the level of resources for learning support that were in place in partner institutions prior to new programmes being launched. Where there were perceived deficiencies, conditions were imposed on the approval of the programme to require redress within a stated time period.

117 Following initial approval of a partner, the link tutor takes the lead on the monitoring of resources, often through the programme team meetings. Link persons and heads of school who met the audit team were able to cite illustrative examples of improvements made, particularly in the access to learning resources, in response to students' requests. Most students who met the team were content with the range and availability of learning resources. Where difficulties were reported it was access to stock and its partition between college and University libraries that was mentioned by students. Some students mentioned that there had been some delay in getting library cards at the beginning of their courses.

118 Students in collaborative partners are registered students of the University and have access to programme handbooks, materials and electronic resources. During the audit the audit team learned that access to electronic resources for overseas students is being improved. Students met by the team reflected that, in the main, they made frequent use of these resources and found them useful, accessible and of good quality. Some partners produce their own handbooks and programme materials. These are reviewed by SDEL or staff of the appropriate school of the University prior to presentation to students. The team was told that in order to produce more supportive programme materials, opportunities for mutual learning between SDEL staff and staff in partner institutions had been taken and were welcomed by both parties. At a number of partner

institutions visited, students pronounced themselves 'impressed' with the quality of their programme handbooks and course materials. One provider with a national client base had given students information about 'reading arrangements' at university libraries close to their homes. Many students met during the audit reported that they made use of such arrangements and found them useful. In addition these students had been provided with helpful guidance on how to find appropriate resources on websites.

119 The audit team concluded that the University had in place mechanisms to evaluate the provision by itself and its partners of learning support resources and is aware of the special requirements of collaborative provision. Resources are reviewed and improved in response to both formal evaluation procedures and informal request from students and tutors in partner institutions. This conclusion articulates well with one of the findings of the Institutional audit report that 'the consideration given to the learning support needs of part-time students is a feature of good practice'.

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

120 In the CPSED, the University presented an ethos that students in collaborative provision have 'a comparable experience to that which is provided for on-campus students'. Support and guidance for individual students in collaborative partners is mainly the responsibility of the staff of the partner institution. The MoC requires partners to be responsible for students' welfare, occupational health and safety, careers guidance, counselling and student services. The CPSED stated that this is tested in the programme and institutional approval processes. The audit team found little evaluation of academic guidance and support for students in institutional REP documentation other than general student perceptions. Thus following validation there seems to be little systematic analysis of student support and guidance.

121 Despite this, the audit team formed the view that academic guidance is effective. As in the University, all collaborative provision students have a tutor. For many programmes in colleges, this is a tutor who is a member of the student's programme team. The University has procedures in place to evaluate the CVs of staff in colleges who teach on collaborative programmes. These tutors are supported by a link person appointed by the University from its own experienced academic staff. Link persons are aware of both the academic guidance and personal support that is available from the University.

122 Students on the University's main campuses have an induction process called 'First Week at the University'. Some partners arrange induction processes on their own sites. Other colleges, located close to one of the University's campuses, take students to the University for induction. Students in collaborative partners are given handbooks which can be identical to those in use in comparable programmes in the University. Where the partner produces its own handbooks for students, the University provides guidance on the contents. Many students are in receipt of both as the handbooks prepared by partners often include useful local information.

123 Students who met the audit team said that they looked to their own tutors and college for aspects of personal support, rather than to the University. Their stated perception was that they were students of their college, although the association with the University was important to a majority of students spoken to. Nevertheless, teaching staff and collaborative provision students were able to give the team examples of how support or guidance had been offered directly to them by the University. Literacy support for students had been introduced into one programme following an unfavourable comment by an external examiner. When one lecturer had fallen sick, a member of University staff had undertaken the teaching in the partner institution. One student from overseas was particularly complimentary about guidance from a very senior member of

the University's staff during visits and a student representative explained how appropriate personal support had been obtained for a fellow student from specialist University staff.

124 The University is developing a separate charter for its collaborative provision students. At the time of the audit, four partners were in the process of being consulted on the draft charter. The students union is active in representing the cases of students with complaints or disciplinary issues to the University. The auditors were given examples of how this process has been effectively pursued on behalf of overseas students.

125 The University has recently decided to terminate its association with a small number of overseas providers. Senior staff stated that they were aware of the implications of this for students who were still studying with these partners and that support and guidance for these students would continue to be provided until they completed their programmes.

126 The audit team formed the view that students in collaborative provision received effective academic guidance. Personal support was also available to students in collaborative partners, but in the main these students looked to the partner institution for such support. They were, however, aware that the University could offer support if they requested it. The University relies on validation and link tutor reporting to ensure the quality of the students' experience in collaborative partners. The team considered that the University should consider a more systematic process for the oversight of personal guidance for students in collaborative partners and should put in place a clear procedure for ensuring the continuing quality of the students' experience during the process of partnership termination.

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

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

127 In its CPSED, the University stated that it ensures that students have appropriate and reliable information about their study through the provision of publicity and marketing materials, prospectus information, programme specifications and student handbooks. Programme specifications and other supporting information is made available to applicants and students through the website. Partners produce their own promotional information which is available to students. Once students are enrolled to study they can also access UEL Direct, the student-facing web portal.

128 The accuracy and reliability of published information is assured through the memorandum of cooperation which sets out the principle of ensuring approval for publicity and marketing materials. Agreements stipulate the terms under which logos, crests and the University's name can be used. The approval of marketing materials is undertaken by the University's Corporate Marketing and International Office. Prospectus material published by partners is based on the University programme specification. Programme specifications are produced according to a template designed to ensure consistency between partners and are located on the University's website, stating the partner and location. Revised programme specifications are approved by the school quality standing committees. The Student Charter used for on-campus students is in the process of being revised for distance learning and collaborative partner students.

129 Prospective students use the University websites or prospectuses for information prior to application which they generally find to be accurate. Students reported that they were

provided with good information at the start of their programmes during induction and at the start of modules and also that they were given handbooks that were reliable and consistent in giving information about assessment. Information concerning the level of assessment had been found to be helpful for students in preparing assessment submissions. Students were generally aware of complaints and appeals procedures. While some students reported using UEL Direct for viewing grades, it was not widely used by students at partner institutions. Students commented on the benefits of the collaborative partnerships between providers and the University. The University's awards are valued by some of the UK and overseas students. Other students are keen to have a London-based university accrediting their courses. Students are clear about the status of their programmes with respect to the awarding institution.

130 During the audit visit the audit team was able to review partner documentation including prospectuses and student handbooks. Student handbooks were found to be of a good standard and this was consistent across the partners viewed in the audit. The team found that in some instances the link academic will work directly with the partner programme tutor to devise the handbook. Handbooks included regulatory material as well as advice and guidance on assessment. The team found that the oversight of partner promotional material had recently been enhanced by the work of Corporate Marketing and International Office in undertaking six-monthly checks of partner material and in signing off advertising and other material. The School of Distance and E-Learning has an officer who works with distance learning partners to ensure the standard of promotional material. The team found that a small number of students found the virtual learning environment useful for tracking their assessment results and access to learning resources.

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

131 All students are registered on the University's student record system which enables it to meet the reporting requirements of HEFCE and the Higher Education Statistics Agency. Partner institutions also maintain their own student records. The CPSED stated that the quantitative data displayed on the TQI website includes collaborative students but these are not separately identified. Summaries of external examiner reports include those for collaborative programmes. In its CPSED the University stated that in the majority of cases external examiners' reports identify specific collaborative programmes. In a number of cases where external examiners are appointed to a field the report may cover on campus and partner institutions. Internal review reports for collaborative provision are published on the TQI website within six months of the review and include an action plan in response to issues raised.

132 During the audit visit the audit team was able to verify that SPQE take responsibility for TQI information. The Higher Education and Research Opportunities website was seen to contain summaries of external examiners' reports, summaries of internal review reports, summaries of strategy documents and programme specifications. The team heard that summary external examiners' reports are confirmed by the external examiners themselves to ensure accuracy. In a small number of cases external examiners are appointed to fields at both on-campus and partner provision and their reports are not structured to identify student performance at different sites. However, the team found that the University has appropriate mechanisms in place for addressing the provision of information for the TQI website.

## Findings

## Findings

133 A collaborative provision audit of the University of East London (the University) was undertaken by a team of auditors from QAA during the week 15 to 19 May 2006. The purpose of the audit was to provide public information on the quality of the programmes offered by the University through collaborative arrangements with partner organisations, and on the discharge of the University's responsibility as an awarding body in assuring the academic standards of its awards made through collaborative arrangements. It concludes by identifying features of good practice that emerged from the audit, and by making recommendations to the University for improving on current practice.

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

134 The University has a pervasive culture of inclusion and sees collaborative provision as a vehicle for enhancing its ability to widen access to higher education by using a number of different models with a range of partners. It also uses collaborative provision to raise its international profile, with a view to helping it recruit international students.

135 Across the broad spectrum of provision that it scrutinised, the audit team found that the University has, through its various partnerships, brought higher education to those that might not otherwise be able to access it. Examples include providing progression opportunities for local students, or by providing flexibility through distance learning. The students with whom the team met confirmed this view. The team found several examples of partnerships in which the partners derive additional benefit from working together, such as through collaborative research.

136 Although committed to creating partnerships, the University is aware of the risks that partnerships can bring. Risk analysis is reflected in its approval processes for new

provision. All new proposals are tested against the mission of the University and partnerships have to be financially viable. Partnerships are not approved if there is any perceived risk to standards and quality.

137 The University's framework for the management of collaborative provision is based firmly on that for managing the University's on-campus provision, where much responsibility is delegated to the school concerned and the School Quality Standing Committee (SQSC) in particular. This remains true for collaborative provision, with the exception of approval. Owing to the need to minimise any risk associated with new proposals for collaborative provision, the University retains institutional oversight of approval. The audit team found that the University has been successful in making the approval of collaborative provision visible to its senior deliberative and executive teams.

138 The University requires all programmes, including collaborative ones, to have a programme committee which will meet regularly to assure and enhance the quality of the student experience. The committee comprises representatives of the students and teaching staff and, for collaborative programmes, the link person. Programme committee minutes and end-of module questionnaires feed into the annual monitoring process, the Review and Enhancement Process (REP).

139 Overall, the audit team found that the University's approach to managing collaborative provision was well founded and well documented. While the approval process, and the ongoing monitoring of validation conditions is particularly effective, the team formed the view that the University's oversight of collaborative provision through monitoring is not as strong, and would encourage the University to strengthen its oversight of monitoring.

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

140 The University makes a clear distinction between the approval of a partner organisation and the approval of collaborative programmes. All proposals are tested against a number of criteria that include: consistency with the University's vision; adequacy of resources; financial viability, and confidence in the ability to secure standards and quality. Proposals originate from schools and are presented to the Corporate Management Team (CMT) by the head of school.

141 Institutional approval entails a due diligence exercise that examines the governance, administrative infrastructure and financial viability of the prospective partner from a range of documentation provided. It is normal to conduct an institutional visit to new partners which is usually combined with a programme approval event. Final approval is made by the Pro-Vice Chancellor (PVC) (Academic). The University acknowledges that there have been examples where conditions on institutional approval have remained outstanding after the programme approval event, but told the audit team that it had worked to ensure that this would not recur. While the audit team found examples of conditions unfulfilled at programme approval, the more recent examples it saw evinced a rigorous process.

142 When a proposed collaborative programme has received initial approval from CMT, it proceeds to the validation stage which centres around a validation event usually chaired by an independent head, quality leader or associate head of school. The chair approves the external panel members, of which there will be at least two, who will not have any recent formal association with the proposing school. The approval event will be held at the partner institution, unless there has been a recent event in a cognate area. Panels are asked to evaluate the programme team's self-evaluation with

respect to the relevant components of the Academic Infrastructure. The confirmed report from the validation goes to the Validation and Review Subcommittee (VRSC) for approval. VRSC examines all outstanding validation conditions at each meeting. The audit team found the approval process to be thorough and robust and found the monitoring of conditions introduced in 2005 to be highly effective and a marked improvement on what the University acknowledged had happened previously.

143 All collaborative relationships require a formal memorandum of cooperation (MoC) that identifies the responsibilities of each partner for the purpose of defining how the quality of the student experience will be assured and how appropriate standards will be maintained. The MoC requires that partners secure the learning of enrolled students when a programme is terminated, but the audit team found no documented process to identify how support will be assured, nor could it find records of such assurance through committee minutes. The team would encourage the University to consider how it might address closure more formally.

144 Annual monitoring, the REP, follows standard University procedure, except for the involvement of partners. The relevant SQSC oversees the process following a procedure endorsed by the Quality and Standards Committee (QSC) that must include external examiners' reports, student feedback, Programme Committee minutes and student achievement data. Schools compile REP overview reports for consideration by QSC and Academic Board. From its examination of REP reports and external examiners' reports, the audit team did not always find it easy to identify information what was pertinent to a particular programme delivered at a particular site. The team would encourage the University to continue to improve its ability to reflect upon the quality of the student experience at the point of delivery.

145 All programmes are reviewed every five years. For collaborative provision, the University

has decoupled periodic review from the review of internal programmes. This decoupling prevents the overburdening of partners who work with more than one school, while also incorporating a review of the partnership itself. The review process is analogous to that of approval, with an independent chair drawn from the membership of QSC and a panel with at least two external members. Review reports and ensuing action plans are considered by QSC.

146 The audit team found that the self-evaluation document for collaborative provision (CPSED) accurately depicted the processes of monitoring and periodic review. However, the team formed the view that the University maintains less rigorous oversight of its collaborative provision through monitoring than it does through approval. The team also formed the view that institutional issues could be more prominently represented in periodic review reports. The team would encourage the University to consider how it might secure better oversight of its partnerships through monitoring.

147 The University regards programme committees as the key vehicle for student representation and feedback. At the time of the audit, new terms of reference had been introduced which will be fully deployed across all partnerships by September 2006. Partners are free to develop other mechanisms which may involve student representation on institutional committees. For distance-learning students, student representation presents additional challenges. However, the University's partner in collaborative provision through distance learning has introduced alternative methods of eliciting contributions from students. Formal feedback from students on the quality of the education they are receiving is gathered through end-of-module questionnaires for the University's own provision. Some partners use these questionnaires, while others deploy their own instruments and mechanisms. The audit team found that students on collaborative programmes were entirely satisfied with the opportunities afforded to them for providing feedback.

148 Information on graduate destinations on EU-domiciled students is derived from the annual Destinations of leavers in Higher Education (DLHE) survey. Additionally, a number of partner institutions maintain information on student destinations following graduation. Feedback from employers is gathered in several ways. For professionally-focused programmes, such as those with the National Health Service, employers are closely associated with the programmes and the placement of students. For Foundation Degrees, the audit team was told that an employer is usually involved as an external panel member for validation.

149 Overall, the audit team concluded that broad confidence can be placed in the University's current procedures for assuring the quality of its collaborative programmes.

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

150 The University has the responsibility to appoint all external examiners for collaborative programmes. The University provides an induction course twice a year for all new external examiners. Usually such an event is led by the PVC (Academic) and senior staff. The University provides a Quality Manual and External Examiner Manual that cover many different aspects of the external examiner's roles and procedures which make full use of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*. External examiners are appointed at either programme level or at field level for franchised and distance delivery programmes within the academic framework.

151 The University's procedures for the nomination and induction of external examiners and for the consideration of reports for collaborative programmes are identical with those operated for internal programmes. The CPSED indicated that there are clear procedures, published in the University quality

manual, which ensure that prospective external examiners are competent to undertake their role and that no conflicts of interest exist. It is possible for partners to nominate external examiners and these nominations are assessed against these criteria, considered and approved at the school level, and then scrutinised by the EESC which provides institutional oversight of the process.

152 External examiners reports are submitted directly to the University and then analysed by Strategic Planning Quality Enhancement (SPQE) which give a digest of points requiring a response in the form of a memo attached to the reports; these are then sent to schools for a direct response to the examiner, and to the PVC (Academic). External examiners' reports form a significant part of annual monitoring through REP and overview reports.

153 All programmes delivered in collaboration with a partner institution undergo a four-stage validation process to secure approval. This process requires programme development teams to demonstrate engagement with the appropriate elements of the Academic Infrastructure. A programme specification is prepared using a standard template and for a franchised programme the most up-to-date version of the programme specification is used. The validation process requires a statement to be made detailing the programme team's evaluation of their proposal with regard to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and relevant subject benchmark statement.

154 Any changes made to validated programmes offered within collaboration partners are required to conform with the University's procedures for programme modification. SQSCs are responsible for approving modifications for validated programmes which involve 25 per cent or less of the programme.

155 The audit team was told that schools are responsible for liaison with professional, statutory and regulatory bodies (PSRBs). The majority of schools at the University had programmes which were accredited by PSRBs

and students who met the team saw professional accreditation as an important factor in choosing where to study. The University indicated that it considered carefully the demands of PSRB requirements in the light of its agenda for widening participation, access and diversity.

156 The audit team found that the University's procedure for the identification and involvement of PSRBs at approval stage was sound. The University has clear requirements for programme re-approval following structural changes relating to interaction with PSRBs if they are involved in accrediting the programme. It appeared to the team that new processes for the establishment of an institutional overview at committee level of accreditation by PSRBs will have a positive impact in this respect.

157 The audit team found that the University's procedure for safeguarding the standard of its awards gained through its partnerships was sound and recommend the University to continue to encourage external examiners to evaluate and comment separately on the achievement of student cohorts on collaborative programmes and to support that process by providing them with student achievement data appropriately disaggregated for the purpose.

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

158 In its CPSED the University reflected that, as an awarding institution, it held responsibility for all awards made in its name including any programmes of study delivered by a collaborative partner. The University has taken steps to ensure that the precepts of the *Code of practice* are fully embedded in the quality assurance and enhancement processes.

159 The elements of the *Code of practice* are fully embedded in the quality assurance and enhancement processes, detailed in the Quality Manual. This formalised the engagement with the *Code*, although references to the *Code* were not explicit. University policies, for example, the

Assessment and Engagement Policy, were also informed by the guidelines set out within the *Code*. The approach generally was to ensure that the elements of the Academic Infrastructure inform the discussion and development of processes and procedures. In relation to the collaborative and distance learning provision, both the original and 2004 versions of the Collaborative section of the *Code* had been used as a best practice guide in developing procedures.

160 Both the Collaborations and Distance Learning Working Groups had knowledge of the elements of the *Code of practice* relating to collaborative provision and distance learning in their review of process and, in the case of the Distance Learning Working Group in drafting the Distance Learning framework. The Collaborations Working Group reviewed the guidance provided by the 2004 version of the *Code* and as a result enhanced the processes in a number of ways such as:

- requiring evidence of the collaborating institution's regard for the health and safety of students in the shape of the institution's health and safety policy
- updating guidance on the contents of students handbooks
- preparing guidance notes to support Schools in delivering their responsibilities to approve partners' promotional material.

161 The recently updated version of the *Code of practice, Section 1: Postgraduate research programmes*, had resulted in a number of developments that impact upon those of the University's partners offering professional doctorate programmes. The audit team learnt that the University had implemented a revised set of regulations which had been approved by Academic Board this year (2006), and its aim is to work with partners (by means of link persons) to make sure that by the beginning of 2006-07 academic year that any implications of the new regulations are embedded into doctorate-level programmes.

162 The programme approval processes require programme development teams to be

engaged with the appropriate elements of the Academic Infrastructure. The award framework conforms to the FHEQ and all programmes conform to the qualification descriptors of the FHEQ. The role of school and partner subject specialist staff in evaluating their programmes against these and other reference points have been stressed within quality assurance and enhancement procedures.

163 Programme specifications are prepared for all collaborative programmes, using a standard template provided by the University, and these demonstrate engagement with a range of external reference points. In the case of validated programmes, the programme team is required to evaluate the proposal with regard to the FHEQ, subject benchmark statement(s) (where applicable), the *Code of practice*, and any PSRBs requirements, which assists in establishing a formal engagement with the Academic Infrastructure.

164 The audit team found that, overall, the University and its partners (via link persons) are working to develop and improve the use of external reference points in those processes which encompass collaborative provision.

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

165 The audit team found the CPSED to be an honest evaluation of strengths and weaknesses of the University's collaborative provision. The document was particularly useful to the team for its clear presentation of the vision and values of the University and the important role played by collaborative provision in the development of this vision. The stages of development of programmes with a range of partners were set out in the CPSED which was open about issues of consistency of practice between the University and partners at various stages of development. This aspect required further clarification during the audit visit. The

CPSED reflected the University's intention to enhance the representation of students' views in the REP. Overall, the audit team was of the view that the CPSED evidenced the University's attention to self-evaluation of and reflection about its collaborative provision.

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

166 The University has expressed its commitment to enhancing its collaborative provision through the improvement of regular quality enhancement processes, staff development strategies and the provision of information and guidance to support staff in managing provision. At programme level the REP is seen as key and this informs the School overview. Reviewing these and other areas, the audit team found that the University has enhanced its management of quality and academic standards in its collaborative partners during the recent period. The University's quality assurance procedures are clearly set out in the Collaborations Handbook and Quality Manual, and when clearly applied enable it to identify areas for further development and improvement. The enhancement of staff development processes within the schools and as part of a central programme have supported the engagement of partner staff with the University and its systems. The team found that staff development processes which integrate the experience of central services and schools are particularly useful in making a contribution to standards and quality. While the REP supports quality processes at school level, the team found that the consistency of these for individual programmes including the use of data and the consideration of collaborative programmes at school level could be further enhanced in order to strengthen institutional oversight and enhance reflection at the point of delivery.

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

167 The University gave an account in documents prior to the visit and at the visit of its approaches to teaching quality information. The team found that this information was reliable and included programme specifications, external examiner reports and other student information. The University has recently enhanced its checks on partner publicity through its Corporate Marketing and International Office. During the visit the University identified that external examiners were currently appointed to fields which could include both on-campus and partner provision. This sometimes made it difficult to identify the performance of different providers. This matter was currently under consideration. At the time of the audit, the University was alert to the requirements of the Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance* and was fulfilling its responsibilities in this respect.

### **Features of good practice**

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

- i the University's development of its collaborative provision as an extension of its vision, mission and aspiration for widening participation in, and access to, higher education (paragraphs 25-8)
- ii the development of relationships which foster an ethos of reciprocation and mutual learning between the University and its partners (paragraphs 28, 39, 45, 55)
- iii the provision of a staff development process which integrates the experiences of schools, partners and academic link persons, underpinned by central support services (paragraph 45)
- iv the University's oversight of conditions of approval following the validation process (paragraphs 41, 47-53).

### **Recommendations for action**

169 The audit team considers it advisable that the University:

- i ensures that the monitoring and review processes implemented for collaborative programmes maintain a level of institutional oversight equivalent to that of the approval process (paragraphs 41, 57, 59-62)
- ii enhances its ability to evaluate and reflect upon the student experience at the point of delivery of collaborative programmes (paragraphs 88, 91-94, 97)
- iii puts in place clear procedures for ensuring the continuing quality of the student experience during the process of partnership termination (paragraphs 125, 126).

170 The audit team also considers it desirable that the University:

- iv strengthens the development and support of staff as they move into the key role of academic link person (paragraphs 104-107).

## **Appendix**

### **The University of East London's response to the collaborative provision audit report**

We should like to thank the audit team for their diligent and careful engagement with both our ethos and our processes in relation to partnership working. We are pleased that the auditors found much good practice.

In relation to the recommendations for action, Quality and Standards Committee, building on that body's prior discussions, agreed in July 2006 to the establishment of a new subcommittee, the Collaborations Monitoring Subcommittee, whose terms of reference will ensure that the three 'advisable' recommendations are addressed. Academic Board will shortly formally approve this subcommittee which will commence operation in the academic year 2006-07.

The 'desirable' recommendation is very much in line with our continuing emphasis on staff development as a key plank in our enhancement strategy.

