

Nottingham Trent University

Audit of collaborative provision

May 2010

Contents

Introduction	1
Outcomes of the Audit of collaborative provision	1
Institutional approach to quality enhancement.....	1
Institutional arrangements for postgraduate research students studying through collaborative arrangements	1
Published information	1
Features of good practice	1
Recommendations for action	2
Section 1: Introduction and background.....	2
The institution and its mission.....	2
The information base for the Audit of collaborative provision	3
Developments since the last audit	4
The awarding institution's framework for the management of academic standards and the quality of learning opportunities	6
Selecting and approving a partner organisation or agent	9
Written agreements with a partner organisation or agent	10
Section 2: Institutional management of academic standards	11
Approval, monitoring and review of award standards	11
Academic Infrastructure and other external reference points	16
Assessment policies and regulations.....	16
External examiners	17
Certificates and transcripts	18
Management information - statistics	19
Overall conclusions on the management of academic standards	20

Section 3: Institutional management of learning opportunities20

Approval, monitoring and review of programmes20

Academic Infrastructure and other external reference points21

Management information - feedback from students.....22

Role of students in quality assurance22

Links between research or scholarly activity and learning opportunities23

Other modes of study24

Admissions policy25

Resources for learning.....26

Student support27

Staffing and staff development27

Overall conclusion on the management of the quality of learning opportunities29

Section 4: Institutional approach to quality enhancement in collaborative provision30

Section 5: Institutional arrangements for postgraduate research students studying through collaborative arrangements31

Section 6: Published information.....32

Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Audit of collaborative provision at Nottingham Trent University (the University) from 17-21 May 2010. The purpose of the audit was to provide public information on the quality of the institution's management of the academic standards of its awards and the quality of learning opportunities available to students through collaborative arrangements.

Outcomes of the Audit of collaborative provision

As a result of its investigations, the audit team's view of Nottingham Trent University is that in the context of its collaborative provision:

- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers
- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

Institutional approach to quality enhancement

The audit team found that the University's general approach to enhancement is strategically driven and embedded via a framework of staff roles and activities to promote and advance institutional enhancement. However, while there were many examples of similar enhancement activities and initiatives relating to collaborative provision, the approach was less systematic.

Institutional arrangements for postgraduate research students studying through collaborative arrangements

The audit team noted that although postgraduate research provision relating to collaborative arrangements was small in scale, arrangements for postgraduate research students, including those for support, supervision and assessment, were effective and met the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*.

Published information

The audit team found that reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards offered through collaborative provision.

Features of good practice

The audit team identified the following areas of good practice:

- the process and support for selecting and approving a partner organisation, which facilitates a full understanding of the partnership at the point of approval (paragraphs 37, 45, 140 and 141)
- the strength of the liaison between the University and its partners facilitated by the commitment of the verifiers and programme co-ordinators, the support of the Centre for Academic Standards and Quality (CASQ) and schools and the effective use of conference activities (paragraphs 29, 42, 52, 66, 74, 121, 122, 140, 144 and 145).

Recommendations for action

The audit team recommends that the University consider further action in some areas.

Recommendations for action that the team considers desirable:

- for the benefit of students receiving University awards as a result of studying at a collaborative provision partner, the University should take further steps to ensure that the format of all transcript documents generated by validated centres is appropriate and that the combination of the certificate and transcript fully reflect the relevant precept (namely A24) of the *Code of Practice: Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* in clearly articulating the location of delivery (paragraphs 18 and 90)
- the University should take steps to develop further the provision and use of sufficiently disaggregated quantitative and qualitative data to enable an improved comparative analysis between its different locations of delivery, both collaborative and campus-based, and types of delivery, at programme, school and institutional levels (paragraphs 28, 54, 55, 88, 95 and 96).

Section 1: Introduction and background

The institution and its mission

1 Nottingham Trent University, formerly known as Trent Polytechnic, acquired University status under the Further and Higher Education Act 1992; its origins can be traced to the Nottingham Regional College of Technology, the Nottingham College of Art & Design and the Nottingham College of Education. Trent Polytechnic was established in 1970 and renamed as Nottingham Polytechnic in 1989. The University has three sites. The City campus and the Clifton campus are within the city of Nottingham and are about four miles apart; the third site, the Brackenhurst campus, was added in 1999 with the adoption of Brackenhurst College, 12 miles from the city centre. The University describes itself as one of the UK's leading universities for graduate employment, having close links with over 6,000 employers across the world. It aims to provide a full range of educational programmes to meet the needs both of young people keen to enter their chosen career and of practising professionals wishing either to change career direction or accelerate their promotion prospects. The University also aims to be the institution of choice for corporate clients wanting a professional approach and concrete results from research, training and consultancy.

2 The University has approximately 25,000 students of whom 5,000 are part-time. Undergraduates account for some 19,000 and postgraduates for 5,000. Additionally, as at May 2010, the University had 8,356 students on its collaborative register of whom approximately 5,700 were studying overseas. A significant proportion of the University's income is non-Higher Education Funding Council for England (HEFCE) generated and there is a range of non-standard programmes, including professional and in-company schemes. At the time of the audit, the University had approximately 2,449 total full-time equivalent (FTE) staff, 986 of whom are academic.

3 Since August 2004, the University has had a structure of four Colleges which now encompass nine schools: the College of Business, Law and Social Sciences (Nottingham Law School, Nottingham Business School and the School of Social Sciences); the College of Art and Design and the Built Environment (School of Architecture, Design and the Built Environment and the School of Art and Design); the College of Arts, Humanities and Education (School of Education and the School of Arts and Humanities); and the College of Science (School of Science and Technology, the School of Animal, Rural and Environmental

Sciences). The colleges provide business and administrative functions, while the schools are the focus for academic activities.

4 The University is led by Professor Neil Gorman, who began his term of office as Vice-Chancellor on 1 October 2003. The Vice-Chancellor leads a Senior Management Team (SMT) which provides the executive function of the University. The governance structure within the University has the Academic Board at the apex of its committees. In March 2004 the Board of Governors approved the Strategic Plan for the period 2004-10. The new strategic plan is in its development phase and will be officially launched in the 2010-11 academic session following consideration and endorsement by the Board of Governors in September 2010. At the time of the audit, the plan was not available to the audit team.

5 At the time of the audit, there were over 80 collaborative partners divided into 'non-validation service' provision (or 'school-based') and 'validation service' (or 'validated centre') categories. Non-validation service provision refers to an arrangement under which the University's approved programmes are delivered through a collaborative Nottingham Trent University partnership; 'validation service' provision refers to an arrangement under which a partner's programmes are approved by the University to lead to one of its awards. The two categories were roughly equal size in 2006. However, there has been a steady and significant growth in validation service provision to around 5,500 students and a reduction in non-validation service collaborative activity to approximately 1,500 students which reflects a more strategic approach in the schools. Collaborative provision in further education colleges (FECs) has also grown over this period from a limited base to five centres delivering some 35 programmes to approximately 800 students. There are additionally a number of students articulating from programmes in the UK and overseas. Non-validation service collaborative provision is spread across all four colleges, although it is most strongly concentrated in the School of Business which has 1,226 students.

6 In the UK, the University's collaborative activity has, in the past, largely focused on working with corporate clients and sectors to provide professional development. However, since the last Audit of collaborative provision, increasing priority has been given to FECs in order to align collaborative development with the University's regional agenda. All FEC partner college students are directly funded by HEFCE.

7 In March 2004, a new Strategic Plan for the period 2004-10 was approved, which redefined the University's mission as being 'to deliver education and research that shapes lives and society'. One of the Strategic Plan's six 'strategic platforms' is 'strengthening organic growth by collaboration, partnerships and acquisitions'. The audit team learnt that the Strategic Plan the University was planning to publish in the autumn of 2010 would be unlikely to show significant changes in strategic direction, particularly in relation to collaborative provision. The audit team found evidence, both in meetings and documents, of a shift in institutional emphasis characterised by the move to fewer and larger partners that delivered 'value'. Furthermore, the team found some evidence of recent termination of agreements with smaller partners which, along with the expansion of collaborative provision in further education colleges, would suggest the University is actively pursuing its stated strategy.

The information base for the Audit of collaborative provision

8 The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the four partner link visits selected by the team. The index to the Briefing Paper was referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard copy of all documents referenced in the Briefing Paper; in addition, the team had access to the institution's intranet. The team was also given access to an internal review report, dated 2008, in the form of a mid-cycle follow up to the 2006 Collaborative provision audit, and also documentation

Audit of collaborative provision: annex

relating to the partner organisations visited by the audit team and to those with whom it conducted meetings by videoconference.

9 The Students' Union did not produce a student written submission on this occasion.

10 In addition, the audit team had access to:

- the report of the previous Institutional audit (November 2008)
- the report of the previous Collaborative provision audit (March 2006)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies (for example, OfSTED and professional, statutory or regulatory bodies (PSRBs))
- the 2006 report on the mid-cycle follow-up to the 2004 Institutional audit
- Foundation Degree review - Sports Horse Management and Training (July 2005)
- Review of postgraduate research degree programmes (July 2006)
- Audit of overseas provision of the University's collaborative provision in Russia (April 2007)
- Audit of overseas provision of the University's collaborative provision in India (case study) (April 2009).

The audit team also had access to its notes of audit team meetings with staff and students at the University and at partner link visits, and a range of the University's internal documents in hard and soft copy 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.

Developments since the last audit

11 The University was subject to a Collaborative provision audit in March 2006 and an Institutional audit in November 2008. There had also been a number of QAA audits and reviews of specific areas of activity:

- review of postgraduate research degree programmes (July 2006)
- Audit of overseas provision of the University's collaborative provision in Russia (April 2007)
- Audit of overseas provision of the University's collaborative provision in India (case study) (April 2009)

12 Developments since the review of postgraduate research degree programmes were addressed in Section 6 of the 2008 Institutional audit report and are addressed in relation to collaborative provision in Section 5 of this report. Pertinent recommendations from the other engagements are dealt with below.

Good practice

13 The 2006 Collaborative provision audit highlighted a number of features of good practice, in particular: the effectiveness of the verifier system; the use of bi-lingual external examiners and moderators in a particular case; the active encouragement given to student representation in partner FECs; and the organisation of regular conferences for partners. The 2008 Institutional audit of the University's main provision also identified a number of features of good practice that could have relevance to collaborative provision, including links with employers; the University's commitment to research-informed teaching and the approach it is taking to ensure that the curriculum is informed by research; and its structured, strategic approach to the enhancement of learning opportunities across the University.

14 The importance and excellence of the work of the Centre for Academic Standards and Quality (CASQ) in providing comprehensive guidance notes and training for the University and partners to supplement the clearly specified procedures for approval, monitoring and review of collaborative provision within the Academic Standards and Quality Handbook (ASQH) was found to be good practice in both the 2006 Collaborative provision audit and the 2008 Institutional audit. The current audit team found numerous references to the work of CASQ in the Briefing Paper and in their discussions with staff, and noted several examples of good practice from CASQ, including the training provided to verifiers.

15 Although the University did not report in specific detail in the Briefing Paper on progress in these areas, the current audit team found evidence that progress had been sustained, and in some places developed further, in relation to the continued development of the verifier function, the conferences, and the work of CASQ mentioned above. It did not, however, find significant evidence of the other features of good practice being systematically developed as enhancements to the University's collaborative provision.

Recommendations

16 The University produced an interim report in March 2008 as to its progress in meeting the recommendations of the 2006 Collaborative provision audit, and reported on subsequent progress in the Briefing Paper. The meeting of the Academic Standards and Quality Committee (ASQC), held in March 2009, received a paper on the future of collaborative provision which was disseminated for university-wide consultation and adopted in November 2009. This was intended to demonstrate that the University had addressed the recommendations from the 2006 Collaborative provision audit and the 2007 Audit of overseas provision of the University's collaborative provision in Russia. The University also undertook an internal audit in 2008 to determine the appropriate actions that should be taken following the Audit of overseas provision in Russia; progress on actions was reviewed in September 2009.

17 The 2006 Collaborative provision audit advised the University to refine the detailed regulations of the then internal subject review process (subsequently replaced with the current Periodic School Review (PSR) process) so that the Academic Board could be assured that the full range of University programmes aligned with the appropriate external reference points. The audit team had been concerned that there was potential that some programmes would not receive full and detailed external scrutiny on a periodic basis, thereby leaving the Academic Board without clear oversight of some important matters. The 2008 Institutional audit of the main University provision again picked up a similar theme in relation to the newly-approved PSR process, although it could not test the effectiveness of the new procedure as no PSRs had been carried out at that time. Nevertheless, the previous audit team advised the University to remain mindful of the recommendation of the 2004 Institutional audit, with respect to programme oversight, as it assessed the comprehensiveness and fitness for purpose of its new PSR process. The current audit team learnt in discussion with staff that the PSR process was being kept under continual and thoughtful review; two school PSRs had been completed by the time of the visit with a third review in progress. While the team noted that the PSR it reviewed did not cover (and was not designed to cover) subject-based validation service provision and focused on an exemplar programme in the case of school-based provision, it was assured through the partner link visits that periodic review of programmes in collaborative provision was appropriately addressed by the Collaborative Review (CR) process that took place separately outside the PSR process. The team did not, therefore, explore the full periodic review function of the current PSR process as it applies to main University provision.

18 The University had previously been advised to take the necessary steps to ensure that collaborative agreements were signed before students were enrolled on the associated programmes, and to implement measures for exercising appropriate oversight of transcripts issued by partners on behalf of the University. The procedures implemented for the signing

of agreements are discussed in more detail later in this section and later in Section 2. The University claimed it had taken appropriate steps to meet both of these recommendations by the time it produced its interim report in March 2008. It also clarified its response in relation to the signing and holding of signed copies by CASQ via ASQC's endorsement of the March 2009 recommendations in this area. The audit team accepted that considerable progress had been made to tighten the procedures concerning the signing of documents but concluded that, with regard to the oversight of transcripts issued by partners, the changes had not fully met the original recommendation. The team took the view that, although checks were exercised to ensure the reliability of information used by partners to issue transcripts, there was no systematic monitoring or oversight of the transcripts themselves. The team advised, therefore, that for the benefit of students receiving University awards as a result of studying at a collaborative provision partner, the University should take further steps to ensure that the format of all transcript documents generated by validated centres is appropriate and that the combination of the certificate and transcript fully reflects the relevant precept (namely A24) of the *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)* in clearly articulating the location of delivery. The precept states that 'an awarding institution should ensure that: it has sole authority for awarding certificates and transcripts relating to the programmes of study delivered through collaborative arrangements'.

19 The 2006 Collaborative provision audit also thought it desirable that the University clarify the process for the transfer of delegated (now termed validation service) provision to schools. The University carefully considered this recommendation and determined that this provision should remain the responsibility of CASQ. The 2006 audit team also thought it desirable that external examiners of programmes offered in languages other than English should involve examiners with appropriate experience of standards in UK higher education in addition to fluency in the relevant languages; that it should apply through its approval and review processes the recently issued flexible and distance learning guidelines to all relevant programmes at the first opportunity; and that it should formalise the arrangements whereby partner-produced publicity and promotional material relating to the University is regularly checked by verifiers in the interval between approval and review. The University claimed in its 2008 interim report to have responded appropriately to the last two of these recommendations and the audit team found reference in the ASQH that it had responded appropriately to them. The current audit team noted that the 2008 Institutional audit found that the Academic Standards and Quality Committee (ASQC) provided an effective means of incorporating changes in the *Code of practice* into University practices and procedures (see Section 2 for a fuller discussion of these issues).

20 The recommendations of the 2007 Audit of overseas provision of the University's links with Russia were fully addressed through the 2007 Internal Audit report and the March 2009 report and recommendations to ASQC.

21 The present audit team considered that the University had fully engaged with the audit process and had taken appropriate action in the majority of cases to address the findings of audit.

The awarding institution's framework for the management of academic standards and the quality of learning opportunities

Management structures – roles and committees

22 The University's Strategic Plan and governance structure separate the corporate structure, which reports to the Board of Governors, from the academic structure of colleges and schools that reports to the Academic Board. The Academic Board, therefore, has ultimate responsibility for the academic standards and quality of educational provision as the senior academic committee of the University. It has a range of responsibilities relating to the

organisation of learning and teaching, research, scholarship, standards, students and programmes in both main and collaborative provision, and advises the Vice-Chancellor on academic matters.

23 The Academic Board executes its responsibilities for the standards and quality of educational provision for taught programmes via the ASQC, and for research programmes via the University Research Degrees Committee (URDC) to which it delegates appropriate responsibilities. The Academic Board, which meets quarterly, receives detailed reports from each college and makes decisions on recommendations forwarded to it from ASQC and URDC. The Academic Board is chaired by the Vice-Chancellor and its membership includes heads of colleges and deans of school. Registry undertakes the administration associated with the Board and is the source of information for standards and quality management, such as student data and regulatory material. The University's policies, procedures and regulations are set out in the ASQH, its accompanying guidance notes, and the Validation Services Manual, all of which the audit team found to be helpful, comprehensive and clear.

24 The ASQC, which is chaired by the Senior Pro-Vice Chancellor, is the key committee that integrates the management of academic standards, quality assurance and the enhancement of learning opportunities. The central department that supports all aspects of the work of ASQC, and directly manages and quality assures the validated provision, is CASQ. The ASQC's terms of reference include advising Academic Board on policy relating to academic standards and the management and enhancement of the quality of learning opportunities. Schools manage and oversee quality and standards in their areas via the school academic standards and quality committees (SASQCs), which have common terms of reference. The ASQC operates and monitors the systems for programme approval, the five-year cycle of PSRs, and oversees collaborative arrangements to assure the Academic Board of the maintenance of academic standards and enhancement of the quality of learning opportunities within programmes of study in the main and collaborative provision. The ASQC is supported by two subcommittees, the Standards and Quality Management Sub-committee (SQMSC) and the Collaborative Provision Sub-committee (CPSC). As a result of recent changes aimed at improving the central oversight of collaborative provision, CPSC was created to replace and expand the function of Delegated Provision Subcommittee (DPC) and now considers all collaborative provision. The audit team's review of ASQC minutes and discussions with staff led it to the view that ASQC exercised appropriate oversight of the CPSC (and its predecessor the DPSC).

25 The University has two distinct types of collaborative provision which are subject to different quality assurance procedures prior to consideration by CPSC. The non-validation service provision, which accounts for around 25 per cent of the total collaborative provision in terms of student numbers, is essentially 'franchise' provision of programmes by schools. In this case, students are registered as University students and enjoy the same access to electronic and other facilities, geographical proximity allowing, as main provision students. This provision reports through the 'normal' school-based quality assurance procedures culminating with the School Standards and Quality Report (SSQR) being submitted to the university-level SQMSC. A dedicated section of this report covering collaborative provision is also submitted to CPSC.

26 Validation service provision, accounting for approximately 5,500 students, is where responsibility for quality assurance is delegated to the partner and students are registered as partner (not University) students. This provision is managed by CASQ, which reports directly to CPSC. School academic staff are involved as verifiers, but the schools do not manage the quality assurance of these programmes and they are not considered within the PSR process. Due to the recent restructuring of CPSC, the audit team was only able to review two sets of minutes of the committee. The team welcomed this reorganisation as a potentially appropriate response to previous audit concerns and noted that AQSC has a total oversight of the approval process. However, the team had some concerns, following discussions with staff, that CSPC would have sufficient oversight of the issues specific to collaborative

provision (including summary data on progression and achievement in addition to student numbers) and would receive appropriate overview reports on, for example, the level of externality in approval and review, and comparisons of student performance in main, non-validation service and validation service provision.

27 The SQMSC reports its activities associated with programme approval, programme monitoring and annual reporting of the University's main provision to ASQC. SQMSC considers proposals that have been approved by each SASQC and makes recommendations to ASQC. It also acts as a 'standing panel' for approval events that constitute a major change under the University's regulations and which cannot be approved by SASQCs. In effect, SQMSC provides an effective operational bridge between school ASQCs and CASQ, and is a forum for the debate and consideration of new policy initiatives that are then forwarded to ASQC and may result in changes to the ASQH to maintain its currency. SQMSC, therefore, has the deliberate function of reviewing the appropriateness of the ASQH and recommending changes, such as alignment with changes to the *Code of practice*, a function that the 2008 audit team found to be highly effective. In addition, SQMSC receives and considers external examiners' reports and issues associated with non-validation service collaborative activity. SASQCs have responsibility for both main and non-validation service collaborative provision, but not for collaborative provision in validated centres which is directly managed by CASQ. Each SASQC includes officers from CASQ to advise and help ensure a consistent approach to the operation of the committee. Additionally, each SASQC includes the School's Standards and Quality Manager (who works closely with CASQ), the Learning and Teaching Coordinator, academic staff and representatives from Libraries and Learning Resources, Professional Services and students. SASQCs have a remit to advise the Dean on the development of strategy relating to the maintenance of standards and the enhancement of quality in all non-validation service provision. They monitor the achievement of the school's Learning and Teaching Enhancement Plan and seek to support academic programmes through the dissemination of good practice in learning and teaching. SASQCs take responsibility for the oversight of continual monitoring and annual reporting, and the preparation of the SSQR. This report, which includes commentary on collaborative provision, is forwarded to ASQC to be checked that it aligns with University strategy.

Validation service provision

28 Validation service provision is managed by CASQ, which in turn is overseen by CPSC on behalf of ASQC. Validation service provision is that where responsibility for quality is delegated to the partner; students are registered students of the partner (not the University), but receive a University award. Students in this type of provision do not automatically have access to University services such as the electronic library, although the audit team learnt that 10 (of 18) partners had chosen to 'buy into' these services, and that this had generally been accepted to be to the benefit of the students concerned. These students do not register online in the same way as University students (a process which automatically registers their details with Registry, and triggers entitlement to, for example, library services). These processes are instead managed by CASQ. For these arrangements and programmes, the University maintains an abbreviated student record containing the student enrolment details and annual progression and conferment decisions, but no specific details concerning module attachments or results. The University's strategy with respect to validation service provision is to focus on larger, more meaningful and strategic partnerships and to expand its FEC provision where appropriate. There are, however, several smaller partners who have a longstanding relationship with the University and are developing their provision in line with school strategies; hence, there is still considerable diversity in the provision in terms of the number of programmes and students. The audit team saw a report on the validation service provision which had been prepared for CPSC and ASQC which was introduced in February 2010. The team welcomed this development but agreed that the report would benefit from widening its focus to include summary data on progression and achievement in addition to student numbers for this aspect of collaborative provision.

29 Each programme and centre is approved for a limited period following processes and guidance developed by CASQ. The audit team noted the iterative process outlined in the ASQH that involved face-to-face and other discussions between CASQ officers and potential partners and produced a valuable 'contextual document' that outlines operational and other detail concerning the partnership prior to the approval event. From its reading of documents and its conversations with staff, the audit team took the view that this process was a feature of good practice. All annual monitoring and approval reports are scrutinised by CPSC. Each programme is allocated a verifier on approval who is a University subject specialist and whose duties include: liaising with and reporting to CASQ after each visit; participation in examination boards; and assisting CASQ in preparing commentary on programme and centre annual monitoring reports. Verifiers are usually experienced members of staff who are selected for the role; appointed for a maximum of five years; trained on appointment; and kept up-to-date on developments through an annual CASQ-organised conference. The team met a number of verifiers and was impressed with their enthusiasm and understanding of the collaborative process. The team regarded the operation of the verifier process and enthusiasm of the verifiers themselves as an example of good practice.

Costing of collaborative provision

30 The University has revised many of its procedures concerning the financial and contractual issues relating to collaborative provision as a result of the internal audit that followed the outcomes of the 2007 Audit of overseas provision. It also conducted a Business Process Review, a process which has been used to develop many aspects of its work, which resulted in new procedures initially being introduced in January 2009 and further modified processes being introduced from February 2010. These included the development of a standard costing model and template.

Selecting and approving a partner organisation or agent

31 The audit team learnt in discussion with senior staff that the vast majority of proposals for partner links originated from schools. The procedures that are followed are clearly laid out in ASQH Sections 4 and 10 and their accompanying Guidance Notes. These procedures have been reviewed and refined following recent audits. The 'Initial Idea' and 'Outline Proposal' are first approved at school level and then referred to the College Management Team (CMT). Once approved by the CMT, a 'full business case' is prepared and sequentially approved by the School Executive, CMT and SASQC (in the case of non-validation service provision) or CASQ (in the case of validation service provision). The latest processes for costing and establishing a full business case were introduced in February 2010 and included a standard costing model and standard costing form. Revised 'due diligence' procedures were also introduced as an integral part of the approval process for collaborative provision from February 2010. The audit team saw that these include sections on local recognition and accreditation requirements as well as a wide range of other financial and local regulatory considerations.

32 Once the business case has been established, the University process for academic development and approval commences. The University stresses that proposed collaborative developments of whatever type must fit with University strategy and not pose a risk to the University's reputation. These processes involve 'academic sign off' by the SASQC in the case of non-validation service provision; approval by CPSC or a panel, dependent on a number of relevant factors; and finally ratification by ASQC. The audit team saw that procedures operated for validated centres are generally more rigorous than those used for non-validation service provision in order to take account of the higher levels of risk involved with this type of provision.

33 In addition to the standard documentation required to support the approval process, the University requires the development of a 'contextual document' which provides an explanation and justification for a proposal for academic approval. This document is

developed through meetings of the University and partner staff during the 'iterative' process that precedes the approval event and is a key part of the development process. In practical terms, the document provides more details about programme design and, in particular operation, than can be provided within the programme specification. The contextual documents the audit team reviewed were very comprehensive and clear, and contributed significantly to the good practice it identified in the 'iterative process'.

34 The approval of collaborative provision considers both the approval of the centre to deliver or support delivery of a programme or programmes, and the approval of the school to support the collaboration. Approval is always for a fixed period, and periodic collaborative review normally takes place before approval is renewed. Approval always takes place through a formal approval event: the type of event, whether paper based, a panel visit, or a senior member of the University visiting the centre, is determined by the nature of the relationship, the number of credits the centre is responsible for, the nature of delivery of the programmes, and who has responsibility for design and delivery of the programmes. CASQ advises on the type of event required and the documentation that needs to be submitted to support the approval event.

35 Enhanced criteria apply where a partner is applying to become a validated centre. Because of the relatively higher risk of validation service provision, the University has put in place processes to be assured that the partner has the necessary infrastructure and culture to attain and maintain appropriate standards and can provide a good quality student learning experience from the outset. Approval of validated centre arrangements focuses on the centre rather than the relationship between the centre and the University. An approval event looks at both institutional approval to ascertain whether the institution has the necessary academic, organisational and resource base, and at programme approval. The University has developed a standard Institutional Agreement that sets out the scope of the collaborative framework (that is, the division of responsibilities between the University and the partner in the relationship). Although the terms of agreements are subject to negotiation on some aspects of the arrangement, the schedule of responsibility is always clearly defined from the outset.

36 The University has comprehensive and well-defined procedures in place for defining, reviewing and approving changes and developments in collaborative provision. These can involve the referral of proposals to new panels or the involvement of CPSC as a form of standing approval panel. All such decisions are ratified by ASQC.

37 From its exploration of supporting documents and the discussions it held with staff, the audit team formed the view that the University had appropriate and robust procedures in place for the selection and approval of partners that represented good practice.

Written agreements with a partner organisation or agent

38 The University revised its procedures following the 2006 Collaborative provision audit to ensure that written agreements are in place and signed copies appropriately stored. As noted above, the University has developed a standard institutional agreement for validated provision that clearly defines the relationship between the University and the partner, although some flexibility is permitted to take account of particular local circumstances. CASQ has the responsibility for ensuring that a signed agreement is in place prior to any students being enrolled by a partner.

39 Through discussions with senior staff and its reading of the ASQH, the audit team learnt that the Partnership Agreement is signed by the Head of Centre and the Vice-Chancellor once all conditions of approval have been met. CASQ retains signed copies of all documents and is responsible for checking that a signed agreement is in place before any students enrol on programmes at a new partner.

40 The 2006 Collaborative provision audit had recommended that it was advisable that the University 'take the necessary steps to ensure that collaborative agreements are signed before students are enrolled on the associated programmes'. The University reported in its 2008 interim review that it had had discussion with legal services, financial and operations managers, and at ASQC that had led to tighter procedures, and that the process was under review. The Briefing Paper commented that 'The new Business Planning Process has formalised the deadlines for the signing of new collaborative agreements, and this process is carefully monitored.' The audit team reviewed a number of agreements and discussed the revised procedures with staff. This led it to the view that the University had appropriate procedures to ensure signed agreements were in place before students were enrolled.

Where English is not the language of delivery

41 The University has a number of programmes which are taught and assessed in languages other than English, although the audit team noted that the language of learning and assessment was not shown on the University's Collaborative Register. The ASQH specifies that the external examining team in such cases must include examiners with the appropriate language skills and experience of UK higher education. However, it does not specify that this should be teaching experience. Each partnership agrees its own protocols in regard to translation and the team did not see evidence of centrally agreed or defined protocols in this area. The team would encourage the University to undertake a number of activities to enhance its current position and these are as follows: declare the language of learning and assessment on its Collaborative Register; clarify that the external examiner team would include at least one examiner with appropriate experience of standards in UK higher education; and review the variety of translation arrangements in operation and to formalise best practice in a set of agreed protocols.

42 Overall, the scrutiny of documentation and discussions with key staff provided the audit team with considerable evidence of the comprehensiveness and effectiveness of the University's framework for the management of academic standards and the quality of learning opportunities in its collaborative provision. The transmission of reporting through committees was clearly being undertaken conscientiously, routinely and consistently. The team considered the comprehensive nature and clarity of the AQSH in relation to collaborative provision and the way in which its currency is maintained to contribute to good practice in the University.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

43 This section builds and draws on the outline of the framework for the management of academic standards for collaborative provision provided in Section 1. The Briefing Paper describes the University's key mechanisms for assuring the academic standards of its awards. These mechanisms are detailed in the comprehensive ASQH, describing processes and principles of quality management, which is shared with its collaborative community and reflects the principles of the Academic Infrastructure. The majority of these mechanisms are also concerned with the management of quality of learning opportunities provided to students, which is the focus of Section 3 of this report.

44 The main mechanisms include approval of both collaborative programmes and partners; an annual reporting and periodic review system; externality in the form of external examiners and external members on approval and review panels; and a well-articulated committee and reporting structure. Ongoing monitoring and support is provided by verifiers, programme coordinators and the Centre for Academic Standards and Quality (CASQ).

Student surveys and staff development also contribute significantly to the assurance of standards.

Approval

45 All new partnerships and provision must be approved by the Academic Standards and Quality Committee (ASQC). As described in the ASQH and touched upon in Section 1, all new provision is first subject to scrutiny to establish a business case to ensure it is economically viable for both parties. Academic approval is then a multi-stage process requiring endorsement by the School Academic Standards and Quality Committee (SASQC) for non-validation service provision, followed by an approval event with external representation. SASQC minutes reviewed by the audit team confirmed that this committee did indeed approve documents prior to the approval event. Final ratification is given by ASQC. For validation service provision, the Collaborative Provision Sub-committee (CPSC) acts in the role of a school in terms of scrutiny and approval of programmes. The audit team took the view that the documentation describing the process of academic approval in the Academic Standards and Quality Handbook (ASQH) was thorough. Partner staff are well briefed and supported by the Centre for Academic Standards and Quality (CASQ) so that they are fully prepared for the approval event. The team saw the process and support for selecting and approving a partner organisation as an example of good practice.

46 The exact nature of the approval process is determined by the Head of CASQ, taking into account factors such as the number of credits for which the partner is responsible and the nature of delivery. For validated centres, this will always entail a visit to the validated centre and any locations where provision is to be delivered. For non-validation service provision collaborations, CASQ may decide that a visit to the centre is unnecessary if the proposed provision is of limited size. Approval reports read by the audit team demonstrated that external representation was present.

47 In all categories of partnership, the approval event is required to assure the University that the requisite infrastructure required for the maintenance of academic standards and quality of provision is present in the partner institution. To this end and as a matter of course, approval panels consider, among other areas, the programme outcomes, teaching, learning and assessment policies, and learning resources. All collaborative approvals are approved for a fixed term. Approval of all collaborative partnerships and provision requires endorsement by CPSC. Minutes of CPSC read by the audit team showed consideration was given to the reports of approval events for new provision with recommendations being made to ASQC where final authority for approval is vested.

48 Modifications, other than those of a minor nature, are reported to, and require the approval of, CPSC. Minutes seen by the audit team assured the team that discussion and approval of modifications were a regular agenda item of CPSC and that due consideration was afforded to them.

49 Resources are checked at the approval stage and monitored subsequently during visits by the verifier or programme coordinator. During meetings with staff from four of its collaborative partners, the audit team also heard that the adequacy of resources was monitored in the regular visits from University staff to the partner.

Monitoring

50 The approach taken by the University to monitoring of collaborative provision is described in the ASQH and the Briefing Paper. The Briefing Paper emphasises that monitoring is not limited to the production of an annual report, but is a continuous process which operates throughout the year. Key to this ongoing monitoring are the roles of the verifier and programme coordinator. Each University programme in a validated centre is assigned a university verifier whose role is described in the ASQH. As mentioned in

paragraph 29, the verifier is required to keep in close contact with the centre, visiting at least once a year and to submit a report on the visit to CPSC. For non-validation service provision partners, the programme coordinator undertakes similar duties to those of the verifier. In order to confirm this operation, the audit team read a number of verifier reports and met with a number of verifiers and programme coordinators.

51 From discussions with staff in collaborative centres, the audit team heard that the verifiers and programme coordinators were in close and regular contact with the centres and that a positive and enabling dialogue was maintained so that issues could be rectified speedily. They explained that staff from the University were in regular email and telephone contact. Visits from University staff to the partners were frequent, with guidelines provided by CASQ being clear and helpful so that any issues could be debated and resolved quickly. Partner staff commented on the effectiveness of the website 'NTU Anywhere' as a support mechanism. This site is used by partner and University staff to post documents, notices and updates. In addition, student work can be posted in readiness for moderation and assessment processes. Staff at the collaborative centres whom the audit team met were fully cognisant of the timescales and deadlines for submission of the Programme Standards and Quality Reports (PSQRs).

52 From reports and meetings, the audit team formed the view that the verifier/programme coordinator system was a useful mechanism for maintaining the quality and standards of the provision and was an example of good practice.

53 For each programme, an annual PSQR is written by the programme team. The audit team heard at some meetings with partner staff that the PSQR is written by the programme leader at the partner college after the close of the summer assessment boards. The partner programme leader involves members of the programme team and gathers input from the relevant University programme leader in the production of the PSQR. The PSQR is then submitted by the college to the CPSC and, for non-validation service collaborative provision, to the relevant school at the University, who may respond with comments should any further clarification or detail be required. Staff from the partner colleges stressed how supportive and cooperative both University programme staff and staff from CASQ were in the compilation of the PSQR. Actions arising from the PSQR are also recorded in the minutes of the relevant programme board.

54 PSQRs reviewed by the audit team contained, among other areas, details of curriculum updates; brief statistical detail on progression and achievement of students; issues and good practice contained in external examiners' reports and any resulting actions; key outcomes and responses to student feedback; staff development activity; and an update of the rolling action plan. The team noted that analysis of data on achievement and progression was at best cursory, with no comparisons being made with achievement and progression of students on equivalent campus-based provision. The team heard in meetings with staff that such statistical comparisons were made by verifiers, although the team was unable to find confirmation of this from its reading of verifiers' reports. The team see it as desirable that the University develop systematic methods of comparing the achievement of collaborative and campus-based students and use this comparison as a means of judging the academic health of its provision and spreading good practice. Notwithstanding the lack of comparative analysis based on location, the team viewed the PSQR as an effective mechanism for the monitoring of standards and quality of provision.

55 PQSRs are firstly considered by programme teams before submission to SASQC (for non-validation service provision) or CPSC (for validation service provision). For non-validation service provision, the PQSRs produced by the collaborative partners are considered by the relevant SASQC which provides feedback to the partner. SASQC minutes seen by the audit team verified that such consideration and feedback did take place. Each school then produces an annual School Standards and Quality Report (SSQR) which is submitted to AQSC and which has a dedicated section on collaborative provision.

The collaborative extracts from the SSQRs made available to the audit team contained details of good practice, challenges, future plans and an analysis of collaborative PSQRs and external examiner reports. These sections on collaborative provision are submitted to the CPSC to allow central and focused oversight. The audit team noted, however, that the SSQR collaborative extracts did not contain any data which enabled a comparison of students' achievement between those which studied at the collaborative partner centres and those whose studies were based on the University's campus. The University had provided the team with a document which was a summary of the University's responses to the 2006 Collaborative provision audit. One of the responses stated that guidance for the production of SSQRs now required such comparisons to be included. Hence the audit team concluded that it was desirable for the University to engage more fully in the compilation and consideration of such location-specific comparisons of student achievement and progression.

56 For validated provision, the PSQR is written by the validated centre and submitted to the CPSC. The audit team noted clear evidence in the minutes of the CPSC that due consideration was given to PSQRs. Requests were made by the CPSC to the partner for further clarification or work on aspects of the report that gave cause for concern or lacked clarity. Such requests were often accompanied by commentary from CASQ. Conditions on partners set at approval and review events were also carefully monitored by the CPSC. In addition to scrutiny and monitoring by the CPSC, the audit team saw evidence of clear consideration by SASQCs of pertinent details of PSQRs and review reports of validated centres. The team thus formed the view that there were clear and effective lines of communication between the central quality assurance committees of the University and those of the schools.

57 In addition to the PSQR, validated centres that offer complex provision or several University programmes are required to produce an annual Centre Standards and Quality Report (CSQR). CSQRs are submitted to CPSC where they receive careful consideration. Although the audit team saw only one example of a CSQR, it took the view that the report was a further supportive tool in assuring quality and standards of collaborative provision.

58 CPSC has recently introduced an overview report. As this was the first report of this nature produced by CPSC, only one such overview report was available at the time of the audit. This overview report contains commentary on all collaborative provision, both non-validation service provision and validated centre. Collaborative provision extracts from each of the SSQRs form an appendix to this report. The audit team would encourage the University to reflect upon this report with a view to developing and enhancing its format in a way that will best serve the University's quality assurance processes.

Review

59 The University operates two methods of review that include collaborative provision: Periodic School Review and Collaborative Review.

Periodic School Review

60 Periodic School Review (PSR) includes all provision of a school, including the non-validation service collaborative arrangements and the programmes they offer. Validated centres are omitted from PSR and are subject to a separate process known as Collaborative Review (CR) as detailed later in this section. Non-validation service provision is also subject to collaborative review.

61 The process of PSR is fully described in the ASQH and involves a two-day event, organised by CASQ, which focuses on the quality assurance and enhancement policies of the school. It does this by testing policies and processes via a sample of 'programme audit trails'. The operation of PSR involves examination of both the management of the quality assurance and enhancement process, and the implementation and development of the

school's enhancement strategy. A Student Representative Panel member investigates all aspects of the 'student voice'. At the time of the audit, the final approved report for one PSR was available to the team and indicated that the panel membership included external peers and a student representative. All panel members receive training and a 'Guidance Pack'.

62 PSR takes place every five years. The current method was introduced in 2008 and at the time of the audit there were only two schools that had been through the process. The audit team noted that both of these reviews followed the format as described in the ASQH, with appropriate commentary on the collaborative provision of each school being included.

63 At the conclusion of the review, a report containing recommendations is produced by CASQ for the school. This report is presented to ASQC. A progress meeting between the school, CASQ and the Review Chair is convened to agree an action plan to address the recommendations. A further meeting to discuss the school's progress with the Action Plan is scheduled midway through the cycle, that is, approximately two years after the initial review. The audit team heard that one such meeting had taken place shortly before the audit visit.

Collaborative Review

64 Collaborative Review (CR) is applied to all collaborative centres. The principles governing CR are set out in the ASQH. The precise form of a CR is determined by the Head of CASQ, taking into consideration the number of credits delivered by the partner, the form of delivery and the nature of the partnership. In all cases, both the collaborative centre itself and the programmes offered through the partnership are reviewed.

65 Review panels are provided with appropriate documentation, which includes details of organisational structure, teaching staff, module and programme specifications and a summary of external examiners' reports, recent PSQRs, and verifiers' reports, prepared by CASQ.

66 From scrutiny of the CR reports made available and with meetings with staff from collaborative partner organisations, the audit team concluded that the process of CR was appropriate and robust and that the staff were well prepared by CASQ. The team heard from meeting some partner staff that they had been well supported by the University in their preparations for CR. The partner staff were well prepared for the event by having access to the CASQ website containing all the details of how the review was to be conducted and by attending a tutorial run by CASQ. This example of helpful and thorough support from the CASQ to the partner colleges contributes to the audit team's view of the role played by CASQ as an example of good practice.

67 In one of the examples considered by the audit team the partner college also received a copy of the CR. The review contained recommendations for the college. Staff from the college explained how these recommendations had been progressed. This was later confirmed in the meeting with students from the college. Review reports seen by the audit team clearly indicated the inclusion and full participation of external representation on review panels. Key information on recent reviews of non-validated centre partners is reported into the SASQC from CPSC to ensure that effective and relevant communication is maintained between central committees and those in the schools. From the evidence considered by the audit team, there was thorough consideration of both institutional and programme aspects of collaborative reviews at the CPSC with clear recommendations to ASQC where final authority resides.

68 The audit team heard from meetings with collaborative staff that the University operated a practice of inviting staff from one collaborative partner to be a member of the review panel at the CR of another of its partners. These staff had been able to use the experience to help in the preparations of their own review.

69 There is guidance in the ASQH on how closure of a programme and the teaching-out duties to support remaining students are to be managed. Collaborative contracts considered by the audit team also described the principles of how teach-out should be conducted. Although no examples of teach-out were investigated by the audit team, the view of the team was that the guidance in both cases was clear and comprehensive.

Academic Infrastructure and other external reference points

70 The University works within the QAA definition of collaborative provision. The section of the ASQH covering collaborative provision is written to reflect this and states that University policy on collaborative provision is to ensure that 'the University meets the requirements of the *Code of practice* on collaborative provision, and other parts of the UK Academic Infrastructure'. Other sections of the ASQH are also clearly mindful of external reference points. In particular, the assessment principles and policies section of the ASQH incorporates the principles and precepts of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and the *Code of practice, Section 6: Assessment of students*.

71 Staff at a validated centre confirmed that they had been assisted in their understanding of UK higher education by briefings provided by their university verifier. Indeed they had modelled their own external examiner system and Quality Assurance Handbook on those of the University so that UK higher education practices were well embedded in the college's practices and protocols. Additionally, staff at another partner college explained how they used the University's ASQH to guide them in their management of the collaboration.

72 The formal agreements between the University and the partner college that were scrutinised by the audit team fully acknowledged the role played by the Academic Infrastructure in the quality assurance of these arrangements. The ASQC has considered how the policies of the University are mapped against the *Code of practice* and the European Standards and Guidelines.

73 Although students whom the audit team met at one partner college were not familiar with the term 'programme specification' the team saw that their student handbooks contained details of how the students could access the programme specification on the Nottingham Trent Online Workplace (NOW) website.

74 The Briefing Paper states that there is only a small element of collaborative provision that is professionally accredited. However, the audit team learnt from meetings with staff that some collaborative provision had been accredited recently. The team heard how University staff had prepared for the accreditation event with the full and active involvement of the collaborative partner. The resulting accreditation report was received by both the SASQC and the collaborative partner. Similarly, the team learnt from documents and meetings with staff that a validated centre had recently undergone professional accreditation by a government body where a representative of CASQ had acted as an observer on the accreditation panel. A few months earlier the validated centre had been through a University CR where a representative of the same accreditation body had acted in an observer capacity. The audit team saw this as another example of the close cooperation between the CASQ and the partner colleges.

Assessment policies and regulations

75 Assessment policies and principles are set out in the ASQH. Non-validated centres are subject to the same assessment principles and regulations as that of campus-based provision, with some minor variations where appropriate. One of the standard requirements that is checked at approval of a new collaborative programme is adherence to the

University's Common Assessment Regulations and any variations from these. Validated centres may develop and operate their own assessment regulations but are encouraged to align these to the broad assessment principles outlined in the ASQH.

76 The guidance in the ASQH sets out the University's principles of assessment which include, among others, openness and the maintenance of standards. As part of ensuring transparency, staff are required to disseminate assessment criteria for all assignments to students. Both non-validation service and validation service students whom the audit team met confirmed that they were clear about what assessment tasks entailed and that they received assessment criteria.

77 At meetings with partner staff, the audit team heard that assessment tasks are produced by a cooperation between partner staff and staff from the University. At one college, the team learnt that draft assessments were written by staff from the college and then these were scrutinised by staff from the University, including the verifier. Staff from the partner organisations had been provided with assessment guidelines and were able to contextualise the assessment to their particular environment.

78 The ASQH contains the principles that guide the moderation of student work. The precise nature of how these principles are achieved is not prescribed but left to each programme team to determine. Partner staff whom the audit team met explained that moderation always involved both college and University staff. At one partner college, the team heard that student work is marked by partner staff and then moderated by University staff. Marks are then mutually agreed in readiness for scrutiny by the external examiner. The examination board is held at the partner college with University staff and the external examiner in attendance. For validation service partners, the verifier is also in attendance at the final examination board. The external examiner scrutinises student work before the examination board.

79 Moderation practice at another college, although slightly different in operation, was equally robust. Student work is firstly marked by college staff and then moderated internally. There then follows a further moderation process involving college staff, the external examiner and the verifier. This second stage of the moderation process is fully informed by the outcomes and deliberations of the first stage. Students were informed of assessment regulations, assessment criteria and penalties for late submission via the college's virtual learning environment and student handbooks.

80 From reading the ASQH, minutes of examination boards and meetings with partner staff and students, the audit team formed the opinion that assessment practices employed by the University were sound and made a significant contribution to the maintenance of academic standards.

External examiners

81 The role of the external examiner is described in the ASQH. The audit team viewed the documentation as thorough and unambiguous, containing clear descriptions and policy for, among others, eligibility, appointment, responsibilities, powers and training.

82 All award-bearing programmes must have an external examiner. All boards of examiners must have an external examiner as a member. For non-validation collaborative provision, nominations must be approved by the relevant SASQC and the University's External Examiner Appointments Panel (EEAP) before final endorsement by ASQC. For validated centre provision, the nomination must be approved by the College's Academic Board (or equivalent) and the CPSC before being considered by the EEAP and ASQC. Minutes of CPSC clearly showed that due consideration was given to proposals for the appointment of external examiners, with recommendations to the EEAP and ASQC.

Partner college staff whom the audit team met confirmed that nominations for external examiners were submitted to the University for formal approval.

83 External examiners are usually appointed for four academic years with the option to apply for an extension for one further year. Appointments and extensions require the approval of the EEAP which then makes recommendations to ASQC for endorsement.

84 Induction is carried out either by the University (for UK based, non-validation collaborative provision), the validation centre or the school (for non-UK collaborative provision). CASQ has produced guidance to assist and support validated centres in their understanding of the external examiner system. This document summarises key information from the ASQH relating to external examiners, together with guidance on how to complete the external examiner nomination form as well as the key responsibilities of validation centres in relation to external examining. The audit team found that this guidance was clear and helpful to validated centres. The verifier must ensure that suitable induction arrangements have been carried out for external examiners for validated centre provision. The team noted from comments made in a verifier report that the verifier had met with newly appointed external examiners and discussed their roles and responsibilities.

85 The audit team noted that in one overseas collaborative college the delivery of provision and some of the student work was in a language other than English, and saw evidence that in this case where there were two external examiners, one of them was fluent in the overseas language.

86 The ASQH states that programme teams must provide an appropriate response to external examiners on their reports within a 'reasonable timescale'. Responses to issues must also be contained within the PSQR. Staff at partner colleges confirmed that they received and discussed the report of the external examiner. Issues raised by the external examiner were addressed by the staff at the partner college and were documented in the PSQR, which was then submitted to CASQ and hence to ASQC. The audit team saw evidence of this process in action through its scrutiny of PSQRs. These reports contained explicit reference to issues raised in external examiners' report and the responses of the college. The University uses the PSQR as a way of ensuring that the collaborative partner has responded to all pertinent points raised in the external examiners' reports.

87 Each year the SASQC considers a summary of external examiner comments and responses for non-validation service provision. For validation service provision, the University verifier meets with the external examiner at the time of the assessment boards. Meetings with staff from the collaborative centres confirmed that examination boards are held at the collaborative centres, with external examiners and University staff present including the verifier or programme coordinator

88 CASQ produces an annual external examiner overview report. The audit team saw that this report did not specifically draw out issues from the external examiners' reports which were particularly relevant to collaborative provision, although there is an analysis of comments from external examiners in the appendix of the CPSC overview report. To assist the University in its compilation and use of qualitative data when making comparisons between collaborative provision at various locations and its campus-based provision, the team took the view that the external examiner overview report could be further developed. It recommended that it was desirable that the University develop a reporting mechanism which allows for an analysis and comparison of external examiners' comments of provision at different locations, at programme, school and institutional level.

Certificates and transcripts

89 The University produces all certificates and also the relevant transcripts for non-validation service provision students. Transcripts for validated centre students are

produced by the appropriate validated centre. The audit team was advised by the University of the steps taken prior to the production of the transcripts for validated centres. However, it was clear to the team that there was no formal verification mechanism in place for University oversight of the physical transcript that is produced by the validated centres. The team noted that the role of the verifier does not formally include checking of transcripts at validated centres. The team also heard that the University did not provide guidance, a statement on minimum expectations or a standard template for the production of transcripts by validated centres. Noting that this was an issue which had arisen in the 2006 Collaborative provision audit, the audit team was unable to verify precisely how the University exercised appropriate oversight of transcripts issued by partners.

90 The audit team examined a sample of University certificates for overseas collaborative provision. When the language of tuition was not English, then the language of delivery was recorded on the certificate. Although the name of the partner college was shown on the certificate, the location (that is, the name of the country) was not printed on the certificate. As transcripts for some collaborative provision are produced by the partner colleges and hence are outside of the oversight of the University, the audit team concluded that there was potential for the University to be unaware if the location of delivery was absent from both the transcript and the certificate. Thus the audit team see it as desirable that, for the benefit of students receiving University awards as a result of studying at a collaborative partner, the University should take further steps to ensure that the format of all transcript documents generated by validated centres is appropriate, and that the combination of certificate and transcript fully reflect the relevant precept (A24) of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* in clearly articulating the location of delivery.

Management information - statistics

91 From meetings with staff at a validated centre, the audit team learnt that data on progression and completion is provided by the college to the examination board where it is discussed with the external examiner and verifier. Any required actions are recorded in the PSQR.

92 Each module leader receives data on their module after the assessment board. This includes pass rates and average mark for the module. This data is also discussed at course meetings and issues and associated actions are recorded in the PSQR.

93 ASQC is provided with an annual data overview report with summary statistics on student achievement by mode of study (full-time or part-time), ethnicity and gender, classification, and withdrawal and completion rates. This report does not, however, distinguish collaborative provision students, so comparisons of the achievement of these students with others on the same or different programmes in different locations cannot usefully be made. CPSC also produces an annual overview for all collaborative provision. Data in this report is limited to student numbers per programme and per validated centre. Data on achievement and progression is not included.

94 The 2006 Collaborative provision audit encouraged the University to develop reporting potential so as to allow comparisons to be made across a range of statistics between equivalent programmes across different locations. The University informed the audit team that it had acted on this by adding additional guidance for the production of SSQRs. The team read a number of SSQRs but based on the sample explored by the team, none of these contained any comparison of achievement of students at different locations and were variable in terms of their data content.

95 The audit team formed the view that there was no formal institutional overview report, either at programme, school or university level that compared the achievement of collaborative students as a distinct body with students on the same or equivalent

programmes in different locations. The audit team see it as desirable that the University develop their reporting potential so as to allow comparisons to be made across a range of statistics, including progression and achievement of students, across different locations and to monitor the implementation of this at programme, school and university levels.

Overall conclusions on the management of academic standards

96 The audit team found that the University had clear, comprehensive and robust mechanisms for the management of the academic standards in relation to its collaborative provision and these were operating as intended. The strength of the liaison between the University and its collaborative partners, operationalised via the verifiers, programme coordinators and CASQ, was a key element in the maintenance of the liaison. Arrangements for approval, monitoring and review are well documented and supported with clear reporting lines through a well-articulated committee structure. There is strong and scrupulous use of external examiners in summative assessment and of external members on approval and review panels. The team found examples in reporting systems (see paragraphs 90, 92 and 97) where further developments should enable the University to utilise its qualitative and quantitative information to make more effective comparisons between collaborative provision at various locations and its campus-based provision.

97 Notwithstanding some of the issues raised in this section, the audit team concluded that confidence can be placed in the soundness of the University's present and likely future management of academic standards of its awards offered through its collaborative provision arrangements.

Section 3: Institutional management of learning opportunities

Approval, monitoring and review of programmes

98 The audit team explored the effectiveness of the institutional management of the approval, monitoring and review of collaborative provision in the context of the quality of learning opportunities. The overall process and practice of approval, monitoring and review of academic standards is outlined in Section 2.

99 The academic approval process is defined in the Academic Standards and Quality Handbook (ASQH) with reference to external benchmarks and the Academic Infrastructure. Updated annually, the handbook contains the University's procedures, processes and regulations for the assurance of academic standards and the enhancement of the quality of the student learning experience. Allied to this regulatory document is the Institutional Learning and Teaching Strategy 2006-2010 for enhancing learning opportunities.

100 The primary sub-committee of Academic Board with oversight of the quality of the learning opportunities within collaborative provision is the Academic Standards and Quality Committee (ASQC) which has responsibility for implementation of policies and practices in respect of the University and its collaborative partner institutions. The audit team saw direct evidence of ASQC's oversight of learning opportunities within collaborative provision through the 2009 paper which considered mechanisms for the current and future academic management and oversight of collaborative provision with respect to learning opportunities.

101 As discussed in Section 1, the two main sub-committees of ASQC involved in the oversight of academic quality and standards with regard to learning opportunities are the Standards and Quality Management Subcommittee (SQMSC) and the Collaborative Provision Subcommittee (CPSC), with each School's infrastructure mirroring that of the University. Within each school, a School Academic Standards and Quality Committee

(SASQC) monitors academic standards and the quality of learning opportunities at school level across non-validation service partners.

102 The University's implementation of academic standards and the quality of the student learning experience is maintained by the Centre for Academic Standards and Quality (CASQ), which has responsibility for supporting the operation of the framework of quality assurance for all the University's collaborative provision, and for specifically managing and reporting on the standards and the quality of learning opportunities in validated centre provision.

103 The audit team explored the process and practice with regard to the monitoring of collaborative provision in the context of the quality of learning opportunities. Each SASQC is responsible for producing an annual School Standards and Quality Report (SSQR), and each programme area committee produces an annual Programme Standards and Quality Report (PSQR). The team saw evidence in non-validation service collaborative provision that each programme area was required to submit an annual PSQR which included a dedicated section on collaborative provision. In addition, a separate Centre Standards and Quality Report (CSQR) is required for validated centres that offer more than one programme. Through meetings with staff and students, and a reading of the supporting documentary evidence, the team formed the view that these mechanisms were robust and comprehensive in terms of the scope of reporting on the quality and management of the student learning opportunities and experience within the collaborative areas of provision.

104 The audit team discussed and tested the review of awards and the quality of learning opportunities in collaborative provision. The review of non-validation service collaborative provision was undertaken as part of PSR and this approach to quality review is augmented by other University-wide mechanisms for assuring standards and the quality of learning opportunities through collaborative review, the external examiner process, programme monitoring and annual reporting, and validated centre reviews.

105 Collaborative Review (CR) examines the ability of the partner to deliver the awards and the suitability and currency of the programmes. The audit team saw evidence of the clear and supportive guidance supplied to each partner in advance of the CR process to indicate the focus of the agenda for the event and the iterative approach to programme development and monitoring.

106 The audit team found clear evidence of an effective and detailed consideration of the quality of student learning opportunities in its approach to programme approval, monitoring and review processes with regard to collaborative provision.

Academic Infrastructure and other external reference points

107 The audit team explored the use made by the University of the Academic Infrastructure with regard to collaborative provision. The University claimed that the framework for mapping academic standards and the quality of the student experience for collaborative provision are subject to the same principles of quality management, assurance and enhancement as local University provision. The team saw evidence in institutional documentation of active and deliberate engagement with the Academic Infrastructure and in particular the *Code of practice*. This is realised most acutely in the ASQH, which has been effectively mapped against the *Code of practice* and the European Standards and Guidelines. The team saw evidence that CASQ plays a significant role in actively encouraging staff in the University and its collaborative partners to consult aspects of the *Code of practice* directly via a series of guidance and operational notes.

108 The guidance and template for programme specifications issued by the University reference the Academic Infrastructure and, in particular, the subject benchmark statements and other relevant external benchmarks. The Academic Infrastructure is also clearly

Audit of collaborative provision: annex

indicated and referenced in the ASQH, and forums such as programme leader briefings and accompanying guidance notes.

109 The audit team found, through discussion with staff and scrutiny of the documentation, that the University fully referenced and engaged with the precepts of the *Code of practice* and other external reference points in respect of its collaborative provision.

Management information - feedback from students

110 The audit team tested the effectiveness of the University's use of management information in relation to the quality of student learning opportunities in its collaborative provision. The University stated that management information on collaborative provision was not delineated as a separate category of strategic information, although there was some disaggregated management information relating to validation service provision. The team saw evidence that feedback from students was systematically gathered as part of the annual PSQR cycle.

111 The role of verifier, with oversight from CASQ, plays an instrumental part in managing the links with validated centres. The verifiers are responsible for monitoring student feedback at validated centres through examination boards and liaison with partner institutions.

112 The University claimed that from 2009-10 the new CPSC would produce an annual report that considers management information for all collaborative provision. Management information relating to non-validation service collaborative provision provided by the Registry was already considered at programme and school level through PSQRs and SSQRs.

113 The University stated that from 2009-10, the section on collaborative provision from each SSQR will be considered separately alongside information from validated centres so as to highlight relevant information from collaborative provision. This will include an institutional overview and analysis of collaborative provision data and information. Although statistics relating to admission, progression, completion and achievement form part of the PSQR required for all programmes, the audit team formed the view that this needed further development in the future to make the reference to collaborative provision fuller and more significant in the PSQR.

114 Improvement in the production of collaborative provision data was a key objective of the School Academic Plans and the Programme Development project. The annual quality monitoring required programmes and schools to consider admissions, progression and achievement data to inform evaluations of academic standards and quality and subsequent decision making, although the audit team noted an absence of systematic comparison between main and collaborative provision. The team saw that data on admission, progression, completion and achievement of students was scrutinised through collaborative and internal review processes. The audit team heard that the University stated that the validated centres were given guidance on the reporting of data through liaison with verifiers, and through feedback on PSQRs after discussion of reports at CPSC. An annual overview report produced by CASQ using central data supplied by the Registry on admissions, progression and completion data was submitted to ASQC to supplement other annual reports.

Role of students in quality assurance

115 The audit team explored the effectiveness of the institutional management of learning opportunities in the context of the role of students in quality assurance in collaborative provision. From its reading of supporting documentation and from meetings with partner college students, the audit team saw evidence to support the University's claim that it

gave serious consideration to feedback from students and viewed students as partners in all aspects of their learning experience.

116 There was evidence that student feedback was a valuable component of the monitoring and programme review processes and was part of wider feedback gathered from teaching teams, collaborative partners and external examiners. Student representatives were involved in both validation service provision and non-validation service provision. The audit team heard that the University intended to analyse separately responses from students studying on non-validation service collaborative provision for future rounds of monitoring and review in order to provide a more focused analysis of student feedback on satisfaction in validated centre provision.

117 Partner institutions were expected to apply the same practices and processes as the University with regard to including students in quality assurance processes. Student representatives attended programme boards and other forums, and the audit team saw evidence that programme coordinators and verifiers actively sought student feedback on the quality of the student experience on collaborative provision programmes.

118 The University had also developed its own student satisfaction surveys, administered in 2005 and 2007, as a mechanism for acquiring feedback from students on all aspects of their study at the University. Students studying on non-validation service collaborative programmes were eligible to complete the survey. Although students on validated centre courses appeared to be engaged in a range of surveys which varied in type and level depending on the partner, the audit team took the view that there was an appropriate level of student engagement in collaborative partners which was broadly in line with the participation of students on home programmes at the University.

Links between research or scholarly activity and learning opportunities

119 The audit team tested the effectiveness of research-informed teaching within collaborative provision in meetings with staff and students and scrutiny of documentation. The verifiers and programme coordinators played a significant role in developing capacity in partner institutions and encouraging partners to engage in enhancement-led activities relating to teaching and learning and the development of research-informed teaching. The team found that during the Periodic School Review (PSR) and CR processes, panel members explored the ways in which research and scholarly activity inform the curriculum and the student learning experience. The team noted that the Research-Informed Teaching project associated with the Institutional Learning and Teaching Enhancement Strategy (ILTES) had been commended at the 2008 Institutional audit.

120 The audit team explored the relationship of research and scholarship-informed teaching on collaborative provision and found clear acknowledgement of the importance of research and scholarship-led teaching, although the inherent limitations of some of the individual partners were apparent and dependent on the nature of the collaborative arrangement with the University. Such activities were found to be of particular benefit for non-validation service provision. Subject health is maintained and enhanced through academic research, and student feedback indicates that students appreciate and value the opportunities to engage in research, particularly through choice of dissertation topics and electives.

121 The audit team met a range of students at partner colleges and found that they were aware of the importance of research-informed teaching. Many partner colleges had considerable experience of delivering degree-level provision and were fully cognisant with the concepts of research-informed teaching. The audit team found that the level of research-informed teaching varied across partners, particularly with regard to validated centre partnerships. The role of verifier was instrumental in encouraging and being a

facilitating agent for staff development activities leading to the embedding of research-informed teaching.

122 Similarly, the role of programme coordinator was significant in developing academic staff understanding of research-informed teaching. The audit team heard in the course of its meetings that some non-validation service partner institutions concentrated more on professional and vocational qualifications rather than academic. Staff and programme coordinators had developed a range of shared forums and staff development activities to enhance the learning and teaching experience, with the audit team seeing examples from two academic areas.

123 The University stated that further education colleges tended to focus less on research, although there were some good examples of research being integrated into the learning experience as a significant number of collaborative partner staff are supported to study for higher degrees which then inform the teaching and learning environment of students. The University demonstrated clear oversight and appreciation of the links between research and scholarship and the enhancement of learning opportunities in the context of collaborative provision.

Other modes of study

124 The team explored and discussed other modes of study with staff. The use and suitability of other modes of study was evaluated and reviewed through approval, annual monitoring, PSR and CR processes. Part-time study mode is approved separately for all provision after evaluating factors such as the nature of the student body, the provision of resources, the length of time required to meet the required learning outcomes, and student support.

125 It was the stated strategic intention of the University to make the consideration of different modes of study a key theme for the new University Strategic Plan and this was further reflected in the school academic plans. The University had developed guidelines on 'minimum on-line-ness' for all its programmes and the associated learning resources to which all non-validation service collaborative provision already had access. The audit team was advised that these resources would be rolled out to collaborative programmes in the near future.

126 Approval panels scrutinise the rationale for part-time study, and it is the experience of the University that these can be driven by the interests or requests of employers who may sponsor students, particularly to undertake part-time study for Foundation Degrees. The role and development of different modes of study that emphasise employability, including work-based learning, was outlined in the ILTES and included as a core theme of the new University Strategic Plan.

127 CASQ officers play a key role in reviewing course proposal documentation to ensure that the learning experience is more pertinent and manageable from the student perspective. The audit team saw clear evidence of the significance of this role in defining and monitoring the experience of students on flexible and distributed learning programmes with collaborative partnerships.

128 The audit team saw evidence of the University's dedicated and effective guidance produced for the development and support of programmes delivered through flexible and distributed learning. This clear and easily accessible guidance was used to assist programme developments in the context of the quality of learning opportunities. The team took the view that the guidance was effective in demonstrating sensitivity to the international context and to cultural considerations in determining the style and mode of delivery.

129 Where there was a significant proportion of online learning, approval panels always include either an internal or external panel member with subject specific experience of distance learning materials and with a brief to evaluate the suitability of the online materials. The University makes available a range of online resources to partners and students to support the student learning experience.

Admissions policy

130 The University's Admissions Policy states that an applicant may be admitted on the basis of evidence to suggest that he/she will be able to fulfil the learning outcomes of the programme and achieve the standard required by the award. The templates for the approval process ensure that the Admissions Policy is considered in both the framework and contextual documents. In the approval process explored by the audit team, this consideration was facilitated by CASQ comment on the draft documents. Admissions Policy is covered in the collaborative agreements. In the case of the non-validation service collaboration examined by the team, the agreement made specific reference to the programme specifications, which in turn provided a detailed guide to entry requirements. In the case of a validated centre, where admissions are normally the responsibility of the centre, the agreement provided for the partner to supply the University with a summary of student registrations. The progression partnership agreement differed accordingly, being focused more on admission to the University rather than to the partner.

131 The Admissions Policy is monitored in a number of ways. Programme teams are required to comment in PSQRs on the key trends and issues arising from analysis of applications, enrolment and progression data. In all reports sampled by the audit team, there was comment along these lines. The validated centre and progression partnership reports provided some detailed progression data for the different locations or courses offered by the partner. A PSQR for a non-validation service provision partner provided detailed commentary without data. The team saw evidence that concerns expressed in PSQRs, for example about the diversity of the student enrolment, had led to requests for further support. The SSQRs are required to give an overview of student data and are discussed in SASQCs. In the reports and minutes reviewed by the team, no issues relating to partnership admissions or progression were raised. Although validated centres are requested to provide verifiers with details of their admission and accredited prior and experiential learning (APEL) policy and procedures, the team did not find any specific comments on admission standards in the verifiers' reports sampled. External examiners have commented on both high admission standards and language issues. None of the reports reviewed by the team made any comparison between partner progression data and an equivalent provision delivered at the University.

132 The Briefing Paper stated that an unusually high withdrawal or failure rate would trigger a request for a partner to consider the entry criteria. The audit team did not see evidence of this but was informed that there was close liaison between partner and University staff in relation to the operation of the Admissions Policy. In the case of non-validation service provision, the University claimed that admission criteria would be comparable to that for home-based provision and that the partner would manage the process subject to final approval from the University; furthermore, the partner would ask programme leaders for advice about, for example, advanced entry or other exceptional cases. In the case of validated centres, verifiers commented that they asked students for feedback on their experience of the admission process, gave advice to partners about such issues as induction and language support, and commented that the process was one of active dialogue. In the case of the progression partnership where admissions were the responsibility of the partner, the team saw evidence of a close liaison between partner and University admission staff involving discussion of language and course requirements and the use of joint recruiting teams.

Resources for learning

133 Resources for learning are considered in the approval process and included in the collaboration agreements. The Library and Learning Resources department (LLR) assists the approval process by providing a collaborative provision library impact checklist covering the provision of books, journals, study facilities and skills, IT and access to other libraries. Schools work with the appropriate liaison librarian when preparing partnership proposals. The audit team explored this aspect of the approval process in respect of two partnerships. In the case of a school partnership, university staff made a site visit to inspect the learning resources and the approval documentation, described the library facilities of the partner and noted that learning resources would be continually updated to ensure that they were fit for purpose. The agreement placed responsibility on both the University and the partner to provide suitable facilities and reasonable assistance to each other. In the case of a progression partnership, the approval documentation provided for the partner's students to have the same access as University students to learning resources, including the virtual learning environment (VLE), central IT facilities, and libraries across the campuses. In this agreement, the University undertook to provide students with the necessary ID cards to enable them to use those resources. The adequacy of learning resources is monitored by the reporting and review process and is a standard item in the verifier report form. All the verifier reports seen by the audit team discussed resources and comments were positive. The team noted that resources were discussed in PSQRs and in the reviews of both non-validation service and validation service partners. Monitoring has identified cases where more resource was required but also where major new resources have been provided.

134 Validated centres can pay for access to an e-library service of over 100 business journals and for associate readerships entitling students to a walk-in library service with access to short loans, a help desk and photocopying. If such facilities have been purchased for a student cohort, partner staff have free access. The audit team learnt that the University had negotiated the e-library provision with its database providers and regarded it as an innovative service to partners for which there had been a good take up. The minutes of the most recent (2009) Annual Verifiers' Meeting noted that it was hoped to extend the e-library service to other discipline areas such as fashion. The Validation Services Conference held in 2008 included informative sessions on the e-library package and the library's response to satisfaction surveys. The LLR has been externally commended for its 'sound and effective partnership arrangements' and considers that this reflects the positive relationship with validated centres.

135 In the case of non-validation service provision, the NOW VLE provides access to learning resources, lecture notes and module booklets, and provides students with a file storage area. ASQC has agreed minimum standards for online learning and teaching which require programme teams to articulate how the VLE will be used to support their provision, set minimum standards and propose a tracking framework based on PSQRs and SASQCs. Schools have implemented the policy and the monitoring report template includes provision at collaborative partners. The audit team heard that the minimum standards were established for the benefit of any University-registered students including those of overseas partners. The 2007 University Student Satisfaction Survey, which included responses from students at school collaborative partners, gave an 86 per cent satisfaction rating for the VLE. The audit team saw evidence that schools had actively considered library and VLE issues, with attention being paid to collaborative partners, and that CASQ had noted elements of good practice in the schools' use of VLE and electronic resources in relation to collaborative provision. The evidence from the monitoring documentation and meetings with partner staff indicated that partners were also developing their own VLE provision. Thus, one validated centre had provided a wide range of online resources and developed its own VLE content while another major partner was developing its own VLE content.

136 Staff from all the partners met by the audit team reported that there was close liaison with the University on resources, with joint use of facilities, University assistance with

obtaining resources, regular staff visits and mutual discussion and inspection. In one case, a two-year discussion period led to one major partner taking the e-library provision for a trial period which is being monitored. The LLR has provided training to students visiting from a range of European and corporate partners and the team saw that feedback on this provision is used to develop future services.

Student support

137 As discussed in Sections 2 and 3, the audit team saw that the approval process considered both the level of student support and the division of responsibility between the University and its partner. Detail of the arrangements is provided in the programme specifications and the relevant handbooks. The form of the support will vary with the nature of partnership: a dual degree partnership provided for regular staff liaison visits, whereas a progression partnership provided for a balance of academic support from the partner and professional pastoral support from the University. Staff from both partners testified to the benefits to students resulting from their collaborative working arrangements.

138 The audit team saw a range of evidence to indicate that the provision of student support is monitored through the reporting process. PSQRs report on student support in relation to the quality of learning opportunities and academic support. SASQCs comment on both good practice and issues in relation to support. External examiners comment on levels of support when identifying the strengths of programmes and the action points in relation to quality of learning opportunities. Responses to comments are noted in the SSQRs and school action plans draw on this information when identifying objectives. The review process also identifies support issues and commends good practice. Verifiers meet with students during their visits to partners and student support is a standard item in verifiers' reports. In 2010 CASQ introduced an annual overview report of collaborative provision for the consideration of CPSC which analyses the reports of verifiers. The report reviewed by the audit team concluded that, with the exception of a collaboration which had terminated, student support was excellent.

139 The audit team heard that the University would expect its arrangements for student support to be replicated by partners. The monitoring documents explored by the team identified occasional issues in relation to language and skills, but also detailed a breadth of support, including provision of language and skills training, encouragement of independent learning, flexibility of programme delivery, approachability and availability of staff, and the value of learning sets and small cohorts. This documentary evidence was supported by comments made in the team meetings with partners and students. Partners spoke of close liaison between partner and University staff providing general induction for students, but also a high level of personal support to students facing difficulties. Students spoke of the responsiveness of the partner staff, the level of language support and the contact they had with University staff visiting and teaching at the partner institution. University staff commented that such visits gave an insight into the student experience. In the case of a progression partnership, annual reports, committee minutes and discussions with staff all highlighted the steps taken to enhance the transition of students from the partner to the University. At a central level, CASQ has provided staff development to local further education colleges to enable their staff to assist students in the transition from a further education environment to a higher education environment.

Staffing and staff development

140 Approval and review panels are required to consider the learning environment, which expressly includes the quality of the staff. Detailed CVs of partner staff may be included in the programme proposals; staff confirmed that such CVs are discussed at initial validation and revalidation and that CVs of staff subsequently appointed are also submitted to the University. In the approvals examined by the audit team, there was detailed consideration of staffing in relation to the teaching and learning environment of the partner

and in response to the CASQ commentary. The quality of partner staffing had been noted by the panels. University involvement with partner staffing policy varies according to the nature of the partnership. With a dual degree partnership, it was simply noted that the partner had a strong international faculty engaged in scholarly activity. In the case of a progression partnership, it was noted that the staff appointment process would mirror that of the University. Validated centres are requested to provide verifiers with details of staff changes and new staff CVs. Verifiers and programme coordinators may also discuss staffing policy with partners in the context of the expertise to offer particular modules and the staff development required. The team were advised by partners that they were aware of the University's expectations regarding staffing and that staffing was discussed with partners by both verifiers and programme coordinators in the context of the academic health and development of the programme in question.

141 The approval and review processes also focus on staff development and the documentation examined by the audit team variously noted the extent of the partner's own programme and liaison with the University. The progress of staff development is detailed in the annual reporting process and the responsible committees which have requested improvements in relation to such matters as the clarity of programme objectives, the evaluation of outcomes and the consistency of delivery. The PSR process has highlighted the delivery of staff development sessions with partner staff. Comments on staff development are a required element of the verifier report template, and the sample reports reviewed by the team had considered this issue. There was evidence that such comments have been constructive and resulted in improvements. The team noted two examples of the University assisting a partner to enable its staff to deliver a programme. In one instance, approval of a programme was delayed to allow for staff development provided by the University, following which approval was given subject to the CVs of subsequently appointed staff being provided to the panel. A subsequent visit report noted the slow transition of staff to an understanding of critical study and suggested further mentoring. More recent verifier reports have noted that the level and quality of staffing was good. In the other case, there was said to be a lot of joint working in the year leading up to approval and the first year of operation. This was required because the subject area and academic culture was new to the partner. The approval would not have proceeded without the dialogue focused on staff development.

142 The partnerships examined by the audit team provided evidence of the breadth and impact of University support. A review of a non-validation service partnership noted the positive impact of research collaboration, joint international visits, shared teaching, staff exchanges, and induction for programme leaders, and this was underpinned by meetings with partner staff. The annual reports and institutional review of a validated centre noted the encouragement given to staff development, the use of annual conferences and the role of the partner's own support units. The centre staff told the team that there was a lot of interchange in staff development opportunities with the verifier responsive to their requests. The progression partnership provided further evidence of on-going liaison, with staff of both institutions meeting to discuss subject-specific and generic issues. Annual scrutiny meetings for this partnership noted the valuable role of staff development in assisting student transition to the University, and in developing the programme through the integration of language and skills modules. The significance of staff development in this partnership was also evident in the minutes of the relevant responsible committee.

143 Staff development activity for collaborative provision staff is evidenced by school and CASQ reports. School support for staff development at partners is wide-ranging. It was reported that one of the schools provided bespoke sessions for partner staff on assessment and learning outcomes, formed joint task groups to reflect on enhancement, and held termly meetings of programme teams. Another school reported a similar level of engagement with a validated centre. In consultation with the Education Development Unit, another school ran a two-day VLE training workshop attended by staff from seven of its overseas partners, and a different school undertook a well attended four-day development activity at its Libyan partner. The collaborative development of Postgraduate Certificate in Higher Education (PGCHE)

programmes with a partner provides a further example of embedded staff development. The University assisted in the development of a programme by a validated partner and jointly developed a programme with a non-validation service provision partner. A presentation by the former partner to the University's Learning and Teaching Conference detailed the scope and evaluation of the first year of the programme. Another aspect of that partnership has been the delivery of a three-day research workshop. CASQ has provided development for local partners, focused on assisting the transition of students from a further education to a higher education environment. A further aspect of staff development has been in relation to the process and objectives of annual reporting which has been identified as a particular need for some partners. For staff at the University, extensive staff development is provided for verifiers, programme coordinators and validation chairs.

144 Conferences play an important role in staff development. The annual Learning and Teaching Conference encompasses a range of issues relevant to partners, and is attended by delegates from non-validation service provision and validation service partners based both in the UK and overseas. The CASQ biennial Validation Service Conference provides partners with an intensive three-day programme of presentations and workshops, dealing with student support, teaching methods, learning resources and staff development. It is well attended, enables partner staff to network and share good practice, and generates positive feedback. The annual verifiers' meeting also enables the dissemination and sharing of good practice and concerns. Schools organise an annual conference or symposium to bring centre and University staff together to explore common issues, and also provide more informal contacts, inviting partner staff to research workshops, teaching activities and internal training, all encouraging them to feel that the partnership is a mutually-inclusive relationship.

145 The audit team saw a considerable range of evidence that staff development activities with partners had a reciprocal benefit for University staff. Staff were able to learn about approaches to teaching and feedback appropriate to the progression of international students. Other reports provided examples of reciprocal benefit in the form of teaching experience, research collaboration, the development of curricula, the expansion of the scope of the partnership and the exploration of other common issues. Partner staff have presented papers to the University's Learning and Teaching Conference. More broadly, the team saw evidence to support the University's claim that involvement in partnerships through roles such as that of the verifier was regarded as important staff development for University staff. Verifiers are provided with a detailed list of duties, all relevant documentation, and receive one-to-one induction and on-going support from CASQ. Attendance at the annual verifiers' meeting is regarded as an important part of this developmental experience and action is to be taken to formally recognise the role and commitment of verifiers. Programme coordinators have a similar role to that of verifiers in respect of non-validation service partnerships and also have an annual briefing from CASQ on relevant issues. Partner staff have an opportunity to participate as externals in approval panels for other partnerships and the team heard that this was regarded as an important staff development opportunity and benefited the University by encouraging a team approach. The CASQ Overview Report on collaborative provision for 2009 noted that there had been increased use of the 'NTU Anywhere' site which enabled staff to sample work on a dedicated space for each module and provided opportunities for sharing good practice.

Overall conclusion on the management of the quality of learning opportunities

146 The audit team came to the overall conclusion that confidence can be placed in the soundness of present and likely future capacity of the University to manage the quality of the learning opportunities available to students through its collaborative provision arrangements.

Section 4: Institutional approach to quality enhancement in collaborative provision

147 The University has a distinctive and deliberate approach to the enhancement of learning opportunities in its main provision which was commended by the 2008 Institutional audit. School-level enhancement strategies are centrally defined and directed, supported by CASQ, but allow scope for schools to identify and pursue additional priorities within the wider institutional framework. The staff that the audit team met confirmed that the strategy was applied to the non-validation service collaborative provision in the same way as it was applied to the schools' main provision.

148 The key driver of the institutional approach to quality enhancement is the Strategic Plan, which provides the context for the current Institutional Learning and Teaching Enhancement Strategy (ILTES). The ILTES established a framework of staff roles and activities that promote and advance the institutional enhancement policies. It also defined a set of priority areas for enhancement activity. At the time of the audit, there were four priority areas: creating an innovative and inclusive learning environment; encouraging excellence in professional development; enhancing learner support systems; and creating modern and inspiring curricula.

149 The Briefing Paper suggests, and the documents reviewed by the audit team and the staff it met confirm, that there are many examples of enhancement of collaborative provision that have been developed as separate initiatives by schools or individuals, many of which are referred to in the staff development element of Section 3 above. It was less evident, however, that there was a systematic approach to the enhancement of the quality of learning opportunities in its collaborative provision, particularly in relation to validation service provision. The audit team did not, for example, see enhancement featured as a separate section in the collaborative provision overview report to the Collaborative Provision Subcommittee (CPSC), and did not see enhancement featuring prominently in the minutes of CPSC or its predecessor DCPSC. The Briefing Paper did not identify any of the examples it outlined as deriving directly from the ILTES.

150 Verifiers and programme coordinators play a significant role in working with partners to identify good practice and enhance both non-validation service and validation service provision. They play the role of 'critical friend' in assuring the University that the requirements of the collaborative agreement are being met, but also have a role in indicating to the collaborative partner how best to meet these requirements, explain changes in University processes and highlight areas for improvement. As a consequence, the verifiers' reports both serve the quality assurance needs of the University and are a means for quality enhancement for the collaborative partner. Although their main function is one of quality assurance, the verifiers also actively engage in enhancement activity, such as programme and pedagogic development. The report template assists in this regard, allowing for recommendations to be made to enhance learning, teaching and assessment. Partners speak highly of the support offered by verifiers and of their input to partnerships.

151 The Validation Services Conference, which is held every two years, attracted over 200 delegates in 2008 and focused on quality enhancement. CASQ has also built a quality enhancement website which makes some valuable materials available to partners.

152 It was evident to the audit team that there were a number of enhancement activities being carried out, and many individual examples of good enhancement activity being implemented. The team, however, encourages the University further to implement its well-developed mainstream enhancement processes into its collaborative provision.

Section 5: Institutional arrangements for postgraduate research students studying through collaborative arrangements

153 The Academic Standards and Quality Handbook (ASQH) sets out the arrangements for all research degree provision without making any distinction between home and collaborative provision based students. The 2006 Review of postgraduate research degree programmes found the arrangements for admission, supervision, monitoring, developing research skills, feedback and assessment to be satisfactory. The 2008 Institutional audit concluded that these arrangements were rigorous and effective with features of good practice. Neither the review nor the audit considered arrangements specifically for postgraduate research students in collaborative provision. As the Briefing Paper noted, this provision at the University is limited to two collaborations: one for a Doctor of Business Administration (DBA) and the other for general research degrees. The DBA collaboration agreement details the responsibilities of the University and its partner. Under the agreement, publicity is drafted by the partner but approved by the University, admissions and induction are jointly managed, and supervision duties are shared. The University provides handbooks, access to electronic learning resources and staff development for partner staff which includes visits to the University. The partner produces the PSQR. The Briefing Paper stated that there was a common external examiner for partner and home students taking the same programme. The DBA agreement has recently terminated and under its terms the parties' responsibilities will continue until the final cohort of students has completed. The audit team saw evidence that the University staff responsible for the original programme were continuing to manage the 'teach out' and that it was progressing smoothly. It was anticipated that the relationship might continue with students from the partner being recruited directly to the University's equivalent postgraduate programme.

154 The other collaboration involved the validation of research degrees undertaken by students at Southampton Solent University (SSU). This arrangement exists because SSU does not have its own research degree awarding powers. The Nottingham Trent University (NTU) University Research Degrees Committee (URDC) has oversight of the arrangement. It considers SSU's annual research report and the Chair of URDC approves all examination arrangements. Liaison between NTU and SSU is facilitated by reciprocal membership of the respective research degrees committees (RDCs); an NTU Associate Research Dean attends SSU's RDC, and the chair of SSU's RDC attends NTU's RDC. The QAA Institutional audit of SSU also examined the arrangements for postgraduate research students whose degrees are validated by NTU and confirmed that SSU's RDC included a NTU member. It also noted that while admission was the responsibility of SSU faculties and supervision was governed by SSU's policies, formal assessment was overseen by NTU, which provided generic assessment criteria and approved external and internal examiners nominated by SSU. NTU receives the reports from the examiners and awards the degree as appropriate. The SSU Institutional audit considered the arrangements to be appropriate and satisfactory and noted student satisfaction and appropriate progress arrangements. The SSU audit identified three issues on which it advised SSU to take action: the provision of formal training in research methods for part-time students; the provision of a compulsory training programme for postgraduate students undertaking teaching; and the formalisation of the ethical approval for research. The present audit team noted that one of these issues had direct implications for NTU's collaborative arrangement with SSU. SSU issues a student handbook which states that it awards research degrees under an arrangement with NTU and an examination handbook which explains the role of the NTU URDC in the approval of examination outcomes. The audit team saw evidence that the reciprocal committee membership had assisted both parties in the development of regulations and policy. The audit team concluded that the University has appropriate regulatory framework and support processes in place to assure the academic standards of its postgraduate research degrees delivered through collaborative provision arrangements.

Section 6: Published information

155 Students at non-validation service provision partnerships can access the online University Student Handbook on the student intranet. The Handbook provides key information with a number of links to policies and procedures, such as those concerned with appeals and complaints. Programme specifications for non-validation service provision are published on the Centre for Academic Standards and Quality (CASQ) website but may also be published in the partner's handbook. Validated centres provide equivalent information to their students through handbooks, induction packs, module guides and programme specifications, and those reviewed by the audit team were clear and comprehensive in coverage. Staff at a validation partner advised the team that they had used University templates in developing their own handbook. In the case of a non-validation service provision dual degree partnership, handbooks on both parts of the dual degree and on the exchange programme were provided to students. Students of both non-validation service provision and validated centre provision praised the accuracy of the information provided. The 2007 University Student Satisfaction Survey, which included responses from students in non-validation service collaborative provision, gave a satisfaction rating of 69 per cent for the online university handbook and ratings of 75 per cent for module and course handbooks. The team saw evidence that the University met the HEFCE recommendations concerning qualitative information by making programme specifications and external examiner reports publicly available.

156 The Academic Standards and Quality Handbook (ASQH) articulates the expectation that marketing procedure for collaborative provision should be agreed between the University and the partner, and that all publicity should be approved by the school or CASQ in the case of validated centres, in accordance with University guidelines.

157 The arrangements for the management of published information set out in the agreements examined by the audit team varied according to the type of partnership. The agreement for a dual degree partnership provided that each party was responsible for its own marketing, subject to not damaging the reputation of the other, although the team was advised that each of the parties did check the other's publicity material for accuracy and to suggest improvements. A postgraduate collaborative partnership required the partner to draft publicity and submit it to the University for approval. A progression agreement required marketing templates to be submitted to the University for approval, and referred to protocols to govern the operation of the partner website, which was linked to that of the University. The partner staff confirmed that its draft prospectus passed between the partner and the University International Development Office which acted as a 'gatekeeper'. The Validation Service Manual supplied to centres noted guidelines on the use of the University logo and supplied and detailed an approval process for marketing material requiring a formal sign off by CASQ. School approval forms are used to sign off partner publicity and both schools and CASQ, in relation to validated centres, correct errors in draft publicity. The team heard that a member of CASQ was responsible for checking partner websites on a weekly basis. The team saw evidence of the importance of University approval of partners' marketing materials in both validation and review reports.

158 The 2007 Audit of overseas provision of a non-validation service collaborative provision in Russia commented on the inaccuracy of partner publicity and concluded that there should be more robust monitoring procedures. The audit team heard that, in response, oversight of school partner publicity had been improved by the strengthening of College marketing teams. The 2006 Collaborative provision audit noted that there was no guidance to verifiers in respect of monitoring information published by validated centres, and that the verifier report template did not refer to such information and neither did their reports. The audit report considered it desirable that the University formalise arrangements for the regular checking of such information by verifiers. The University's 2008 interim report stated that actions to formalise the checking of partner publicity material by verifiers had been completed. Validated centres are asked to supply their marketing materials to verifiers; the

verifier's report template now includes a question about whether the partner's publicity is appropriate, and the team was also informed that guidance to verifiers had strengthened the University's oversight. However, the team noted that, based on the evidence it saw, verifiers did not always report on information monitoring and that verifiers held the view that, as CASQ was primarily responsible for the accuracy of marketing material, they would not routinely examine such materials but would report if they found anything inaccurate or inappropriate.

159 The audit team found that, notwithstanding the issues raised in this section regarding institutional oversight, reliance can reasonably be placed on the overall accuracy and completeness of the information that the University publishes about the academic standards of its awards and the quality of the learning opportunities offered to students through collaborative provision.

RG 672a 10/10

© The Quality Assurance Agency for Higher Education 2010

ISBN 978 1 84979 217 2

The Quality Assurance Agency for Higher Education

Southgate House
Southgate Street
Gloucester
GL1 1UB

Tel 01452 557000
Fax 01452 557070
Email comms@qaa.ac.uk

All QAA's publications are available on our website www.qaa.ac.uk

Registered charity numbers 1062746 and SC037786