

Edge Hill University

Annex to the report

May 2010

Contents

Introduction	1
Outcomes of the Institutional audit	1
Institutional approach to quality enhancement.....	1
Institutional arrangements for postgraduate research students	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	3
Developments since the last audit	3
Institutional framework for the management of academic standards and the quality of learning opportunities	4
Section 2: Institutional management of academic standards.....	5
Approval, monitoring and review of award standards	5
External examiners	7
Academic Infrastructure and other external reference points	8
Assessment policies and regulations.....	8
Management information - statistics	9
Section 3: Institutional management of learning opportunities	9
Academic Infrastructure and other external reference points	9
Approval, monitoring and review of programmes	10
Management information - feedback from students.....	12
Role of students in quality assurance	12
Links between research or scholarly activity and learning opportunities	13

Other modes of study	14
Resources for learning.....	15
Admissions policy	16
Student support	16
Staff support (including staff development).....	17
Section 4: Institutional approach to quality enhancement	18
Management information - quality enhancement.....	18
Good practice	18
Staff development and reward.....	19
Section 5: Collaborative arrangements	19
Section 6: Institutional arrangements for postgraduate research students	21
Section 7: Published information.....	24

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Edge Hill University (the University) from 24 to 28 May 2010 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards the University offers.

Outcomes of the Institutional audit

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

- confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of its awards
- confidence can be placed in the soundness of the institution's current and likely future management of the quality of the learning opportunities available to students.

Institutional approach to quality enhancement

The University has taken institution-wide steps to embed quality enhancement in its strategies and operations. Enhancement features at all stages of the quality management cycle. The University's enhancement of the quality of learning opportunities and the student experience has created a sound basis for further development.

Institutional arrangements for postgraduate research students

The audit found that the 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 can 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.

Features of good practice

The audit team identified the following areas of good practice:

- the integrated and comprehensive nature of annual monitoring and review (paragraphs 28, 61)
- the contribution of SOLSTICE fellows to the development of technology-enhanced learning across the University (paragraphs 85, 86, 125)
- the wide scope and inclusive nature of the personal and academic support provided for students (paragraphs 100, 105)
- the responsive and wide-ranging programme of staff development (paragraph 111).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- ensure that future students taking the planned but currently unvalidated Independent Studies as a minor element would be studying on a validated programme (paragraph 88)
- ensure that the policies and procedures in relation to awards in Independent Studies are made explicit and consistent in the University's documentation (paragraph 89).

Recommendations for action that the team considers desirable:

- review the committee framework at institutional and faculty level in order to reduce the potential for duplication (paragraphs 14, 32)
- ensure that the recommendations of internal audits are consistently and visibly actioned in a timely fashion (paragraphs 65, 102, 136, 137)
- keep under review its strategy for the provision of placements for students (paragraphs 83)
- complete its revision of the training programmes for postgraduate research students and their supervisors (paragraph 153).

Section 1: Introduction and background

The institution and its mission

1 Edge Hill University takes its name from the Edge Hill district of Liverpool in which Edge Hill College, the UK's first non-denominational women's teacher training college, was established in 1885 with 41 students. The College moved in 1933 to a new Lancashire campus in Ormskirk and diversified its educational provision through the 1970s to encompass the humanities, social and applied sciences, and health. Recent years have seen the award of taught degree awarding powers (2006), university title (2006) and research degree awarding powers (2008). In addition to the main campus in Ormskirk, the University has smaller campuses at Chorley Woodlands (primarily for education professional development) and at University Hospital Aintree (primarily for health professional development).

2 In 2009-10 the University had over 22,000 students and 2,000 staff. Over 14,000 of the students were studying part-time. Of the 2009 full-time student intake, 33 per cent were male, 57 per cent were aged 21 or under on entry, and six per cent were from ethnic minorities. Eight per cent of this intake had a self-declared disability, and 88 per cent were domiciled in the north-west region. There is a small community of 72 research students, 71 of whom are part-time.

3 The University describes its mission as 'inclusive' and 'learning-led', and has a commitment to increasing access to higher education and to providing sector-leading support to students which enables those from under-represented groups to succeed. This mission is reflected in strong regional recruitment and the growth of partnerships with local further education colleges.

4 The University restructured its academic units in 2003 to form three faculties: the Faculty of Health, the Faculty of Education, and the Faculty of Arts and Sciences. The University considers its portfolio of courses to be distinctive, with particular strengths in vocational training for the public sector, especially in the health professions and teacher training. Although learning-led, the University considers research to be a defining element of

a university and is developing its support for scholarship and research through faculty research plans, staff appraisal and research seminars and networks.

5 Through leadership of the Greater Merseyside and West Lancashire Lifelong Learning Network, the University has developed collaborations with mainly local further education colleges to deliver Foundation Degree courses. After a period of rapid growth, the University's UK partnerships are now entering a period of consolidation through consideration of a reduction in the number of partnerships. The University is cautiously exploring the possibility of expanding international collaborations and also those with private UK colleges that primarily teach international students.

The information base for the audit

6 The University provided the audit team with an institutional Briefing Paper and supporting documents, including those for sampling trails selected by the audit team. The contents of the Briefing Paper were linked to evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of the learning opportunities available to students. In addition, the team had access to the institution's intranet.

7 The Students' Union produced a student written submission that gave the students' views on the accuracy of the information provided to them, the experiences of students as learners, and their role in quality management. The submission included a detailed analysis of student opinion data. The audit team was grateful to representatives of Edge Hill Students' Union for this document and for their other contributions to the institutional audit.

8 In addition, the audit team had access to:

- the QAA Edge Hill University scrutiny report in lieu of Institutional audit report, September 2006
- the QAA Edge Hill University (while College of Higher Education) special review of research degree programmes, July 2006
- the QAA Edge Hill University (while College of Higher Education) major review of healthcare:
 - Allied Health Professions, November 2004
 - Nursing and Midwifery, November 2004
- the institution's internal documents
- the notes of audit team meetings with staff and students.

Developments since the last audit

9 The University has taken action on four desirable recommendations from the 2006 QAA scrutiny report prepared in lieu of Institutional audit. The University has established a Leadership Academy that offers development programmes for senior and middle managers. Sixty-four staff have undertaken the management development programme and 53 have undertaken the leadership development programme. Further initiatives to develop staff in leadership roles include strengthening the tier of academic leadership at faculty level, and establishing a forum for the induction and development of programme leaders. The University has effectively advanced and focused its programme of development for staff in leadership roles.

10 The 2006 report highlighted the need to ensure that national guidance on personal development planning (PDP) was implemented. In 2007, the University explored the provision of PDP within the faculties in order to assure itself that it met national guidelines. The University expects PDP to be supported within programmes, and this is checked at validation. A recent internal report on personal tutoring recommends that faculties clarify the

way in which PDP is supported by personal tutoring. The University's action to raise awareness of PDP amongst staff and students has been effective.

11 More generally, the University has instituted a process by which revisions to aspects of the Academic Infrastructure are considered by the Academic Quality and Standards Committee (AQSC) and mapped against institutional processes.

12 The University reported to the audit team on developments intended to encourage staff and student engagement in effective use of the virtual learning environment (VLE). The University developed a minimum VLE entitlement for first-year students for 2008-09, and faculties were required to report progress on meeting these expectations. The entitlement has been extended to other students. The University hosts SOLSTICE, a Centre for Excellence in Teaching and Learning (CETL) in e-learning, and the University explained how the results of this project were being implemented to support academic staff in designing and reviewing programmes. The University has successfully encouraged engagement of staff and students in the use of the VLE.

13 The 2006 report invited the University to review the burden of its multi-tiered academic review processes. The University believes that a review of quality management in 2007 resulted in a significant reduction in the overall quality management burden. The Briefing Paper outlined initiatives including the periodic review of clusters of cognate programmes (rather than individual programmes), sharpening the focus of validation and revalidation on the student experience, and devolution of module approval to faculties. The audit team's discussion of this topic can be found below in Section 2 of the report.

14 Overall, the University has addressed effectively the recommendations of the 2006 report. Nevertheless, the audit team agreed with the University's conclusion that, given the increasing confidence of departments and faculties, it would be desirable for the University to review the committee framework at institutional and faculty level in order to reduce the potential for duplication.

15 The University drew the attention of the audit team to several other recent developments, including increasing engagement with a professionalised Students' Union, the development of the Undergraduate Degree Framework, a guide for programme designers, and the use of a retention plan to address attrition.

Institutional framework for the management of academic standards and the quality of learning opportunities

16 The award of degrees is governed by the Academic Regulations, while operational processes are described in the Quality Management Handbook. The Academic Board has responsibility for academic policy and strategy, and it delegates approval, monitoring and review of academic provision to the Academic Quality and Standards Committee (AQSC). Some processes, such as module approval, are further devolved to faculties, which report in an annual Quality Statement. A subcommittee of the AQSC, the Quality Risk Assessment Sub-Committee (QRASC), has responsibility for monitoring the operation and output of internal review processes.

17 The University's approach to the management of quality and standards is outlined in its Quality Strategy. One principle is what the University calls 'dialogic accountability', meaning that multiple voices from institutional to faculty to departmental levels interact with and are accountable to each other. Key to this is the process of Annual Monitoring and Review (AMR), which is conducted both for academic units and for support services and is reiterated at departmental, faculty and institutional levels. AMR informs budget negotiation and production of a risk management plan covering both business and academic risks.

18 Validation of programmes is time-limited, usually for six years; revalidation (which from 2010-11 will be combined with periodic review) must occur if the provision is to continue. Approval and review of collaborative provision operate according to different procedures based on a formal categorisation of different types of provision. The Research Degrees Committee, a subcommittee of Academic Board, has responsibility for the quality and standards of research programmes.

19 The University has instituted a process of regularly reviewing its academic management. Each year the QRASC conducts an Annual Process Review. This reflects on the operation of the quality management and identifies any potential for improvement. Proposals are discussed with the faculties before recommendations are made to the AQSC for change.

20 The University's framework for managing academic standards and the quality of learning opportunities is effective because there are clear lines of accountability to the Academic Board for standards and quality, alongside comprehensive peer review of risks and opportunities, principally through the AMR process.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

21 The Academic Quality and Standards Committee (AQSC) and its subcommittees manage the operational aspects of the University's standards and programme quality. The AQSC receives reports from each of the three faculties. This takes the form of a Faculty Annual Quality Statement within the Faculty Annual Monitoring Report. This statement describes the arrangements adopted by the faculty in discharging its delegated responsibilities. The audit team found that this system worked well.

22 The Dean of Quality Enhancement (DQE) is responsible for implementing the University's quality management processes, working through the Head of Academic Quality. The DQE works closely with the faculties, each of which has an Associate Dean responsible for quality management within the faculty.

23 New programmes are approved by AQSC on behalf of the Academic Board, following the development and validation processes. That process is initiated after the approval by the Academic Planning Committee (APC) of an Initial Planning Proposal from the proposing faculty. A validation panel is set up from members of the Validation and Audit Standing Panel (VASP), one of whom acts as chair. All panels have two external members, who are normally academic peers from other UK higher education institutions (HEIs); the audit team saw evidence of the effectiveness of their involvement in securing standards. There is detailed guidance in the Quality Management Handbook on the documents and the criteria that the validation panel requires. The team was provided with copies of these documents for recently approved programmes. They demonstrated the thoroughness of the process and the significant contribution that programme approval makes to the University's management of the standards of its provision.

24 There is a process for the closure and running out of programmes. This is outlined in the Quality Management Handbook. Decisions on closing a programme are ultimately an executive matter, and thus are guided by collegial and consultative processes with due regard given to the interests of students. The AQSC has to consider and approve any proposal for closure. The Quality Management Handbook sets out those criteria that have to be met in the information provided to the AQSC. These include the rationale for closure, the arrangements for phasing out the provision, and an indication of the measures that would be taken to protect the quality of provision while it is being phased out. The audit team considered these processes to be effective.

25 There are processes for considering changes to programmes between periods of validation. The mechanism used depends on the degree of change proposed. For minor changes there is a process of minor programme modification which has to be approved through the faculty's quality management operations. For major changes, including the inclusion of a substantial number of new modules and changes to the title of a programme, modification requires initial approval by APC, then approval by the Faculty Board and a validation event. The audit team concluded that these processes worked well.

26 The Quality Management Handbook indicates that Annual Monitoring and Review (AMR) is the keystone of the University's approach to quality assurance and risk management. Academic units and service departments are required to be analytical and self-critical in their annual reports. The annual cycle of AMR begins with the production of AMR reports by each academic department and each partner. These are based on the reports produced by each programme leader and include a risk management plan which is used to assess and prioritise internal and external threats. The departmental and collaborative reports contribute to a faculty AMR report which is submitted to AQSC. From such faculty AMR reports, the University prepares an overview analysis, including examples of good practice.

27 The University has introduced a procedure by which service areas conduct their own AMRs. The final stage of the cycle is the Directorate AMR. This is considered by the AQSC and by the Academic Board. Although the number of items considered in the Directorate AMR is typically small, these often represent important matters of standards. The audit team saw evidence that actions were taken in a timely way to deal with issues raised.

28 The AMR framework enables areas of risk to be identified at all levels and in both academic and academic support departments. The team considers the integrated and comprehensive nature of the annual monitoring and review process to be an area of good practice.

29 The University has two further processes for the review of academic provision. These are periodic review and internal audit.

30 Periodic review occurs on a six-year cycle. The purpose of periodic review is to review all taught provision within a specific discipline or area. Discipline teams produce critical review documentation which reflects upon both the student experience and progression and completion rates. This document has to be approved by the faculty, after which there is a periodic review event involving both internal and external panel members. A report following the event is submitted to the AQSC, which indicates the degree of confidence that can be placed in the department's capacity to manage programmes and its plans for academic development. The AQSC prepares an action plan and reviews progress in the following academic year. The process is both effective and thorough.

31 Internal audit is used to confirm the efficacy of the University's quality management processes and, in some cases, the management of academic standards and the quality of the students' learning opportunities. The term 'internal audit' is used here to refer to a variety of forms of audit and thematic enquiry. Senior members of VASP are appointed to a panel with at least one external member. The reports of the panel are considered by the AQSC. Internal audits may be 'developmental enquiries', which take the form of assessing the effectiveness of cross-cutting institutional processes. Typically, two or three such enquiries are scheduled each year. They are often made in response to issues identified through routine monitoring, and have included enquiries into personal tutoring and the taught postgraduate student experience. As well as developmental enquiries there are also extraordinary audits, conducted when the University needs a rapid analysis of a potential difficulty. Another category of internal audit is the 'departmental risk assessment'. Used only rarely, this may be used when a department asks for deferral of a scheduled periodic review or an extension to the normal period of validation. In addition to audits at institutional level,

faculties may commission their own internal audits of specific provision or student support. The examples that the audit team saw demonstrated both the suitability and thoroughness of these enquiries. The outcomes of internal audits are discussed below in sections 3 and 5.

32 At all levels committees are generally discharging their responsibilities with care. Staff and students at the University welcome the opportunity to participate in these aspects of academic life. Although students and staff assured the audit team that attendance at committees and working groups was neither repetitive nor burdensome, concern has been expressed within the University about the volume of the arrangements. The team shared these concerns, observing the extent to which deliberation of issues and other developments tended to be repeated at different levels and at various times, at high levels of participation. The audit team recommends that it would be desirable for the University to review the committee framework at institutional and faculty level in order to reduce the potential for duplication.

External examiners

33 The Quality Management Handbook sets out clearly the roles and responsibilities of external examiners. External examiners are nominated by faculties and scrutinised by the External Examiners Sub-Committee. This subcommittee makes recommendations to the AQSC for approval. There are clear criteria for consideration of the external examiner nominated. These include relevant experience, subject expertise and standing. There are also criteria for rejecting inappropriate proposals, including those where two external examinerships are already held by an individual, where there is danger of reciprocal arrangements, or there is a close previous relationship of the nominee with the University.

34 Responsibility for ensuring that external examiners are appointed at the right date rests with the Academic Registry. The University Secretary writes to all external examiners at the beginning of each year, sending them a Handbook for External Examiners; this includes any procedural changes that have taken place since the previous year. There is an annual conference each January for external examiners, which is aimed primarily at new appointees; the audit team saw evidence that feedback from these events has been favourable.

35 External examiners are appointed to modules, and the University requires them to be involved in assessment of all modules at level 5 and above. In the case of Foundation Degrees and some professional programmes, this requirement includes level 4 modules. External examiners are appointed for four years. All examiners are expected to attend the relevant progression and award board. In the Faculty of Education there is a Chief Examiner who takes oversight of the proceedings of that board. External examiners are encouraged to attend the module assessment boards, and the team saw evidence that most externals exercised this right. All external examiners are required to undertake sampling and moderation of assessed student work prior to the module board meeting and provide comments to the board even if they do not attend. The audit team concluded that these processes work well.

36 The annual external examiner reports are sent to the Academic Registry and forwarded to the subject area for consideration and response through the faculty committee. Examiners receive an individual response to their reports within four weeks. Each faculty produces an annual summary report of matters raised by external examiners, which is considered firstly by the faculty board and then by the Quality Risk Assessment Sub-Committee (QRASC). The Pro Vice-Chancellor (Academic) and the Head of Academic Quality also receive copies of all external examiner reports. The latter produces a report for the Academic Managers' Group outlining any issues or emergent themes so that they may be addressed as early as possible both in the faculties and at institutional level. At the time of the audit, this last procedure had only recently been introduced. From the evidence seen, it was too early for the audit team to judge its effectiveness.

37 The audit team concluded that, overall, the external examining system was effective in assuring academic standards.

Academic Infrastructure and other external reference points

38 The University has incorporated the requirements of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*, published by QAA, into the relevant sections of its quality assurance framework. The ways in which these are implemented are clearly outlined in the Quality Management Handbook. Any revisions to the *Code of practice* are reviewed by the Academic Quality Unit and considered by the AQSC. The audit team saw examples of this process in practice and came to the view that it was effective.

39 The FHEQ and relevant benchmark statements are embedded in the University's processes for validation and review and are explicitly used by the panels judging the quality of provision. External examiners are required to report whether programmes reflect subject benchmark statements. Programme specifications are published on the University website for all programmes, and they form the basis of the information provided to students in programme handbooks. There is a template for programme specifications, and their completion is required as part of the validation submission. Those that the audit team saw are effective in describing the design and organisation of curricula and their relationships with assessment. The Academic Infrastructure is embedded in the University's policies and procedures and in the way in which the University sets and monitors its academic standards.

40 The University meets Part 1 of the Standards and Guidelines for Quality Assurance in the European Higher Education Area in its quality assurance and enhancement processes. The University provides the detailed information required by the European Diploma Supplement; this includes the programme specification.

41 Many of the University's awards are accredited by professional, statutory and regulatory bodies (PSRBs). Departments use procedures including the AMR to identify any need for curriculum changes, which are then adopted. From the evidence, the audit team concluded that the procedures for considering PSRB requirements are effective and comprehensive.

Assessment policies and regulations

42 The University has an Assessment Policy Statement which sets out the purposes of assessment and the fourteen principles that are addressed in its design, validation and implementation. The Academic Regulations provide clear and comprehensive guidance on assessment. There is a common set of regulations for undergraduate awards and taught postgraduate programmes, including collaborative provision. The guidance provided covers topics that include: credit values; credit structure of awards; credit transfer; the credit rating of work-based and placement learning; assessment, including moderation, re-assessment, and late submission; composition of assessment boards and responsibilities of examiners; and results and awards, including classification, mitigating circumstances, assessment offences and appeals.

43 Assessment arrangements receive scrutiny within the validation process. In particular, course developers are asked to consider the impact of assessment load. All module assessment strategies and requirements are published in module handbooks, which are provided to all students studying the module, and which include marking criteria and dates for submission. Students met by the audit team were clear about the regulations and requirements. The team saw evidence in the programme documentation of the detailed information on assessment provided for the approval process, and the information

subsequently provided to students. The team also saw evidence of the importance given to assessment themes in validation and approval.

44 The Senior Assistant Registrar provides an annual report to the Academic Board on the operation of assessment boards and confirms that the regulations have been applied correctly. In addition, the Regulations Review Group, which meets three times yearly, makes recommendations to the AQSC for any necessary changes to the regulations.

45 The audit team concluded that, overall, the University's policies and regulations for the assessment of students make an effective contribution to the maintenance of academic standards.

Management information - statistics

46 The University's strategic plan lists its key performance indicators, which include measures of applications, intake, progression, completion and achievement. The University's Strategic Policy and Planning Unit (SPPU) has responsibility for gathering and analysing such data. Reports to the University's Academic Board on recruitment, retention and achievement are supported by statistics and analysis. Departmental AMR reports include statistical analysis of student progression, retention and achievement information. The University suggested in its Briefing Paper that the production of comprehensive statistical data to inform the annual monitoring of programmes has been challenging. The University has piloted a standard package of programme-level data on student recruitment and performance for use in AMR and is working to produce further guidance on how data should be presented.

47 The University has effective systems for using statistical management information and is further developing such systems to strengthen programme-level use.

48 The audit team concluded that overall the University has effective internal processes for securing academic standards. Programmes are validated and periodically reviewed through a comprehensive peer review process that includes external input. Assessment operates according to clearly defined processes with inbuilt checks and balances. The risk management plans in departmental AMRs enable the University to identify and monitor possible compromises to academic standards. Standards are externally benchmarked through the use of external examiners, the Academic Infrastructure, and engagement with PSRBs.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

49 The University's programme approval and periodic review processes and associated documentary guidance are designed to ensure that the precepts of the *Code of practice* published by QAA are embedded in programme practice. The Undergraduate Degree Framework contains a series of 'high order' questions and challenges that set out a framework to guide course teams in the design of the curriculum and in the production of the critical review document for periodic review. The various sections, dealing, for instance, with assessment, careers education, accreditation of prior learning, collaborative provision and personal development planning make direct reference to the *Code of practice*, other QAA guidance documents and other external reference points.

50 The main validation template for an undergraduate programme requires explicit engagement with these 'high order' questions and challenges. The corresponding postgraduate template sets out similar requirements. The 'Preparing for programme approval'

Institutional audit: annex

and 'Preparing for periodic review' guidance documents produced by the Academic Quality Unit (AQU) also require teams to demonstrate engagement with the Academic Infrastructure. Alignment with external reference points is checked at validation and periodic review.

51 The Academic Quality and Standards Committee (AQSC) considers revisions made to the *Code of practice*, as well as to PSRB guidance, to ensure that the University's practice aligns with their expectations. A mapping process, coordinated by the AQU, identifies any deficits and makes recommendations for action. The AQSC considers other external reference points, such as further guidance documents produced by QAA and other bodies, and receives reviews prepared by the AQU of outcomes from QAA Institutional audits.

52 The audit team concluded that the University was making effective use of the *Code of practice* and other external reference points.

Approval, monitoring and review of programmes

53 To shorten the approval process and introduce greater flexibility, responsiveness and faculty ownership of modules, faculties were granted powers to design, plan, approve and make modifications to modules. Save where proposals involve major modifications to programmes, faculties determine their own approval processes. The audit team found that the University maintains effective oversight of faculty-specific processes through Annual Monitoring and Review (AMR).

54 Processes for programme approval are set out clearly in the Quality Management Handbook, the key principles to be considered and the criteria for approval being detailed in a range of supporting documentation. The audit team noted the comprehensive guidance provided by the Undergraduate Degree Framework, developed in accordance with the 'Principles of Undergraduate Programmes' and designed to provide underpinning precepts and structural guidelines for the design of all undergraduate awards, and by the 'Preparing for Programme Approval' guidance provided by the AQU. The corresponding Postgraduate Taught Degree Framework, being reviewed at the time of the audit, combined minimum requirements with advice and resources for use by programme planning teams. The team found that this range of documentation gave effective guidance to course teams in relation to the provision and enhancement of academic quality in the University's programmes.

55 Programme approval entails interaction between decision-making within the executive and deliberative processes and strategic approval being obtained at faculty and institutional level, followed by institutional deliberative scrutiny by the University's Validation and Audit Standing Panel (VASP). It was clear to the audit team that the University's processes ensured that programme approval decisions were independent of departments and faculties. They incorporate the use of appropriate external participation, and, where programmes contain a significant proportion of technology-enhanced learning, the requirement for a SOLTICE VASP panel member is satisfied. The team was able to verify that University processes ensured that conditions of approval were being satisfied and that final approval was not granted by AQSC until conditions were met and the definitive course documentation approved.

56 The audit team formed the view that the University's programme approval process was rigorous in ensuring the quality of student learning opportunities in programme design.

57 Oversight of the executive elements of programme approval is maintained through the Academic Planning Committee's production of an annual Academic Development Plan, considered by the Directorate and Academic Board. Within the institutional deliberative framework, oversight comprises the AQSC's consideration of individual validation reports and of the AQU's annual report, which draws together recommendations for action made by validation panels.

58 The audit team found that the programme approval mechanisms and institutional oversight were working effectively, allowing the University to assure itself that institutional requirements regarding the academic quality of its programmes are fully and consistently applied.

59 Reports from departmental AMRs and collaborative programme AMRs are considered by the Quality Risk Assessment Sub-Committee (QRASC), which provides feedback to AMR report authors and advises the AQSC on any additional scrutiny or support required. Examples of good practice are collected from departmental AMRs for inclusion in the Directory of Good Practice. Reports of departmental AMRs and collaborative programme AMRs are also scrutinised at faculty level. Faculty AMRs must provide a risk analysis and commentary on management, strategic and resource issues, as well as identifying opportunities for academic quality development and enhancement.

60 In the procedure by which service areas conduct their own AMRs, units respond to issues raised by the faculties. Evidence seen by the audit team demonstrated the thoroughness of this process.

61 The audit team found that AMRs at all levels of the institution were comprehensive, analytical and evaluative, with extensive action planning incorporating a suitable focus on the quality of students' learning opportunities. The team formed the view that the AMR process achieved its objectives, notably: mutual accountability between all parts of the institution; the integration of quality assurance procedures with academic planning and resource allocation; and the identification of enhancement activity, providing an effective mechanism for the assurance of academic quality. The team considered the integrated and comprehensive nature of the AMR process to be a feature of good practice.

62 Processes and documentary requirements for considering the quality of student learning opportunities are set out in the Quality Management Handbook and the 'Preparing for Periodic Review' document produced by the AQU. Periodic review reports, which are submitted to the AQSC, are full and evaluative, summarising the key evidence, making recommendations for development, and highlighting features of good practice in the operation of programmes. The AQSC maintains institutional oversight of periodic review outcomes through the AQU's annual report on periodic review panel recommendations.

63 The audit team formed the view that the requirements for periodic review were being implemented effectively and consistently across the institution and that the University's periodic review process was effective in securing the quality of students' learning opportunities.

64 As described in Section 2 above, internal audits provide an additional mechanism for review. They take the form of thematic audits and developmental enquiries, extraordinary audits and departmental risk assessments, and are commissioned by the AQSC, which receives and considers the reports. Internal audits conducted in recent years have considered the quality of students' learning opportunities in areas such as assessment feedback (May 2007), course organisation and management (June 2007), processes for the approval and management of collaborative provision (May-June 2009) and Foundation Degree completion and attainment rates (February-March 2009).

65 The audit team found the process of internal audit to be thorough and audit reports to be analytical and evaluative, with detailed recommendations for action. The team also found instances of completed follow-up action prompted by internal audit recommendations, such as the Faculty of Health Internal Audit of Year 1 Assessment. In other cases, clear action planning had not been recorded in response to audit recommendations. With regard to the thematic enquiry on personal development planning (PDP), in the view of the team, some recommendations had not been actioned in a timely manner. With respect to the thematic audit of institutional processes for collaborative provision, the team found little evidence that the report had been followed up. The team considered that it would be desirable for the

Institutional audit: annex

University to ensure that internal audit recommendations are consistently and visibly actioned in a timely fashion.

66 The University undertakes continuous evaluation and enhancement of its academic quality processes through an Annual Process Review conducted by the Dean of Quality Enhancement on behalf of the QRASC. Outcomes are reported to the QRASC and the AQSC. The audit team found the Annual Process Review to be effective, with evidence that recommendations were followed up by any necessary revisions to the Quality Management Handbook.

67 The audit team concluded that the University's requirements for programme approval, annual monitoring and periodic review were clearly specified and implemented consistently across the institution, and that the University had suitable mechanisms for effective institutional oversight of the maintenance of the quality of students' learning opportunities.

Management information - feedback from students

68 Students generally confirmed to the audit team that they had the opportunity to complete module evaluation questionnaires, and described the effective operation of programme boards and student-staff consultative forums. Students gave several examples of actions taken in response to their feedback. Although students said that they had little experience of programme evaluation questionnaires, the team found that these were in use in some programmes. The team also noted the use of student module evaluations in annual monitoring and review, and further noted reporting on actions taken in response to student feedback. The audit team concluded that the University's arrangements for gathering and acting upon student evaluation at programme level were working well.

69 The National Student Survey (NSS) is supplemented by the University's own internal student satisfaction survey, which uses the NSS questions as its basis. Survey results are considered by senior management, at institutional deliberative committees and in faculties. By faculty and by programme, the University distributes detailed analysis of the results of both the NSS and the internal survey.

70 The University has supported the Students' Union in the development of its own survey of student opinions, the outcomes of which are considered by the University. The University entered the national Postgraduate Research Experience Survey in 2008-9 while continuing to operate its own internal postgraduate student experience survey. Results are considered by the Research Degrees Committee and referred to deans of faculty for action. Various methods have been used at institutional and faculty level to provide feedback to students on survey results and on consequent actions, including leaflets and poster displays, and discussion at faculty and departmental committees. In the Faculty of Education there is a plasma screen display headlining the NSS and faculty responses. The audit team formed the view that the University was making effective use of the outcomes of student surveys.

71 The audit team concluded that the University's arrangements for collecting and acting on student feedback were effective in the maintenance of the quality of student learning opportunities.

Role of students in quality assurance

72 Student representation operates across the University's deliberative framework. Students are involved in institutional policy and decision-making processes through Students' Union representation on the Governing Body, the Academic Board and its subcommittees. Students' Union reports and related items of business are frequently presented at these meetings. Less formally, regular meetings between Students' Union officers and members of

the senior management team provide the opportunity for student input into policy and decision-making.

73 The University requires student representation on faculty boards (two elected faculty representatives and a Students' Union representative) and on programme boards and student-staff consultative forums. The terms of reference of programme boards and the forums were revised and the requirements for membership clarified in response to the recommendations of an internal thematic enquiry into the forums which reported in May 2009.

74 This thematic enquiry made further recommendations for the establishment of feedback mechanisms from the forums and for the training of student representatives. Students confirmed that the student representation system worked effectively, that students understood the representative role, and that training for student representatives, incorporating the provision of feedback to peers, was available through the Students' Union. Documentary evidence also confirmed to the audit team that student representation operated at all levels within faculties, allowing students to participate in quality management processes and to have access to external examiner reports. Students also participate in periodic review and have contributed to internal audits.

75 The audit team formed the view that the University's arrangements for student involvement in the management of the quality learning opportunities were effective.

Links between research or scholarly activity and learning opportunities

76 The institutional Learning and Teaching Strategy 2009 sets out as a key objective the 'enhancement of student learning through "research-informed teaching" in relation to the formal curriculum, academic practice, and the components of the broader student experience that impact upon learning'. This aspiration articulates one of the core elements of the institutional vision of research and knowledge transfer, in which all members of the University 'understand, celebrate and actively support the research activities which underpin the development of the curriculum'.

77 The Undergraduate Degree Framework principles require programme approval panels to explore with design teams the impact of research and advanced scholarly activity upon the curriculum. The principles envisage, from the student perspective, a focus on learning about others' research, learning to do research, and enquiry-based learning. From the staff perspective, the focus may be on the research and advanced scholarly activity of staff and on the transmission of learning research values and ethics from the modelled behaviours and enthusiasm of staff. Similarly, the Undergraduate Degree Framework requires design teams to consider how students' understanding of the role of research in learning is developed, their ability to participate in research, and the management of the relationship between teaching and research. These themes are drawn together in the University's institutional templates and guidance documentation, not only for programme approval but also for periodic review.

78 The audit team found that programme design teams, discipline teams in periodic review and validation and review panels placed emphasis on different aspects of the research-teaching link. Documentation described, variously: the links between the research expertise of academic staff and module content; affirmation of staff enthusiasm for research as a model for student engagement; sessions dedicated to tutors' own research experiences; the recruitment of and teaching by research-active staff; and the development of students' research skills. The team formed the view that the University's key objective for the enhancement of student learning through research-informed teaching was being addressed through these various emphases.

79 The audit team concluded that the University has effective arrangements for maintaining and advancing the link between research or scholarly activity, and teaching and students' learning opportunities.

Other modes of study

80 The University recognises flexible and distributed learning provision in the form of prior and experiential learning, which encompasses work-based and placement learning, mediated learning including technology-enhanced learning and student-initiated learning.

81 The University's Accreditation of Prior and Experiential Learning (AP(E)L) policy is aligned with QAA's Guidelines for the accreditation of prior learning. Faculties manage individual claims for credit, with applications being approved by faculty AP(E)L panels. Although a University review revealed variation in practice among faculties, all applicants seeking AP(E)L receive equitable treatment.

82 Work-based and placement learning is classified by the University as 'category A' collaborative provision, with delegation to the partner organisation of limited responsibility for student learning and assessment. Faculties approve and monitor placement providers in accordance with University guidelines. Approval, which includes a signed agreement, and monitoring procedures are included in the Faculty Annual Quality Statement. Documentation on work-based learning and placements seen by the audit team was clear and made reference to the *Code of practice, Section 9: Work-based and placement learning*.

83 A work-related learning task team provides advice for programme developers and a forum for the discussion and dissemination of good practice. The audit team heard of the increasing pressure on placements from both staff and students. The University acknowledges this pressure, and that significant resources are required to continue to support placements and work-based learning. In light of the importance of work-based and placement learning to the University's provision, the team recommends that it is desirable for the University to keep under review its strategy for the provision of placements for students.

84 The University provides significant opportunities for students to undertake volunteering, which it considers important to its engagement with the local community. Volunteering is coordinated by the Careers Centre and a dedicated Volunteer Centre.

85 The University has a strategic approach to technology-enhanced learning and the development of its virtual learning environment (VLE), which is managed by Learning Services. The University's SOLSTICE Centre for Excellence in Teaching and Learning has been central in supporting the development and embedding of technology-enhanced learning across its provision in the training of staff and the identification and dissemination of good practice. The VLE is used extensively in supporting learners both on and off campus. In its meetings with students and staff, the team was informed that plagiarism-avoidance software is being used as both a formative aid in developing good academic practice and for the submission of coursework.

86 SOLSTICE has established for staff a technology-enhanced learning professional development programme informed by the six areas of activity described in the UK Professional Standards Framework for Teaching and Supporting Learning in Higher Education. This has recently been adopted as a template by the Higher Education Academy for staff development and training in technology-enhanced learning. The audit team concluded that the contribution of SOLSTICE fellows to the development of technology-enhanced learning across the University was a feature of good practice.

87 The student written submission suggested that support provided to students in the use of the VLE across faculties was inconsistent, as were the experiences of full and part-time students. However, during the visit, students commented to the audit team that they found the VLE useful, and had been adequately trained in its use and applications.

88 The University provides for student-initiated programmes. Student-initiated programmes include student-initiated credits, free-route programmes and shell modules. Student-initiated programmes may lead, in principle, to the award of a degree in Independent Studies or an award with Independent Studies as a minor element. The audit team found that these awards had not been formally approved by the University, and neither had been made. The incorporation of elements of 'Independent Studies' into its academic portfolio is recognised by the University as a work in progress. While the University has an 'enabling regulation' within its Academic Regulations to validate an Independent Studies award that has not, to date, been activated, the team concluded that the University has no similar regulation in relation to the validation of an Independent Studies award as a minor element. The University informed the team that it plans to validate an Independent Studies award as a minor element in 2010-11. The team recommends that it is advisable for the University to ensure that future students taking the planned but currently unvalidated Independent Studies as a minor element would be studying on a validated programme.

89 Further, in its review of documentation, notably the Quality Management Handbook, Academic Regulations and Undergraduate Degree Framework, the audit team observed inconsistency and a lack of clarity in the description of and requirements for the free-route programme and student-initiated credits for the Independent Studies award. This confusion was borne out in a meeting of the team with senior staff, where contradictory information was provided to the team on the nature of and requirements for the Independent Studies award. The team also concluded that the concept of an enabling regulation in relation to Independent Studies in the Academic Regulations was not clear. The team recommends that it is advisable for the University to ensure that the policies and procedures in relation to awards in Independent Studies are made explicit and consistent in the University's documentation.

90 The audit team concluded that, with reservation made for student-initiated programmes planned for in outline but not yet implemented, the University's arrangements for flexible and distributed learning contribute an effective part of its management of learning opportunities.

Resources for learning

91 The Learning Services Department is responsible for managing resources and support for learning within the University and at its sites at University Hospital Aintree and Chorley Woodlands. Resources are monitored through the annual monitoring and budget submission processes. The library team works with programme teams in preparing initial planning proposals so that the Academic Planning Committee (APC) is able to consider resource issues, as well as ensuring that any new provision is reflected in the Library resources annual budget request.

92 Students' views on learning resources, according to the National Student Survey (NSS) results and the student written submission, show that satisfaction has been consistent over the past two years and is in line with the sector average. The Students' Union survey in 2009 and audit team discussions with students revealed that, in general, students are satisfied with the University Library, although there is some variation in this view between faculties. Students commended the access to and range of e-books available to them through the University's 'essential reading needs e-initiative', which offers electronic access to the majority of core texts on student reading lists. Students were less satisfied with resources for information technology (IT), particularly access to computing on campus and the quality of internet connections. According to the University's Student Satisfaction Survey,

Institutional audit: annex

students were generally positive about the lecture and seminar rooms and other aspects of the learning environment.

93 The audit team concluded that the University's oversight and development of learning resources were effective.

Admissions policy

94 The University has a clear institutional admissions policy that includes statements on the admission of students with additional needs and the complaints and challenge to academic decision procedures. Entry requirements are set out in the undergraduate prospectus.

95 The University's Corporate Plan 2007-10 includes a commitment 'to being an inclusive community which welcomes and hosts a diverse population of students'. The University is the lead organisation for the Greater Merseyside and West Lancashire Lifelong Learning Network, and through this provides clear routes from further education to higher education. Its commitment to recruit and retain a diverse range of appropriately qualified students is further articulated in the Retention Strategy and the strategic objectives of the Widening Participation Strategic Assessment document.

96 From its review of the evidence available and from meetings with staff, the audit team concluded that the University's admissions policies and procedures are clear, explicit and implemented consistently.

Student support

97 Student support is overseen by the Equal Opportunities and Student Support Committee. The University's inclusive and wide-ranging support was evident from the meeting that the audit team had with students, who particularly praised the support provided for students with additional needs. One-to-one support is provided by the Edge Ahead Centre, and students and staff with additional needs are supported by the University's Inclusive Learning Support Services. In 2008-09 the University was ranked in the NSS within the top ten universities for students' personal development.

98 An off-campus team helps to provide dedicated individual and online support to students studying off campus. A member of Learning Services staff is present at the Aintree and Woodlands sites. The Edge Ahead Centre also provides support sessions for distance-learning students.

99 The University maintains contact with prospective students from offer to enrolment. Its 'Hi' website, which in 2008 won the Council for Advancement and Support in Education's Gold Medal award, provides a valuable resource for prospective students, providing the opportunity to network with peers and student ambassadors prior to arrival at the University.

100 Undergraduate and postgraduate students receive a comprehensive induction to the University and their programme, supplemented by the student handbook, student charter and programme handbook. The needs of part-time students and distance learners are accommodated in the University's induction processes.

101 Students are very satisfied with the quality of teaching and academic support provided to them. The University's Student Satisfaction Survey revealed less satisfaction with the personal tutor system, with fewer of the part-time students surveyed reporting having a personal tutor than full-time students. Both full-time and part-time students expressed some concern in the survey over the availability of their personal tutor, but this view was not reinforced in the meetings that the audit team had with students during the audit visit. The team noted some variation in practice and staff engagement with the process, but concluded

that the personal tutor system at the University is effective and meets the needs of both full-time and part-time students.

102 Following the University's thematic enquiries on PDP and personal tutoring, recommendations were made for developments in both. The audit team noted that not all plans had been clearly actioned at the time of the audit. The team concluded that it was desirable for the University to ensure that internal audit recommendations are consistently and visibly actioned in a timely fashion.

103 The University's Careers Centre has won national awards, including, in 2009, the Matrix Quality accreditation, in which it was described as 'light years ahead' of other services, and an Excellence Award Commendation for its website, recognised as one of the top six in the country. The site provides a comprehensive and easily accessible range of information for staff and students. The University has recently developed the Edge Hill Employability Award, endorsed by the Institute of Leadership and Management, with twenty students currently taking part in a pilot module for the award.

104 Procedures for student complaints are set out in the Student Charter. This is a comprehensive and student-friendly document readily accessible to students. The audit team was informed by students that they knew of the procedures for complaints and where to find information and advice.

105 The audit team considered that the support provided to students was effective in maintaining the quality of the student learning opportunity. The team further viewed the wide scope and inclusive nature of support provided to students as a feature of good practice.

Staff support (including staff development)

106 The University's policies and procedures for staff support and development are clearly described and communicated to staff through the Human Resources website and the institutional web portal. Opportunities are also detailed in the staff development handbook and through the weekly University newsletter. The audit team noted from its meeting with staff that support for staff encompasses all categories of staff, including those who are part-time, on fractional appointments or hourly paid.

107 Staff support and development are reviewed informally through focus groups and formally through the Human Resources Annual Monitoring Report. The Annual Staff Survey secures feedback from staff about key institutional issues and revealed in 2009 that a high proportion of staff felt that the University was a good or excellent employer.

108 The University's induction programme for staff is comprehensive and inclusive, catering for part-time and hourly-paid staff in addition to full-time. New staff are appointed a mentor, and, if they are new to teaching or have fewer than three years' experience, are required to take the University's Postgraduate Certificate in Higher Education and Learning Support, accredited by the Higher Education Academy.

109 Continuing professional development, identified through the annual Performance Review and Development scheme and discussion with line managers, is provided through an extensive programme coordinated through the Staff Development Unit with support from several areas of the University. Faculties also run their own activities. Staff know that training will be provided should they request it and, in their meeting with the audit team, spoke highly of the support that the institution provides for their personal and professional development. The audit team found staff development to be inclusive and responsive to perceived needs.

110 The University has developed its own leadership and management development programmes under the auspices of the Edge Hill Leadership Academy. These programmes support senior staff and staff at head of department level. The University has also established a forum for the induction and development of programme leaders and supports

and rewards staff through the Learning and Teaching and SOLSTICE Fellowship schemes, which provide a route through which staff can seek promotion to readerships in Educational Development and professorships in Learning and Teaching, which one member of staff has achieved to date.

111 It was clear to the audit team from scrutiny of supporting documents and meetings with staff that the institution's approach to staff support and development played a constructive role in the management of the quality of learning opportunities available to students. Furthermore, the team considered the responsive and wide-ranging programme of staff development to be a feature of good practice.

112 Overall, the audit team found that confidence could be placed in the soundness of the University's current and likely future management of the quality of the learning opportunities available to students.

Section 4: Institutional approach to quality enhancement

Management information - quality enhancement

113 The Briefing Paper stated that the University had taken institution-wide steps to embed enhancement in its strategies and routine activities, with one of its strategic aims being the enhancement of the academic portfolio of research and advanced scholarship, and academic practice in support of learning.

114 The enhancement of student learning opportunities is an item in the terms of reference of key committees of the University. Enhancement features at all stages of the quality management cycle, from planning and approval of new provision to annual monitoring of programmes and revalidation. At the programme planning phase, the initial programme proposal contains feedback from service departments which is then incorporated into programme proposals. Good practice identified by validation panels in validation reports is considered through the University committee structure. Quality enhancement is a core feature of the annual monitoring process, with faculty annual monitoring reports being considered across faculties through the associate deans with responsibility for Learning and Teaching and then by the Academic Quality and Standards Committee (AQSC).

115 The University undertakes continuous evaluation and enhancement of its academic quality through an annual process review conducted by the Dean of Quality Enhancement on behalf of the Quality Risk Assessment Sub-Committee (QRASC). Outcomes are reported to the QRASC and the AQSC, followed by any necessary revisions to the Quality Management Handbook.

116 The integration of research and advanced scholarship with student learning opportunities is a key feature of the University's approach to quality enhancement and features as one of the objectives in the University's Learning and Teaching strategy. This is discussed in Section 3.

Good practice

117 The University has taken deliberate steps to improve the quality of learning opportunities through institution-wide initiatives to identify and disseminate individual instances of good practice. Devices for this include thematic enquiries and internal audits; cross-faculty working groups; staff development events; and the Learning and Teaching and SOLSTICE Fellowship scheme, Directory of Good Practice and Undergraduate Degree Framework Handbook.

118 The Directory of Good Practice is a repository for the good practice identified through programme approval and review. The audit team concluded that this was potentially a valuable source of information for staff but noted that the University acknowledges that more work is needed to ensure that the information contained within the Directory is disseminated to staff.

119 The Undergraduate Degree Framework contains detailed guidance for programme developers based on good practice in the University. Following its implementation, teams have been established to examine University practice in selected areas, for example work-based and placement learning, and make recommendations for changes. The Handbook has also facilitated a series of cross-faculty programme developments.

120 SOLSTICE fellows work to support and encourage staff not only in the use of technology-enhanced learning but also to alert them to information contained within the Directory of Good Practice and to support them in its use. The University also has SOLSTICE associate fellows in some of its partner organisations to ensure that good practice is identified and shared in collaborating institutions.

121 The audit team concluded that the University has developed systematic mechanisms for the identification and dissemination of good practice.

Staff development and reward

122 The University's comprehensive staff support and development processes facilitate the enhancement of learning, teaching and assessment. This is particularly noticeable in the Performance Review and Development scheme, which identifies enhancement needs, and in the wide range of inclusive staff development activities provided by the Staff Development Unit, SOLSTICE, Learning Services and the faculties.

123 The Learning and Teaching and SOLSTICE Fellowship schemes support and reward staff who are at the forefront of pedagogical development and the enhancement of the student experience.

124 The University runs two major international conferences a year through the Centre for Learning and Teaching Research and SOLSTICE. These provide the opportunity for staff to engage with colleagues within and outside the University to develop their practice. The inclusive nature of these fosters a culture of quality enhancement across the University.

125 The audit team considered that the University's approach to the management of the quality of learning opportunities provides a sound basis for enhancement, with enhancement featuring at all stages of the quality management cycle. The University acts to translate the discovery of individual instances of good practice into general enhancement of provision. The audit team concluded that the University's institutional and inclusive approach to quality enhancement was informed by a clear strategic direction and was leading to improvements in learning opportunities for students. The team further concluded that the contribution of SOLSTICE fellows to the development of technology-enhanced learning across the University was a feature of good practice in the QAA's meaning of the term.

Section 5: Collaborative arrangements

126 The University is committed to widening access and participation in higher education. Its leadership of the Greater Merseyside and West Lancashire Lifelong Learning Network and membership of the Lancashire Lifelong Learning Network have facilitated the development of regional partnerships. The University currently operates 25 outreach and franchise partnerships in the region, mostly involving further education colleges, and one overseas partnership in Singapore. Students have access to locally provided higher

education programmes and the opportunity to progress to higher levels of study at the University.

127 Most collaborative provision is in Foundation Degrees. A few master's-level courses for continuing professional development are delivered through health service providers. The number of students on collaborative programmes in 2009-10, expressed as a percentage of the total student body, is 3.5 per cent of headcount and 5.4 per cent as full-time equivalents (FTEs).

128 The University recognises the inherent dangers to quality and standards in collaborative provision and operates a cautious, risk-based approach to its management. Partnerships are classified into six categories according to the extent of perceived risk and the extent of delegation of powers to the partners. Placements and student exchanges are assigned the lowest risk (category A), while franchises are considered by the University to be the highest risk (category F).

129 While the approval and monitoring of low-risk provision is delegated to faculties, the Academic Quality and Standards Committee (AQSC) retains full responsibility for approving and monitoring high-risk provision through the Validation and Audit Standing Panel (VASP) and Quality Risk Assessment Sub-Committee (QRASC). With the exception of some outreach provision (travelling University lecturers) and work placement provision, collaborative arrangements are formalised through a memorandum of cooperation, which details the responsibilities of the partners. The audit team considered that these arrangements were operating successfully.

130 The Head of Collaborative Partnerships (HoCP) has the central responsibility for coordination of the establishment, approval and review of collaborative partnerships and works closely with the faculties and the partner organisations. Within the faculties an academic liaison tutor provides support and advice to the staff in the partner institution. An internal verifier confirms that standards are not being compromised and that students are receiving the right learning opportunities. A faculty partnership officer provides an overview of administrative processes.

131 The arrangements for the validation and delivery approval of new franchised provision differ from those for programmes delivered solely at the University. A two-stage process of partner approval is followed by delivery approval. At the second stage, a VASP panel considers the ability of the partner to deliver the programme and manage quality assurance.

132 Faculties are responsible for ensuring that Annual Monitoring and Review (AMR) and periodic review requirements are met. The AMR report for each partner programme in category F (highest risk) is considered by a meeting of the QRASC. The partner college AMR report is considered by the Collaborative Provision Forum. The AMR reports are often comprehensive and detailed, and include overviews of plans, liaison themes, resourcing of the programme and a risk analysis, with an action plan, and a list of progress from the previous year.

133 The Collaborative Provision Forum is a subgroup of the AQSC to which higher education managers and coordinators at partner colleges are invited. It enables effective consultation with partners on strategic and operational issues, and considers the collaborative provision annual development plan.

134 Some growth in the development of overseas partnerships is under consideration. There are no international exchange students at the University. The University accepts that it is a late entrant into this market and currently has few staff with the necessary expertise and experience to develop and manage overseas partnerships.

135 Student application procedures in partner colleges vary according to course discipline. Students have three enrolment options: enrolment at Ormskirk, by University staff visiting partner institutions or directly at the partner with enrolment training and support provided by the University to partner staff.

136 In January 2008 the University undertook a periodic review of foundation degree provision in the Faculty of Health. The review panel noted the good and effective working relationships with five partner colleges and the infrastructure that had been developed to support the provision. Its report recommended that the University should consider the need for partners to engage in research, should review the resource allocation model for partnerships, and should ensure that the management arrangements for collaborative provision were overseen by a critical friend. The audit team did not find a detailed University response to these recommendations.

137 An internal thematic audit of institutional processes for the approval and management of collaborative provision was undertaken by a VASP panel in 2009. While concluding that franchise provision was generally effective and robust, their report reinforced the need for liaison tutors and faculty partnership officers. The report made seven recommendations to AQSC. These highlighted the potential to reduce duplication and overlap by faculty staff and the need to clarify lines of communication, undertake an audit of memoranda of cooperation to ensure their currency and that they are signed off, develop selection criteria and training for liaison tutors, analyse workloads of liaison tutors, reflect on the access of heads of department in partner colleges to University committees, and review communication between the University and students on franchised programmes in partner colleges. The audit team found little evidence that these reports had been followed up or had generated action plans in either the faculties or in AQSC. It is desirable for the University to ensure that the recommendations of such internal audits are consistently and visibly actioned in a timely fashion.

138 Students confirmed good arrangements for progression from the partner colleges to study at the University. Students also reported that the transition to learning at a higher level at the University was challenging. The partner student voice is noted at the University, and there are plans for representation on the Students' Union Council from partner colleges.

139 The audit team concluded that confidence can be placed in the soundness of the institution's current and likely future management of the academic standards of its collaborative provision awards and of the learning opportunities available to collaborative provision students.

Section 6: Institutional arrangements for postgraduate research students

140 Prior to the institution receiving independent research degree awarding powers in 2008, its research degrees were conferred by the University of Lancaster and governed by the University of Lancaster's regulations and procedures. A Research Degrees Committee (RDC) parallel to that of the University of Lancaster was established at Edge Hill in 1985. It followed the University of Lancaster's regulations and reported to that University's Senate. Since 1996 there have been 67 University of Lancaster awards of PhD and two of MPhil. There have been two Edge Hill University awards of PhD since 2008 under the University's own research degree regulations. These are published in the University's Academic Regulations, and associated procedures are summarised in the Quality Management Handbook, which takes into account the *Code of practice, Section 1: Postgraduate research programmes*.

141 The number of postgraduate research students in 2009-10 is 72, representing 0.3 per cent by FTE of the total student body. They consist of 44 registered students, of whom seven are full-time staff of the University, and 28 students seeking registration for a research degree, of whom seven are full-time staff. One student is studying full-time, and the remaining 71 are part-time. Sixty-eight per cent are female and 32 per cent male. Ten per cent are aged between 20 and 30 years; 40 per cent between 30 and 40 years; 35 per cent between 40 and 50 years; and 15 per cent are over 50 years of age. Seventy-six per cent of the postgraduate research students are in the Faculty of Arts and Sciences.

142 The responsibility for ensuring the quality and standards of research degree programmes and the award of higher degrees lies with the Academic Board, taking recommendations from the RDC. The Research and Knowledge Transfer Committee (RKTC) has responsibility for the strategic direction of research, knowledge transfer and the research environment, and the Research Student Network provides an active forum for the postgraduate research community. The RKTC receives minutes of the Research Ethics Committee, Faculty RKTCs, faculty and department research development plans and a report from the postgraduate research student representative.

143 The Academic Board agreed that a Graduate School be established in 2010 to support research degree students and to be led by the Dean of Quality Enhancement, who also chairs the RDC. The Graduate School will have broad responsibility for the administration of postgraduate research students and will evolve new processes for postgraduate and supervisor training, based on the generic expectations of Research Councils UK and the level 8 descriptors of the FHEQ.

144 Applications from candidates with at least an upper-second class degree or equivalent are interviewed by a panel of experienced supervisors, chaired by a member of the RDC. An offer of a place on the Postgraduate Certificate (PgC) in Research, a prerequisite for research degree registration, is made on behalf of the Dean or Head of Department, who provides assurance that adequate supervisory arrangements exist. On admission, at least two supervisors are appointed, and an experienced supervisor acts as Director of Studies.

145 There are two enrolment points each year, in October and January, and induction lasts for up to three days in the relevant faculty. All postgraduate research students are provided with the Research Student Handbook and are encouraged to maintain a record of personal development. Postgraduate research students expressed their satisfaction to the audit team with the support that they had received prior to and during induction. This had created a sense of identity for the part-time research community.

146 The University recognises that the quality of supervision is essential to the postgraduate research student experience. One supervisor for each candidate is required to have previous experience of supervision to completion. It also acknowledges that it is operating close to capacity in the availability of experienced supervisory teams, a situation that needs to be remedied before significant growth in research student numbers can be envisaged.

147 The University's PgC in Research Supervision was formally closed in 2009, mainly due to the non-completion of assessments by those registered on it. These had not been a compulsory element of the programme. The programme also came to be considered by the University as over-elaborate and not useful as a preparation for supervision. The RKTC decided that the Research Supervisors' Network be retained and that the PgC be replaced by a programme of continuing staff development, with a half-day compulsory attendance by supervisors at an annual update session to facilitate the sharing of good practice.

148 Postgraduate research students receive regular feedback from their supervisors and formal feedback on progress through their annual review. To transfer from MPhil to PhD, postgraduate research students submit an application to the RDC, with the support of their supervisors, and a transfer report outlining progress to date, the proposed original contribution to knowledge, written work to date, a timetable for thesis submission and a plan of thesis structure. A Transfer Review Panel is appointed consisting of three active researchers, of whom one is a supervisor, one is external to the University and one is an independent internal member with experience of supervision to PhD. The chair is a member of the RDC. On completion of an oral examination the Panel recommends that either the transfer is approved or the application is referred for further work. One further resubmission is permitted.

149 The QAA special review of research programmes in 2006 formed the view that 'overall, the institution's ability to secure and enhance the quality and standards of its research degree programme provision was appropriate and satisfactory'. It also recommended that supervisors oversee a more formal induction and monitoring process that was consistent across the institution, and that there should be a more formal and compulsory programme for the development of research skills amongst the postgraduate research community.

150 The resulting programme, the PgC in Pre-doctoral Studies, was validated in March 2007 as part of a suite of programmes linked to the MA in Academic Practice administered within the Faculty of Education. It was envisaged as a prerequisite to registration on a research degree programme. Of 59 candidates taking this PgC since 2007, 37 per cent have passed, 15 per cent have withdrawn and 47 per cent are currently seeking registration on a programme of research.

151 A consensus of opinion among staff and postgraduate students formed a generally negative view of the programme, that the assessments were 'voluminous, abstract and problematic' and that the title of the programme was unattractive. Another view was that it was 'too lengthy, too generic and often does not meet the needs of students'. Consequently, an early revalidation took place in December 2009 to ensure a more marketable and attractive programme, tailored to the individual requirements of the research student and the proposed area of research.

152 The University anticipates that once a Graduate School is established, the administrative responsibility for the newly revalidated PgC Research and for programme leadership will transfer to the Graduate School. Furthermore, it was agreed by the RKTC that training would be provided for postgraduate research students that would be tailored to their disciplinary needs and beyond their first year of study. The postgraduate research students met by the audit team indicated that, with the agreement of their supervisors, they could undertake additional modules and generic staff development sessions beyond year 1.

153 The audit team noted the concern of the University to ensure that postgraduate research students have a high quality experience, dependent on trained and experienced supervisory teams. The team considered it desirable for the University to complete its revision of its training programmes for postgraduate research students and their supervisors.

154 There are arrangements to obtain and act on feedback from the postgraduate research students. Key features include the annual monitoring and review process, with reports seen by the RDC, the completion of annual postgraduate research student evaluations, and submission to the independent national Postgraduate Research Experience Survey. These evaluations and the survey indicated broad satisfaction with supervision, although a significant number of students noted concerns. The audit team noted a University action plan highlighting the need for staff to familiarise themselves with the needs of part-time postgraduate research students, enhance communication, encourage more engagement by the host department and build career development into supervisory training.

155 The postgraduate research student voice is heard through representation on the RDC and in the monthly Research Student Network. The audit team noted that the actions of previous representatives had ensured the provision of a dedicated postgraduate research student study room and the publication of a postgraduate magazine. The postgraduates met by the team voiced strong praise for the support and care that they had received from their skilled and dedicated supervisory teams.

156 The supervisory team nominates internal and external examiners to the RDC. Each examiner initially submits an independent report on the thesis, followed by an oral examination overseen by a trained independent chair, usually of Professor or Reader status. The award of research degrees is conferred by the RDC, a sub-committee of Academic Board.

157 The University operates a system for hearing appeals against decisions of progression and examination panels that is detailed in the Research Degrees Regulations. Complainants have the final right of appeal to the Vice-Chancellor and then to the Office of the Independent Adjudicator for Higher Education.

158 The audit team found that the arrangements for postgraduate research students, including those for support, supervision and assessment, were effective and met the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

Section 7: Published information

159 The University publishes a wide variety of information to stakeholders both in hard copy and on the University's website. The national requirements for making information available, noted in HEFCE 06/45, are met and are accessible through the website and the Academic Quality Unit (AQU) homepage. The AQU website also details links with employers and the institutional register of recognition by professional, statutory and regulatory bodies (PSRBs).

160 The content of prospectuses is managed by the Corporate Communications and Student Recruitment team. The team also oversees and approves all publicity materials produced by partner institutions, as specified in the memoranda of cooperation. Heads of department have oversight and responsibility for all departmental publications, including handbooks and webpages. Publications are checked for accuracy at least annually.

161 The national Unistats website contains information on the University's entry qualifications, progression, degree classification and the results from the National Student Survey (NSS). Outcomes of internal and national student surveys are discussed in the November meeting of the Equal Opportunities and Student Support Committee, with a summary presented to the Academic Board.

162 A central Web Services team manages the web content, working closely with designated staff in academic departments. The website also provides access to policies and regulations, minutes of meetings and general advice to prospective students on all aspects of student support.

163 All publicity and marketing material produced by partner organisations is approved by the University, according to the memorandum of cooperation. The liaison tutor has oversight of all programme information published by a partner college.

164 During induction, all undergraduate and postgraduate students receive a programme handbook. This provides information about support services and academic and student regulations, accessible both as a CD-ROM and on the student web portal. Students receive handbooks for each module studied; these contain learning outcomes and assessment

strategies. On completion of their studies, students are provided with a transcript, produced as a CD-ROM, with details of their programme of study.

165 External examiner reports are widely disseminated within the institution and students have access to them through their representatives on programme boards and student-staff consultative forums.

166 Both undergraduate and postgraduate students confirmed that the information provided to them as prospective applicants was accurate, informative and helpful. The 'Hi' website, geared to those intending to study at the University, was particularly praised by the students. Students told the audit team that their expectations of the University had been met. The team noted that the students were also content with the published information that they receive as learners. Students indicated that they had clear and accurate information about their modules and programmes from the detailed handbooks, which they had found valuable at all levels of study.

167 The audit team found that reliance could be reasonably 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.

RG 669a 10/10

© The Quality Assurance Agency for Higher Education 2010

ISBN 978 1 84979 211 0

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
Web www.qaa.ac.uk

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

Registered charity numbers 1062746 and SC037786