Oxford Brookes University

Institutional audit

November 2010

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Oxford Brookes University (the University) from 8 to 12 November 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 Oxford Brookes University is that:

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

On this occasion the team carried out a hybrid Institutional audit. The hybrid process is used where QAA considers that it is not practicable to consider an institution's collaborative provision as part of standard Institutional audit, and that a separate audit activity focusing solely on this provision is not necessary.

Institutional approach to quality enhancement

The University's approach to quality enhancement is framed by its Strategy for Enhancing the Student Experience. It utilises a number of strategic initiatives as a means of driving through curriculum change and development of practice, in particular with respect to assessment. Quality enhancement is embedded within its quality assurance processes and there is a clear commitment to enhancing the quality of student experience at all levels and areas of the institution.

Institutional arrangements for postgraduate research students

Overall, the audit team found that the University's processes and procedures for postgraduate research programmes make an effective contribution to its management of the quality and standards of those programmes, and that the arrangements for the management of the experience of postgraduate research students, including arrangements for support, supervision and assessment, were effective and met the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*.

Published information

The audit team found that reliance could reasonably be placed on the accuracy and completeness of the information 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 close working relationship between the University and the Students' Union in enhancing student representation at a variety of levels within the institution (paragraphs 13, 79, 85 and 86)
- the introduction of the Student Support Co-ordinator role as a focal point for student contact (paragraph 106)
- the structured approach taken by the University to addressing its strategic objectives through the Continuing Professional and Personal Development (CPPD) framework (paragraph 116)
- the structured approach to the implementation, support and monitoring of the University's initiatives to improve assessment policies and practice (paragraph 122).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- strengthen its quality management processes in order to provide a more comprehensive and explicit institutional oversight of the academic standards and comparability of all awards (paragraphs 12, 16, 26, 28-30, 32, 34-37, 40-42, 45-47, 51, 54-56, 60, 129, 143, 146-148 and 154)
- ensure that staff and students in all collaborative provision have clearly communicated entitlements and timely access to learning resources and support (paragraphs 16, 104, 113, 124, 151, 158 and 161)
- ensure that all postgraduate research students who participate in teaching and/or the assessment of students receive appropriate training prior to undertaking these duties (paragraphs 111 and 173)
- ensure that all student handbooks provide, in a timely way, complete, consistent and current information consonant with University regulations (paragraphs 159, 160, 176 and 188).

Recommendations for action that the team considers desirable:

- ensure that identified good practice is disseminated systematically across all areas (paragraphs 16, 130 and 155)
- ensure that liaison managers receive appropriate induction, support and development (paragraph 138).

Section 1: Introduction and background

The institution and its mission

1   The origins of Oxford Brookes University lie in the Oxford School of Art, which was founded in 1865. In 1891, following the addition of scientific and technical subjects, it became the Oxford City Technical School under the auspices of the City Council. The institution grew to become the Oxford College of Technology, and in 1970 became the Oxford Polytechnic. Further growth occurred with the acquisition of the Lady Spencer-Churchill Teacher Training College and the Oxford School of Nursing. In 1992, when the Polytechnic became a university, it took its name from the Vice-Principal of Oxford City

Technical School, John Henry Brookes, who exerted great influence over the development of the institution. Since acquiring university status Oxford Brookes University has continued to grow. In 2000 it merged with Westminster College, and the Westminster Institute of Education became a school within the University. Oxford Brookes University has full taught and research degree awarding powers.

2   The University currently has around 18,300 Oxford Brookes-based students enrolled on its programmes. Around 13,000 of these are full-time students, accounting for seventy per cent of the student body. Four out of five Brookes-based students are from the UK. Undergraduates make up the largest group, accounting for 78 per cent of the student body; the remainder, postgraduate students, are mainly registered on taught programmes, with a total of 280 students registered for research degrees. Provision at the University covers a broad range of academic disciplines. The largest groups of students are to be found on programmes in subjects allied to medicine; architecture, building and planning; business and administrative studies; and education.

3   The University has collaborative arrangements with 36 partner institutions; 14 of these are located overseas and the remainder are in the UK. The countries involved include Hong Kong, Hungary, India, Kenya, Malaysia, Poland, Russia, and Singapore. The institutions involved are varied, ranging from UK further education colleges and overseas universities to charitable and private providers. The University has just over 6,000 students registered on its collaborative programmes. In addition, some 260,000 students worldwide are registered on a scheme operated jointly with the Association of Chartered Certified Accountants (ACCA) that allows them to top up their professional qualification to a BSc in Applied Accounting. Around 2,500 ACCA students register on this programme annually. Three quarters of the students in collaborative provision (not including the ACCA students) are registered overseas; 30 per cent of all collaborative students are taught in a language other than English, and two thirds are on undergraduate programmes. Postgraduate students account for just over a fifth of non-ACCA collaborative students, and 11 per cent are studying on Foundation Degrees. Just fewer than 10 per cent are registered on programmes that provide advanced standing entry to Oxford Brookes University programmes. Validation arrangements account for two thirds of non-ACCA collaborative students; others are taught in variety of arrangements including franchise, distance learning and off-site delivery.

4   The University operates across a number of campuses and sites, all but one of which are located around the city of Oxford. The Headington campus comprises three sites on the edge of Oxford: two sites, Gipsy Lane and Headington Hill, are contiguous with the third, Marston Road, which houses the health and social care provision, a short distance away. The schools of technology and business are located on the Wheatley campus outside Oxford, while the Westminster Institute of Education is located within the city on the Harcourt Hill campus. The University also has a small campus at Swindon, which houses programmes from the School of Health and Social Care.

5   Academic provision at the University is organised into eight academic schools: Arts and Humanities; Built Environment; Business; Health and Social Care; Life Sciences; Social Sciences and Law; Technology; and the Westminster Institute of Education. During the current academic year the eight schools are being reorganised into four faculties, with the aim of strengthening teaching and research activity. There is also a Graduate School, which provides support to postgraduates on both taught and research degrees. There are six directorates: Academic and Student Affairs; Corporate Affairs; Estates and Facilities Management; Finance and Legal Services; Human Resources; and Learning Resources.

6   The University's mission is 'to lead the intellectual, social and economic development of the communities it serves through teaching, research and creativity that achieve the highest standards'. The University has recently developed and adopted a new strategy, entitled Strategy 2020. This identifies four sets of goals around enhancing the student experience; increasing the quality of the University's research; continuing its commitment to the local and wider community; and creating sector-leading, high-quality services. Implementation involves, among other things, the academic reorganisation noted above; development of key performance indicators; and significant investment in refurbishing and developing the University's campuses, including a new library and teaching building on the Gipsy Lane site.

The information base for the audit

7   The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the two partner link visits and the sampling trails selected by the team. The index to the Briefing Paper was referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard and electronic copy of all documents referenced in the Briefing Paper; in addition, the team had access to the institution's intranet.

8   The Students' Union produced a student written submission setting out the students' views on the accuracy of the information provided to them, the experience of students as learners and their role in quality management.

9   In addition, the audit team had access to:

- the report of the previous QAA Institutional audit, April 2005
- the report of the Review of research degree programmes, July 2006
- the report of the Collaborative provision audit, April 2006
- the report of the audit of overseas provision, Institute for International Management and Technology (India), June 2009
- the reports of the Major Review of healthcare programmes, Allied Health Professions and Nursing and Midwifery, October 2005, and Allied Health Professions, December 2005
- the report of the Foundation Degree Review, Classroom support, October 2005
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies (for example, OfSTED and professional, statutory or regulatory bodies)
- the report on the mid-cycle follow up to the previous Institutional audit
- the institution's internal documents
- the notes of audit team meetings with staff and students.

Developments since the last audit

10   Institution-level external reports, such as those emanating from QAA audit, are addressed by the Academic Enhancement and Standards Committee (AESC) on behalf of the Academic Board. Following the receipt of such reports the Academic Policy and Quality Office (APQO) draws up an action grid, which is updated periodically to check that matters arising from the report are not dissipated. The audit team found that generally the University had attempted to address all the issues raised in previous audit reports, but that in some cases work remained to be done to ensure that they were addressed fully and effectively.

The team also found that those features which were previously identified as constituting good practice remained a positive feature of the University's provision.

11   The previous QAA Institutional audit in April 2005 found that broad confidence could be placed in the University's current and likely future management of the academic standards and quality of learning opportunities of its awards. The report identified good practice in a number of aspects of student support, as well as the practice of undertaking themed audits. Innovation in student support through the introduction of the Student Support Co-ordinator role remains a positive feature and was identified by the present audit team as a feature of good practice. The report also made advisable and desirable recommendations. The University was advised to take action to ameliorate the impact on students of introducing semesters: this was addressed immediately. It was also advised to review the consistency, timing and loading of its assessment procedures on students. In response, the development of a balanced and timely assessment strategy was embedded in the Brookes Student Learning and Enhancement Strategy Plan for three successive years, and schools were obliged to publish assessment schedules. This work has been further consolidated through the Assessment Compact and the Academic Progression Initiative discussed below, which were found to constitute a feature of good practice.

12   The 2005 audit report advised the University to strengthen its institution-level quality assurance processes in order to provide more effective oversight by Academic Board and its committees of the operation of these processes in schools. At that stage, long chains of delegation from Academic Board to schools, the degree of flexibility and variability permitted to schools, committee structures and committee procedures were all seen to contribute to the weakness of central oversight of quality assurance processes. Key changes that have been made to address the issues include the merger of the former Quality and Standards Committee and Learning and Teaching Committee to form AESC; similar mergers at school level; clarification of the delegation framework and reporting structures, annual reporting by committees on their effectiveness; and the receipt by AESC of key school-level approval, monitoring and review reports. The present audit team concluded that, while these changes had contributed to the improvement of institutional oversight of the operation of quality assurance processes at school level, further work needed to be done to provide the Academic Board with the means of exercising broader and more explicit oversight of the academic standards of the University's awards.

13   The 2005 Institutional audit report made three desirable recommendations. One recommendation was to improve the dissemination of good practice through formal systems and better use of the annual review process. The current audit team found that the University had addressed this appropriately in terms of developing improved systems for the identification of good practice, but had achieved less in terms of dissemination. This is discussed further in sections 2 and 5 of this annex. A second desirable recommendation was to improve student engagement at the institutional level in collaboration with the Students' Union. This was addressed through a themed audit and has led to regular student input at Board of Governors and senior management levels. The present audit team found that the enhanced student representation resulting from the close working relationship between the University and the Students' Union in enhancing student representation at a variety of levels within the institution constituted a feature of good practice. The third area for desirable action was to develop a more strategic approach to the use of statistical data. In response to this, the Strategic and Business Planning Office initiated the Business Intelligence Project, which is intended to make detailed statistical data available widely across the institution. The project, which is described in more detail in paragraph 60, is still at a relatively early stage.

14   The report of the QAA Collaborative provision audit in April 2006 found that broad confidence could be placed in the University's current and likely future management of the academic standards and quality of learning opportunities. It identified good practice in the

operation of the Associate College Partnership and made a number of recommendations for action. The report also identified actions that were recommended as advisable or desirable.

15   The University was advised to review the role of liaison managers in periodic review and the Quality and Standards Handbook was changed so that they can no longer represent the host school of the provision on the panel. A second advisable recommendation to the University was to develop a coherent framework for the appointment, tenure, induction, support, development, appraisal, role and conduct of liaison managers. In response, the institution has developed liaison manager role descriptors and established a Liaison Managers' Forum. The descriptors are currently under review. The present audit team noted that progress had been made in addressing the liaison manager role, but that it would be desirable for further action to be taken in order to ensure that liaison managers receive appropriate induction, support and development. The 2006 report also advised the University to review the processes for approving, monitoring and updating the Operations Manual which is part of the formal agreement between the University and its collaborative partners. This has been undertaken in consultation with partners and an improved template developed.

16   In 2006 the University was advised to strengthen central committee oversight of collaborative provision by increasing the role of the Quality and Standards Committee (now AESC) in developing and monitoring institutional collaborative provision policy, procedures and regulations. The audit team found that the Learning and Partnership Advisory Group (LPAG) receives an annual report on collaborative provision; this is focused primarily on the business aspects of partnership operations and developments. As there is no formal reporting link between LPAG and AESC, this report is not considered further by AESC. AESC receives a general annual report on issues raised in programme approval and periodic review processes, which includes issues arising from collaborative partnership developments. However, the team found that, in its current format, this report does not explicitly highlight issues pertaining to collaborative partnership arrangements for the consideration of AESC. It is also not clear that some of the issues which underlay the 2006 recommendation, such as evaluating the equivalence of the student experience across collaborative provision or the oversight of delegated responsibilities for assessment, have been fully and effectively addressed. The 2006 report also contained a recommendation for desirable action through extending mechanisms for the systematic identification of good practice across partners and into the institution. The present audit team found that the University had continued to strengthen its systems to identify good practice, but that systems for effective dissemination across the institution and its partners needed further development (see paragraphs 130 and 155 below).

17   In 2009 the University's collaborative arrangement with the Institute for International Management and Technology (IIMT) in New Delhi was audited as part of the QAA's audit of overseas provision in India. The audit concluded that the University was operating the partnership with an appropriate regard for the precepts and guidance contained in the *Code of practice* published by QAA. In addition to identifying a number of strengths in the close working relationship between the University and IIMT, the audit report recommended that the University should increase its capacity to compare the performance of Brookes-based and collaborative partner versions of the same degree through alignment of review cycles and allocation of external examiners. The University is addressing this matter through the generation of improved statistical data as part of the Business Intelligence Project. However, as discussed below, the present audit team noted that the issues of currently unaligned cycles of review and the appointment of different external examiners to home and collaborative provision remained to be addressed.

18   In 2006 the University was subject to a sector-wide QAA review of postgraduate research degree programmes. At the conclusion of the review, the report found that the

institution's ability to secure and enhance the quality and standards of its research degree provision was appropriate and satisfactory. The report noted areas of good practice in relation to annual reports and research student training; it also recommended clarifying the regulations in respect of the number of supervisions allowed for a member of staff. The report was discussed by the Research Degrees Committee and a number of actions were agreed to address matters raised by the report. However, as discussed in Section 6, not all of these actions have been fully implemented.

19   The discussion of the University's response to previous audit reports has noted some of the changes to committees that have taken place over the past five years. Following the creation of AESC in 2008 a broader review of governance arrangements was commissioned, which reported in 2009. The review recommended a number of changes to committee structures at school level, clarification of the division of responsibility between key committees and reporting lines, and changes in committee operation. The implementation of these recommendations is reflected in the discussion of the University's framework for managing academic standards and quality in this report. Student demand and a commitment to improving the student experience have acted as drivers for a number of initiatives in the period since the last audit. The Brookes Student Learning Experience Strategy 2006-10 (BSLES) comprised a set of costed annual plans designed to deliver key aspects of the University's strategy in relation to teaching, research and the region. The strategy gave rise to a major initiative in relation to assessment, the Assessment Compact, which further addressed some of the issues emerging from the 2005 Institutional audit. A third initiative was the review of the academic offering initiated in 2006, which resulted in rationalisation of the University's subject groupings. This in turn led to a review of all undergraduate programmes under the Academic Progression Initiative (API) and a revised set of regulations for the Undergraduate Modular Programme (UMP), which involves a large proportion of the University's undergraduate students. BSLES is proposed to be succeeded by the Strategy for Enhancing the Student Experience (SESE) in the current academic year. A new University strategy, Strategy 2020, and revised mission were formally adopted in 2010. In order to facilitate implementation of this strategy the University is planning to reorganise its academic structures during the coming year and is currently developing operational plans to accomplish this. The revised structure is intended to achieve greater consistency and to foster cross-disciplinary and faculty engagement.

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

20   Responsibility for academic standards and the quality of learning opportunities is vested in the Academic Board, which is responsible to the Board of Governors. The Academic Board is chaired by the Vice-Chancellor. It delegates significant authority in this area to AESC with respect to taught provision, and to the Research and Knowledge Transfer Committee (RKTC) with respect to research degree provision. Schools are responsible for the operational safeguarding of quality and standards. Individual members of staff are also expected to have regard for academic quality and standards in the discharge of their responsibilities.

21   The principles which the University states underpin the framework are:

- Integration: through which the processes used in a risk-based approach to approval, monitoring and review of academic provision are integrated with academic planning processes
- Externality: involving the use of expertise from outside the institution in the approval and review of academic provision and the moderation of student performance

- Student engagement: viewing students as partners whose input is sought on development and who contribute to the quality assurance process
- Shared responsibility: in which schools and directorates exercise key responsibilities and operate their own procedures within a centrally agreed framework
- Enhancement: involving the embedding of identification and dissemination of good practice within the processes of quality assurance.

22   The University employs a number of means by which it assures the standards and quality of its provision. These include:

- use of the Academic Infrastructure, including *The framework for higher education qualifications in England, Wales and Northern Ireland*, subject benchmark statements and the *Code of practice*
- the University's academic regulatory framework, which includes the general Academic Regulations, the regulations for the Undergraduate Modular Programme, the Postgraduate Taught Regulations and the Research Degree Regulations
- a system of examination boards with associated regulations; in the case of the Undergraduate Modular Programme a two-tier system of subject and modular boards is operated
- external examiners appointed to all provision
- a Quality and Standards Handbook setting out, among other things, processes for the appointment of external examiners, together with their rights and duties; the approval of academic partners; the approval of programmes of study; the annual monitoring and the periodic review of provision
- University policies that assist the assurance and enhancement of its academic provision, including the involvement of students in decision making
- a programme of themed audits which focus on aspects of quality and standards
- a central quality assurance unit, the Academic Policy and Quality Office (APQO).

23   The University has recently adopted a ten-year strategic plan, which will be supported by sub-strategies such as the Student Learning Experience Strategy (from Autumn 2010 this was superseded by the Strategy for Enhancing the Student Experience). The audit team were advised that the University intends that these strategies will be implemented with the aid of strategy maps and through faculty and directorate plans and will build on existing initiatives and through school and directorate plans. AESC, supported by APQO, has delegated responsibility for 'policy and processes for assuring, maintaining and enhancing the standards of the University's taught academic programmes (including collaborative provision) and enhancing the quality of all aspects of the students' experience'. It is chaired by the Pro Vice-Chancellor (Student Experience) and is assisted in its task by a subcommittee that focuses on taught postgraduate students (Postgraduate Taught Sub-Committee). As mentioned earlier, RKTC has similar responsibilities in relation to research degree provision and is assisted in this by the Research Degrees Sub-Committee (RDSC). LPAG, which reports to the Executive Board, approves, monitors and reviews the University's partnerships for collaborative provision; AESC has responsibility for the quality and standards of collaborative programmes of study.

24   Schools have delegated responsibility for the delivery of the University's academic provision and the implementation of policy. Central policies and procedures provide a framework and guidance for action, but the audit team found that the limit of permitted variation to meet local needs and preferences is frequently wide. Schools have committee structures, which to a large extent mirror those at university level. Currently schools have a variety of committee arrangements which link with AESC and RKTC. Under the new organisational structure, each of the four new faculties will have a local AESC and a local RKTC reporting to their respective university-level bodies. There is overlapping membership

between the local and university-level committees, with the chairs of the former sitting on the latter to provide a clear link. Minutes of the school AESCs are formally submitted to the University AESC, though not formally in the other direction.

25   As chair of Academic Board, the Vice-Chancellor is responsible to the Board of Governors for the quality and standards of the University's awards. As the institution's chief executive she is supported in this role by an Executive Board, which comprises the Registrar, pro vice-chancellors, heads of directorate, and deans of school. The Board of Governors delegates executive powers to the Executive Board for the strategic and financial planning and operation of the University. The Executive Board meets fortnightly during semesters and as needed in between. Schools are headed by deans, who have considerable budgetary and executive autonomy. They are assisted by associate and assistant deans and heads of academic departments. Under the new organisational structure, four pro vice-chancellors (PVCs) will discharge the role of dean of the new faculties, each assisted by three associate deans responsible respectively for strategy and development, student experience and research and knowledge transfer. Academic sub-units will continue to be led by departmental heads. Under the new structure the four PVCs who head faculties, together with PVCs for student experience and research and the Registrar, will form the senior management team under the chairmanship of the Vice-Chancellor. The current service directorates will be grouped under the Registrar. These new arrangements are being put in place during the current year for full operation in the academic year 2011/12.

26   The audit team found that the institution's framework for managing academic standards and the quality of learning opportunities was broadly effective. In terms of the principles that, the University stated, underpin the framework, the team found that both externality and student engagement were generally positive features of the framework. The team noted examples of integration of quality assurance and academic planning processes. However, the team observed that the exercise of shared responsibility between schools and the central institution did not always occur within clearly defined limits and was not always subject to effective central oversight, and these areas are explored in more detail in Sections 2, 3 and 5 of the report. To this end, the team advised the University to strengthen its quality management processes in order to provide a more comprehensive and explicit institutional oversight of the academic standards and comparability of all awards. Illustrative examples of this are found in this report (see paragraphs 12, 16, 28-30, 32, 34-37, 40-42, 45-47, 51, 54-56, 60, 129, 143, 146-148 and 154). With respect to the principle of enhancement, the team noted opportunities for the identification of good practice within the quality assurance processes but identified fewer instances of effective dissemination of good practice.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

27   The University publishes the full procedures for the approval, monitoring and review of its programmes as Chapters 3, 1 and 2 respectively of its Quality and Standards Handbook. These procedures are set out clearly and include helpful guidance to the various parties involved.

28   Following initial executive agreement for development, the academic approval of programmes, considered against a clear schedule and set of criteria, is delegated primarily to schools, each of which has developed a set of approved procedures. Key documents for approval include the draft Student Handbook, the programme specification and the module descriptions including assessment strategies. From the programme approval material viewed by the audit team, it was clear that schools complied with these documentary

requirements. It was also clear that the composition of approval panels followed specifications and that external expertise from outside the school and the University was included. The reports prepared by the panels, although in line with the requirements of the process, were variable in the level of detail they contained and did not reveal how explicit demonstration of the academic standards of the provision, and the use of external reference points in their definition, was achieved, since they were not structured around the stated aims of the process.

29   From this schools-based process, panel reports are received and noted by the Academic Enhancement and Standards Committee (AESC). The audit team noted that the formal scrutiny of the operation and outcomes of approval panels, and the associated assurance of standards, is not materially augmented by the subsequent notification of the AESC minutes to Academic Board. There is, however, significant evidence that the reports, including their conditions and recommendations, are considered and responded to fully by school AESCs, with responses being monitored by the University AESC.

30   Generally, ongoing minor changes to approved programmes, which require the approval of the programme team, the school AESC, the Director of Learning Resources, the Academic Management Office and the Academic Policy and Quality Office (APQO), are monitored effectively. Where changes are considered to be major, quality assurance officers (QAOs) advise on the requirement for external membership on any approval panel. The criteria used for this were not clear to the audit team, particularly in light of a report in which major revisions to two programmes were considered in the absence of an external panel member, despite the report treating the programmes as essentially new provision. In relation to programme approval, the team formed the view that the University's oversight of the process and its outcomes was based on the implicit rather than wholly explicit demonstration of academic standards inherent in the approval documentation, with university-level committees playing a somewhat limited oversight role in the assurance of standards.

31   The University states that the monitoring of standards occurs at Annual Programme Review, where student performance data is considered. In the examples seen by the audit team the clear template for Annual Programme Review, which covers all taught provision, was addressed fully, thereby giving schools an overview of relevant standards-related matters including those raised by external examiners.

32   Annual Programme Review reports, including those covering collaborative provision, form part of the information that is incorporated into School Annual Review reports in processes that may differ in detail between schools but that usually involve a formal Annual Review meeting. The template, and its recently revised version, requires schools to report on a wide range of topics, including the academic health of their programmes. However, although schools are conscientious in the preparation of their reports, including those for collaborative provision, the template and associated guidance used has a stronger focus on questions of continuing viability and demands only a limited insight into the explicit assurance of the academic standards of awards. The audit team also formed the view that, as the recently agreed changes to the report template were relatively minor, they did not necessarily enhance this insight.

33   School Annual Review reports, but not Programme Annual Review reports, are considered by AESC at university level. Some issues of significance for schools and the institution are identified in the minutes of the committee and are considered by school AESCs, and actions are taken. However, the audit team found evidence, as indicated in the University's Briefing Paper, that some of the issues raised by the reports for University consideration have not been resolved efficiently in the past.

34   In relation to programme monitoring, the audit team concurred with the University's view that the purpose of the School Annual Review report was not wholly clear, and that the information contained was inconsistently presented. Further to this the team considered that the School Annual Review report, as the only output of the process subject to institutional oversight, provided a relatively blunt instrument for the assurance of standards at institutional level.

35   Programmes are considered in subject or disciplinary groupings in the six-yearly periodic review process. This encompasses the approval and reapproval of provision, and includes programmes that are delivered collaboratively. The audit team found that the documentary requirement of the process is conscientiously addressed in schools and is subject to consideration by panels of defined membership, including external representation. However, the team found that the extent to which schools made use of external reference points and student data in their self-evaluation documents, although adequate, was variable.

36   The key evaluation available to the University of the material presented was a report from the panel. This evaluation took the form of a record of the panel meeting with the relevant staff and students. Although the process is expected to cover a common and clear agenda of items, some of which relate to the assurance of standards, the reports, in general, were not explicit in describing how assurance had been demonstrated and how any reference points had been used.

37   This demonstration of assurance was not strengthened by the consideration given to the reports by the University AESC, which in general was restricted to the receipt and noting of the reports. However, schools produced responses to the reports that, in turn, formed a supplement to the general assurance of the process by the University AESC. The audit team also saw evidence of the positive impact, in professional areas, of professional, statutory and regulatory body (PSRB) membership of periodic review panels and the use of PSRB requirements in the assurance of standards. The University AESC also receives an overview report of Approval and Review Activities, which in the most recent case covered 60 events. The report highlighted good practice, considered the conditions and recommendations arising from reports and identified procedural/guidance improvements for the future.

External examiners

38   The University places great reliance, across all its provision, on the strong and scrupulous use of external examiners in the assurance of its award standards. In doing so its policies and procedures align with the general precepts of Section 4 of the *Code of practice*. The University takes steps to ensure, through ongoing review, that its policy statements and its requirements of external examiners remain current and in line with external expectations.

39   External examiners at subject level are required to monitor the assessment process, including the verification of examination papers, the moderation of marking and to consider and report on overall academic standards at programme or module level. Chief external examiners for the Undergraduate Modular Programme (UMP) are expected by the University to ensure the consistent application of assessment procedures and the UMP regulations across all UMP programmes; confirm awards and overall standards; and act as a critical friend in relation to the development of guidelines and regulations for the UMP. From the documentation available to the audit team there was clear evidence that examiners respected and undertook their specified duties, including reporting, with diligence.

40   From the evidence made available, the audit team confirmed that the searching procedures for the nomination and approval of external examiners are followed rigorously, with approvals being endorsed by AESC. However, it was not clear to the team how the

appointment of the same or different external examiners for its UMP and collaborative provision helped ensure the overall comparability of award standards (see also Section 5 of this annex).

41   The University provides external examiners with a template for their annual reports, which guides them in their consideration of assessment and the standards of awards. With only a very few exceptions, examiners follow the format fully and thereby endorse clearly the standards that are achieved. Reports are submitted to the APQO, where issues may be identified for response by programme teams. Such responses then accompany reports when they are posted electronically for access by relevant staff and students. Responses to external examiner reports are considered further during annual programme monitoring and the production of School Annual Review reports. However, the audit team found that the timing of these processes can lead to delay in institutional consideration and that the nature of responses that may be shared directly with examiners is not subject otherwise to University oversight. Indeed, the team found difficulty in ascertaining whether the processes in place, including those operated within schools, provided a fully comprehensive institutional overview of the issues raised by all external examiners, including those for collaborative provision (see also discussion in Section 5). The team also became aware that issues directed at the institution by external examiners were not responded to systematically.

42   QAOs produce reports arising from external examiner reports in which themes, issues and good practice are raised. The production of the reports has, however been irregular. The examples read by the audit team were substantially descriptive, and demonstrated relatively weak linkages to the University's ongoing initiatives on assessment. The team formed the view that the opportunities for the University to evaluate fully and capitalise on the wealth of information arising from external examiner reports were not fully realised.

43   External examiners have access to extensive online and printed documentation relating to their role, with briefings being offered at school level. It remains to be determined how the University will respond to the views expressed by a number of external examiners in relation to the value they would place on an institution level induction event in ensuring that they (and programme teams) fully understand and appreciate their roles within the Brookes context.

44   Overall, the audit team formed the view that the external examiner system in place in the University provided a satisfactory mechanism for the assurance of award standards.

Academic Infrastructure and other external reference points

45   The APQO website provides full information on the components of the Academic Infrastructure, together with the University's expectations for the use of its components in programme approval, monitoring and review. However, the audit team concluded that the specific requirements of the processes did not consistently provide explicit evidence of how the relevant reference points were contributing to the assurance of the standards of awards. It was not possible to ascertain whether the engagement of partners with such benchmarks was consistent.

46   On the other hand, although not targeted at students, the programme specifications seen by the audit team engaged more directly with the Academic Infrastructure, and as such were able to show that the assessment methods used enable students to demonstrate achievement of the stated learning outcomes. Such specifications are considered initially through programme approval and updated through periodic review, and as such it was stated by the University in its Briefing Paper that they may not always reflect current programmes in every detail. Some professional bodies that have been involved in reviewing

programme specifications have been critical of the extent to which they articulate the outcomes of individual modules and are less explicit at articulating the overall outcomes required for the award.

47   Because of the wide range of provision in professional areas and the attention it receives at school level, the University undertook a themed audit of its PSRB-related systems in 2006-07. As a result, there is now a greater engagement from AESC in the consideration of accreditation outcomes. The audit team noted, however, that the contribution of such consideration to the institutional oversight of the establishment and maintenance of standards cannot be considered as fully assured when coverage of PSRB reporting outcomes still remains incomplete, a situation the University is encouraged to address further.

48   It was the view of the audit team that externality was a feature of the University's assurance of standards. In addition, the team found evidence that the University expects its quality management systems to align broadly with the European Association for Quality Assurance in Higher Education (ENQA) *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (although it was noted that the University does not yet issue the Diploma Supplement), which responds regularly to external consultations.

Assessment policies and regulations

49   The current assessment Policies and Regulations are the result of a significant and concerted combination of developments initiated in 2006. This involved an analysis of the 'academic offering', with a review of all undergraduate programmes in the context of the Academic Progression Initiative (API), thereby implementing changes to the Undergraduate Modular Programme and the relevant general and UMP regulations in a comprehensive manner. Further aspects of the strategic framework for these changes include the Brookes Student Learning Experience Strategy (BSLES) (and its successor, the Strategy for Enhancing the Student Experience (SESE)), which, among other issues, considered patterns of student assessment, and the Assessment Compact arising from it. Remaining areas of implementation are being addressed through the ongoing periodic review of provision, with the impact of such changes, including those relating to combined studies programmes, being subject to formal ongoing evaluation by AESC. The audit team also noted that the UMP and Postgraduate Taught Regulations are subject to careful ongoing refinement by the AESC. The team found that the recently re-presented general regulations, together with staff and student guides to the UMP and relevant regulations, are made available and contribute a comprehensive and accessible framework for the standards of the University's awards at this level.

50   Some of the key objectives of these overall changes are designed to have direct impact on students' experience of assessment, including transparent assessment strategies, published assessment schedules, clear assessment criteria and feedback on assessment within a clear academic framework including progression requirements. In this context, the audit team formed the view from its discussions with students and from the assessment documentation and regulations it reviewed that considerable and tangible progress is being made in this area. Given that the implementation of some of these initiatives took place recently, it was too early for the team to assess the full benefits arising from such initiatives across postgraduate taught provision, notwithstanding the comprehensive and clear regulations in this area, or in all of the University's partnerships.

51   The majority of the University's undergraduate programmes are located within the UMP, with the exception of Foundation Degrees, collaborative provision and some professional programmes. There is a comprehensive annual report to AESC on the UMP, which contains useful student data analysis relevant to standards, and a Foundation Degree

student progression paper to the UK Partnerships and Franchise Policy Group. However, the differences in approach and the absence of an equivalent report on collaborative provision outcomes mean that the University is unable to explore fully the issue of comparability of standards across all its undergraduate awards. The UMP report is, however, considered fully by AESC as an aid to the maintenance of UMP standards. A similar annual report with qualitative and quantitative analyses concerning postgraduate taught programmes is considered by the Postgraduate Sub-Committee and received by AESC. Similarly, the Research Degrees Sub-Committee gives consideration to an annual report on research degree activity before it is given further consideration by the Research and Knowledge Transfer Committee.

52   The progression of students and the achievement of awards within the UMP are considered at the end of each semester, firstly by relevant Subject Examination Committees (SECs), which confirm module marks and make recommendations to the university-level Modular Examination Committee (MEC). The role of the latter is to ensure a consistency of standards across the UMP. Programmes operated outside the UMP are considered by single-tier Assessment Boards, where decisions on progression and awards are finalised. There is also a Combined Studies Examination Committee which reports to MEC. From the consideration of a sample of the records of each of these committee types, the audit team was able to confirm their operation in line with the relevant regulations and the careful consideration afforded to progression and award decisions. The data provided to SECs, which is verified by the Academic Management Office, is sufficient for decision making but does not protect the anonymity of candidates. The operation of the committees and boards, at which external examiners are consistent attendees, provides support for the standard of the awards they approve.

53   The audit team formed the view that the MEC added value to the consideration of progression and awards in that it assured SEC operations and the consistency with which regulations were applied. It also contributed to the institutional assurance of award equivalence across the UMP. In addition, the team saw evidence that AESC now receives, for assurance, examination reports each semester in order to have a view of the operation of examination procedures and regulations across the UMP.

54   The outcomes of the MEC are also considered by the Modular Programme Forum (MPF), comprising field chairs and chaired at the time of the audit by the chair of AESC, as part of its overview of the examination processes. The MPF considers the annual UMP report and acts to address issues of standardisation in relation to assessments. It may request through AESC that regulatory changes be made. The MPF has noted in its consideration of issues regarding the relation between specific decision making at the SECs and MEC that 'evidence demonstrating fairness of treatment of students throughout the University was missing'. In the light of this, and the lack of any specific requirement for on and off-campus provision to share common examination boards and external examiners, the audit team encourages the University to consider further the implications of this self-analysis as it develops its procedures further. Given the scale of activity and the thorough consideration given to examination operations and procedures, the team also encourages the University to consider how best to integrate and capitalise on this activity in order to develop a more holistic overview of comparability across all of its awards. Consideration of the provision of the resource and technical capability to continue supporting such an endeavour should also be undertaken.

55   The University publishes clear guidance in relation to the conduct of assessment and in addition, there are clear University policies and procedures covering matters such as moderation, mitigating circumstances, academic conduct and the minimum use of Turnitin. Such matters are clearly signalled to students, who were confident of accessing the relevant information if the need arose. Reports on mitigating circumstances and academic conduct

are a feature of School Annual Review reports with the structural and regulatory aspects of operations and the consistency of their application being the subject of continuing consideration at AESC. The load and timing of assessments has received serious attention by the University and has been addressed progressively through the Brookes Student Learning Experience Strategy 2006/10, and its successor the Strategy for Enhancing Student Experience (for approval Nov 2010), which has acted as one of the drivers for the introduction of the Brookes Assessment Compact. The audit team met with students during the visit, who commented positively on the incorporation of assessment schedules into the BSLES. This has produced positive outcomes in regard of the load and timing of assessment, and this has been re-enforced by the Assessment Compact, which is also having a beneficial effect on the provision of assessment feedback. Full implementation is still being pursued by AESC, which recognises that, although commitment to the Compact by schools is consistent, implementation remains varied.

56   Student progression is considered at SECs, MEC and Assessment Boards, with specific reports being received by committee, such as the review of Foundation Degree student progression performance seen at the UK Partnership and Franchise Policy Group. AESC also considers progression issues as they arise from, for example, School Annual Review reports, and the annual UMP report provides basic progression data in relation to the UMP. Due to the absence of systematic comparative data covering collaborative and other non-UMP provision, and the need for the further development of more sophisticated data reporting and analysis, the audit team encourages the University to continue with its efforts to improve its management information and analysis in support of its overview of awards, student progression and their comparability across all its provision.

57   In general, the audit team formed the view that the conduct of assessment was managed carefully by the University and that ongoing developments in this area are having a positive impact on student experience.

Management information - statistics

58   The University's student records system holds information on course structures and student performance and progression, with liaison managers having responsibility for ensuring that admission and progression data is transmitted from partners to the University.

59   The student record system provides schools with data necessary for their examination committees and for use during annual and periodic review. The audit team reviewed the use of this data in these contexts and came to the view that its use was variable in relation to providing the basis for evaluation. Indeed, the University has recognised this and issued new guidance in 2009-10 on its expectations. AESC has also accepted that, in relation to particular analyses, data quality can be an issue.

60   At institution level a variety of reports are received across all provision, which make significant use of the data available while revealing its current limitations. The University is, however, making progress towards improving this situation. Particularly, in the context of the outcomes of the 2005 QAA Institutional audit, in 2008-09 a themed audit of the use made of student data was initiated, which has informed the establishment and operation of a Business Intelligence Project. Outcomes from the pilot are now emerging and key staff from each school are being trained in the use of the reporting tool that has been introduced. The project aims to make key student data reports available in support of a wide range of purposes. The audit team concluded that the progress that has been achieved to date needs to be sustained if the full benefits of these activities are to be realised in support of a greater capability of the University to assure the standards of its awards and to provide a sound basis for their comparability across all of its provision.

61   The audit team concluded that confidence can be placed in the soundness of the University's present and future management of academic standards.

Section 3: Institutional management of learning opportunities

62   Section 2 of the report has explored the University's approach to engagement with the Academic infrastructure and other external reference points, together with processes for the approval, monitoring and review of programmes with respect to the management of academic standards. This section explores the same approaches and processes insofar as they contribute to the management of learning opportunities.

Academic Infrastructure and other external reference points

63   The University claims that it has 'engaged actively' with QAA's Academic Infrastructure and been 'proactive' in using the *Code of practice*. Accordingly, the University states that its quality management policies and processes are underpinned by the Academic Infrastructure and expects programme development teams and staff responsible for quality within schools to be familiar with relevant components of the Academic Infrastructure.

64   The Academic Policy and Quality Office (APQO) has mapped the University's practice against the 10 sections of the *Code of practice* and noted areas where further development is needed. The University stated that mappings would only be revised when a new section of the *Code of practice* was issued. Nevertheless, the mapping of most sections has been revised within the last two years and reflects up-to-date nomenclature. However, the audit team noted that the mapping of some areas was not up to date. For example, the mapping undertaken against Section 1 of the *Code of practice*, relating to research students, had not been updated since 2005 to reflect, for example, revised University structures, processes and areas for action, and the mapping against Section 3 of the *Code of practice*, relating to disabled students, did not refer to the revised edition of the *Code of practice* and still refers to actions to be undertaken in 2003-04. The lack of currency of these mappings detracts from their utility to staff responsible for managing learning opportunities.

65   In discussions with staff involved in delivering services relevant to the quality of learning opportunities, the audit team found limited awareness of either the mappings produced by APQO or the details of the *Code of practice* on which they were based. Staff rely on those responsible for the design of University processes and services to take account of the demands of the Academic Infrastructure. The audit team found that those processes it explored and reviewed aligned with the *Code of practice*.

66   The University employs a themed audit process, the details of which have been considered in earlier sections of this report (paragraphs 13, 47 and 60). The University states that, as part of its proactive approach, these audits take as their starting point relevant sections of the *Code of practice*. Unlike earlier themed audits, recent review topics - engagement with PSRB accreditations; student participation, and use of student data in quality assurance - have not related directly to a particular section of the *Code of practice* and make little direct reference to the *Code of practice* in their reports.

67   In conclusion, the audit team found that the University made generally effective use of the *Code of practice*, but could benefit further from ensuring that its reviews of practice were up to date and staff were made more aware of the *Code of practice's* precepts and guidance that have shaped University processes and procedures.

Approval, monitoring and review of programmes

68   The University's Quality and Standards Handbook states that the aims of the programme approval process are to ensure, among other things, that a programme's curriculum and learning experiences will allow students to achieve stated learning outcomes; and that the design and delivery of the programme will reflect best practice and achieve the required academic standards and quality.

69   The process of programme approval incorporates consideration of matters relating to learning resources, staffing, teaching and learning, and other factors that may affect the quality of learning opportunities. The initial sign-off at school level requires a consideration of the adequacy of resources available for programme delivery. The work of the Programme Development Team established to design and develop the new programme involves external and student input as well as consultation with University support services such as library, computing and facilities. Among the matters to be considered by the panel giving final approval to a new programme are the appropriateness of proposed teaching, learning and assessment methods; the curriculum; arrangements for student support; and the resources available to deliver the programme. Where the proposed programme involves flexible and distance learning, additional scrutiny of the arrangements for delivery and student support are required.

70   Approval panels include an external member and have the power to impose conditions on any approval. The reports of final approval panels are received as a standing item at Academic Enhancement and Standards Committee (AESC) meetings to enable the committee to maintain oversight of the approval process and thereby the quality of learning opportunities associated with new provision. However, the discussion of AESC's role in programme approval in Section 2 has noted that the consideration of approval reports by AESC is limited and that the key consideration of these reports is at school level (paragraphs 28-30).

71   All programmes are required to participate in the annual review process referred to as Annual Programme Review (APR). The reports prepared by programme leaders with the assistance of programme committees include critical commentary on the curriculum, teaching and learning, and learning resources. The data utilised in compiling these reports includes student feedback, external commentary and statistical data on student progression and achievement. Reviews are required to contain action plans. The programme committee is responsible for drawing the school's attention to wider issues that have been identified in the course of APR, including those relating to the quality of learning opportunities, through School Annual Review (SAR). SAR reports feed into the planning process through the annual Challenge Meetings.

72   The University AESC receives and discusses the SAR reports. It does not receive programme-level reports directly. A summary of issues raised by the reports that require action by the University is also discussed. The most recent summary included issues relating to learning resources, facilities, staff, learning and teaching and quality assurance. The issues are referred to the appropriate directorate, and responses and updates are received by AESC: items remain on the AESC agenda until formally discharged. The issues emerging from school annual reviews are also reported to the senior management team. The University has recently reviewed the timetable and template used for School Annual Reviews, with the aim of achieving greater consistency in reporting across schools and integrating the process better with planning processes, although the audit team found that the revisions had not yet provided the greater level of insight intended (see paragraph 33).

73   As discussed in Section 2 (paragraph 35), periodic review of provision takes place on a six-year cycle and focuses at the level of subjects or disciplines. The process covers

the review of a number of aspects of learning opportunities including curriculum; learning, teaching and assessment; student support; physical resources and human resources. It involves input from both external panel members and students. The outcome of the process is the reapproval, or otherwise, by a panel of the provision within the cognate area. Reapproval may be conditional and may also include recommendations for future action. AESC receives periodic review reports as a standing item and also receives responses to periodic reports a year on. An overview report on good practice and issues emerging from all approval and monitoring activity is received annually by AESC.

74   Matters relating to the quality of learning opportunities for research students are considered through the annual report of the Research Degrees Sub-Committee (RDSC). This process is discussed in greater detail in Section 6. The processes for the consideration of the quality of learning opportunities in collaborative provision are comparable with those used in relation to Brookes-based provision. The way that the processes operate in relation to collaborative provision is discussed in greater detail in Section 5. The University also operates a system of theme-based reviews of practice. Themed audits are carried out by APQO working with a team of staff and, where appropriate, students. The themes chosen are of particular relevance to the management of learning opportunities. Two recent reviews have focused on student participation, and the use of student data in approval, monitoring and review.

75   The audit team saw examples of approval, monitoring and review documents that demonstrated the systematic consideration of the quality of learning opportunities across the university's provision. The team found that institutional oversight of these processes with respect to the quality of learning opportunities is generally effective. The University has made proposals which should increase their effectiveness further. The team concluded, therefore, that with respect to the maintenance of the quality of learning opportunities the University's systems for approval, monitoring and review are sound.

Management information - feedback from students

76   The institution uses a range of mechanisms to gather feedback from students. According to the institutional Briefing Paper, student feedback is gathered through module evaluation questionnaires, committee meetings and directly through teaching staff. Module leaders write reports on module evaluation questionnaires (MEQs) and put them up on a notice board. The MEQ reports are also discussed at Programme Committee meetings, where student representatives are present. Furthermore, the MEQ reports feed into the annual review process. If a university-level issue is raised, it goes through the annual review process. While responses are referred back from the directorate, members of staff accept that it is a long timeframe and can lead to delays. Students identified that the communication of actions emerging from student feedback can be improved.

77   The University recognised that postgraduate research student representatives' attendance at committee meetings is low and has placed greater emphasis on alternative feedback mechanisms. For example, the Research Students' Forum acts as a focus group. The Graduate Office also issues an annual questionnaire, the results of which are discussed at school level, Research and Knowledge Transfer Committee (RKTC) and RDSC. The postgraduate students whom the audit team met commented that members of staff are generally approachable. In some instances, course tutors ask for views on a weekly basis. The team heard that students on distance learning programmes participate electronically in quality assurance processes, either via student representatives or as a whole cohort.

78   Feedback mechanisms are clearly communicated to students. Student handbooks specify feedback mechanisms at programme level. Officers from the Students' Union also attend induction lectures to raise awareness of feedback mechanisms such as the course

representation system. Furthermore, student representatives at programme level are expected to gather the views of their peers using a variety of methods. These views are then discussed at field meetings once in semester one and twice in semester two. The views are also discussed at Programme Committee meetings, which student representatives attend. Student representatives are encouraged to relay the outcome of meetings back to their peers using media such as posting minutes on notice boards

79   The Students' Union is responsible for training student representatives. The Students' Union Representatives' Co-ordinator works with schools to recruit, train and brief student representatives. Moreover, the Students' Union provides undergraduate and postgraduate student representative handbooks specific to schools. These handbooks are thorough, covering issues from student representation on committees to how to elicit feedback from students. The Students' Union also has dedicated pages for student representatives on its website with access to a range of resources, which include School Representatives' Guides and information on institutional, school and programme-level meetings. The Students' Union also supports students in collecting feedback from students they represent by suggesting ways of canvassing students. In addition, the institution helps student representatives collect feedback from the students they represent by giving them access to block email. Students who met the audit team commented that the representation system at programme level works well. The students were particularly positive about the extent to which Field Committees make the student voice feel valued. The Students' Union Representatives' Co-Ordinator in the Students' Union plays a key role in briefing and debriefing student representatives at school and institutional level.

80   The institution maintains oversight of the operation of its internal arrangements for student feedback through the annual review process. The AESC receives Annual Review reports once they have been approved by school AESCs. The Annual Review reports include a section on the use made of surveys. Annual Review reports also include a section on student module evaluation, and at least one example viewed by the team included a full set of evaluation forms analysed by module leaders.

81   The University also uses a range of benchmark and internal surveys to gather feedback from students. The Brookes Student Satisfaction Survey coincides with the National Student Survey (NSS), capturing feedback from those who are not eligible to participate in the NSS. The University is responsible for promoting participation in the NSS and the results are discussed at school level. Action plans are then considered at AESC. The most recent NSS results were discussed at the AESC meeting in October 2010, where it was agreed that students must be included in the process of responding to issues and producing action plans. The Graduate Office issues an annual postgraduate research student questionnaire, which is followed up at RDSC, RKTC and at school level. The Annual Review reports include a section on the use made of surveys, and the results of student surveys are posted online.

82   The student written submission identified the University's approach to communicating feedback to students on issues raised by students as weak. The practice of feeding action points back to students varies. Feeding back to students at course level seems to be effective in practice, but the timescale can be lengthy in some instances where issues are going through the annual review process or through the directorates.

83   Overall, the audit team concluded that the institution's arrangements for student feedback are effective.

Role of students in quality assurance

84   Arrangements for student representation are in place at institutional, school and programme level, and it is University policy that if there is a group which discusses student issues it must have student members. AESC monitors student representation in boards and committees. All meetings of Academic Board and AESC are attended by student representatives. The audit team heard that students will have representation on the Executive Board from January 2011. Research students are represented on the RKTC and have representation on the RDSC. There is also a Research Students' Committee, from which a research student representative is elected to sit on the RDSC. Students can find out who their representatives are on the Students' Union website.

85   Students are also involved in the Periodic Review process. Students feed into Periodic Reviews through evaluations and meetings with the Periodic Review panels. These include student members, who are briefed by the APQO where possible. Although it is the responsibility of the relevant school to seek student members for Periodic Review panels, the APQO and the Students' Union are able to provide advice on which students have already been trained or briefed to take part in the process if required. The Students' Union Representatives' Coordinator also briefs student members of the Periodic Review Panels. The audit team heard from student representatives that students who take part in review processes are invited to staff meetings and have access to the Dean for further advice and guidance. The University also works closely with the Students' Union to develop the Assessment Compact and the Student Support Strategy.

86   Student representatives and staff spoke positively about the close working relationship between the University and the Students' Union, and the audit team identified this working relationship as a feature of good practice. The students' written submission states that there has been a positive improvement in the relationship between the Sabbatical Officers and the University senior management team. The University's senior management team was also positive about the institution's working relationship with the Students' Union. Student representatives were particularly positive about the close relationship between the Students' Union and the Pro Vice-Chancellor (Student Experience). Furthermore, when the audit team met student representatives at the briefing visit, the students described the interaction between the University and students as 'very good'. In instances where the institution has been less responsive, there are mechanisms in place to ensure that the student voice is heard and due action taken. Overall, the audit team concluded that the institution's arrangements for student involvement in quality management processes are effective.

Links between research or scholarly activity and learning opportunities

87   The Strategy for Enhancing the Student Experience 2010-2015 emphasises the importance of research in supporting student learning and informing the curriculum through research-based learning. The SESE also states that all staff who support learning should undertake research and scholarship to inform their teaching and curriculum development. The audit team heard that undergraduate students are encouraged to undertake small-scale research projects, and that dissertations are linked to specialist areas.

88   The Reinvention Centre project, one of the Centres for Excellence in Teaching and Learning (CETLs), was completed in 2010. The CETL supported the development of research-based learning for undergraduates. The Reinvention Centre is now part of the Oxford Centre for Staff Development and Learning (OCSLD). The principles of the Reinvention Centre have been embedded across all the undergraduate programmes. The

Reinvention Centre also introduced the Undergraduate Research Scholarship Scheme (URSS). The URSS provides funding for second-year undergraduate students to undertake small-scale extra-curricular research projects.

89   The SESE states that all staff who support learning must take part in professional development on an annual basis to ensure that their practice is informed by the scholarship of teaching and learning. Staff also have to ensure that their teaching is informed by scholarship and research. The institution also has 'teaching professors', who are promoted on the basis of their teaching skills and experience. The staff workload planning balances research and teaching and all staff have an allocation for scholarly activity. Researcher role profiles at different levels also make it explicit that researchers are expected to teach.

90   The Annual Review template includes a section on how research and scholarship have influenced the curriculum. The audit team saw some examples of programme proposals at undergraduate level which have been developed on the basis of research interests of staff. Overall, the team concluded that the University's arrangements for maintaining links between research and scholarly activity and teaching and students' learning opportunities are effective.

Other modes of study

91   The Quality and Standards Handbook sets out the key factors to be considered in the delivery of programmes through flexible and distributed methods. The Quality and Standards Handbook states that, if proposed programme(s) of study are to be delivered largely using distance or e-learning or blended learning, the Programme Development Team must include someone with experience of designing and delivering such programmes and the Centre for e-learning must be consulted during programme development. OCSLD also engages with the Programme Development Team, getting involved at an early stage of the programme design process and working with individuals to set up flexible learning courses. Where a new flexible or distributed learning (FDL) mode of delivery is to be added to an existing programme of study (such as e-learning), the process has to follow the approval procedures which have been agreed for the school(s) concerned. The institution ensures that the delivery system for study materials is fit for purpose through the programme approval process.

92   When developing FDL programmes, Programme Development Teams must take the following factors into consideration: the use of IT; programme administration for the DL mode of delivery; student progress such as admissions, induction and pastoral care; assessment strategy and its implementation in relation to module and programme learning outcomes; student participation in the delivery and development of the programme; programme content, including variations from the existing programme delivered on campus. Students on FDL programmes have access to online tutorials and, in some cases, staff delivering courses in FDL mode offer online office hours.

93   Overall, the audit team concluded that the institution's arrangements for maintaining the quality of students' learning opportunities in relation to other modes of study are effective.

Resources for learning

94   The Directorate of Learning Resources is responsible for the provision of the Library and ICT facilities and services to staff and students of the University across all three campuses. Decision-making power regarding the allocation of learning resources lies with the Executive Board of which the Directorate of Learning Resources is a member. The Directorate of Learning Resources is also a member of the Academic Board and AESC. The

priorities and allocation of learning resources are considered and decided within the budget for the previous year. Spending on materials is protected as far as possible. In addition, subject librarians can bid to the Development Fund for new initiatives. Spending on learning resources is not currently measured systematically against external benchmarks, although the institution is aware that spending on learning resources is below the national benchmark.

95 Monitoring and reviewing the operation of internal providers of learning resources primarily takes place at school level. The deans of school are budget-holders and come to a decision based on discussion within schools. An annual senior management conference then takes place prior to the budget being signed off by the Court of Governors in June. The operation of internal providers of learning resources is also monitored through the annual review process. Furthermore, subject librarians also attend school AESC meetings to keep up to date with the latest developments and respond to changes promptly.

96 There are a number of ways in which feedback is gathered on resources for learning. The Library runs a biannual user survey, as well as considering the outcomes from the National Student Survey. The Library also uses suggestion boxes (both in the Library and online). Furthermore, the Library has regular liaison meetings with the Students' Union. Students indicated that they are satisfied with feedback gathering mechanisms in the Library and with how the Library responds to the feedback. Some of the students the audit team met gave an example of when a student representative had collected signatures to persuade the Library to purchase a particular journal. Students also commented that they found the subject librarians to be particularly helpful to their studies.

97 The audit team was given a demonstration of the University's virtual learning environment (VLE), Brookes Virtual, where students can access a variety of learning tools, responsibility for which comes under the Learning Resources Directorate. The team heard how students use the wiki tool and was given a demonstration of how staff and students may use Brookes Virtual in different and interesting ways. The team saw, for example, a video clip of a mock trial created by students which was uploaded onto Brookes Virtual to use as a learning resource. The students the team met spoke very positively about the added value of Brookes Virtual. The students commented that they found the VLE particularly useful as the tool allows them to download lecture notes and participate in online discussions.

98 Overall, the audit team concluded that the institution's arrangements for maintaining the quality of students' learning opportunities are effective.

Admissions policy

99 Responsibility for managing and coordinating the general university-wide admissions process for undergraduate and postgraduate taught programmes lies with the Academic Registry, and the Vice-Chancellor holds ultimate executive responsibility. Any formal written communication concerning any stage of the application process has to be authorised by the Head of Admissions. Assessing the suitability of applicants is primarily the responsibility of the admissions tutors. The Admissions Policy clearly states that admissions tutors are responsible for assessing the suitability of applicants, in full accord with the admissions criteria approved by the Academic Board. The essential criteria for admission to the University are guided by the requirements of the Policy on Equal Opportunities for Students.

100 Support for staff undertaking admissions is not formalised. However, there is a meeting for undergraduate admissions tutors two to three times per year, which is chaired by a member of the Registry team. Furthermore, the Modular Admissions Committee meets twice per semester. The audit team heard that members of staff find this committee useful for sharing information. Admissions tutors are mentored within schools by someone with

appropriate experience. Postgraduate taught admissions tutors work closely with course leaders in order to build up experience and develop capacity.

101   The institution's Briefing Paper states that the University is committed to attracting students from a diversity of backgrounds. The University has an Access Agreement and a Widening Participation Strategy, which demonstrates the institution's commitment to diversity. As part of the Widening Participation Strategy, school AESCs discuss the widening participation agenda and feed up to the Academic Board through AESC. The institution has a Widening Participation Advisory Group (WPAG), which advises AESC on strategies and activities to support widening participation. WPAG is also responsible for facilitating engagement with, and the embedding of, widening participation throughout the University. The University also participates in and runs a variety of widening participation programmes.

102   Overall, the audit team concluded that the institution's arrangements for ensuring consistent implementation of its admissions policy are effective.

Student support

103   A new student support system has been in place since 2009 as a result of a recommendation in the Laycock Review. The institution's expectations concerning the nature and extent of academic support and guidance for students are clearly communicated to staff through the Supporting Students Staff Handbook. The audit team heard from support staff during the audit visit that it was envisaged that the new Associate Dean (Student Experience) role should further facilitate support for students.

104   Students' entitlements to academic support and guidance are primarily communicated to students through handbooks. Students can also view information on their Personal Information Portal (PIP). Every student has an Academic Adviser, whose role is solely focused on academic support. Students told the audit team that the level of support they receive from Academic Advisers varies, particularly with regards to making contact with them. Students also have access to Field Chairs and module leaders.

105   The University takes account of different student categories. For example, the part-time students met by the audit team commented that they were happy with contacting their Academic Adviser by phone and email. The University also has a Mature Students' Officer in Student Services. Furthermore, support mechanisms are in place for students with disabilities through the Students with Disabilities and Dyslexia Service and international students.

106   Student Support Co-ordinators (SSCs) are in place in all Schools and provide general support to students. The audit team identified the role of SSCs as a feature of good practice. The role is particularly focused on providing students with pastoral support and being a key point of contact for student representatives. SSCs are part of the Student Support Network (SSN), which is chaired by the Head of Student Support at a central level. The Network also provides training for SSCs. Students spoke positively of SSCs, advising the team that the SSC would usually be the first point of contact for inquiries and SSCs would signpost students in the right direction. During the audit visit, students spoke positively about receiving weekly emails from their SSC regarding office hours.

107   Academic conduct information is available to students through the University's homepage as well as student handbooks. It is University policy that students submit three pieces of work through Turnitin on each year of their course. The institution is now moving towards making Turnitin available to students as a formative learning enhancement tool. The student written submission states that students are satisfied with the support they receive in academic conduct. The Library invested in the computer-aided instruction system

known as Programmed Logic for Automated Teaching Operations (PLATO), which provides a variety of learning tools and helps students better appreciate the difference between collaboration and collusion. The programme helps students develop skills such as referencing. The student written submission states that students have been positive about the investment in PLATO.

108   The University provides a service called 'Upgrade' which provides students on taught programmes with advice on study skills. Students can book a thirty-minute tutorial to receive advice on maths, statistics or study skills such as writing and planning. Students commented that they found study skills support staff very helpful and flexible. Students also commented that they are satisfied with the support they receive from the Careers and Employment Centre. The Careers and Employment Centre actively interacts with first-year undergraduate students through events such as the careers fair and giving advice on CVs and interviews. In the Business School students are offered training on skills such as presentation.

Staff support (including staff development)

109   The Human Resources Department has a comprehensive set of policies in place covering all aspects of employment including recruitment, induction, appraisal, promotion and workload management. These policies are available to all staff through the Employment Handbook, which is available on the web. Staff who met the audit team stated that they were aware of the University's policies and that their experience of them was positive. Staff in collaborative partners are subject to the human resource policies of their local employer.

110   Teaching performance is taken into account in the promotion process and, as mentioned earlier (paragraph 89), the University has a professorial track based on teaching. Workload planning takes place at school level within a centrally agreed framework and tariff. All teaching staff receive a time allocation for scholarly activity and can also receive a further time allocation for research. The relationship between teaching and research is discussed further in Section 6 below.

111   Staff development opportunities are extensive. The OCSLD supports staff through training, research and publications. New teaching staff on at least a half-time appointment and with less than five years' teaching experience in higher education are required to undertake the Postgraduate Certificate in Teaching in Higher Education (PGCTHE). An MA in Education is also available which builds on the certificate course. Part-time staff involved in teaching and learner support are able to take the Associate Teachers' course, which provides an introduction to teaching and learning in higher education. However, the audit team noted that research students could be involved in teaching and assessment without completing any formal training, which was seen as having the potential to undermine the academic standards of the awards on which they were teaching and assessing and the quality of students' learning opportunities. Training is mandatory for those involved in research degree supervision: this provision is described in Section 6.

112   In addition to the programmes described above, OCSLD offers a broad range of short courses and seminars. OCSLD is represented on school AESCs, and bespoke programmes have been developed to meet the needs of particular areas (see paragraph 91). Programmes have also been developed to support University initiatives such as blended and technology-enhanced learning, internationalisation of the curriculum, and course and assessment redesign. These initiatives and their associated development and learning schemes are discussed further in Section 4. The University has invested in research and development focused on the scholarship of teaching and learning. It has been part of two Centres for Excellence in Teaching and Learning, one focused on assessment and the other on research in the undergraduate curriculum. Five staff of the University have become

National Teaching Fellows. The University also awards its own teaching fellowships and has created a networking group, Minerva, for them to share practice.

113   As discussed below in Section 5, the degree to which staff in partner institutions are supported by the University through staff development is variable. Further education staff teaching on University programmes have access to training through the Associate College Partnership. The development opportunities offered to staff in other partnerships are variable in form and quantity and depend significantly on the actions of the particular liaison manager.

114   A stated goal of Strategy 2020 is to improve the quality of teaching and research at the University, and there is a commitment in the SESE that all staff involved in teaching will undertake annual professional development. The link between the University's goals and priorities and individual review and development needs is the School Learning and Development Plan. These are rolling plans drawn up by the school's senior management with the assistance of the school AESC and the school's HR business partner. The audit team saw examples of these plans and noted that they contained detailed, costed proposals for action clearly linked to school and University objectives.

115   In 2010 the University adopted a new framework for the development for staff involved in teaching and learning support, the Continuing Professional and Personal Development framework (CPPD). The framework builds on existing appraisal and review processes including the planning processes described above. As part of the implementation of the framework the University is intending to revitalise its peer observation processes in order to make them broader and more enhancement-focused. The core individual element is the Personal Development Review (PDR), which brings together individual feedback and reflection and is subject to critical review. Engagement with the PDR process is required and monitored through HR audits.

116   The audit team considered that the University's arrangements for support and development of its own teaching staff and research degree supervisors were appropriate and effective. An exception to this is the support and development of research students who teach, and this is explored further in Section 6. With respect to staff teaching on University programmes in partner institutions, the team concluded that their entitlement to staff development was unclear, and this is explored in Section 5. The audit team considered that the structured approach that the University was taking to addressing its strategic objectives through the CPPD framework of its own staff constituted a feature of good practice.

117   Notwithstanding the issues raised in this section, the audit team concluded that confidence can be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students.

Section 4: Institutional approach to quality enhancement

118   One of the key goals of the University's Strategy 2020 is to be 'a university that enables a student experience of the highest standard possible'. To underpin this, the University has recently developed a new Strategy for Enhancing the Student Experience (SESE), replacing the Brookes Student Learning Experience Strategy (BSLES) (2006-10).

119   The SESE, which is driven by Academic Enhancement and Standards Committee (AESC), sets out the institution's priorities with respect to the principles underlying the student experience. The fundamentals of this strategy relate to ensuring 'a challenging, relevant and internationalised curriculum' with a focus on graduate attributes, 'engaging students in the life of the University', and ensuring 'evidence-based policy development and evaluation'. These tenets determine a number of areas of development and enhancement.

120   From its investigation of documentation and from meetings with staff and students, the audit team found evidence of key initiatives being driven from the centre. These are supported through centrally produced documentation for staff, which outlines aims, procedure and planned implementation, including timeframes, monitoring and evaluation via committees, and support for staff from the Centres for Excellence in Teaching and Learning ASKe (Assessment Standards Knowledge exchange) and Reinvention Centre, the Centre for International Curriculum Inquiry and Networking (CICIN) and the Oxford Centre for Staff and Learning Development (OCSLD).

121   As mentioned in Sections 2 and 3, the Academic Progression Initiative (API) and the Assessment Compact are prime examples of initiatives which are in the process of being implemented throughout the institution. The API process entails the restructuring of the undergraduate programmes to ensure clearer academic progression, and at the same time prompting the introduction of research and independent work in honours programmes, and attention to internationalisation and assessment. Programme assessment strategies are aligned with the Brookes Assessment Compact, a framework which places particular focus on assessment load, feedback and timing. Monitoring of the implementation of the API process takes places through AESC, as does evaluation of the current and future uptake of the Assessment Compact. These initiatives are to be progressively rolled out to collaborative partner provision as appropriate.

122   The audit team found substantial evidence of institutional support for the development of initiatives such as API and assessment, and felt that the University's structured approach to the enhancement of policy and practice in these areas was commendable. In particular, it felt that the structured implementation, support and monitoring of the University's initiatives to improve assessment policies and practices constituted a feature of good practice.

123   In addition to assessment, strategic areas of enhancement include blended learning, internationalisation of the curriculum and research in undergraduate programmes. Enhancement is fostered and supported institutionally through a range of means: the provision of programme-related staff development events (Course Design Intensives), content within courses such as the Postgraduate Certificate in Teaching in Higher Education, online resources and face-to-face courses, and publications from OCSLD. The audit team noted the availability of a range of pedagogic resources through RADAR (Research Archive and Digital Asset Repository). Link staff and educational developers in OCSLD liaise with schools and directorates to support enhancement. Furthermore, in line with the framework for Continuing Professional and Personal Development (CPPD), individual and school development needs are articulated through the School Learning and Development Plan. Personal development with respect to teaching is a key strand within the SESE.

124   The experience of staff in collaborative provision with respect to access to learning and development support is explored in Sections 3 and 5, but the audit team notes here that variation in access to resources relates also to opportunities for engagement with institution-led enhancement.

125   Further steps to address issues and areas across the institution are taken through the use of themed audits. These have included such topics as student participation, student data and professional, statutory and regulatory bodies (PSRBs). An example of the impact of the audit on data is the work towards developing the student management information tool 'Academic Performance Tracking Tool' (APTT)/Business Intelligence Project. Finally, funding for projects related to strategic priorities is also reported through and monitored by AESC.

126   The University claims that there is integration of quality enhancement and quality assurance through its processes of programme approval, periodic review and programme

monitoring (including the external examining system and student feedback).The audit team found evidence that quality enhancement is embedded within the University's quality assurance processes and there is a clear commitment to enhancing the quality of the student experience at all levels and areas of the institution.

127   From its investigation of committee documentation, sampling trails, meetings with stakeholders, and published material, the audit team found evidence that key initiatives were monitored through its quality assurance mechanisms. With respect to programme approval and periodic review, attention to the delivery and assessment of programmes is key and includes, among other issues, the programme's approach to the research-teaching interface and to internationalisation. These themes appear explicitly as sections within the programme specification. They also feature within the annual programme review report, which draws together information concerning the learning experience strategy, the influence of research/scholarship and staff development on the curriculum, and examples of good practice for wider dissemination. The same annual review template is used for collaborative provision; in addition, where programmes have a large component of flexible, distributed learning, there is also an opportunity to comment on issues relevant to these modes of delivery.

128   While these enhancement themes are clearly addressed within programme documentation, the audit team found that these are not given prominence at higher levels of reporting. As noted in Sections 2 and 3, reports of programme approvals and periodic reviews are received and noted at AESC. Minutes from these meetings note key findings, but do not highlight specific enhancement issues. Although an overview report of key themes from approval and review activity from the previous year has recently been presented, the report is synoptic and the opportunities for dissemination of issues via this mechanism are limited.

129   As noted in Section 2, programme reviews feed into school-level annual review. While the template for the School Annual Review provides an opportunity for the identification of good practice or innovation in learning and teaching, the scope and coverage of the Annual Review is such that attention to detail concerning enhancement may be compromised. Indeed, consideration of the sampling trail documentation and annual reviews documented in AESC minutes revealed variation in the degree of detail and specificity included, and in the extent to which collaborative provision is attended to. As noted in Section 2, School Annual Review reports, but not the programme reports themselves, are considered by AESC at university level. This process, entailing the upward reporting of features and findings, provides limited opportunity for the systematic highlighting of good practice and innovation present within programmes.

130   The audit team acknowledged the pressure on the University AESC with respect to dissemination of good practice, a view shared by the University in its review of AESC activity. However, the team formed the view that it was desirable for the University to consider ways in which it could ensure the systematic identification, reporting and dissemination of good practice across all areas.

131   The audit team agreed that the University has established a comprehensive set of mechanisms to promote enhancement in support of the institutional objectives set out in its strategy. It has also succeeded in engaging large numbers of staff in enhancement activities. The team concluded that the institution has an integrated and strategic approach to quality enhancement and a clear approach to embedding pedagogic research, and expertise in such key areas as assessment, student research skills, e-learning and internationalisation, within programme design and delivery.

Section 5: Collaborative arrangements

132   The University has a range of collaborative arrangements at home and overseas (see paragraph 3). The nature of the collaborative arrangements include franchised awards, validation arrangements, distance learning, flying faculty, articulation arrangements, dual awards and hybrid arrangements whereby, for example, the first two years of a programme are credit rated and this is followed by a franchised award. As noted in paragraph 3, some programmes operate at a number of centres, and 30 per cent of all collaborative students are assessed in a language other than English.

133   Two thirds of the students are 'registered' with the University, which confers limited access to University facilities such as learning resources. The majority of these students are studying overseas, although registered status also applies to some UK-based provision. The remainder are 'enrolled' and have similar entitlements as on-campus students. Enrolled status applies where students are funded by a UK funding body or where they are taught by University staff at home or overseas. The University also has a partnership with the Association of Chartered Certified Accountants (ACCA) where the University provides quality assurance of the examinations. This involves around 260,000 students worldwide, of whom around 2,500 are registered for an Oxford Brookes University award.

134   Six regional further education colleges, Ruskin College and the University form an Associate College Partnership (ACP) and the majority of home provision comes within the ACP. The University's approach to international collaborative partnerships is guided by its Internationalisation Strategy.

135   The Collaborative provision audit in April 2006 noted that the operation of the ACP was a feature of good practice and identified a number of areas for the University to consider, including strengthening institutional-level oversight of collaborative provision; reviewing membership of periodic review panels; developing support for the liaison manager's role; reassessing the effectiveness of the Operations Manual; and extending the mechanisms for the systematic identification of good practice. The recent audit of overseas provision in India in June 2009 had recommended that the University increase its capacity to compare the performance of on-campus and collaborative versions of the same degrees. The audit team explored the University's response to these recommendations through a review of documentation, engagement with two collaborative provision partners (one home and one overseas), and through discussions with staff and students at the University and at collaborative provision partners during the audit visit.

136   Since the time of the Collaborative provision audit the University had made limited changes to its arrangements for collaborative provision, except those required by the formation of the Academic Enhancement and Standards Committee (AESC) as the single body with responsibility for quality and standards (see paragraph 12). However, revised criteria for the consideration and approval of international partnerships and new criteria for domestic partnerships had recently been developed. These adopted a risk-based approach on the basis of the location and nature of the arrangement and, at the time of the visit, were in the process of securing institutional approval.

137   The University applies essentially the same quality assurance processes to its collaborative provision as to the rest of its provision. Management, approval, review and operational processes are set out in the Quality and Standards Handbook, which is aligned with Section 2 of the *Code of practice* published by QAA. The strategic and financial overview of collaborative provision, including the approval of new partners, is the responsibility of the Learning Partnerships Advisory Group (LPAG), while AESC has responsibility for quality and standards. LPAG's remit covers developing, monitoring and reviewing the University's frameworks for the approval, review and management of learning

partnerships, including policy; processes and procedures; information for staff, partners and students; and guidance on operations and good practice. LPAG also has responsibility for evaluating initial proposals for partnerships and collaborative programmes against agreed criteria, for inclusion in the register of collaborative programmes and approving new partnerships for academic validation after consideration of supporting information. The Group reviews the scope and nature of the University's learning partnerships on an annual basis and provides advice and recommendations to the Executive Board, schools and directorates as appropriate.

138   A Brookes liaison manager is assigned to each partnership or programme. Liaison managers support partners in delivering their programmes and in following the University's processes, and monitor the partner's quality and standards on behalf of the University. In response to recommendations in the last Collaborative provision audit the University stated that it had taken a number of actions, including defining the role more clearly, developing a liaison managers' manual and a forum and web newsletter. In its meetings with collaborative partners, the audit team heard of the importance of the liaison manager's role and of the effective help and support they provided. There is no mandatory training for liaison managers and, although the University had stated in its briefing paper that the Forum met twice a year, there was no formal record of such regular meetings and attendance by liaison managers and the value placed on it as a mechanism for discussion and the sharing of practice appeared to be limited. The team noted the commitment shown by liaison managers in helping to sustain and support the operation of effective collaborative partnerships. Clear responsibilities are defined for the management of collaborative procedures and these are generally well understood by the relevant staff. However, the team concluded that it was desirable for the University to ensure that liaison managers receive appropriate induction, support and development.

139   A formal agreement and an Operations Manual is required for all collaborative programmes. The Operations Manual includes key information relating to programmes and delivery parameters, liaison, teaching and learning resources, teaching staff, marketing, recruitment, admissions, registration, assessment, external examiners, assessment committees, awards, graduation, quality assurance, and student support. A standard template is provided, which is modified to meet the needs of each collaborative arrangement, and drafts are considered by LPAG as part of its initial approval of partnership arrangements. In discussions with the audit team, liaison managers and staff in partner institutions confirmed that these provided an effective operational guide. The team concluded that, although there was scope for further development (see paragraph 149), the University had improved the Operations Manuals, and the policies and procedures for their approval, monitoring, update and review, so that they served as an effective operational guide for each partnership. Academic Policy and Quality Office (APQO) maintains contact with the liaison managers through a forum and through school meetings such as the school AESC. Some schools have established dedicated committees or advisory groups to monitor and support collaborative provision. The University also provides support through its Partnership Office (for domestic partnerships) and through Oxford Brookes International (for international partnerships).

140   The University applies a three-stage process for new collaborative provision. Any initial proposal for a new collaborative partner is considered against established criteria by a subgroup of LPAG; this is known as mini-LPAG, and involves representatives from the Legal Office, APQO, Finance and UK and International Marketing, who advise the chair whether the proposal is suitable for continued development. If approval to proceed is given then a programme development group draws up a detailed business case, which includes a risk assessment and the Operations Manual, which will become part of any legal agreement for consideration by LPAG. The audit team saw evidence that LPAG also checks that appropriate staff have been involved, that the documentation complies with the declared

aims and objectives of the proposed partnership and that the partnership is financially, legally and academically sound.

141   In the final stage of partnership approval, academic and resource issues are considered by a panel as part of an approval event. The details for this are clearly set out in the Quality and Standards Handbook. The panel involves academic staff from within the school, a representative of another school and an external assessor. The event is normally chaired by a senior member of University staff and supported by the link Quality Assurance Officer (QAO). The Head of Quality Assurance may propose to the chair of LPAG a modified process for established partners and for the delivery of existing programmes to new partners. While the audit team saw evidence that a new site of an existing partner had been approved by a visit involving a QAO as the only independent member, it concluded that the University had appropriate mechanisms for the approval of new partners and that these were generally operating effectively.

142   Programme approval events are organised by the school(s) in liaison with the APQO. Guidance is provided on the issues to be considered, and a checklist of questions for panels, visiting teams and development teams is provided. The approval panels for collaborative provision proposals were previously chaired by the Head of Quality Assurance, but this had recently been amended to allow the role to be taken by senior academic staff from across the University. The panel also involves internal and external representatives. The report of the approval event is submitted to AESC for formal ratification, and the outcome of the approval process is reported to the LPAG.

143   The audit team was able to confirm that this process operated effectively. However, the team found limited awareness in some partner organisations of subject and related benchmarks, and there was limited evidence in the reports of their consideration as part of approval. The team considered that such benchmarks were particularly important when working with collaborative partners and in establishing standards, and encourages the University to ensure that there is clear evidence that subject and related benchmarks are consistently and appropriately used as part of the approval process (see paragraph 45).

144   Articulation agreements are used to admit students with approved qualifications. For some of its overseas provision, access to the final year of a University award is through articulation of the partner's lower-level provision. Approval of articulation is a matter for schools and the process is set out in the Quality and Standards Handbook and reported to LPAG. Articulation agreements are covered by a formal written agreement. As explored in paragraphs 91-93 in relation to approval of courses delivered solely by distance learning, the University has adapted its normal procedures to ensure that a sample of learning resources are considered.

145   Approval is given for five years and reapproval of a partner normally occurs alongside reapproval of courses. The audit team saw evidence of effective periodic review processes involving appropriate externality and independent scrutiny. However, the developing complexity of the University's arrangements means that a range of programmes have been approved at various times within the initial five-year period of partner approval, and some programmes operate with multiple partners, making the synchronised linking of institutional and programme approval difficult to implement. The University had established a process which provides Recognised status for certain strategic partnerships operating across a number of schools, but the team was informed that no partnership had as yet met the criteria set out for such arrangements. The team heard that LPAG maintained a close oversight to ensure the regular periodic review of partners and of programmes running across multiple sites. The team encouraged the University to review the operation of its procedures governing the reapproval of courses and partnerships to ensure that they are robust, clear and appropriate.

146   AESC receives the reports of approval events for collaborative arrangements but, from a review of AESC minutes, the audit team found that the committee was able to afford these limited consideration. AESC occasionally receives a paper on issues arising from approval and review and regularly reviews the progress of the approval process for collaborative arrangements through to the satisfactory meeting of any conditions or recommendations. It monitors the application of procedures for the termination of programmes and also considers how institutional initiatives such as the Academic Progression Initiative (API) should be rolled out to collaborative partners. The audit team considered that AESC scrutiny of collaborative approval events might be more detailed so as to provide a comprehensive oversight of academic standards and learning opportunities across its provision (see paragraphs 28, 30 and 37).

147   Prospective external examiners for collaborative provision are identified prior to approval events and appointed through the normal procedures once approval has been given. Where programmes run across multiple sites a common external examiner is often appointed, but this is not always the case. The audit team considered that, while the appointment of common external examiners might assist the establishment of common standards, it recognised that the complexity of the arrangements sometimes made this difficult. The team encouraged the University to consider formalising its expectations for the use of external examiners across collaborative programmes to help assure the comparability of academic standards.

148   Where collaborative programmes are taught and assessed in a language other than English, finding an external examiner who is an experienced academic, has relevant subject knowledge and is fluent in English and the language of assessment presents some challenges. In one instance, the difficulty of finding a suitable external had been identified as part of the approval event and a change to the University's standard criteria had been recommended. From the information available to the audit team it was not clear that the final appointee met the amended criteria, nor was there any record of discussion and agreement of the amendment by AESC in its consideration of the report of the approval event or of the examiner appointment. While the team recognised the strategic importance of collaborative developments to the University, it considered that, in line with its terms of reference, AESC should be more explicitly involved in considering how the standards for such provision are assured.

149   Procedures covering the setting, marking, moderation and external examining of assessments, including the arrangements for the Examination Committee, are set out in the relevant Operations Manual. Examination committees are chaired by a senior member of staff of the University and may take place in the University or at a partner's premises depending on the location. Some examination committees take place via video link. The audit team was able to confirm that examination processes generally operated effectively.

150   The audit team heard that in one partnership it was not common practice to send draft examination questions or assignments to the external examiner for approval. This University requirement is not specified in the Operations Manual or in the annual checklist of duties expected of liaison managers. The team encourages the University to amend its documentation to fully reflect University requirements.

151   In discussions with students at partner institutions, the audit team heard that it could sometimes take in excess of six months for assessed work to be returned. In some instances work was not returned until all the assignments had been submitted, assessed and moderated, and thus, where some students had mitigating circumstances causing a delay in submission, this could delay feedback to the group and potentially disadvantage students who submitted assessed work on time. This issue had been identified in a recent programme approval exercise and the Assessment Compact was being implemented. The

University may wish to monitor the impact of the Assessment Compact in collaborative provision partners to ensure that all students receive timely feedback on assessed work.

152   From its discussions with partners the audit team heard differing views about the extent to which issues of plagiarism were addressed. It concluded that the University might do more to ensure that its expertise on addressing issues of academic integrity was disseminated to partners and that plagiarism was appropriately understood and addressed in all collaborative provision partners.

153   Collaborative programmes are subject to a similar Annual Review process as those for programmes based at the University. Routine monitoring, including the presentation of Annual Review reports, is carried out by the liaison manager. Schools are required to ensure that all their collaborative programmes are reviewed annually alongside those from their own internal programmes and that the issues raised are fed into the School Annual Review process. External examiners' reports are effectively shared with partner institutions and with students and form part of the annual monitoring report.

154   From its review of the documentation and its discussions with staff, the audit team saw examples of robust and effective monitoring of programmes and modules from collaborative provision at school level in line with University procedures. As with wider annual reporting (see paragraph 34), reports from schools to AESC were variable in terms of the detail provided to assure AESC that standards are maintained and that the quality of the learning experiences for students in collaborative provision is secured. While the team saw examples from some schools providing useful summary information on developments, issues and actions, in other reports information was limited and made little reference to quality and standards issues. The team also saw examples of issues that might affect standards being raised by external examiners for collaborative provision, but not reported through to AESC. Although appropriate action might have been taken, the team concluded that the current reporting arrangements did not allow the AESC to discharge fully its responsibility for quality and standards, and that opportunities for institutional consideration of issues and actions that might have wider benefit were being overlooked. No data analysis is provided to AESC to enable comparison of the performance of students studying at the University with those in all its collaborative provision partners. A Collaborative Provision Annual Report is occasionally received by AESC; however, this mainly covers developments in procedures rather than information on academic quality and standards. The team advised that the University should strengthen its procedures to ensure that AESC has explicit oversight of the academic standards of awards at collaborative partners and their comparability with those at the University.

155   The QAA Collaborative provision audit report had recommended that the University extend its mechanisms for the systematic identification and dissemination of good practice across partners and across the institution. The current audit team saw evidence that AESC occasionally receives a paper on areas of good practice and for further action identified during the periodic reviews of collaborative partners, but it was unclear to the team how the features identified in this report had been disseminated. Liaison managers commented on the effectiveness of collaborative groups in those schools where they operated in disseminating good practice. However, the team found through its discussions that the liaison managers' forum and the newsletter were not yet working effectively in aiding the dissemination of good practice. In discussions with the team, partner institutions, while welcoming the support provided by liaison managers, requested more information on good practice identified elsewhere in the University and asked to be more involved in institutional developments. As noted in the desirable recommendation in paragraph 130, the team recommends that the University consider how the features of institutional good practice, wherever and however identified, can be systematically disseminated across all areas.

156   The previous Collaborative provision audit had advised the University to strengthen institutional-level oversight of collaborative provision. The audit team concluded that, whereas the University had generally established robust procedures for the development, approval and review of new provision, the processes for annual institution-level oversight and for the dissemination of good practice remained comparatively underdeveloped.

157   The role of students in quality assurance and providing feedback is specified at approval, and agreed arrangements are detailed in the Operations Manual. Feedback is normally gathered at the module level and this informs the annual monitoring process. Students are represented on programme committees, although cultural issues in some countries can make it difficult for these to function in a similar way to UK-based provision. From its discussions with students, the audit team was able to confirm that a range of mechanisms were in place by which students could raise concerns and that issues raised were generally responded to in a timely and appropriate manner.

158   Learning resources are considered as part of approval and review events and as part of the annual monitoring process. In one of the partner organisations visited, students were critical about the limited access to learning resources they had for their studies, particularly at master's level. The audit team noted that this issue had been considered as part of a recent periodic review, which had found that the necessary resources were in place. The students also reported that there had been extensive delays in the issuing of University cards which would enable them to access University facilities including resources. The team noted that although the students were 'enrolled' with the University, the agreement and Operations Manual clearly specified the partner's full responsibility for learning resources. However, the student handbook implied that students would have ready access to University facilities, and this was the expectation of University and partner staff in respect of 'enrolled' status. Given its findings as noted in paragraphs 16, 104, 113,124, 151, 152 and 161, the team concluded that it was advisable for the University to ensure that staff and students in all collaborative provision have clearly communicated entitlements and timely access to learning resources and support.

159   All students on partner programmes receive student handbooks, which are considered initially as part of the approval process and reviewed by liaison managers on an annual basis. Where the language of tuition is other than English, the audit team heard that the approved handbook for the partnership was translated before being augmented with relevant details by the local partner. Thus, there is no final oversight by the University of the handbook that students receive. Although there was no indication that this procedure had given rise to any difficulties, the team concluded that there was potential for local procedures and those of the University to be in conflict. The team encouraged the University to ensure that it has appropriate oversight of all final handbooks issued in its name.

160   From its review of the handbooks and discussions with students, the audit team concluded that handbooks were generally accurate and comprehensive documents that were valued by students. However, while specifying which institution's appeals process students should follow, some handbooks gave no information about how to implement this process, and students who met the team were unclear about the appropriate procedure. The team heard from students and staff that, in some cases, the issuing of handbooks had been delayed until students were three months into their studies. The audit team advised the University to ensure that all student handbooks provide, in a timely way, complete, consistent and current information consonant with University regulations.

161   Staff development occurs primarily through the regular visits of the liaison managers. Partners commented on the value of this process and of their desire to be more involved in the academic community of the University. The audit team heard from staff in partner institutions and from some University staff of the possibility of 'affiliate status' for staff

teaching the University's students in partner institutions. However, there was limited evidence of the understanding of the nature of 'affiliate status', its application and entitlements, and such information did not feature in the Operations Manual or other related partnership material. The audit team concluded that the University needed to clarify the entitlements of collaborative partner staff to learning resources and staff development and ensure that this is effectively communicated to liaison managers and partners.

162   The audit team was able to view transcripts and certificates, which clearly indicated the partner organisation and location of study in accordance with Section 2 of the *Code of practice*. Although students were unclear as to the format of their transcripts and certificates and would welcome further details, the team concluded that the University had in place appropriate systems for the accurate and timely issue of transcripts and certificates and that these transcripts will soon be made suitable for use as a Diploma Supplement in the future.

163   It is primarily the responsibility of the liaison manager to ensure that publicity and marketing material is appropriate and accurate. From its review of the available material and its discussions with staff and students, the audit team concluded that the liaison managers were effective in undertaking this role.

164   A register of partners is maintained on-line by the APQO. Usefully, this provides access to programme specifications for a range of collaborative awards. However, it differed from the collaborative course listing provided to the audit team in a number of respects. From its discussions with staff, it did not appear that this record provided a prime reference point. The team concluded that the University might usefully review the role and function of this resource and the mechanisms by which the register is kept comprehensive and accurate.

165   Liaison managers have access to appropriate management information to enable them to write annual reports and to monitor partnership operation. The audit team concluded that the quality of management information was currently adequate for this purpose and that the Business Intelligence Project (see paragraphs 13, 17 and 60) had the potential to further assist with the provision of timely, detailed and focused management information to support the operation and monitoring of collaborative provision. Issues regarding the consideration by AESC of comparative data on the performance of students across all programmes are highlighted earlier in this report (see Section 2 and paragraph 154).

166   The audit team concluded that confidence can reasonably be placed in the soundness of the institution's present and likely future management of its collaborative provision in terms of the academic standards of the awards that it offers and the quality of the learning opportunities available to students.

Section 6: Institutional arrangements for postgraduate research students

167   One element of the new Strategy 2020 is a desire to improve the quality of research by investing in areas of strength, encouraging interdisciplinary research and promoting research around particular broad themes. In support of the strategy, four new doctoral training programmes (DTPs) have been developed to complement the existing programme in Life Sciences. These are: Urban Futures; Intelligent Transport Systems; Children and Young People; Psychological, Educational and Health Perspectives; and Interpreting Global Society. All postgraduate students, both taught and research, belong both to their school and the University Graduate School (GS). The University describes the GS as 'virtual', comprising a head, a deputy head (training) - for postgraduate research (PGR) students only - and a deputy head (taught). The GS, supported by the Graduate Office (GO), an administrative unit located in the Academic Registry, arranges central induction events, skills

training and a range of networking and social events to encourage a research community. It also runs the annual three-day skills summer school. At the time of the audit, the University had 150 full-time and 130 part-time research students. The PGR students spoken to by the audit team commented that they felt part of a postgraduate community and mentioned particularly the networking events and the summer school.

168   The Research and Knowledge Transfer Committee (RKTC), a subcommittee of Academic Board, is responsible for policy and processes for research and knowledge transfer, research students and the quality, standards and operation of research programmes and degrees. RKTC delegates responsibility for research students and the quality and standards of research programmes and degrees to the Research Degrees Sub-Committee (RDSC). RDSC in turn delegates responsibility for the registration, transfer, examination arrangements and conferment of awards for research students to two subject subcommittees: the Humanities, Environment and Social Sciences (HESS) subcommittee and the Science and Technology (ST) subcommittee. Each of the committees has appropriate membership for the functions they exercise, with both the RKTC and RDSC having student representation. This structure is mirrored in the schools: each school has a Research and Knowledge Transfer Committee but it is optional whether they have a separate research degrees subcommittee. Reporting is formally up through the committee structure, with cross-membership being the mechanism by which decisions are reported laterally and downwards. The audit team formed the view that this reliance on individuals has the potential for matters to be differentially reported or missed altogether. The 2006 QAA Review of research degree programmes asked the University to consider clarifying its regulations. These were considered at the meeting of the RDSC in October 2006 and decisions were taken to amend the Research Degree Regulations. However, not all of the recommended changes to the regulations had been formally implemented at the time of the audit, and staff in the schools met by the team remained unaware of the changes that had been agreed.

169   The Dean of School is formally responsible for the admission of research students to the school, but this responsibility is usually delegated to the Postgraduate Research Tutor (PRT) or the Research Advisor in the school. Currently students apply either directly to the school or through the Graduate Office, either by completing a University form or sending a CV with an appropriate covering letter. However, from January 2011 all applications will be submitted through UKPASS to the GO. Applicants are expected to have a good honours degree from a UK institution or equivalent. At least two members of staff are involved in decisions relating to admission, one of whom is normally the PRT. Once a student is accepted they are enrolled at the University but not registered on a research degree programme. All students are issued with an enrolment pack, for which they are required to sign. The enrolment pack contains a range of material, which includes that detailing the responsibilities of the University, school and student. Induction events are held centrally by the GS and in the schools. Although the GS/GO website advises new students that the central induction sessions are compulsory, other sources of advice, such as the postgraduate research student handbooks, are contradictory regarding the nature of the induction sessions. The PGR handbooks provide varied and differing information on the mandatory nature or otherwise of the induction programmes. However, PGR students met by the audit team spoke positively about both the application and the induction process.

170   Once enrolled in their first year, full-time students spend the first three months and part-time students up to nine months preparing an application to register for their research degree; this would normally be an MPhil, with later transfer to a PhD. Formally, applications are made to the RDSC, though in practice these are considered and decided by the HESS and ST subcommittees. Applications require the approval of the PRT before submission to RDSC. In particular, the application contains details of the programme of research to be undertaken and the supervisory arrangements. Registration is normally backdated to the

time the student was enrolled at the University. The University has in place formal regulations dealing with cases outside the normal time period for registration.

171   The University has a well-developed structure for the supervision of research students. All students have a supervisory team, which as a minimum includes a Director of Studies (first supervisor) and a second supervisor, both of whom must have completed key components of the Supervisor Training Course. The Director of Studies will normally have supervised at least one student to completion. A supervisor may simultaneously be first supervisor to six full-time students and, as a result of the decision of RDSC in 2006, second supervisor to six full-time equivalent students. This rule in relation to second supervisions had not been implemented at the time of the audit. In addition to the mandatory supervisors the team may also include (an) advisor(s) to contribute specialist knowledge or link with an external organisation. The University gives a guideline for supervision of a minimum of 44 hours per year (one hour per week) for full-time students, but recognises that this will vary from discipline to discipline. This is reflected in the guidance contained in some of the PGR handbooks, with one giving 20-30 hours per year. The students met by the audit team had experienced different levels of supervision but were satisfied with both the nature and level of supervisory support offered. However, the value of the second supervisor was questioned, with some students only meeting them once a year at the progress interview.

172   As part of the supervisory process the University requires research students to maintain a record of both their research and their generic skills development. To aid students in the latter, a Personal Development Planner is available on the GS website. This is a comprehensive document, and, although the audit team was told that its use was mandatory, neither the GS/GO website nor the PGR handbooks make this clear. The Personal Development Planner recommends that students spend the equivalent of two working weeks per year (70 hours) on skills training, and this figure is reflected in some of the PGR handbooks. The research students met by the team were keeping a log of the skills acquired and one was aware of the 70 hours training requirement. The audit team saw evidence of good practice where a meeting took place between supervisor and student at the beginning of the year to assess training needs, which was monitored throughout the year and reviewed at the end of the year. The GS/GO provides a central research methods course but the majority of research skills training is located in the schools.

173   The Research Degree Regulations state that full-time PGR students may undertake teaching provided that the total demand on their time does not exceed 6 hours per week averaged over 30 weeks. This is subtly different from the information contained in the University Research Studentship Scheme Handbook. Schools are encouraged to provide opportunities for students to teach, and students in receipt of a studentship where the maintenance grant includes payment for a fixed number of hours teaching will be required to undertake that teaching as directed by the school. The GO/GS website states that 'The University requires research students undertaking 50 hours or more teaching and learning support to receive appropriate training for this work. This is organised by the Oxford Centre for Staff and Learning Development (OCSLD).' Although this requirement is included in the University's Code of Practice, the audit team did not find this statement reflected in any of the University regulations or uniformly expressed in PGR handbooks. Students met by the team did not think that the programme was mandatory and staff were unclear. The team found that there is no official training for students who teach for fewer than 50 hours, and those who do only get the training once they are already teaching. No special arrangements are in place to ensure that there is additional moderation of work assessed by PGR students. The team advise the University to ensure that all postgraduate research students who participate in teaching and/or the assessment of students receive appropriate training prior to undertaking these duties, and that mechanisms be in place to monitor that training has been completed.

174   The progress of students is closely monitored to ensure the maximum opportunity to complete within the four-year period. The University recognised that its completion rates were below its national comparators and has instigated additional support and monitoring of research students. This appears to be having some effect, as completion rates have improved. All students are required to complete an annual written report on their research progress, together with their log of other skills-related activities. The Research Degree Regulations state that this should be 'brief', which does not necessarily accord with requirements set out in a number of the PGR handbooks reviewed by the audit team. This is presented to the PRT, forwarded to the supervisor(s) and considered by at least one member external to the supervisory team. In addition, the Director of Studies is required to submit an annual progress report to the PRT, who signs the reports and forwards them to the GO, for each student they are supervising. Schools produce annual reports, which proceed from the school RKTC to the University RKTC. A comprehensive report covering all aspects of the PGR programme, together with analysis of both student data and responses to the annual postgraduate survey, is produced by the RDSC and considered by the RKTC.

175   The requirements for transfer from MPhil to PhD are clearly set out in the Research Degree Regulations. Students wishing to transfer complete a full progress report on the work undertaken (3,000 words) to the PRT and the supervisors. Subject to their agreement, formal application is made to the RDSC through HESS or ST. Transfer occurs when a student is able to demonstrate evidence of the development to PhD, normally after approximately 18 months for a full-time student. Although the Research Degree Regulations set out the minimum requirements on word limits for these reports, the audit team found that this allowed for a considerable and potentially confusing variability of information relating to word limits in the postgraduate research student handbooks, with one handbook specifying a report of between 6,000 and 10,000 words.

176   The audit team heard that the school PGR handbooks are scrutinised annually by the Graduate Office to ensure that they correspond to the University's regulations. However, the handbooks viewed by the team did not demonstrate effective institutional oversight of the information contained therein, as they were found to be variable in quality, consistency, accuracy, implementation of agreed policy and consonance with University regulations. As such they cannot be considered a wholly reliable source of information for research students. The team was advised that the University does not utilise a standardised template for PGR handbooks, but that this approach is under consideration. The team advised the University to ensure that all student handbooks provide, in a timely way, complete, consistent and current information consonant with University regulations.

177   The University uses both formal and informal methods to gather student feedback. Research students are members of the relevant committees; school RKTC, University RKTC and RDSC. There is a Research Students' Forum for discussion of any matters relating to research students, which has student representation from each school. It brings relevant issues to the attention of both school and University research committees and organises both academic and social events for research students. The research student representatives are sensitive to the challenges associated with gathering feedback from research students, because of the individual nature the students work, and a Facebook group has been established partly in response to this. The University runs an annual research student questionnaire, the results of which are analysed in the annual report produced by RDSC. An action plan is contained in the report to address issues raised. From 2008, the University has also engaged in the Higher Education Academy Postgraduate Research Experience Survey. The Students' Union Postgraduate Society was formed in 2008 and organises social events for postgraduate students, both taught and research. The students met by the audit team expressed satisfaction with the opportunities afforded to them to raise issues and concerns, and, apart from one matter, with the responsiveness of the University when issues were raised. The ongoing issue of concern, raised repeatedly by

the students, relates to the appropriateness of the allocated study space. This matter appears in annual reports and minutes of RDSC over several years but has yet to be resolved satisfactorily. In response to this issue, the February 2010 minutes of the RDSC record that the Director of Oxford Brookes International was undertaking a review of all out-of-semester facilities. As this report had not been completed at the time of the audit in November 2010, the team was unable to comment on the efficacy of actions planned, but it encouraged the University to work effectively with the students to bring this matter to a resolution.

178   The assessment of research degrees is set out in the Research Degree Regulations and the Code of Practice for Postgraduate Students and follows a similar pattern to those of other UK universities. The examining team consists of an internal examiner, not the candidate's supervisor(s), and one or two external examiners. In certain well-defined situations an independent chair is appointed for the viva. Examining teams are formally approved by RDSC through its subcommittees, HESS and ST. Separate reports are written by the examiners on the dissertation, and a single joint report is produced following the viva. The Research Degree Regulations define specific time periods for each step.

179   The University has comprehensive complaints procedures, set out in the University's Student Complaint Procedure. These are cross-referred to in the Research Degree Regulations, where full detail of the appeals process is set out. Although students met by the audit team commented that they had not needed to avail themselves of the complaints and appeals procedures to date, they confirmed awareness of them.

180   Notwithstanding some of the issues raised within this section, overall the audit team found that the University's processes and procedures for postgraduate research programmes make an effective contribution to its management of the quality and academic standards of those programmes and meet the expectations of the precepts of *the Code of practice, Section 1: Postgraduate research programmes.*

Section 7: Published information

181   The University provides a range of published information in both electronic and hard-copy format for its current and prospective students, staff and external audiences. The audit team examined a variety of sources of information for both external and internal consumption, including the institution's prospectuses, school and collaborative partner documentation, programme handbooks, module descriptions, university-wide policy, regulatory and procedural documentation, and information for external stakeholders. The auditors were able to establish that the University makes appropriate information regarding the institution publicly available, in line with Annex F of HEFCE 06/45.

182   The institution has defined responsibilities for collation and maintenance of its published information. Data appearing on the Unistats website is checked by the Deputy Academic Registrar (Academic Management), with sample checking of data when Unistats data is available for preview. The Deputy Academic Registrar (Admissions) controls information published on the UCAS website. The core website is maintained by staff within the Creative Services section of the Directorate of Corporate Affairs in collaboration with other parts of the institution. Academic schools manage information on their own websites, although it is noted that in the new faculty structure management of this will be centralised. The prospectuses are compiled through input from academic schools and support services, with final approval sign-off by the Pro Vice Chancellor (Student Experience).

183   General information on collaborative partnerships is available from www.brookes.ac.uk/about/facts, with links to the international pages for details of programmes in each country; information on Associate College Partnership (ACP) provision

is accessible via www.brookes.ac.uk/acp. The prospectus provides access to information on other non-ACP provision listed by subject or school rather than by partner. The Academic Policy and Quality Office (APQO) also publishes a list of collaborative partners, with links to programme specifications, which were found in some cases to be outline documents or not to correspond to the programme structure indicated in the Student Handbook.

184   Publicity and programme materials for collaborative partnerships are checked and approved by the relevant liaison manager prior to publication. Procedures for this are specified in the Operations Manual, as are details of the production and format of the transcripts. Partners are clear that all materials require University approval.

185   The University's electronic information provision and communication with students is through the University website and Personal Information Portal (PIP). PIP provides students and staff with access to personalised information, such as fees, module-level information, marks, timetable, and examination timetable information. For Undergraduate Modular Programme (UMP) students, a link is also given on PIP to website pages for University regulations, the Student Guide, calendar and glossary information. The format of information on PIP for programmes outside the UMP, including those delivered collaboratively, operating outside the normal semester pattern, and taught postgraduate programmes is different. However, in these cases PIP generally provides syllabus information, with links to module descriptions, although it was noted that these syllabuses were not consistently in place. The audit team also noted variation with respect to links to external examiners' reports and no linkage via PIP to the University regulations. Students may also access the virtual learning environment, Brookes Virtual, through PIP.

186   The University website contains a broad range of information on University policies, procedures and regulations, organised under a number of sections (University regulations, academic regulations/core, and academic regulations/specific); appeals, complaints and conduct regulations; and general regulations. Programme-specific academic regulations refer back to programme handbooks. At the time of writing, the student written submission indicated some difficulties experienced by students in accessing and interpretating of policies and regulations, and the audit team's discussions with students confirmed a general lack of awareness of the means to access up-to-date information.

187   Programme specifications are not published on the website. Students receive information about their programme through the student/programme handbook, which is updated annually. Responsibility for updating this information resides at the level of the school, with no central oversight, although handbooks are ultimately lodged with APQO. Student handbooks are a key source of information concerning both programme structure and University information. These handbooks form an important part of the validation documentation, and a template for their production is given on the APQO website. The current status of the template in respect of the production of documents for validation and/or for annual updating was not clear from discussions with staff. The audit team was informed that updates to programme information during the academic year are communicated through email, student representatives or meetings. Although in general handbooks were felt to be accurate and useful, discussions with students and comments in the student written submission indicated some lack of clarity concerning access to definitive, updated versions of programme information. With respect to collaborative partner students, the issue of timely access to handbooks was also raised.

188   The audit team noted that postgraduate research student handbooks in particular varied in quality, accuracy and consonance with the University regulations, with some significant inconsistencies noted (see Section 6). The team was advised that there is no standard format or template for postgraduate research student handbooks.

189   The University publishes internal student satisfaction survey results and highlights from its National Student Survey results. It also publishes a number of magazines and newsletters online to provide staff, students and other stakeholders with regular information about developments at the University. 'Onstream' and the Vice-Chancellor's blog, currently being piloted with staff, provide other means of dissemination and dialogue.

190   From the evidence seen of the published material and of the systems in place demonstrated, the audit team formed the view that reliance can reasonably be placed on the accuracy and completeness of the information the University publishes about the quality of its provision and the standards of its awards.