



University of Portsmouth

Audit of collaborative provision

December 2010

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Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Audit of collaborative provision at the University of Portsmouth (the University) from 6 to 10 December 2010. The purpose of the audit was to provide public information on the quality of the institution's management of the academic standards of its awards and the quality of learning opportunities available to students through collaborative arrangements.

Outcomes of the Audit of collaborative provision

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

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

Institutional approach to quality enhancement

The audit found that the University has a comprehensive range of activities which constitute a strategic, thorough and effective institutional approach to quality enhancement in relation to collaborative provision.

Institutional arrangements for postgraduate research students studying through collaborative arrangements

The audit found that the University's arrangements for postgraduate research students studying through collaborative provision are sufficient to ensure that the research environment and the postgraduate research student experience meet 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 by QAA.

Published information

The audit 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 academic standards of its awards offered through collaborative provision.

Features of good practice

The audit team identified the following areas of good practice:

- the online availability of University staff development materials to collaborative partners (paragraph 137)
- the effective support and advice provided to partners by University Academic and Administrative Contacts and by staff in the Collaborative Programmes Office (paragraph 138).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- ensure that there are always effective risk management procedures in place to safeguard appropriate learning opportunities for students on programmes at partner institutions (paragraph 23)
- review the Collaborative Provision Policy and Procedures document to ensure closer alignment and consistency with the policies and procedures in its Programme Monitoring and Review document (paragraph 95).

Recommendations for action that the team considers desirable:

- ensure that external examiners' reports are shared with students in accordance with the HEFCE publication *Review of the Quality Assurance Framework: Phase two outcomes*, October 2006 (HEFCE 06/45) (paragraph 65)
- ensure that both unit and programme/course feedback questionnaires are completed in accordance with the University's expectations (paragraph 88).

Section 1: Introduction and background

The institution and its mission

1 The University of Portsmouth was inaugurated in 1992, having formerly been Portsmouth Polytechnic. Its origins can be traced back to the foundation of the Portsmouth and Gosport School of Science and Art in 1869, and degrees were first awarded to college students in 1901. The University has full degree awarding powers and currently employs around 3,000 staff. In the academic year 2009-10 there were approximately 19,000 students studying on the University campuses, the large majority of whom were full-time.

2 The current Vice-Chancellor has been at the University since January 1997 and leads the executive team, comprising of the Deputy Vice-Chancellor; two pro vice-chancellors and the Director of Finance. The Vice-Chancellor is responsible to the Board of Governors. The Academic Council (AC), chaired by the Vice-Chancellor, manages the academic governance of the institution and has the power to delegate responsibility to its subcommittees.

3 The University's mission, as defined in its Strategic Plan 2007-12, is 'to give an excellent student experience focused on knowledge and skills essential for roles in the global workforce'. This is broken down into a number of aims to help enable its realisation. Among these, most relevant to collaborative provision are aims to:

- extend flexible entry routes and progression partnerships
- develop programmes attractive to international and European students
- strengthen our student support including personal tutoring
- extend opportunities for volunteering, enterprise and work-based experiences.

4 The University works with a number of partners to deliver collaborative programmes and articulation routes for University of Portsmouth awards. Responsibility for collaborative provision resides within each of the University's five faculties: the Portsmouth Business

School; Creative and Cultural Industries; Humanities and Social Sciences; Science; and Technology. In 2009-10 there were 4,142 students studying towards a University of Portsmouth award through a collaborative partner. Of these, 1,363 students were studying overseas.

5 Current information relating to the University's collaborative partners is publicly available on the University's website, including a list of available programmes and active links to partners' websites. A detailed register of UK-based collaborative provision is maintained internally with the University's management information system.

The information base for the Audit of collaborative provision

6 The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the partner visits selected by the audit team. The Briefing Paper contained references to sources of evidence to illustrate the University's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had a hard copy of all documents referenced in the Briefing Paper; in addition, the team had access to an electronic copy of most supporting documentation, including key committee minutes and papers for the previous year.

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

8 In addition, the audit team had access to:

- the report of the Institutional audit (2008)
- the report of the previous Institutional audit (2004), which incorporated collaborative provision
- reports produced by other relevant bodies (for example, professional, statutory or regulatory bodies (PSRBs))
- the institution's internal documents
- the notes of team meetings with staff and students.

Developments since the last audit

9 Collaborative provision at the University was last reviewed in conjunction with the QAA Institutional audit of the University in 2004. The University was also subject to an Institutional audit in 2008. The 2004 audit made recommendations relating to the monitoring and management of collaborative provision to ensure parity between home and collaborative provision. For both audits, the audit team was satisfied that the University had reflected and acted on the findings of its audits and had given careful attention to the resultant action.

10 The Briefing Paper stated that the institution places a 'strong focus upon alignment of strategic aims and academic direction at all stages of this process' and a 'particular strength in the rigor of our approval' processes in the development of collaborative provision, following a recommendation in the 2004 audit. An example of this can be seen in the continued development of the Collaborative Provision Policy and Procedures, which has been through five revisions since 2004. This illustrates the University's intention to ensure its policies are in alignment with external reviews and reports, including QAA Outcomes from collaborative provision audit papers and special reports. The audit team noted that the University now favours developing articulation arrangements rather than 'new full collaborative programmes', as the former are seen as a lower risk while still providing a direct point of entry to a programme at the University.

11 Meetings between the audit team and collaborative partner staff noted praise for the 'open dialogue' that exists, providing communication between the University and partner contacts. The team found extensive evidence of these relationships being developed from the start of the approval process. There were also examples of programmes run at a partner and at the home institution allowing staff the opportunity to complete teaching exchanges.

12 The 2004 audit recommended as desirable that the University extend further the practice of the sharing of external examiners between University awards and cognate awards offered by collaborative partners. The University has acted upon this by, wherever feasible, appointing the same external examiner for both home and collaborative programmes bearing the same award. In addition to this, a standard pro forma has been introduced to encourage consistency in the content and level of response in external examiner reports, along with more oversight from the Quality Management Division, which ensures that feedback is processed and reported to collaborative partners in a timely fashion.

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

13 The Academic Council assumes overall responsibility for the management of academic standards and the quality of learning opportunities within the institution. The University employs a variety of mechanisms to help maintain academic standards within its home and collaborative provision, which is managed through the Programme Management and Review Policy (PMR) and the Collaborative Provisions Policy and Procedures (CPPP). There is an annual report summarising collaborative provision and articulation arrangements.

14 Academic Standards are maintained through the Annual Standards and Quality Evaluative Review (ASQER) and Periodic Review processes. The University completes a Periodic Review process for all collaborative programmes, normally every six years. The process considers a review of both the programme and the partnership, with clear distinctions made between the two. There are additional reviews of the partnership, such that these occur at three-yearly intervals. All programme reviews involve a panel that includes a subject specialist external to the University and a chair that is external to the home faculty. The Associate Dean from the home faculty has a right to attend but cannot contribute to the final judgement. The Briefing Paper made reference to 'flexibility' in the Periodic Review process for collaborative programmes. After investigation, the audit team were satisfied that this 'flexibility' related to the administration of the process and did not impact upon the maintenance of standards. The examples cited included holding consecutive events or combining franchised reviews with the equivalent review within the home provision.

15 The ASQER process is completed annually. It is designed to 'maintain standards' and 'improve the quality of the student learning experience'. Partner academic contacts complete a pro forma at programme level that is submitted to their University academic contact and the University's senior registrar. This leads to the production of a series of ASQERs at different levels in the University (paragraphs 33 to 36). The audit team considered that confidence could be placed in the maintenance of standards through the University's annual monitoring process.

16 The audit team considered that the style in which the academic regulations and associated procedures were framed made them easily accessible to members of academic staff who were not engaged in the day-to-day management of standards and quality. The

team noted, however, some inconsistencies within the regulations and procedures, especially between the CPPP and the PMR documents. For example, the University expects that all collaborative partners include their ASQER for discussion at a board of Studies. The audit team identified some inconsistencies in identifying 'equivalent' boards of studies within collaborative provision (see also paragraphs 35 to 37, 94).

Selecting and approving a partner organisation or agent

17 The requirements for programme approval and modifications are specified in the Approval, Modification and Closure of Academic Provision document. The procedures state that the Academic Council is ultimately responsible for the approval of programmes that lead to awards from the University. The Academic Policy Committee, Curriculum Committee and the Quality Assurance Committee (QAC) have aspects of authority delegated to them. The programme approval procedures apply to both home-campus and collaborative provision. Collaborative provision also requires that an assessment of risk be completed on the partner. This procedure is documented in the CPPP document. General guidance for staff on the design of new programmes is given in the Framework for Maintenance and Enhancement of Academic Standards and Quality document. The schedule and documentation required for approval of collaborative programmes and partners is available on the University's website.

18 New partners are subject to a four-stage approvals process, as detailed in paragraphs 26 to 30. The University has comprehensive and well defined procedures in place for defining, reviewing and approving changes and developments in collaborative provision. These can involve the referral of proposals to new panels or the involvement of QAC by delegation from the AC.

19 From its exploration of supporting documents and the discussions it held with staff, the audit team formed the view that the University had appropriate and robust procedures in place that demonstrated due diligence in the selection and approval of partners.

Written agreements with a partner organisation or agent

20 Collaborative partnership arrangements are formalised through a legally binding written agreement drawn up by the University. The University then continues to review its arrangements with collaborative partners every three to six years (depending on the partner) through a periodic review. This is in addition to completing annual monitoring through the ASQER process, as detailed in both the CPPP and PMR.

21 The audit team inspected a number of agreements that were comprehensive in their coverage. These detailed the rights and responsibilities of both parties and, as appropriate, the role of external examiners; student complaints and appeals processes; governance arrangements; confidentiality, data protection and intellectual property rights; legal jurisdiction; and provisions for the protection of students in the event of termination. Based on evidence made available to the audit team, the team considered that documentation relating to termination of partner agreements could be more comprehensive.

22 During the audit process, the team were made aware that one of the University's collaborative partners had gone into administration. The audit team noted, from the documentation supplied by the University for the four partner visits, that the respective panel minutes for periodic review did not include or cite detailed scrutiny of the current financial state of the partner institution. Consequently, the team concluded that it was difficult to see how this situation could have been anticipated. However, the team also concluded that there was a weakness in the procedures for the mitigation of risk in terms of ensuring that students

can complete their course of study. This is especially so where the University does not host equivalent on-campus provision. While endeavours had been made to provide alternative arrangements allowing these students to complete, not all of these alternative arrangements would result in awards of the University (see also paragraph 133).

23 Consequently, the team considers it advisable for the University to ensure that there are always effective risk management procedures in place to safeguard appropriate learning opportunities for students on programmes at partner institutions, in accordance with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, October 2010. Particular attention should be given in examples where the institution does not have equivalent expertise associated with home provision.

24 It is expected that collaborative partners conform to the University's regulations in relation to the maintenance of academic standards unless an exception is sought and approved through the Academic Council. The audit team was satisfied that the examples provided were justified, approved and documented accordingly.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

25 The requirements for programme approval and modifications are specified in the Approval, Modification and Closure of Academic Provision document.

26 Where a programme is to be delivered at a new partner, the approvals processes for both programme and partner are linked to such an extent that reference to the latter is made here. New programmes and partners are subject to a four-stage approvals process. If the programme has not been approved to run at the University then it must be approved first, although this may be immediately before partner approval. For the first stage, proposals are presented to the faculty executive and then progress to the University Curriculum Committee. Both groups consider resource implications, strategic fit and risk, and either may veto proposals.

27 The second stage requires the production of a programme specification and course structure, and the Academic Registry checks on compliance with University policies and regulations. The procedures for stage three are specified by Academic Registry, although responsibility rests with the Quality Assurance Committee (QAC).

28 At the third stage, the partner institution and the programme are considered in detail through a Collaborative Programmes Approval Committee, although the programme must be approved by a Faculty Curriculum Approval Committee first, which can have the same membership as the Collaborative Programmes Approval Committee. The purpose of this third stage is to allow an approval committee to consider either the approval of a new partnership, or, if the partner is approved already, the delivery and support of a new programme and the suitability of the partner in relation to the programme. The partner institution is scrutinised in terms of its experience, quality assurance and control procedures, its ability to meet the University's regulations, administrative capacity, arrangements for academic guidance and learning support (see also paragraph 118), and arrangements for staff appointment, induction and development. For an international partner, there is further consideration of its understanding of UK higher education practices and capacity to address appropriately any differences from its own higher education practices, and the capacity to provide language support where necessary.

29 The committee meets University and partner staff and, where possible, prospective students. Both the Collaborative Programme Approval Committee and the Faculty Curriculum Approval Committee have members external to the University, for whom there are specific criteria for appointment, which the audit team viewed as robust. Both committees may also have a partner institution representative, who may contribute to discussions but not to decision-making, and who is present for 'transparency and inclusiveness'. The committee may stipulate conditions and recommendations that must be addressed before students can be registered. A visit is also made to the partner institution by a small group consisting of members of the University on behalf of the Collaborative Programme Approval Committee, and the report of the visit may also specify conditions and recommendations.

30 For the fourth stage, the Associate Dean (Academic) and the Senior Registrar sign off the proposal after consultations with the approvals committee(s) and confirm that the documentation is of a standard appropriate to the operation of the collaborative programme and to the quality assurance processes of the University. Final approval is given by the QAC.

31 The audit team scrutinised a sample of approval reports and associated documents and noted that they were characterised by a thorough and critical approach on behalf of the University, and the team was able to confirm that the University's policies and processes were adhered to. The team requested documents detailing how conditions were addressed and noted appropriate follow-up in liaison with, and ultimate sign-off by, the Associate Dean (Academic). The team was also presented with an example of how modifications to existing programmes were dealt with and observed a thorough process, signed off by the chair of the Curriculum Committee.

32 In its Briefing Paper the University indicated the existence of a 'strong focus upon alignment of strategic aims and academic direction at all stages of this process' and a 'particular strength in the rigor of our approval' processes. Through an examination of approval documentation for a range of partners of different types, the audit team concurs with the University's statements.

33 Annual monitoring procedures involve the production of a number of Annual Standards and Quality Evaluative Reviews (ASQERs) (see also paragraph 15). In temporal sequence the first ASQER is produced by the partner academic contact, giving the partner's view of activity over the annual reporting period. That ASQER is used to inform the University academic contact's ASQER (which may cover the same programme delivered at a number of partner institutions), a process that ensures that both partner and University perspectives on the relationship are contained in a single document. These ASQERs are presented to a board of studies, where it exists, at the partner and to a board of studies in the home department, and thus inform the production of a third ASQER, written by heads of department, that encompasses activity across an academic department.

34 In each case scrutinised, the audit team was able to identify reporting on each collaborative partner in the Head of Department's ASQER. External examiners' reports, progression and completion data, and feedback from staff and students are taken into account in the production of each ASQER. At faculty level, annual review group meetings take place. At University level ASQERs from Head of Department level and above, including an overall Collaborative Partnership and Articulation Arrangement Provision ASQER prepared by the Quality Management Division, are presented to and discussed by the QAC. ASQERs presented to the QAC inform the Pro Vice-Chancellor's annual report on behalf of the QAC to Academic Council and the Board of Governors. The team noted that matters pertaining to collaborative provision are raised in these higher-level summary reports.

35 Although the audit team noted some variation in the form taken by ASQERs, some following a fixed structure and some more of a narrative style, in general the team did not note any absence of presentation or scrutiny of material appropriate for annual monitoring, with the exception of some aspects of management information (see paragraph 73). The team noted significant criticality in ASQERs and the following-up of issues raised in the previous year's ASQERs, each providing the quality assurance checks necessary for maintaining standards. With one exception, the team considered that the reporting aligned with that stipulated in the Programme Monitoring and Review document, which the team further considered showed good articulation with the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

36 The exception related to the University's requirement that both partner and University academic contacts' ASQERs are presented to boards of studies. The team noted variable practice in that in some cases the ASQERs were received by boards of studies, while in others they were not.

37 Since the University regards boards of studies as having 'longstanding and well recognised importance in the academic management and health of programmes' and as being the primary means by which students contribute to quality assurance, the University will want to ensure that ASQERs are consistently presented to boards of studies. This inconsistency relates to the differences between the Collaborative Provision Policy and Procedures (CPPP) and Programme Monitoring and Review (PMR) documents and supports the advisable recommendation in paragraph 95 (see also paragraph 16).

38 The University defines the purpose of periodic review as 'to provide confirmation at programme level of the curriculum's continued fitness of purpose and that annual monitoring and review processes are being effective'. The review of collaborative programmes occurs normally on a six-year cycle, conducted by a panel with members external to the University and a chair who is external to the home faculty. Reviews can occur more frequently if the University detects a cause for concern or to align with other reviews or professional, statutory and regulatory body (PSRB) events.

39 As with programme and partner approval, there are criteria for the appointment of an external assessor, which the audit team again viewed as robust. For franchised programmes the review may occur contemporaneously with that of the home programme to facilitate consistency. For validated and validated external links a more common model is to combine programme and partner reviews into a single event, which may involve more than one programme.

40 The University indicated that 'in the interests of efficiency' the review draws largely on extant documents prepared for annual monitoring. Those documents are supplemented by a summary of the reports of external examiners, student feedback, reports of visits to the partner and, where available, reports of PSRBs and IQER, together with a narrative prepared by the University academic contact indicating salient points and planned activities. The review panel scrutinises these documents and holds discussions with staff and students, usually at the partner institution.

41 Reports from the panel, produced to a standard template, are considered at departmental level, where an action plan is drawn up to address any advisable recommendations. Advisable recommendations refer to important matters that should be addressed to ensure either the continued fitness for purpose of the curriculum, the continuation of the partnership, or the effectiveness of annual monitoring processes. Reports include explicit judgements on the fitness for purpose of the curriculum and the effectiveness of annual monitoring. The report and the action plan are then considered by both the faculty

executive and by the QAC, and the responsibility for monitoring fulfilment of the action plan rests with the Associate Dean (Academic).

42 Desirable recommendations and matters that have the potential to enhance the curriculum, partnership or annual monitoring are considered at the board of studies. The audit team noted one example where the QAC returned a periodic programme review report to the panel for further consideration and regarded this as indicative of a robust process.

43 The audit team scrutinised sample documentation concerning periodic review. The documentation demonstrated that the processes had been applied consistently and adhered to the University's requirements. Through meetings the team also noted that staff of the University, at a range of levels, were broadly familiar with the principles and processes of review. All members of University staff participating in approval and review panels are trained for the role, and the Quality Management Division (QMD) collects and analyses feedback provided by panel members on their experiences. In general, partner institution staff met by the audit team were aware of the University's processes for approval, monitoring and review of awards.

44 In conclusion, the audit team regarded the University's approval, monitoring and periodic review process as generally effective in securing the academic standards of its awards.

Academic Infrastructure and other external reference points

45 The University states that its framework for maintenance of standards, and its programme development, approval and review processes in particular, take into consideration alignment of programmes with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), relevant sections of the *Code of practice* and subject benchmark statements. Furthermore, it considers that this alignment additionally ensures that all University of Portsmouth awards accord with the expectations of the Bologna Agreement.

46 Upon revision of the Academic Infrastructure, or other external reference points, the University reviews and, where necessary, revises its policies, procedures and practices, using the same mechanisms that are used to assure conformance with the *Code of practice* (as noted in paragraph 79). The audit team examined University documentation directly associated with standards, such as the University's Regulations related to awards of the University of Portsmouth and affirmed that there is alignment between the University's framework and relevant external academic standards reference points.

47 Programmes are designed with specific reference to subject benchmark statements, other relevant reference points such as the FHEQ and, where relevant, the requirements of PSRBs. The definitive description of a programme is the programme specification, and there is a programme specification template specifically developed for collaborative programmes, for which the University provides full guidance on how it is to be completed. Programme specifications are part of the documentation required for programme approval, and are regularly reviewed and updated thereafter. An examination of a number of programme specifications confirmed that programmes clearly reflected relevant external reference points.

48 All approval and review events have external input through the appointment of an external assessor to approval and review committees, and a number of collaborative programmes have PSRB accreditation or approval, with PSRB requirements directly shaping the structure of programmes. Through an examination of approval documentation, the audit

team confirmed that the University engages with external experts to assure programme standards, and works effectively with PSRBs to ensure that programmes also meet relevant PSRB requirements.

49 The audit team formed the view that the University makes effective use of the Academic Infrastructure and other relevant external reference points in securing the academic standards of its collaborative awards.

Assessment policies and regulations

50 Franchised programmes and some validated and validated external programmes follow the University's Examination and Assessment Regulations for UK and Overseas Collaborative Programmes. These regulations are broadly similar to the regulations that apply to the University's in-house provision, although they are suitably adapted to meet collaborative programme requirements. Key changes are the amended membership of examination boards to include partner representation, and additions to the external examiner roles and responsibilities to make them more appropriate to the collaborative context (see paragraph 58).

51 In common with in-house provision, the regulations provide for a two-tier examination system in which the first tier, Unit Assessment Boards (UABs), confirm grades and award of credit at unit level, and the second tier, Boards of Examiners (BoEs), determine the progression or exit awards of students. The Regulations stipulate that unit assessment boards should normally be chaired by the University academic contact and require the attendance of the subject external examiners. Similarly, boards of examiners are normally chaired by the University academic contact and require the attendance of the award external examiners (see paragraph 61). Where assessment boards are held at the University, as would usually be the case for franchised programmes, partner staff also attend wherever possible.

52 For validated and validated external programmes, where such arrangements may not be entirely appropriate, partner-specific examination and assessment regulations are developed and agreed during the programme approval process. Guidance is provided by the Academic Registrar so as to ensure that the regulations are fit for purpose. Such exemptions are noted in a definitive list of approved variations and exemptions from the University's assessment regulations and policies.

53 The audit team reviewed the University's Examination and Assessment Regulations for UK and Overseas Collaborative Programmes and associated approval documentation for exemptions, and confirmed that the requirements of these were fit for purpose and were being met.

54 The Academic Registrar produces an annual review of the examination and assessment process, which is submitted to the QAC. The review provides an overview of student achievement and summarises issues identified by external examiners. The audit team regarded these reports and the responses of the QAC (including requests for specific actions to be taken) as making a valuable contribution to the maintenance of academic standards.

55 In addition to its Examination and Assessment Regulations for UK and Overseas Collaborative Programmes, the University also provides guidance on assessment in the form of the Code of Practice for the Assessment of Students. The former document provides guidance on feedback on assessment to students, assessment offenses and the appeal process; the latter provides guidance on good assessment practice. These documents are

made available to staff through the internet, and significant changes to the regulations are also communicated annually to staff, detailed in a document that is also available online.

56 Discussions with students indicated that, although the clarity of assessment tasks and the provision of full and timely feedback on assessment was somewhat variable, in the main students found assessment and feedback to be useful contributions to the learning process. The University is aware of this variability of assessment practice, and is addressing the associated issues in its current Learning, Teaching and Assessment Strategy and accompanying action plan. Students were generally clear as to the University's appeals process.

57 Overall, the audit team found that the University's assessment policies and regulations make an effective contribution to its management of the academic standards of collaborative provision.

External examiners

58 The University provides full and clear regulations, procedures and guidance notes related to external examining. These lay out the procedures and criteria for the appointment of external examiners, their rights and responsibilities, external examiner reporting requirements and arrangements for induction. The regulations also include additional requirements specific to collaborative programmes. The audit team formed the view that taken together these documents fully met the precepts of the *Code of practice, Section 4: External examining*.

59 Potential external examiners are first evaluated by the relevant Associate Dean (Academic) before consideration by the External Examiner Appointments Panel, which then makes recommendations to the QAC, which approves all appointments. All external examiners must meet the University's external examiner criteria, and also additional criteria specific to external examiners appointed to collaborative programmes. The audit team considered that the University has a thorough and robust process for the appointment of external examiners.

60 The University provides an induction programme for external examiners, at which newly appointed external examiners also meet with members of the programme team. The induction programme is generally well attended and well received by participants. External examiners are further supported by a dedicated website that includes training materials.

61 External examiners for collaborative provision act as subject external examiners (associated with cognate groups of units, and reporting to the unit assessment board), and may also be award external examiners (associated with named awards, and reporting to the board of examiners). Where home-based programmes are also offered as collaborative programmes, wherever feasible the University appoints the same external examiner to all presentations of the programme which are considered at the same unit assessment board and board of examiners.

62 External examiners write their reports to a standard template, and external examiners with responsibility for collaborative programmes are now required to refer to all partnerships (where applicable) within their reports so as to further ensure consistency of assessment decisions across all presentations of a programme. The audit team reviewed a number of reports and confirmed that they made a substantial contribution to the maintenance of standards.

63 The QMD manages the receipt and distribution of external examiner reports and the oversight of responses. Reports are sent to partners for comment and heads of department respond to each external examiner, with a copy of this response being sent to partners. The audit team was able to confirm that reports are effectively distributed and that responses to reports are full and timely. In addition to consideration of external examiner comments at unit assessment boards and boards of examiners, external examiner reports are also considered as part of the annual and periodic monitoring process, informing a number of reports including the ASQERs of partner academic contacts, University academic contacts, and heads of department; they are also summarised for periodic review. External examiner reports and responses to these also form part of the evidence used to inform the chair of the QAC annual report to the Academic Council.

64 The audit team was able to confirm that external examiner reports were used effectively in these contexts. It is the University's intention that external examiners' reports should be shared with students through their consideration at boards of studies. From an examination of documentation and discussions with students, the team concluded that external examiner reports are not necessarily presented to, or discussed at, boards of studies (see paragraph 167).

65 As a consequence, the audit team considers it desirable for the University to ensure that external examiners' reports are shared with students in accordance with the HEFCE publication *Review of the Quality Assurance Framework: Phase two outcomes*, October 2006 (HEFCE 06/45).

66 Notwithstanding the above recommendation, the audit team concluded that the University has effective oversight of the external examining process, and that external examiners make an effective contribution to the security of the academic standards of its awards.

Certificates and transcripts

67 The University has a policy related to the production of certificates (termed 'parchments' by the University) and transcripts of studies. This has established that all collaborative programme parchments should be produced by the Academic Registry and forwarded to either the partner institution or the individual student, depending on the prior agreement with the partner institution. The name of the partner institution is always printed on the parchment, and the relevant academic department is responsible for producing transcripts of studies for collaborative partner students.

68 The audit team examined the policy and a number of certificates and transcripts and confirmed that the University is following the relevant precepts of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

Management information - statistics

69 The University recognises the value of timely and accurate management information in assuring standards, and notes in the Briefing Paper that such information is used to 'facilitate monitoring and communication for the approval, regulatory requirements, annual monitoring, periodic review and day-to-day support of partnerships'.

70 The University's Student Records System holds details of all collaborative students. This system records a standard set of student profile data for all collaborative students. The system similarly acts as a repository for progression and achievement data for students on

collaborative programmes. The University does not specifically require partners to obtain first destination statistics other than where this is required by HEFCE.

71 Analysis of student management data takes place at various levels. All programme data, including first destination data where available, is reviewed as part of the ASQER process (see paragraphs 33, 34). This analysis (although not necessarily the source data) is presented in the partner academic contact ASQER, which is reviewed by the University academic contact to inform their ASQER report. These analyses are used as the basis for higher-level ASQER reports. In addition to this scrutiny of student management data during the ASQER process, University assessment boards review programme-level progression and achievement data.

72 The performance of cohorts of students progressing on to University in-house programmes via articulation agreements is not at present routinely monitored. However, the team heard that this arrangement is being reviewed currently. The University does not routinely review higher-level student data (for example at university level) in order to identify more generic themes directly from such data.

73 The audit team formed the view that, although the ASQER process is generally effective in the use of management information, there is some potential for the University to make more effective use of statistical data, particularly with respect to the identification of collaborative provision generic themes and the performance of student cohorts entering the University via articulation agreements. The team heard of the University's intention to generate more comprehensive student data that could be used for management purposes and its intention to standardise progression and achievement data across all collaborative provision, with a view to producing data reports that can be used as part of the ASQER process for all kinds of collaborative programmes, and to generate data for higher-level analysis and action.

74 Given consideration of the enhancements specified above, the audit team concluded that the University is making effective use of management information to secure the academic standards of programmes and awards.

Overall conclusions on the management of academic standards

75 The audit team concluded that confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its collaborative provision.

Section 3: Institutional management of learning opportunities

Approval, monitoring and review of programmes

76 The University's procedures for programme approval, monitoring and review are described in paragraphs 25 to 44. The procedures require programme teams and, where appropriate, independent assessors and other panel members, to consider the availability of learning opportunities for students to help them achieve the unit and programme learning outcomes, alongside the consideration of academic standards. The University's approval and review processes provide a check on learning opportunities at site visits, and opportunities are specifically considered by the panel. As part of the annual monitoring process a faculty executive meeting specifically considers learning resource issues, and heads of department's Annual Standards and Quality Evaluative Reviews (ASQERs) are

scrutinised by the Quality Assurance Committee (QAC), particularly on the provision of learning resources. The audit team came to the view that approval and review reports and ASQERs provided the degree of criticality necessary to manage and enhance learning opportunities.

77 Changes to learning resources are overseen through the annual monitoring process and when changes are significant, the University arranges for a visit to the partner institution. The audit team noted, in particular, an example where the partner institution had added new premises and the University responded by undertaking a visit to the partner and producing a short report that was approved by the QAC, which gave its approval for the continuous delivery of the programme at the new site.

78 In general, the audit team regarded the University's approval, monitoring and periodic review process as generally effective in managing learning opportunities for its students.

Academic Infrastructure and other external reference points

79 The University ensures that its own policies, procedures and codes of practice are consistent with the *Code of practice*. Upon revision or introduction of new sections of the *Code of practice*, the University undertakes a gap analysis to identify any amendments or additions required to University processes and/or documentation. These required changes are agreed and their implementation monitored by the Academic Policy and Quality Group (APQG), which has the remit to 'consider and make recommendations regarding the University's response to external quality assurance and quality enhancement agendas and developments'. Progress on actions arising from the gap analysis is reported to the APQG, and revised or new policies, procedures or regulations are submitted to the appropriate University committee for approval. From a scrutiny of the minutes of these committees it is evident that there is a full response to changing QAA requirements.

80 The University monitors and responds to changes to other external reference points including relevant legislation, such as the *Special Educational Needs and Disability Act 2001* in a similar manner. An examination of University committee minutes confirms that the University also responds appropriately to these reference points.

81 The University establishes that academic provision appropriately follows or reflects University policies (which in turn reflect the *Code of practice* and other external reference points) by firstly confirming that a programme is aligned with academic regulations and curriculum policies, and by agreeing any exemptions or amendments during the programme approval process. Any exemptions must be approved by the Academic Registrar and detailed in relevant documentation, such as the memorandum of agreement and the student handbook.

82 The audit team saw a number of validation documents and confirmed that the University's requirements in this regard were met. The University's monitoring and review processes similarly ensure that any revisions to programmes follow or reflect relevant University policies, procedures and regulations. The effectiveness of this process in ultimately maintaining alignment with the *Code of practice* was evident in the documentation reviewed by the team.

83 The University makes partner staff aware of the *Code of practice* and other external reference points and their significance for University of Portsmouth awards through a series of staff development events, including the annual Collaborative Induction Event. The presentation materials of this event are made available to staff unable to attend the event

(paragraph 137). The team was able to confirm that this material was available, and that partners found it useful. The University also communicates relevant information via discussion at the University Contact Forum, which discusses quality assurance matters, including any significant changes to the *Code of practice* or related matters.

84 The audit team concluded that the University makes effective use of the *Code of practice* and other external reference points, and comprehensively reviews these reference points to identify and implement any changes that need to be made to its policies, procedures and regulations.

Management information - feedback from students

85 The mechanisms for gaining student feedback vary by programme and partner and are itemised in programme specifications. The mechanisms typically include unit and course-level questionnaires issued to students, Staff-Student Consultative Committees (SSCCs) or equivalent, and student representation on boards of studies. The audit team noted, however, that the only universal elements in their sample of programme specifications were unit and course-level questionnaires issued to students and the boards of studies.

86 The University's Student Feedback Policy states that 'student feedback should be systematically collected on all taught undergraduate and postgraduate programmes' by questionnaire and that it should take place at the levels of unit, programme and University. The policy indicates that a series of core question types should be employed, with additional questions used according to the particular nature of the unit or course. The management of feedback questionnaires and their results is delegated to the partner institution and the University does not routinely have access to the raw data. The University does see data presented as part of the annual monitoring process, or to boards of studies. The Student Feedback Policy indicates that the results of the surveys should be presented to, and discussed at, SSCCs and/or boards of studies.

87 Students met by the audit team had experienced a variety of approaches in eliciting their feedback through questionnaires. Some completed questionnaires at both unit and course level, some at unit level only, some at course level only and some had not completed any questionnaires. The audit team heard that in some instances students received a digest of their feedback and how it was used to enhance the programme, but in the majority of cases students were unaware of the use to which the data was put.

88 The audit team noted a small number of examples where student survey results were not presented to either the SSCC, or equivalent, or to the board of studies. As a result of this operational variability, the team considers it desirable for the University to ensure that both unit and programme/course feedback questionnaires are completed, in accordance with the University's expectations.

89 The audit team heard that the primary forum at which students' views are captured is the SSCC or its equivalent, and read that the SSCCs provide a forum for the rapid response to students' concerns on operational matters. Furthermore, the University stated in its Briefing Paper that 'the SSCC provides the formal mechanism for student views to be expressed', although it recognised that informal feedback when University staff visit the partner institution can be of value.

90 Notwithstanding this, the team noted wide variation in the operation of this forum. Examples include the following: combined with the board of studies and meeting twice per year; separate and meeting either once or twice per year; an annual subgroup of the board

of studies comprising students and University staff plus 'informal processes' and supplementary meetings; both with and without University staff present.

91 Despite this variation, from the evidence available to it, the audit team confirmed that, where a student feedback forum met, the views of the students present were, in general, heeded. The University acknowledged the variation in practice, and the team concluded that the University may wish to review its mechanisms for eliciting feedback on collaborative programmes through SSCCs or their equivalent.

92 The Programme Monitoring and Review (PMR) document makes it plain that 'all boards of studies are required to have Student Staff Consultative Committees' and that 'exceptionally alternative arrangements to SSCC may be agreed through Academic Policy Committee (APC) due to the nature of the provision' (see also paragraph 97). This sentiment is echoed in the Framework for Maintenance and Enhancement of Academic Standards and Quality document. Both documents give details about how the SSCC should operate and, for example, indicate that SSCCs should meet three times per year, including prior to boards of studies so that the former's notes, especially items insoluble by the SSCC, can be presented to the latter.

93 Taking account of the variation in operation of the forums for capturing students' views, the audit team noted no case where approval for an alternative to an SSCC was agreed by the Academic Policy Committee. In most cases the team could find no formal process to approve an equivalent to an SSCC. For one partner institution, where the functions of the SSCC are contained in formal 'post-course discussions' at the conclusion of each unit and at set points through the programme, a process was followed, but it did not involve the Academic Policy Committee.

94 In contrast to the Programme Monitoring and Review document, the Collaborative Provision Policies and Procedures document merely indicates that an SSCC or equivalent should exist, referring the reader to the Programme Monitoring and Review document for further information. The audit team was told that the Collaborative Provision Policies and Procedures document took precedence over the Programme Monitoring and Review document. However, the team was not able to find this precedence stated in the University's policies and procedures. However, it was consistent with the operation of the QAC, which noted that for collaborative programmes there was no requirement to seek approval for variation in SSCC arrangements, and with the variability in practice observed by the team. This led the team to the conclusion that, with respect to SSCCs, the University applies more stringent regulations to its home programmes than to its collaborative provision, even though the latter involves more risk.

95 As a consequence, the audit team considers it advisable for the University to review the Collaborative Provision Policy and Procedures document to ensure closer alignment and consistency with the policies and procedures in its Programme Monitoring and Review document (see also paragraphs 16, 37).

96 The University recently embarked on a pilot scheme to survey online its non-HEFCE-funded students at collaborative partners using questions based on the National Student Survey, tailored for collaborative programmes. The survey was produced by the Department of Curriculum and Quality Enhancement in collaboration with the Collaborative Programmes Office. 2005 students were surveyed and the response rate, at approximately 16 per cent, was viewed by the University as low. As a result, the University was unable to analyse the results by partner institution, but was able to draw general conclusions about the experience of its students on collaborative programmes. A report on the survey was presented to the QAC and an action plan developed, and this was discussed at the University Contact Forum. A brief digest of the findings was presented to partner institutions

via the Oracle newsletter. It is the University's intention to review this pilot scheme with a view to conducting the survey annually.

Role of students in quality assurance

97 The University's primary vehicle for involving students in programme management is the board of studies (see paragraph 92). Boards of studies occur at the University for all programmes, home and collaborative, and there may be additional boards of studies at partner institutions, particularly those that are remote from the University. The audit team examined a range of documentary evidence and satisfied itself that boards of studies with student representation always occur at the University and often occur at the partner institution, although varying in frequency between partners, and often known by another name by partner staff and students.

98 The audit team considered that this variation may be because the Collaborative Provision Policies and Procedures document states that a board of studies or equivalent must be in place, and that this document takes precedence over the Programme Monitoring and Review document, which details the operation of boards of studies and supplies a standard agenda (see paragraphs 93 to 95).

99 The audit team saw many examples where students were active in discussing quality assurance matters at boards of studies. However, in a minority of cases the team noted that boards of studies operated as SSCCs (see paragraph 94) in that business concerning programme management and thus the involvement of students in quality assurance was minimal. Nonetheless, many students met by the team were able to cite change introduced as a result of their representation.

100 The audit team heard from the University that training for student members of boards of studies was provided by the Students' Union. The students met by the team indicated varying practice, typically informal and unstructured. The University may wish to consider standardising the training given to its student representatives.

101 Where boards of studies occur only at the University, students studying at partner institutions must travel to the University to represent their constituents. The University acknowledged that, because of the relative remoteness of some partner institutions, representation had not always been as comprehensive as it could have been. The audit team concluded that the University would wish to take further steps to ensure that representation on these boards is appropriate to its cohorts of students.

Links between research or scholarly activity and learning opportunities

102 The University stated that it was 'committed to ensuring that teaching and the curriculum are informed by research, scholarly activity and knowledge transfer activities'. It further explained that, since franchised programmes are designed by University staff, the link between learning opportunities and research or scholarly activity is built-in, and that for validated and validated external programmes the University expects teaching staff to use their own research or scholarship to inform the curriculum. Many students met by the audit team were able to identify where recent research impacted on the curriculum.

103 The University assesses the capability of partner staff to use their own research or scholarship to inform the curriculum through a scrutiny of curricula vitae as part of the approval and review processes, and by giving specific guidance to approval and review panel members to consider how advances in research and scholarship are reflected in the

curriculum. The University provided the audit team with examples of programme approval and review reports that contained evidence of discussion of research opportunities available to partner institution staff. In one case a desirable recommendation concerned enhancing the support available to partner institution staff to foster a research culture. Research links with the University featured prominently in designating one partner institution as an associate college.

104 In promoting research activity at partner institutions, the University has opened its research-informed teaching initiative to partner institution staff, such that they are able to apply for small grants, although at the time of the audit none had done so. Nonetheless, the audit team saw examples where the pedagogic research of partner institution staff was used to enhance learning opportunities for students, and noted in particular that the University had held a series of joint research conferences with one partner institution.

105 The audit team concluded that the University was taking effective steps to include partner institutions in its own research agenda to the benefit of its students.

Other modes of study

106 The arrangements for the quality assurance of the University's flexible and distributed learning (FDL) provision are in most respects identical to those that apply to face-to-face provision. There are additional quality assurance requirements made to reflect the unique nature of FDL provision, and there is the expectation that, where partners deliver programmes that incorporate FDL, the collaborative programme must meet these additional requirements.

107 The University issues specific guidance on the development and delivery of FDL. This guidance specifies the need for FDL induction programmes for students, appropriate arrangements for academic, administrative and pastoral support, student feedback mechanisms appropriate to the FDL context and contingency plans to address any failure in delivery systems. There is an expectation that staff will receive appropriate training and development, and external examiners appointed to these programmes are expected to be appropriately experienced in the delivery of FDL. Additionally, during the approval process a clear plan for the design and implementation of all elements of the curriculum and access to online materials must be provided.

108 From an examination of this guidance, the audit team concluded that the quality assurance arrangements for FDL are clearly specified in the University's procedures and guidelines. The team reviewed examples of the implementation of the quality assurance arrangements and concluded that the University's expectations in this regard are met.

109 In addition to the guidance it provides, the University also provides support for staff via the e-learning team based in the Department for Curriculum and Quality Enhancement (DCQE). The e-learning team provides support in the development of printed and online learning materials, advice on pedagogical practice, and technical support. The audit team reviewed the guidance and support arrangements and formed the view that these provide a valuable staff development resource.

110 The University is similarly clear with respect to its expectations concerning students undertaking work placements while studying on collaborative programmes. It provides explicit guidance on the approval and monitoring of work-based placements in the form of a Code of Practice for Work-based and Placement Learning, which details the associated additional requirements, including arrangements for establishing and monitoring links and for providing support for students and work placement staff.

111 The University academic contact is also a valuable source of advice, and arrangements for work placements are also specified in the collaborative operational handbooks. Students are issued with additional guidance either within the student course handbook or in a placement handbook. From a review of documentation and discussions with partner staff the audit team was able to confirm that the University's expectations with respect to work placements are met.

112 The audit team confirmed that the University has effective mechanisms to maintain the quality of collaborative partner students' learning opportunities through flexible and distance learning, and learning through work placements.

Admissions policy

113 The University has a clear admissions policy of its own, which had been revised in 2010. This was approved by the Academic Policy Committee and has taken into account recent changes in legislation. The operational handbook produced by the Collaborative Partnership Office sets out the responsibilities of the partner in relation to the admission of students, and this is adapted in each case for the particular partner. At stage two of the approval of the programme (see paragraph 27) the compliance with, or the need for exemption from, appropriate University policies and/or regulations is noted. If exemptions are required, those proposing the programme must seek approval from the Academic Registry. Specific admissions criteria, for example with respect to English language proficiency, are set out in the programme specification for individual programmes.

114 The University has a clear Policy for the Recognition of Prior Learning, and the Collaborative Provision Policy and Procedures Handbook sets out the different definitions for advanced standing and articulation arrangements. The latter takes account of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. The operational process in relation to these arrangements is also set out in detail, and direction is given to programme teams to ensure mapping is correctly applied to entry requirements for students on an individual basis where this is necessary. Members of staff are supported in this process both at the time of programme approval and during the presentation of the programme, which is determined by the Memorandum of Understanding. Staff at the partners visited by the audit team and those who they met at the University reported that communication between the University contact and the partner contact was effective (see paragraph 138).

115 The audit team heard from the partners visited that those students who did not graduate from the partner's own programmes were referred to the University for approval before admission. Other examples of non-standard entry and evidence of a dialogue between the University and partners were also reviewed by the team. This demonstrated the University's input to the admission decision and that not all students were necessarily admitted; further requirements could be imposed on them before admission is allowed by the University. Evidence of a partner requiring an interview with the student was also provided to demonstrate the integrity of the system approved at the initial approval stage and its working in practice.

116 The audit team found that the University did not have a systematic process for the overall analysis of the qualifications of students on entry to its partner colleges. Some evidence was produced for the team in relation to one programme. However, as noted in paragraph 73, further systematic compiling of this data would allow the University to effectively have a clearer insight into its partners' overall management of the admissions process.

117 The audit team concluded that, overall, the University is effective in implementing its admissions policy in a consistent manner.

Resources for learning

118 The learning resources at a proposed partner are considered at the programme approval event. In each case there is an approval visit to the partner institution, as part of the process at stage three (see paragraph 29), which is conducted by a subgroup of the Approval Committee. The visit involves meetings with senior staff at the partner institution and includes discussion of the University requirements in relation to learning resources. The visit includes an inspection of the teaching accommodation and assessment of the learning resources available. A report of this visit is available for discussion at the approval event, and if any further requirements are found there would be a condition to the approval which would have to be fulfilled before the programme could commence. The audit team noted that this extended in some cases to a further inspection.

119 The University contact makes regular visits to the partner institution and is able to confirm that the learning resources continue to be as required by the University. They will report on this as part of the overall annual reporting mechanisms (see paragraphs 33, 34).

120 The University claims that much progress has been made since the 2008 Institutional audit in extending the availability of remote access to the University intranet. This has been of particular benefit to collaborative students, who all have available a University network account, which provides them with full access to the University's online learning and support materials through the Academic Skills Unit (ASK), and the University library. It also allows use of VICTORY, the University's virtual learning environment. Students reported at various meetings with the audit team that they found these facilities extremely useful and they valued the access it gave them to library resources especially.

121 Support given to partner institutions by the library includes advice on induction events, a biannual electronic newsletter for collaborative partner library staff and a biannual partner staff away day, which provides an opportunity for library contacts to meet at the University. Contributions are also made to the Collaborative Conference (see paragraph 137). One of the faculty librarians has a specific remit in relation to collaborative provision in the library. This role has not developed through a management initiative but has evolved over a number of years. It is identified on the academic development website but nowhere else on the University's website, and the audit team did consider that this role might be further acknowledged to enhance the specialist input required in respect of further development of library provision for partner institutions.

122 The University does not currently have a documented strategy for learning resources, but one is in the process of development. A working party has been set up, chaired by a Pro Vice-Chancellor, who reported to the audit team that the working party will be conferring with the University partners when their consultation paper has been prepared. The PVC reported that the collaborative librarian is not a member of the working party, but that the University librarian was a member and would ensure that partner institution interests were taken into account.

123 The audit team concluded that the learning resources and their management are making an effective contribution to the management of the quality of learning opportunities in collaborative provision.

Student support

124 The University expects that a partner will have its own student support services, and consideration of this is part of the approval process. At each of the partners visited by the audit team there was evidence of effective student support services.

125 It is the responsibility of the partner institution to organise induction support for students enrolled on its programmes. The student written submission noted that the induction of students did vary from partner to partner. In some cases input from the University was less 'hands on', and this was largely dependent on the distance of the partner from the University. Institutions within close proximity to Portsmouth had more direct input from University staff than those further away. Students at St. Patrick's College had direct contact at induction with staff from the University, while those in Bulgaria, although not having direct contact at the time of induction, were happy with the information they received in relation to the University and the services available to them.

126 Course handbooks viewed by the audit team were prepared by the partner in line with the template produced by the Collaborative Programmes Office. They were well received by students as being a good source of information and were delivered to the students either in hard copy or electronically. Information on progression from partner institutions to the University was well communicated and students reported that they were 'well briefed'. Students also reported that they were generally aware of the appeals and complaints procedures or that they knew where they would go to find them if needed.

127 Students at collaborative partner institutions have access to the full suite of online services available to on-campus students, including library support and academic skills support. Students reported a high awareness of all the facilities open to them and a good use of the University virtual learning environment, VICTORY. Those collaborative students who are within travelling distance of the University are able to access on-campus facilities.

128 The University acknowledges that the personal tutor system is 'central to the experience of on-campus students and we expect partners to have comparable approaches to support'. Staff from the University confirmed that all students on University programmes had a personal tutor, and this was generally confirmed by the students at meetings with the audit team, with one exception. Some variation was noted by the team in that the personal tutor was sometimes the course leader and in some cases could be the student's dissertation supervisor. Clear communication of the expectation, as set out in the University's Policy on Personal Tutors, would be helpful in assuring that the system is at its most effective and comparable across its collaborative partners. Consequently, the team would encourage the University to continue to review the allocation of personal tutors and their role within the student support system.

129 Students reported that they were well briefed in relation to assessments and how they were best able to achieve learning outcomes (see paragraph 56). They received feedback on their assignments in line with the University policy on feedback, which is currently 20 working days from the hand-in date. In some partner institutions, 15 days was the quoted turnaround time for feedback. Generally, students reported that staff are approachable and available to be consulted.

130 Opportunities are in place for students to provide feedback. Staff-Student Consultative Committees (see paragraph 89) are a key vehicle for students to give feedback to staff, and students reported that generally issues arising were considered and, where appropriate, action was taken. Student representatives were not always known to individuals

but, because of the general good communication with staff in place at partners, this was not necessarily problematic.

131 Students reported that they completed questionnaires at key points in the academic year in line with University procedures. However, communication of changes made as a result of student feedback was not always clearly referred to subsequently. The audit team did, however, find one instance where a full breakdown of returns was reported to the student body in class. The team considered that the University may wish to reflect on the consistent communication to students of actions taken as a result of their feedback (see also paragraph 88).

132 The University procedures for the closure of a programme are set out in the CPPP. This provides that any agreement with a partner normally covers the situation where any students may be still completing a programme after the date of official closure. Circumstances where termination might be effected are identified.

133 At the time of the audit the closure of a programme with a partner institution was necessary due to that institution going into liquidation (see also paragraphs 22, 23). The audit team noted the high level of support the University was putting in place for students on the programme, which included advice on transfer to other institutions and the convening of a special Examination Board to amortise the individual student achievement and issue of transcripts accordingly. Through the advisable recommendation (paragraph 23), the team would ask the University to review further its commitment to the progression and completion of students who, although at an early stage on their programme, have nevertheless enrolled as a student of the University.

134 The audit team concluded that, generally, the arrangements for student support and their oversight are making an effective contribution to the management of the quality of learning opportunities.

Staffing and staff development

135 The staffing resources allocated to a programme at a collaborative partner are part of the approval process, and the approval committee will scrutinise in detail whether staff delivering the programme have appropriate skills and receive appropriate training and development. All staff teaching on University programmes at partner institutions go through a process to become a Partner Associate Lecturer of the University (PAL).

136 Full professional curricula vitae must be forwarded to the University academic contact by the partner academic contact prior to an individual commencing delivery/support. This will be considered by the University academic contact, appropriate subject specialist and the Associate Dean (Academic). The aims and benefits of the scheme are set out in the PALs scheme prepared by the Collaborative Programmes Office (CPO) in October 2010. Staff at partner institutions reported to the audit team that they appreciated this recognition and the benefits it confers.

137 The University has an extensive programme of academic development events and conferences, and these are open to all PALs. The CPO has developed a webpage dedicated to staff at partner institutions, and this has clear links to key information useful to partner staff. In 2009 the University held its first Collaborative Conference, Challenging Boundaries and Building Relationships. It is intended to hold this event on a biennial basis. The University holds an annual Collaborative Induction event for all staff teaching in partner institutions. It is not always possible for staff to attend events due to a number of reasons, distance from the University being the most common. However, the audit team noted that

presentations were generally available after events to partner staff via the intranet, and this was identified by the team as a feature of good practice. These events provide a good forum for the communication to partner staff of such issues as changes to the Academic Infrastructure or changes to the University regulations or procedures.

138 A key aspect of the collaborative provision at the University is the communication between the University contact and the partner contact and through the University administrative contacts and the CPO. The audit team noted that there was evidence of good communication of the aims of each of these roles, and a person specification has been developed setting out the responsibilities. The team found extensive evidence of these relationships working well in practice. Staff were able to describe how the relationship developed through the approval process at the outset of a partnership. They were also able to describe to the team how they were properly briefed when they became a partner contact for a programme that had been running for some time to ensure that the handover went smoothly. In partners where the programmes also ran at the University there was evidence of staff exchanges and University staff delivering teaching sessions at partner colleges. As a consequence, the team regarded the effective support and advice provided to partners by University Academic and Administrative Contacts and by staff in the Collaborative Programmes Office as a feature of good practice.

Overall conclusion on the management of the quality of learning opportunities

139 The audit team concluded that confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students through its collaborative provision.

Section 4: Institutional approach to quality enhancement in collaborative provision

140 The 2008 Institutional audit found that, through the operation of its Quality Assurance Committee, the University has deliberative structures for considering the enhancement of student learning opportunities. The University's overall approach to quality enhancement is achieved through a number of interrelated strands which facilitate enhancements across the University and apply equally to campus-based programmes and programmes with collaborative partners.

141 The University views the processes that provide assurance about the standards and quality of its provision, such as programme approval, periodic review, student feedback, the National Student Survey and external examining, as vehicles for the enhancement of student learning. In 2006 the University revised its periodic review and monitoring processes to provide a 'strong focus' on identification of enhancement opportunities and the evaluation of the effectiveness of changes.

142 The production and consideration of Annual Standards and Quality Evaluative Reviews (ASQERs) at programme and department level (see paragraph 33) provides opportunity for the identification of enhancement opportunities. At each stage of reporting there is a requirement to identify actions taken to enhance the student learning experience. This process culminates in the Pro Vice-Chancellor's (PVC's) report to Academic Council, where the University takes institutional oversight of the steps being taken to enhance learning opportunities. The audit team reviewed the minutes and associated papers of Academic Council and formed the view that the University undertakes rigorous consideration

of enhancement activity as it relates to collaborative provision through the academic committee structure.

143 The Department for Curriculum and Quality Enhancement (DCQE) is a significant component of the University's approach to enhancement. It was established in 2004 with a remit to enhance the quality of student learning and to promote student success. It is structured in six sections: the Academic Skills Unit; Academic Development; Technology Enhanced Learning; the Additional Support and Disability Centre; Counselling; and the Student Advice Services.

144 The DCQE's remit incorporates provision provided through collaborative partnerships, and this is achieved through a range of activities undertaken by the department. These include the provision of advice, guidance and support for staff and the dissemination, promotion and embedding of good practice. The Academic Development Section of the department provides support for staff in collaborative partner institutions through a programme of annual development events such as the Teaching and Learning Conference. The department's webpages, accessible by collaborative partner staff, act as a repository for conference presentations and for staff development and workshop materials (see paragraph 137).

145 The audit team found that the DCQE had taken steps to ensure that its developmental activities and resources incorporate a perspective relevant to the delivery of collaborative programmes. This included focusing the 2009 Learning and Teaching Conference specifically on collaborative provision and running bespoke events for partner associate lecturers.

146 The DCQE analyses and reviews data from the National Student Survey (NSS) and Postgraduate Research Experience Survey and develops an enhancement agenda that arises from the findings. In recognition of the fact that NSS-type data does not exist for non HEFCE-funded collaborative provision, the DCQE designed and piloted an online collaborative survey based upon the NSS questions. The response rate was low, but it is intended to produce a similar survey in subsequent years with consideration to be given to improving the response rate.

147 The Quality Management Division of the Registry includes a team of nine staff who form the Collaborative Programmes Office (CPO). The CPO provides central support for the quality assurance of collaborative provision, but also has a role in enhancement. The University states that 'Enhancement can also be achieved through exchanging information, experience and good practice.' The CPO contributes to this approach by organising the University Contact Forum and by managing the production of a biannual newsletter called Oracle.

148 The University Contact Forum is a well established mechanism for bringing together academic, administrative, library and quality management colleagues from across the University to discuss collaborative partnership matters and to share experience and practice. The University states that the forum is 'pivotal' in facilitating this sharing and dissemination. The audit team reviewed the minutes of the University Contact Forum covering a two-year period. The meetings were well attended by a range of University staff involved in collaborative provision, and the topics covered a wide variety of external and internal matters impacting on the delivery of collaborative programmes. The audit team agreed with the University's view that the forum was pivotal and concluded that the meetings provided a key opportunity for promoting the enhancement of learning opportunities.

149 The newsletter Oracle is distributed electronically to staff in both partner collaborative institutions and the University. It is designed to update staff on matters that

affect the delivery of collaborative programmes. Oracle contributes to the dissemination of good or interesting practice, and partner staff as well as University staff are invited to contribute articles, enabling them to share their experiences with other partner and University staff. Both collaborative partner and University staff met by the audit team were fully aware of Oracle and cited it as a significant mechanism for sharing and dissemination.

150 The audit team concluded that the University's approach to quality enhancement in relation to collaborative provision is informed by a clear strategic intention, with appropriate mechanisms in place for implementation, monitoring and dissemination.

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

151 The University's provision of research degrees through collaborative arrangements is relatively small, consisting of 12 partnership arrangements for 21 students. The University has no strategic intention to expand significantly this area of work.

152 The 2008 Institutional audit found that the University had a sound framework for its arrangements for postgraduate research students and that the research environment and postgraduate experience meet the *Code of practice, Section 1: Postgraduate research programmes*. The framework for the management of on-campus research degree programmes applies to those delivered collaboratively, with the addition of specific arrangements for approving collaborative partnership arrangements.

153 The University has defined two types of arrangement for the delivery of research degree programmes with partners: collaborative research degree partnerships and flexible and distributed learning with a partner, both introduced in 2008. The University defines an arrangement as a collaborative research degree partnership if there is delegation to a partner of any or all of the following: admission decisions, first and second supervision, formal research training, or the location of the viva voce examination. Where partner support is substantive but does not involve the delegation of these processes, the University defines this as a flexible and distributed learning (FDL) arrangement. Both types of arrangement are subject to formal approval processes.

154 A collaborative research degree partnership is subject to a full partnership and programme approval process. Approval of an FDL arrangement with a partner consists of satisfactory completion of a Memoranda Approval Form, Memorandum of Agreement and a Site Visit Report. The processes to be followed in both instances are comprehensively detailed in the Collaborative Provision Policy and Procedures document.

155 Since introducing the procedures the University has not had to process any collaborative research degree partnerships, and so the audit team is not in a position to comment on the effectiveness of the procedures in operation. However, the team formed the view that the procedures as described are robust and fit for purpose.

156 At the time of the audit the University had 12 FDL arrangements with a partner, nine of which had students currently enrolled. The audit team reviewed documentation relating to the approval of a sample of the FDL arrangements and was satisfied that the University pays careful attention to assuring the appropriateness of the partner and the suitability of the collaborative arrangements. In particular, the audit team noted that the University was diligently assuring itself of the quality of learning opportunities through a partner site visit for each new partnership.

157 The regulations, policies and procedures for the support and supervision of collaborative research degree students are those operating for students undertaking research degrees on campus. They are set out in a range of documents made publicly available through the University website. These policies and procedures were found to be secure by the 2008 Institutional audit team. Students informed the audit team that they were very satisfied with the provision of information and guidance for research degree students, which was both comprehensive and helpful.

158 Each student has a team of at least two supervisors. The criteria for appointment of supervisors are those that apply to non-collaborative arrangements. Normally the first supervisor must be a University of Portsmouth member of staff, and any proposal for alternative arrangements has to be approved by the appropriate Faculty Research Degrees Committee, which approves the appointment of supervision teams. At the time of the audit, all first supervisors of study for research degree students on collaborative programmes were University of Portsmouth staff. In all other respects the University's mainstream procedures apply. These encompass arrangements for admission, induction, supervision, progress and review, assessment, student feedback, complaints and appeals. No significant differences between the experience of students studying on collaborative programmes and those studying on campus were detected by the audit team.

159 Supervision of research degree students and the annual appraisal may take place using a variety of modes of communication, including Skype links and telephone or videoconferences. It is, however, the policy for major review and the viva voce examination to take place at the University campus.

160 Research method training is currently faculty-based. However, as a result of a review, the University Academic Council had approved the introduction of a new university-wide Researcher Development Programme that is to be more accessible to research degree students studying at a distance. The new programme will be introduced in 2011. As part of this development the University has, in partnership with a publisher of research training materials, made such learning resources available through the University virtual learning environment. The proposals for the new Researcher Development Programme satisfied the audit team that the University was taking steps to ensure that research degree students on collaborative and FDL research degree programmes were being given access to appropriate and comparable research training to those students who are campus-based.

161 Faculties monitor their research degree programmes through the production of an Annual Standards and Quality Evaluative Review (ASQER), which is considered by the Faculty Research Degrees Committee and subsequently by the University Research Degrees Committee. Where faculties have collaborative research degree programmes these are given consideration in a separate and specific section of the Faculty Research Degrees Committee ASQER. A sample of ASQERs seen by the audit team demonstrated that the processes for managing collaborative research degrees programmes and supporting students were working effectively. The team was also satisfied that the University was monitoring effectively the collaborative provision of its research degree programmes.

162 The audit team found that the University's arrangements for postgraduate research students studying through collaborative provision are sufficient to ensure that the research environment and the postgraduate research student experience meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

Section 6: Published information

163 In meetings with the audit team, students confirmed that the publicity material and prospectuses gave an accurate account of the institution that reflected their experience since arrival as students. This included the international materials, both printed and on the University and collaborative partner websites.

164 Responsibility for the oversight of materials produced by collaborative partners that support University of Portsmouth awards is controlled by the University's Collaborative Programmes Office (CPO). Responsibility for producing information for students, either web-based or in hard copy, about the schemes of study and the nature of the awards for which they are registering falls to the partner and must comply with University regulations. The approval of the information is coordinated by the CPO and signed off by appropriate members of academic staff. Partner institutions are required to provide detail about prospective published information to students during the approval and validation process, which is scrutinised as an integral part of the validation process. Following approval, the University continues to complete systematic reviews of all collaborative and articulation partners websites.

165 An online investigation by the audit team concluded that some collaborative partners were more proactive in promoting their University awards than others. The team was able to identify some examples where programmes did not feature on the partner's website. The audit team would encourage the University to continue with their systematic review of all collaborative and articulation partners to ensure that any issues of less than full compliance are identified and rectified at the earliest convenience.

166 Meetings with students confirmed that course handbooks were provided to students as part of the enrolment process, with some partners issuing hard copies and others distributing handbooks electronically. Students reported that their handbooks provided a key starting point in finding answers to their queries. The audit team examined a sample of handbooks from partners and found them to give a good coverage of themes, with accurate and useful information about course structure, assessment and support services available to students.

167 The University's Programme Monitoring and Review Policy states that external examiner reports should be shared with students at boards of studies, and this was confirmed by University staff. However, after scrutiny of board of studies' minutes made available to the audit team, it did not appear standard practice to share external examiners' reports with students on collaborative programmes. Only a small proportion of students that the team met stated that they had seen the reports of external examiners. As a result, the team has made a recommendation to the University, detailed in paragraph 65.

168 The audit team found that, overall, 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 academic standards of its awards offered through collaborative provision.

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