Middlesex University

Audit of collaborative provision

April 2011

Annex to the report

Contents

Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Audit of collaborative provision at Middlesex University (the University) from 11 to 15 April 2011. 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 team's view of Middlesex University is that:

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

Institutional approach to quality enhancement

The audit found that the University has a range of activities in place and under development that constitutes an 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, Section 1: Postgraduate research programmes.*

Published information

The audit found that reliance can 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 team identified the following areas of good practice:

- the care given to the validation of distance education programmes, which contributes significantly to the assurance of quality in such programmes (paragraph 136)
- the pivotal role of the link tutors and the structures for their support and development in ensuring the effectiveness of collaborative partnerships (paragraph 187)
- the Learning and Quality Enhancement Handbook as a comprehensive resource for partners and schools in developing, maintaining and enhancing collaborative provision (paragraph 188)

- the Professional Doctorate Development Group and its role in promoting consistency of practice and in enhancing quality (paragraph 198).

Recommendations for action

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

Recommendations for action that the team considers desirable:

- ensure the full completion of each monitoring report through the inclusion of comprehensive data tables, as specified in the annual and quality monitoring report template (paragraph 59)
- take steps to ensure that the University's policies and procedures are followed for the sharing of external examiner reports, as a matter of course, with student representatives at all boards of studies (paragraph 110)
- establish a means of extracting and disseminating, more systematically, learning points from the University annual overviews of programme monitoring and from professional, statutory and regulatory body accreditations (paragraph 142)
- make explicit the degree of flexibility in implementation available to programme teams in collaborative partners with respect to embedding personal development planning in the curriculum (paragraph 178)
- ensure that any future strategies and policies for staff development are explicit regarding the needs of partner institutions (paragraph 183).

Section 1: Introduction and background

The institution and its mission

1   Middlesex University was awarded university status in 1992, and, after being joined by the London College of Dance in 1994 and the North London College of Health Studies in 1995, the University opened its first overseas campus in Dubai in 2005, followed by a second in Mauritius in 2010. The University currently operates from four London campuses and its two overseas campuses. In total the University had 35,100 students in the 2009-10 academic year.

2   The University has been involved in collaborative partnerships for more than 25 years and has a large and varied collaborative provision, with 93 partners comprising 732 programmes with 12,495 registered students. This provision includes 1,191 students on 217 programmes in accredited institutions; 575 students on 87 franchised programmes; 50 students on 9 funded programmes; 1,155 on 95 joint programmes; 8,170 students on 265 validated programmes and 1,345 students on 59 validated/funded programmes.

3   The University sees its collaborative provision as central to its activities and has developed articulation and accreditation agreements alongside the taught collaborative provision. In addition to taught programmes the University has also developed research-based programmes with partners, the majority of which are specialist validated pathways leading to the award of an MProf or DProf.

4   The University defines its goals as being 'to produce a growing worldwide community of successful Middlesex Graduates who make vital contributions to the economic cultural and social wellbeing of the societies in which they live and work and to be the preferred partner for business, public sector and other educational organisations.'
The University identifies its key priorities as 'Sustaining academic quality (teaching, research

and knowledge transfer); enhancing the student experience; growing international income; increasing productivity and efficiency.' Strategically, the building of partnerships through collaborative provision enables the University to widen participation, both in the UK and internationally, and also to provide programmes which help to develop the workforce, for example through collaboration with public and private sector organisations.

5   The mission statement of the University also places collaborative provision centrally:

> to continue to grow as rapidly and robustly as we have throughout our history. The focus for now and for the future is on equipping our students with the skills they need for work and for life; developing our campuses, in particular our flagship campus in Hendon, north London and realising our international ambitions with the development of new overseas campuses that make it possible for students around the globe to study and gain a Middlesex degree wherever they live.

6   Since the last Audit of collaborative provision in 2005 the main growth in collaborative provision has been through overseas partnerships. In its corporate plan the University anticipates the opportunity for international growth with its campuses and partners, as well as focusing on the key role of the regional offices, and it sees this as its most important source of income growth.

7   Information on the University's collaborative partnerships is maintained internally on a detailed register, which identifies UK and international partners and the status, language of tuition and assessment of all collaborative programmes. Of the collaborative programmes, 106 are wholly or partially taught in languages other than English.

The information base for the Audit of collaborative provision

8   The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the 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 of the supporting documentation, including key committee minutes and papers for the previous year.

9   The students' union did not produce a student written submission.

10   In addition, the audit team had access to:

- the report of the Institutional audit (2009)
- the report of the previous Audit of collaborative provision (2005)
- 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

11   The audit team learnt that the University sees the outcomes of QAA's Audit of collaborative provision as an important element of quality enhancement, and as such it has developed procedures to ensure institutional oversight of audit outcomes, whereby reports

and action plans are considered through its university-level Academic Standards and Quality Committee (ASQC).

12   The last Audit of collaborative provision at the University was carried out in 2005. The report identified four features of good practice: the contribution that collaborative provision makes to the University's strategy for widening participation; the section of the Procedures Handbook on collaborative provision, which helps to engender a shared understanding of the University's requirements; the effective role of the regional offices and the way in which they are used to support collaborative provision; and the widespread commitment and support given to the partners in the design, development and delivery of programmes. In addition, the report made two advisable recommendations and three desirable recommendations to ensure that the academic quality of collaborative programmes and the standards of the awards were maintained. The audit team was able to satisfy itself that the University has responded to these recommendations as follows.

13   The University was advised to review its structures for communication and decision making in order to strengthen its formal oversight of collaborative provision. It has addressed this recommendation through the establishment of a new school quality committee structure that mirrors the University structure. The audit team saw evidence that school committees, in combination with link tutors (paragraph 30), acted as an effective conduit for information and management decisions to and from partners.

14   The University was advised to review its approach to the award of credit achieved through external courses to ensure that this is underpinned by quality assurance procedures equivalent to those applied to other credit-bearing provision of the University. The audit team was informed that this advice had led to a review of the principles and procedures for accreditation of external courses and the introduction of the requirement that all work at level two or above should be subject to external examiner scrutiny. The requirements also applied to the updated procedures for the approval and monitoring of articulation agreements. The Articulation Board, a subcommittee of the ASQC, was established to approve, monitor and review articulation arrangements.

15   The report considered it desirable that the University make more explicit in all its procedures and guidance the mechanisms by which it ensures that the standards of its awards are maintained. The audit team saw evidence that the University had responded to this recommendation by redrafting University policy on assessment to make more explicit the definition of assessment and learning outcomes, and in addition it had revised the section on enhancement in its Academic Standards and Quality Policy to clarify the relationship between standards and risk. These changes were enshrined in the Learning and Quality Enhancement Handbook (LQEH) by updating the text to make the assurance of academic standards more explicit.

16   It was also recommended as desirable that the University continue to develop its use of data to better inform its management of the quality and standards of its collaborative provision. In response to this recommendation the University has improved the availability and format of data on assessments and produces a comprehensive analysis of in-house and partner programmes, as well as including additional data in institutional monitoring reports. The team learnt that the University now compiles and considers a comprehensive annual assessment report and is planning to extend the data analysis to enhance quality management further.

17   Finally, the 2005 audit team found that it would be desirable for the University to develop further a mechanism for providing an institutional overview of each partner to enable emerging themes to be identified. Progress towards this goal was accomplished by modification of the institutional monitoring report submitted annually to ASQC to include

more comprehensive information on finance, academic misconduct cases, and cumulative data which identifies emerging themes across programmes in an institution.

18   It was apparent from meetings with senior management and explicit in the University's strategic plan that collaborative provision continues to play a key role in the University mission to widen participation and internationalise its student body. The regional offices and the regional directors continue to be vital to the successful implementation of this strategy. Meetings with partners confirmed that they found their interactions with the relevant school or the Institute of Work Based Learning (IWBL) (paragraph 30) at both academic and non-academic support levels to be excellent and invaluable in the development and maintenance of collaborative programmes. The audit team also found that the LQEH has extended its scope to provide a comprehensive source of information unambiguously detailing the University's expectations from its partners and giving clear guidelines on the management and enhancement of collaborative programmes. The team noted that the University has capitalised on the features of good practice identified in the last Audit of collaborative provision.

19   The audit team was satisfied that the University has addressed the recommendations in the 2005 Audit of collaborative provision as described above, although findings reported elsewhere in the report identified areas where the institution could improve further its use of data to inform its processes and where institutional oversight could be improved (paragraphs 59, 142).

20   QAA conducted an Institutional audit in 2009, which identified six features of good practice and made one advisable and three desirable recommendations for action. There were a number of points which were relevant to the University's collaborative provision, and in the Briefing Paper the University provided the audit team with a summary of its response to the Institutional audit.

21   The 2009 audit team found that it would be desirable for the University to ensure that the academic review process gives explicit consideration to statistical data. The LQEH now defines the requirement for schools to address the use of statistical data, and the Centre for Learning and Teaching Enhancement (CLTE) is working with schools to rationalise the data set that should be considered. The team saw recent review reports and confirmed that statistical data was included in some review reports but found inconsistencies in this practice.

22   It was recommended that the University should ensure that all external examiners' reports are discussed by programme boards of studies, including student representatives. In the Briefing Paper the audit team was told that this requirement is explicit in current procedures, and schools have confirmed to the CLTE that the external examiner reports are being considered at board of study meetings. In addition, the need to share such feedback has been stressed as part of staff development. Procedures in the LQEH describe the procedure for dealing with external examiner reports at boards of studies and clearly state that external examiner reports should form part of the papers given to board of study participants, including student representatives.

23   Meetings with partners and at the University revealed that staff and students remained unclear about this advice, and students, including representatives, confirmed that in some instances they were unaware of external examiner reports or that they had received only oral or written extracts from the reports. The audit team therefore recommends in paragraph 110 that the University should ensure that it is acting in accordance with the HEFCE publication *Review of the Quality Assurance Framework: Phase two outcomes*, October 2006 (HEFCE 06/45).

24   Finally, the Institutional audit regarded it as desirable for the University to ensure that evaluation of staff development and its future direction are increasingly guided by statistical data. Planning and evaluation of staff development at school, service and university level is now reviewed by the University Staff Development Strategy Group, which also considers data on staff development as part of the annual report on assessment. The audit team was able to see evidence of the activity of this group but felt that the University would need to explicitly address its requirements for staff development within partner institutions.

25   It is a relatively short time since the University received the 2009 audit report, and it is making good progress in some areas. However, the current audit team would encourage the University to address further the recommendations concerning the use of management information and the dissemination of external examiner reports.

26   Partners' provision may also be reviewed through other mechanisms such as QAA Integrated quality and enhancement review or PSRB accreditation, and outcome reports from these reviews are considered by ASQC. Since the 2005 Audit of collaborative provision, one collaborative partner, City Literary Institute, received a judgement of no confidence in both the standards of the awards and the quality of the learning opportunities it offered from a QAA review. The University has now formally withdrawn from this partnership. The ensuing QAA Cause for Concern process concluded that confidence could be placed in the management of collaborative partnerships by the University but also recommended that the University strengthen some aspects of its management of collaborative provision, including the provision of guidance to partners to help them to manage the change from one type of collaborative provision to another, for example a change from a joint to a validated arrangement, and the introduction of a partnership enhancement process. The audit team was able to see evidence that this process had been implemented with partners in transition from joint to validated status; the team also saw evidence of the partner enhancement visits.

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

27   The University is responsible for the academic standards and the quality of the learning opportunities of all qualifications granted in its name. In developing collaborative provision the University seeks to ensure that the student experience at collaborative partners is equivalent to that provided within the University, and that academic standards are equivalent to those of comparable qualifications within the University. The University sets out procedures in the LQEH to ensure this equivalence and to enable the central authorities of the University and collaborative partner to manage quality and standards.

28   The Vice-Chancellor holds overall management responsibility for the standards of all University awards. The Vice-Chancellor delegates this responsibility to the Deputy Vice-Chancellor (Academic) for collaborative provision in the UK and to the Deputy Vice-Chancellor (International) for international provision. The Deputy Vice-Chancellor (Research and Enterprise) is responsible for those partners offering the DProf, MPhil, PhD and similar awards. The Board of Governors receives updates from the deputy vice-chancellors, an annual report from the CLTE on the outcomes of external quality reviews, which encompasses any reviews of collaborative partner provision, and updates from deans of school.

29   The deliberative structures consider collaborative provision alongside in-house provision and report to the Academic Board, which is chaired by the Vice-Chancellor. This is the supreme body considering all aspects of research, scholarship, teaching and courses at the University. The Academic Board has several subcommittees which consider

collaborative provision as part of their terms of reference; these include the ASQC, the Academic Programme Planning Group, and the Articulation Board. Programmes encompassing postgraduate research awards are considered by the Research and Research Degrees Committee.

30   The University brings related subjects together into four schools: Arts and Education; the Business School; Engineering and Information Sciences; and Health and Social Sciences. The IWBL provides university-level learning in the workplace and works with organisations to tailor education to suit their employees' needs. Management of academic standards and quality in collaborative provision is devolved to schools or equivalent arrangements within the IWBL. A school-based University Link Tutor is responsible for the management of this relationship. School-level committees for the management of quality, including collaborative provision, mirror the functions at University level. Responsibility in most schools for academic development and learning and quality enhancement each lie with an Associate Dean.

31   Central University services contribute to the management of standards and quality. These include the following. The CLTE (paragraph 21) leads the development and implementation of strategies, policies and procedures related to the academic standards and quality of taught provision; ensures that the University responds to external academic quality agendas; and provides the University with oversight of the quality and standards of taught programmes. The Academic Registry Collaboratives Office is responsible for producing and retaining copies of signed memoranda of cooperation. The Director for UK Partnerships and the Director of International Education and Partnerships (DIEP) lead strategic planning and development of partnerships in their geographic regions. The DIEP is also responsible for the Centre for International Education which provides support to partners and schools in the development and management of international partnerships. Collaborative research programmes are also supported by the University's Research and Business Office, which oversees research degrees and supports the University Research and Research Degrees Committee.

32   The institution's framework for managing academic standards and the quality of learning opportunities is quite complex, commensurate with the management of a large and complex collaborative provision. The audit team saw many examples of the effective management of quality and standards at school level and was able to understand the way in which school processes feed into the University's deliberative committees. The extensive number of committees dealing with different aspects of the management of collaborative provision have the potential for problems with information flow, but the team was told that cross-representation by staff on committees at both University and school level ensures awareness of shared agendas and actions, and the team was satisfied that the framework operated as a robust system for managing standards and quality in collaborative provision.

Selecting and approving a partner organisation or agent

33   The University has articulated criteria for the establishment of new collaborations in the LQEH, and all proposals for new collaborations have to meet the University's expectations and requirements. Institutional approval is granted by the Deputy Vice-Chancellor (Academic) for UK partners and by the Deputy Vice-Chancellor (International) for international partners, following a two-stage process involving preliminary enquiries and due diligence, followed by an institutional visit. Once an institution has been approved, programmes may be put forward for validation. Institutional approval is for six years, at which point a formal review takes place of the institution and programmes.

Written agreements with a partner organisation or agent

34   A Memorandum of cooperation (MoC) specific to each programme is drafted to establish contractual obligations and the rights and responsibilities of the University and its partners. The period of operation of an MoC is normally six years, in line with the period of validation for collaborative programmes. After this period has elapsed, and following review, a revised MoC may be produced.

Section 2: Institutional management of academic standards

35   The University is responsible for the academic standards of all qualifications granted in its name. As an integral and substantial part of the work of the University, collaborative provision is considered alongside on-site provision by a variety of committees. The Academic Board receives reports from its main subcommittees, including the Academic Standards and Quality Committee (ASQC), the Academic Programme Planning Group (APPG) and the Articulation Board, concerning the University's collaborative provision.

36   A policy statement, approved by the Academic Board, sets out the University's approach to collaborative provision, which includes a requirement for any collaborative partner to share the same ethos and values as those of the University, and a requirement that the student experience is consistent with that provided by the University for its on-campus students. Before entering into collaborative agreements the University must be assured of the maintenance of standards and the quality of the academic provision at the partner institution.

37   The key mechanisms for the assurance of the academic standards of the University's awards are as follows: the approval procedures for both new collaborative partners and new collaborative programmes; programme specifications; annual monitoring of provision and partner institutions; a system of named link tutors; periodic reviews of programmes; fully documented assessment arrangements; the use of external benchmarks, including the Academic Infrastructure, accreditation and recognition by professional, statutory and regulatory bodies; external examiners; the use of a system of student representatives and methods of gathering and analysing student feedback; and staff development and support.

38   As the majority of these mechanisms are also concerned with the management of academic quality, those aspects most closely related to academic standards, namely approval, monitoring and review; external examining; the use of external reference points; programme specifications; assessment; and the use of relevant management information are dealt with under the present heading of academic standards; the remainder are covered under the following section on the management of learning opportunities.

39   The operational mechanisms and protocols employed by the University to assure standards are set out in the Learning and Quality Enhancement Handbook (LQEH) 2010-2011, which is updated annually and made available to partner institutions.

Approval, monitoring and review of award standards

Partner approval

40   Approval of a new collaborative partner is managed by the Academic Quality team situated within the Centre for Learning and Teaching Enhancement (CLTE). Approval is for a period of six years.

41   The processes for approving a new partner are fully described in the LQEH and require due diligence checks and scrutiny of documentation provided by the prospective partner, followed usually by a site visit, although this is occasionally waived, such as for institutions that are internationally recognized degree-awarding institutions in their own right. The documentation required by the University for scrutiny includes the partner's strategic plan; governance structure; audited accounts; regulations; quality assurance procedures for approval, monitoring and review of programmes; assessment processes; learning resources; staff development and student feedback. Clear criteria for approval are stated in the LQEH. These include an alignment of the partner's and University's mission and ethos; confidence in the leadership and management of the partner institution; evidence of appropriate staff and other resources; and confidence in the quality assurance processes and financial soundness of the partner. The final decision for approval rests with the relevant Deputy Vice-Chancellor (Academic or International), who reports the decision to the ASQC.

42   The audit team was able to see a report of a recent institutional approval. The report showed that discussions between a University panel and staff from the prospective partner had covered topics such as financial probity, delivery of the curriculum, assessment and student feedback and support. The team formed the view that the mechanism for approval of a new institution was sound and thorough.

43   Each programme at each partnership is governed by a Memorandum of Cooperation. Memoranda of cooperation seen by the audit team were comprehensive and clear. The University has developed generic agreements for the various forms of partnership and these can be modified as needed.

44   Reapproval of partners is at the discretion of the appropriate Deputy Vice-Chancellor, who is informed by a recommendation from the Centre for Learning and Teaching Enhancement based on the outcomes of routine monitoring.

Programme approval

45   The approval of new collaborative programmes is the responsibility of the relevant school, working to guidance in the LQEH.

46   Approval of a new programme involves three stages: outline approval by the school; approval by the University's APPG; and finally a validation event with external membership on the panel. If appropriate, representatives of professional and statutory bodies are also invited to approval events, and the audit team saw evidence of this in approval reports. All external members must meet requirements for appropriate expertise and impartiality.

47   A partner may request to use their own academic regulations, for example to simplify dealings with more than one awarding institution. Approval must be granted by the Academic Registrar and then noted by APPG before the validation stage, where the regulations, together with advice from the Academic Registrar, are then considered. The LQEH contains relevant guidance for these situations.

48   Validation reports seen by the audit team exhibited a thorough approach by panels, with consideration of, among other things, learning resources, including a tour of facilities; programme specifications; staff CVs; subject benchmark statements and the partner's learning, teaching and assessment strategy.

49   Conditions resulting from a validation event must be met before the programme can start. The panel chair must sign off that conditions have been met, followed by final endorsement by the relevant Deputy Vice-Chancellor on receipt of the signed Memorandum of Cooperation.

50   The University overview of validations is obtained via an annual report, which is received by the ASQC. The report provides a statistical breakdown of the numbers and types of validation events, with those relating to collaborative provision being clearly differentiated. The audit team viewed this annual report as a useful mechanism by which the University could monitor validation activity and themes that arose.

Partner monitoring

51   The monitoring processes for collaborative partner institutions are managed by the Academic Quality team within the Centre for Learning and Teaching Enhancement.

52   For the purposes of institutional monitoring the University differentiates between those partners with 'non-complex' provision and those with 'complex' provision. Non-complex provision is deemed to be less than three programmes in the same subject area, while complex provision equates to more than three programmes and/or multiple subject areas. For non-complex provision the monitoring is via the quality assurance processes of annual and quality monitoring reports (paragraph 54), external examining and link tutor visits.

53   In addition, for complex and/or large provision there is an annual report to ASQC. The audit team read one such recent annual report, which considered a range of evidence including reports by external examiners; annual monitoring reports and quality monitoring reports; validation and review reports; professional, statutory and regulatory body reports, as well as financial information. It identified a number of issues and concluded with a clear action table for these to be addressed. The team was of the opinion that it was a thorough and comprehensive document, enabling the University to monitor effectively the health of those partners with large and/or complex provision. The team did note, however, that the 07-08 report was not received by the ASQC until June 2009 and would encourage the University to take steps to ensure a more timely submission of this annual report.

Programme monitoring

54   Each collaborative programme team is required to submit an annual report. For franchised and joint programmes this takes the form of an annual 'quality monitoring report'; for validated and accredited programmes it is an 'annual monitoring report'. Annual and quality monitoring reports are written to a template provided by the University, which requires commentary on recruitment; curriculum development; learning, teaching and assessment; and resources.

55   Completion of the reports requires consideration of a range of data pertaining to the academic health of a programme, including application and enrolment data; progression statistics; classification data and first destination information. Commentary on reports from external examiners and programme board minutes is also required. The audit team learnt

from meetings with partner staff that for some partners with very focused provision one annual monitoring report was produced for the entire provision at the partner institution.

56   Collaborative partners are supported in their authoring of the annual and quality monitoring reports, mainly via the University link tutors. Institutions may receive feedback from the University on their annual or quality monitoring reports.

57   The audit team scrutinised examples of both quality monitoring reports and annual monitoring reports. The team learnt that when incomplete reports are submitted by partners the School Quality Manager and University Link Tutor are required to work with the partner to remedy this, with the aim of producing a complete report. Despite this, the team noted considerable variety in the level of detail provided in the reports.

58   All reports contained a table of issues, and most contained details of proposed actions; criteria for success; timescales for completion; persons responsible for actions; reporting lines and commentary on progress. However, in one report criteria for success and completion dates were missing, and in others data tables were missing, even though the report template requires them to be completed.

59   The audit team noted that monitoring reports are also used as part of the evidence base for the review process, and so are a crucial mechanism by which the University assures itself of the quality and standards of the provision being offered by its partners. Consequently, the team considers it desirable for the University to ensure the full completion of each monitoring report, including comprehensive data tables as specified in the annual and quality monitoring report template.

60   The audit team learnt that the timely submission of annual reports from partners has been a cause of concern for the University. Although the University reports that the relevant Deputy Vice-Chancellor will write to those institutions that miss the deadline and that some revision of deadlines has been implemented, given the importance of the annual report in the quality assurance cycle, the team would encourage the University to remain vigilant over the timeliness of submission.

61   Annual reports are received by the relevant school. These are then considered by the Associate Dean (Learning and Quality Enhancement) in conjunction with the link tutors and Head of School. The programme annual reports inform the production of an overarching school-level annual report that embraces both in-house and collaborative reports. The school-level reports are scrutinised by the CLTE, where institutional-level good practice and issues are identified and actioned. The CLTE also produces a single institutional-level report that is seen by ASQC. The audit team scrutinised examples of these overview reports and saw them as a useful and effective mechanism by which the process of annual reporting could be enhanced. The team learnt that an overview report on the content of annual monitoring was not produced, as the University had judged that such a report would be too distilled as to be useful.

62   Each collaborative programme has assigned to it a University link tutor, who is based in a school. These subject-level link tutors are the main routine operational contact for the partner and as such perform a monitoring role. Link tutors are members of validation and review panels, must attend finalist assessment boards and act as a source of advice and support to the partner (see also paragraph 187).

Partner review

63   Approval of a partner institution is usually for a period of six years, at which point a reapproval process is instigated. The reapproval process involves consideration by the

CLTE of the partner institution's previous responses to routine monitoring processes such as external examining and annual monitoring reports. The audit team saw a number of reapproval reports. The team viewed these reports as sparse in detail and noted that in all cases financial information had been requested by the University but nevertheless not supplied. The University may wish to re-examine its reapproval process and the reporting thereof, with a view to enhancing the rigour of the process and subsequent reports.

64 Institutional review may be prompted if a partner gives cause for serious concern. The process for institutional review is described in the LQEH, although to date no reviews have been deemed necessary.

Programme review

65 Programme review takes place every six years, with schools being responsible for the review of collaborative programmes. The approval of the School Academic Planning Committee (or equivalent) and the APPG, acting on behalf of the Academic Board, must be obtained before a review event can proceed. The review event involves the consideration of a range of documentation, including programme handbooks; subject benchmark statements; staff CVs; partner institutes' regulations if relevant; external examiners' reports; annual monitoring reports; and progression and achievement data. Review panels must include at least one external expert, with a student representative and an internal independent representative if possible. The entire process and documentation requirements are detailed in the LQEH, together with a draft agenda for the review event.

66 Review reports seen by the audit team showed that review panels included external members. These reports showed evidence of discussion of curriculum; student handbooks; resources; student support; and the programme specification.

67 Fulfilment of any conditions of review is monitored by the CLTE, which reports to the ASQC.

68 The University stresses that review is not simply revalidation: the student experience must be reviewed even if the programme has not changed its delivery or curriculum. The University states that recent reports have confirmed that the expectations of the Academic Infrastructure are being met. However, most of the validation and review reports provided to the team did not explicitly record alignment with the FHEQ or with other parts of the Academic Infrastructure. To reassure itself that programmes are aligned with the Academic Infrastructure as expected, the University may therefore wish to include suitable prompts in its validation and review report templates.

69 The audit team was of the view that review was a thorough and well-documented process.

Accredited institutions

70 Accredited status may be awarded by the University to longstanding partner institutions that have demonstrated the ability to deliver programmes to a high standard and have a mature approach to the assurance of quality and standards. Accredited institutions, of which there are two currently, can validate and review programmes which lead to a University award themselves, following largely their own procedures and regulations without further reference to the University.

71 The process for gaining accredited status is fully described in the LQEH and involves scrutiny of a specified list of documentation prepared by the partner, followed by an

accreditation visit. The documentation must include details of the procedures used by the partner institution for the validation and review of programmes. The accreditation panel includes a Deputy Vice-Chancellor and an external assessor. The report of the accreditation visit is considered at the ASQC, where the final decision on the granting of accredited status rests.

72   The University obtains an overview of accredited institutions in a variety of ways including the appointment of link tutors. The University appoints an Accreditation Tutor to each accredited partner institution, who is responsible for liaising with and supporting the partner over institutional-level quality assurance issues. Subject-level link tutors are also appointed.

73   The audit team visited some accredited institutions and learnt of the importance of the Accreditation Link Tutor, who serves as an institutional-level point of contact with the University. The Accreditation Link Tutor sits on the Quality Forum of the partner institutions and is in regular contact with the partner's Academic Registrar. The tutor ensures that any changes to the University's processes and QAA Academic Infrastructure are effectively communicated to the partner college. The team heard that subject link tutors attend validations, review events and assessment boards at the accredited partner, as well as being on their Academic Board. The responsibilities of the accreditation and subject link tutors are detailed in the LQEH.

74   Additionally, the relevant Deputy Vice-Chancellor chairs a Joint Management Group, at which senior staff of the accredited institution are present. These meetings, which take place two or three times a year, discuss the strategic direction of the partnership.

75   Accreditation is for a period of six years, whereupon a reaccreditation event is held, the process of which closely matches the accreditation process. An annual report on accreditation is received by the ASQC, where issues are identified and responsibilities to address these are assigned.

76   The audit team formed the view that the University's management of accredited institutions was effective and sound.

Articulation arrangements

77   Articulation is an agreement of the University by which it recognises specified awards from other institutions and grants credit for those awards to contribute to a University award. Articulation agreements are refreshed every six years. The University currently has articulation agreements with 55 institutions, covering 141 programmes which grant entry to levels 5 and 6.

78   The University operates an Articulation Board, a subcommittee of the ASQC, to approve, monitor and review articulation partners, while articulation agreements are managed by the Centre for International Education. The Articulation Board was established with input from an external consultant.

79   Before an articulation agreement is made with an institution, that institution must be recognised as a partner of the University. For institutions that are not already existing collaborative partners of the University an institutional recognition process is initiated by the Articulation Board, which requires the prospective partner to provide evidence of its status.

80   The University has adopted a risk-based approach to articulation, with the Articulation Board classifying both institutions and their programmes according to the level of risk. The procedures and criteria for entering articulation agreements and for assessing risk

are described in the LQEH. Institutions are classified as either Category 1 (low risk) or Category 2. Category 1 institutions are typically existing partners of the University or a UK higher education institution or further education college. For Category 2 institutions the University requires scrutiny of their quality assurance arrangements for academic provision.

81   Programmes offered at a Category 1 institution are graded as Category A, with the majority of programmes at a Category 2 institution being graded as Category B. An internal assessor conducts a mapping exercise from the programme seeking accreditation to the named University programme. For Category B programmes, student work is also scrutinised.

82   Programmes seeking an articulation are examined by University staff, who conduct a mapping exercise to ensure the curriculum is equivalent to the level 4/5 content of the University programme that students will join with advanced standing. This mapping exercise is then reported to the Articulation Board.

83   By scrutiny of the processes for assuring the standards of articulation programmes as described in the LQEH, Articulation Board minutes and meetings with staff, the audit team formed the view that the articulation process was robust.

Modifications to module and programme

84   Details of protocols for modification of a module or a programme are contained in the LQEH.

85   Major changes to a programme require approval of both the relevant school and the APPG, whereupon a revalidation will be required. Minor changes require only school approval. Guidance to determine whether a modification is classed as 'major' or 'minor' is contained in the LQEH. In both cases, partner institutions are informed via the University Link Tutor. Changes to modules can be effected on the authority of the school only.

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

Academic Infrastructure and other external reference points

87   The Academic Quality team within the CLTE is responsible for ensuring that the University is responsive to 'external quality agendas'. The University 'largely defines academic standards in relation to external reference points, such as the Framework for Higher Education Qualifications (FHEQ), subject benchmarks statements and PSRB requirements. The Academic Infrastructure is embedded in…procedures and regulations.' The audit team noted that the FHEQ and relevant subject benchmark statements are used as reference points in the validation and review processes.

88   There is frequent reference to the Academic Infrastructure within the LQEH. For example, guidance on completion of a programme specification draws attention to relevant sections of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* and *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ).

89   The Accreditation Tutor (paragraph 72) supports accredited institutions over the application of the Academic Infrastructure. The audit team scrutinised the reaccreditation report of a partner institution. This showed that the University assured itself that the partner was fully integrating elements of the Academic Infrastructure into its processes, with the FHEQ, subject benchmark statements and programme specifications considered at

validation and review events and with the Accreditation Tutor charged with informing the partner of any relevant updates to the *Code of practice*. The team heard that the Accreditation Tutor is in regular contact with accredited institutions, informing them of any updates to both University regulations and procedures, as well as of changes to the Academic Infrastructure.

90   The external examiner system, as described in the LQEH, is aligned to the *Code of practice, Section 4: External examining*. The audit team noted that the link tutor regularly accesses QAA and HEA websites to check for updates, which are actioned accordingly. The aims of programme approval, monitoring and review are aligned with the *Code of practice, Section 7: Programme design, approval, monitoring and review*, and this was verified by scrutiny of these processes by the team.

91   Every programme, both undergraduate and postgraduate, is required to have a programme specification which is publicly available. Programme specifications are an integral part of validation and review, being a part of the documentation required for these processes. The University states that programme specifications are an important component of student handbooks. Student handbooks seen by the audit team contained programme specifications or details of how to access these electronically, and students were aware of these.

92   Programme specifications seen by the audit team clearly showed the learning outcomes of the programme, the teaching and learning methods to be used for delivery of these outcomes and the associated forms of assessment. Some programme specifications also gave module specifications, which included learning outcomes, together with the learning, teaching and assessment strategies to be used.

93   Representatives of professional and statutory bodies are invited to validation events where appropriate. The audit team saw examples of validation and review reports where the review panels included two external members who were from the relevant national institute or relevant professional bodies.

94   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

95   Assessment regulations and protocols are available on the University's website. The information includes details of examination timetables; coursework submission; deferrals and extenuating circumstances; progression and classification. The assessment regulations also include details of progression requirements, reassessment opportunities, classification, appeals and compensation. Generic grading criteria are available, mapped against the 20-point grade system that is employed by the University.

96   The University operates a moderation policy that applies to all taught programmes and is specified in the regulations. The moderation policy allows for variation in practice from programme to programme but specifies, as a minimum, that a sample of at least 10 per cent of each assessment, both coursework and examination, must be moderated by a second member of staff. All dissertations are double-marked.

97   Module results are determined at subject assessment boards, where external examiners are present. These results are then considered by programme progression boards to determine if a student can progress to the next year of the programme, or by

school assessment boards, which determine classification. The constitution and terms of reference of the assessment boards and programme progression committees for all classes of collaborative provision are clearly articulated in the regulations. In all cases, staff from the University and external examiners must be present. Boards at which awards are made are considered inquorate if the external examiner is absent. The authority of assessment boards and progression committees is clearly stated in the regulations.

98   All franchised and joint programmes are assessed alongside on-campus provision at boards which take place at the University. Validated programmes are assessed at the partner institution. The audit team heard that the subject link tutor attends the assessment board. The team noted that this is in accordance with the responsibilities of University link tutors, as specified in the LQEH.

99   Student handbooks contain relevant information about assessment, such as examination room protocols, grading, feedback and penalties. Details of the form of assessment are contained within the student handbooks, and students who met the team were clear about this.

100   Assessment regulations are managed by the Assessment and Academic Regulations Committee, a subcommittee of the Academic Board. This committee is charged with revising assessment regulations annually, ensuring that such revisions are influenced by comments from all stakeholders, including collaborative partners. Feedback on assessment policy, which informs the annual review of assessment, is obtained from external examiners and annual monitoring reports.

101   All joint and franchised provision is subject to the same regulations as campus-based provision. The University has allowed some deviation from their regulations for validated partners. Such a variation is firstly scrutinised by the APPG and the Academic Registry, who liaise with the relevant school, before being signed off. These regulations, together with commentary on them from the Academic Registrar, form part of the documentation seen by validation and/or review panels.

102   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

103   The University has responsibility for the appointment of external examiners to all forms of its collaborative provision. In practice this responsibility is delegated to the CLTE and the schools. The roles and responsibilities of examiners appointed to joint and franchised programmes are defined in the LQEH. These include attendance at assessment boards; providing commentary on assessments and the process of assessment; scrutiny of student work; and the appropriateness of standards.

104   For examiners appointed to validated programmes the partner institution may define the responsibilities, with these being considered as part of the validation document. The audit team heard that, although this may happen for cases where student numbers are small and the provision is in a specialist 'niche' area, it was usual for partners to adopt the University's regulations pertaining to external examiners.

105   Some collaborative provision is taught and assessed in a language other than English. The University requires that the external examiner appointed be bilingual. In addition the collaborative staff teaching the programme must also be bilingual. All reports

are written in English, with key quality documents being translated into English. No translation of assessment tasks or student work takes place. The audit team viewed these arrangements as an adequate method of securing standards.

106   In one collaborative partner, the same programme is taught at many different centres situated in different countries, with each centre having a locally based external examiner. To ensure consistency of standards across such provision, the University developed the role of 'chief external examiner'. This chief external examiner oversees the local examiners and receives samples of student work from each centre, as well as the reports of all local external examiners. He or she then produces an overview report for transmission to the CLTE. Both the local and chief external examiners are fluent in the local language and English. Full roles and responsibilities are detailed in the LQEH. The audit team viewed these arrangements as fit for purpose.

107   The CLTE is responsible for considering external examiner nominations and assessing whether they meet the criteria for appointment specified in the LQEH. These include academic or professional qualifications apposite to the programme being developed; expertise and experience necessary to maintain comparability of standards; experience and knowledge of UK higher education; and impartiality. The audit team viewed these as being thorough and apposite. Although validated partners nominate their own external examiners, these nominations are then processed and appointments made according to the criteria and protocols detailed in the LQEH. The same external examiner is appointed to both joint and franchised provision and on-campus provision.

108   All external examiners are invited to an induction event held at the University. A one-to-one induction is arranged by the University Link Tutor for those examiners who are unable to attend the induction arranged by the University. Link tutors are required to inform the CLTE and the relevant school that such a one-to-one induction has taken place. Online support for external examiners provides links to regulations, the LQEH, grading criteria and the *Code of practice*. The audit team viewed this online facility as a useful additional support for external examiners. The team heard that, in addition to the University induction, partner colleges may arrange their own induction.

109   The reporting requirements of external examiners are set out in the LQEH. All examiners are required to submit an annual report within four weeks of the assessment board to the the Head of the CLTE. The report pro forma prompts examiners to provide commentary on programme design; assessment; feedback to students; assessment boards; recommendations and good practice.

110   External examiners' reports are a necessary feature of the annual and quality monitoring reports (paragraphs 54 to 62). The audit team heard that not all student representatives saw external examiners' reports. Noting the recommendations from the QAA Institutional audit in 2009, the audit team considers it desirable for the University to take steps to ensure that its own policies and procedures are followed for the sharing of external examiner reports, as a matter of course, with student representatives at boards of study (see paragraph 23).

111   The CLTE produces annually an overview report of all external examiners' reports for consideration by the ASQC. The report has commentary specifically on collaborative provision, making this a useful mechanism for comparing standards and quality between on-campus and collaborative provision.

112   All reports are received by the CLTE before being distributed to relevant staff in the schools and partner institutes. All examiners are required to receive a response to their

report, with these being centrally monitored by the CLTE. Staff at partner colleges confirmed that copies of their responses to the reports of external examiners were sent to the CLTE.

113   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

114   The University maintains full control of the production of certificates and transcripts. For all classes of partnership, the University produces the students' certificates. Some partner institutions are responsible for the production of the Diploma Supplement (previously transcript) to a template provided by the University. The University verifies the diploma supplements produced by partners. From scrutiny of examples of certificates and diploma supplements, the audit team noted that they are fully aligned to the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

115   The audit team examined the policy and a number of certificates and transcripts. This confirmed that the University is following the relevant precepts of the *Code of practice, Section 2*.

Management information - progression and completion statistics

116   Student data for all on-campus, joint, franchised and validated-funded programmes is stored on the University information system (MISIS). Student data for validated programmes is contained on a separate database.

117   The Academic Registry produces an annual assessment report that is considered by the Progression and Achievement Group, which reports to the Learning and Teaching Committee, where issues and resulting actions are tracked. The report, which is also considered by the Academic Board, covers all types of collaborative partnerships.

118   The audit team read an example of an annual assessment report. The team found this a thorough and detailed document for in-house, joint, franchised and validated-funded programmes. Data, over a six-year period, was available for a variety of key performance indicators including award grade analysis, pass/fail rates at school level, classification, and subjects with high failure rates. The report also contains analysis on progression and achievement by gender, ethnicity and disability. The team heard and read that the report allowed for scrutiny of assessment issues at school and programme level, and for comparisons between in-house and collaborative provision.

119   The audit team noted that the report did not contain progression data for validated programmes, and this observation was confirmed by staff in meetings. The consequence of this is that the University is unable to gain an institutional-level overview of the progression of students on validated programmes. Given the previous observation that some annual monitoring reports have incomplete data tables (paragraph 59), the team would strongly encourage the University to consider how it may gain appropriate oversight of this sector of its provision.

120   Minutes of the Progression and Achievement Group showed that the University wishes to increase the level of analysis of the data contained within the assessment report,

with the intention that specific actions can result. Training for staff in this area is being considered, and the audit team would encourage the University in this regard.

121   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

122   As its collaborative provision policy makes clear, the University expects not only academic standards but also the student experience on collaborative programmes to be equivalent to that within the University. Day-to-day management of collaborative provision, including responsibility for quality assurance and enhancement, is devolved to the four schools and the Institute of Work Based Learning (IWBL). Schools manage validation and review of programmes with partners, ensure that annual monitoring is done, and check programme handbooks. Important roles are played by University link tutors (ULTs), and, in most schools, by associate deans for academic development and for learning and quality enhancement.

123   Professional support for collaborative provision is provided through various individuals and offices. The academic quality team in the Centre for Learning and Teaching Enhancement (CLTE) undertakes the monitoring of partnerships; partner enhancement reviews; analysis of student feedback; and oversight of validation, monitoring and review. The same team produces the Learning and Quality Enhancement Handbook (LQEH), which applies to all provision and includes specific collaborative provision procedures. It is updated annually and sent to partners, who confirm that they find it very useful (see also paragraph 188). For international partners, the Centre for International Education supports ULTs and their counterparts in the collaborative partners, the institutional link tutors (ILTs), and visits partners to provide staff development. The Research and Business Office supports staff and students on collaborative research programmes.

Approval, monitoring and review of programmes

124   Procedures and guidance for approval, monitoring and review of partner institutions and programmes are clearly and comprehensively set out in the LQEH, which is readily available in hard copy and online, and are detailed in Section 2 of this report. Approval looks for equivalence between collaborative provision and the University's own programmes, including consistency with the Academic Infrastructure.

125   Programme approval (paragraphs 45 to 50) involves two independent external assessors and a balance of other expertise and representation, which may include professional, statutory and regulatory bodies (PSRBs) and must include a representative of the collaborating institution. The chair may not come from the department responsible for the programme, but may come from the same school, while one member must come from outside the school.

126   The University has a clear policy on curriculum design; covering aims; learning outcomes; syllabus; learning and teaching; and assessment. Documentation for programme approval must specify how the curriculum satisfies a range of criteria that are considered during the approval event. For Foundation Degrees, checking of learning opportunities also covers preparation for the articulated undergraduate degree.

127   Programme monitoring (paragraph 54 to 62) is intended to identify issues and propose actions at programme, school and university level. Processes for programme monitoring are specified in detail in the LQEH. Quality monitoring reports (QMRs) are written by the school programme manager for joint programmes and jointly by the ULT and ILT for franchised programmes. For validated and accredited provision, the ILT writes an annual monitoring report (AMR), which contains additional reflective commentary and attaches more primary documentation. Some partners that have consistently produced very good AMRs are allowed to submit a QMR instead, but the criteria for this concession are being reviewed. Reports ask specifically about the operation and management of the collaborative link.

128   The Academic Standards and Quality Committee (ASQC) receives an annual report on monitoring at partners, and notes missing reports. Programme monitoring reports are audited across the University, which thereby obtains an oversight of collaborative provision. Recent University audits of the effectiveness of annual monitoring have recommended improving the focus by ULTs on serious issues that need to be addressed at school or university level, and enabling central review of partners with cross-school provision. Some of these processes have also been strengthened following problems experienced with one partner.

129   The audit team noted that the overview reports concentrated on confirming that monitoring procedures had been completed, rather than extracting learning points from the content of the monitoring reports, and was told that this was intentional, because the distillation of reports tended to remove useful detail from the content. Although it was given an example of an issue that was escalated from school to university level, the team felt that the University would benefit from finding a way to extract learning points more consistently from its annual monitoring process (see also paragraph 142).

130   Annual monitoring of programmes contributes to the University's oversight of its partner institutions, directly for partners with only one or two cognate programmes but otherwise through an institutional monitoring process. Where concerns arise because reports and responses are late or are deemed to be unsatisfactory, the institution may be formally reviewed before the end of the institutional approval period, although this has not happened in recent years.

131   Where monitoring continues to be satisfactory over the institutional approval period, the relevant Deputy Vice-Chancellor can recommend reapproval for a further six years, and in recent years this has always happened. A similar approach is adopted to the monitoring, review and reapproval of articulation partners, with emphasis on student performance at entry to the University and achievement thereafter. Accredited partners are also monitored through a range of comparable processes, and, although they are expected to maintain the high standards on which their status was based, accredited status can nevertheless be revoked if their performance deteriorates.

132   Proposals to discontinue a programme require a statement on how the programme will be phased out, taking account of the possibility of direct entry part-way through. In one instance of discontinuation, the audit team saw a report confirming arrangements to manage the remaining students on the programme, with the University continuing to operate the partnership until all existing students had completed.

133   The University argues that its procedures for programme design, approval, monitoring and review - and especially overview reports and audits - together enhance processes through the identification of generic themes and, where appropriate, good practice. The audit team agreed that these procedures provide mechanisms for the dissemination of information relevant to enhancement but considered that the University was

missing opportunities to extract learning points systematically from overviews (see paragraphs 59, 129 and 141).

134   In exploring learning opportunities in partner institutions, approval and review check that where placements, study abroad periods and work-based learning are not covered by the University's own arrangements, any departures from those arrangements are acceptable. Outcomes of partner enhancement meetings have included instances where the University would provide help to partners in managing placements, and the audit team heard that the University had helped another partner in developing a virtual learning environment. When Foundation Degrees are being considered, the panel must include specially trained members.

135   The University defines a distance education (DE) programme as having more than 50 per cent non-contact teaching, recognizing that DE is not necessarily always e-learning (but in practice mostly is). There is a modest amount of DE with partners, such as an MBA programme for maritime students. E-learning is routinely discussed in relation to new partnerships, whether or not DE programmes are proposed. The LQEH gives specific practical guidance on the design and approval of DE modules and programmes, referenced to the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

136   Approval of DE programmes requires at least one panel member with DE expertise; these panel members are specially trained, and additional guidance materials are being developed. The process requires the learning materials for at least one module to be approved before others are developed, each of which must be approved by the DE expert before it can be delivered. Students from one DE programme who met the audit team spoke very positively about the learning materials they accessed. The team also saw the report of an approval where a DE mode for a programme was refused pending further work. The team considered the care given to the validation of distance education programmes, which contributes significantly to the assurance of quality in such programmes, to be a feature of good practice.

137   The University's arrangements for programme approval, monitoring and review are quite complex, in keeping with the range and diversity of its collaborative provision. Nevertheless, the arrangements are well conceived, with a focus on the student experience; they are systematically documented and carefully carried out. As such, they make an important contribution to assuring the quality of learning opportunities.

138   The audit team regarded the University's approval, monitoring and periodic review process as generally effective in the management of the learning opportunities for its students.

Academic Infrastructure and other external reference points

139   The LQEH applies to all the University's provision, but a separate chapter on collaborations with other institutions provides specific guidance for partner institutions on implementing the *Code of practice*. This guidance lists all the relevant precepts in the *Code of practice*, indicating how partner institutions are expected to implement each one. The LQEH is revised and reissued every year, and changes to the Academic Infrastructure not in the LQEH are communicated to partners separately. The University believes that this approach ensures that it always aligns with the *Code of practice*.

140   The University's policy statement and guidance on curriculum design are clear about how the principles of diversity must be taken into account, particularly in respect of disability and race equality, and provide references to external sources of advice.

141   Reports on PSRB accreditations are routinely considered by the ASQC, which also receives an annual overview report. Although the audit team was told that reports are discussed at ASQC, the minutes of ASQC record little more than whether or not accreditation was granted, and in particular say little about why a few accreditations were unsuccessful; the overview reports provide no more detail. The team concluded that the University may be missing opportunities to extract from PSRB accreditations information on issues or opportunities for enhancement specific to collaborative provision or to individual partner institutions and to disseminate the information more systematically.

142   Following consideration of this and of paragraph 129, the audit team considers it desirable for the University to establish a means of extracting and disseminating, more systematically, learning points from its annual overviews of programme monitoring and from professional, statutory and regulatory body accreditations.

143   The audit team concluded that the University makes effective use of the *Code of practice* and other external reference points, and comprehensibly 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

144   All programmes must collect student feedback. Feedback on individual modules is optional (though still supported by the CLTE where it occurs), but in practice most students who met the team had been asked to provide module feedback. The LQEH specifies procedures for gathering, analysing, considering and responding to feedback, supported extensively by the CLTE. Collaborative provision students provide feedback on their programmes via standard forms and through board of study meetings, but the details differ for different categories of programme. Franchised and joint programmes use the University's own mechanisms. Validated programmes use their own feedback forms, which must be confirmed by an associate dean as equivalent to those at the University.

145   Feedback from joint and franchised programmes is analysed and fed back to partners via the relevant school; responses are monitored and reported to students via boards of study. Validated programmes are required to report actions through boards of study and annual monitoring. The model template for a board of studies agenda specifies consideration of reports on topics that include surveys at levels from individual modules to the National Student Survey.

146   Students who met the audit team were well aware of feedback opportunities, of student representation, and of the arrangements for boards of study. They were confident that the University considered the issues that students raised, in particular through the link tutors, who sit on boards of study. Although some felt that the University responded rather slowly, others could point to prompt and effective responses.

147   Student representatives who met the audit team had received briefings on their role but none mentioned any specific training. Link tutors provide briefings, which can be especially important in countries where student representation is not common. Middlesex University Students' Union produces a handbook for student representatives that is available online, and offers training that is open to collaborative provision representatives who are able to visit the University.

148   The University uses the National Student Survey as its survey of final-year students, and the outcomes are considered at the Progression and Achievement Committee for any institutional trends or anomalies, and at boards of study, along with other survey results at the programme level. Students at partner institutions funded through the University are actively encouraged to take part in the National Student Survey, with the results included among performance measures for the partner institution. The University does not use the Higher Education Academy's postgraduate experience surveys.

149   Students who met the audit team were largely satisfied that their voice was heard in the University. Apart from a few who felt that the University's response to concerns had been slow, students were generally content with their opportunities for feedback to the University and with the way feedback was handled, particularly through the link tutors. Overall, the University's arrangements for student feedback contribute effectively to maintaining the quality of learning opportunities.

Role of students in quality assurance

150   As with in-house programmes, students are represented in board of study meetings (see paragraphs 144 and 148). The team concluded that this mode of representation works well and as intended.

151   Partners are sometimes able to arrange for collaborative provision students to sit on programme validation and review panels at the partner institution (which also always meet current students). Collaborative provision students do not sit on any other University committees.

152   Through the system of course representatives on boards of study the University involves students at partner institutions effectively in its quality management.

Links between research or scholarly activity and learning opportunities

153   The University Corporate Plan 2010-15 says that at Middlesex University 'researchers teach and teachers do research'. The University expects learning opportunities for collaborative provision students to be equivalent to those on its in-house programmes. In the context of national policy to develop more effective links between teaching and research, the objectives of the Enhancement of Learning, Teaching & Assessment Strategy 2007-12 include ensuring that all programmes 'are based on up to date research and professional practice related to the subject(s) of study', and 'offer research-like learning experiences for students'. The University characterises excellence in teaching as including 'maintenance of a level of scholarship at the forefront of the subject matter taught'.

154   Programme approval and review panels explore how effectively the research, consultancy and scholarship of partner staff impact on curriculum content and development. Staff in some partner institutions are leaders in their field of practice, and some MSc projects are supervised jointly by University and partner institution staff. However, in other partner institutions contractual and other constraints make it difficult for staff to conduct research or supervise student research themselves. Hence, although research, scholarly activity and professional practice inform teaching and thereby contribute to the quality of learning opportunities in many of its partner institutions, the University should reflect on how to meet its strategic aspirations by extending such inputs to benefit students in all partner institutions.

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

Other modes of study

156   As noted in paragraphs 135 and 136, the University treats the design and approval of distance education with particular care, providing comprehensive guidance.

157   The 2009 Institutional audit commended the distinctive contribution of the IWBL to the University's portfolio, and work-based learning also features significantly in the University's collaborative provision. This mode of study as embodied in the MProf/DProf scheme is considered in Section 6 on postgraduate research students.

158   Procedures to award credit for external study are managed by Middlesex University Accreditation Services, part of the IWBL. The procedures are approved by ASQC, which receives an annual report. Credit is awarded by the University Accreditation Board, with external examiners for credit at and above FHEQ level 5. Partners are supported by a University Accreditation Link Tutor, a role that - with HEFCE funding - has been strengthened recently, along with that of accreditation advisers.

159   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 through work-based learning.

Admissions policy

160   The University has a clearly defined admissions policy, which is incorporated into the academic regulations and made widely available on the intranet. The policy specifies that all courses should have a requirement of a minimum a level of competence in the English language, a specified level of numeracy and other competencies that are specific to the programme.

161   In the cases where partner institutions offer courses that are delivered and assessed in languages other than English, the University operates the appropriate language assessment to mirror the IELTS specifications in the on-campus Regulations for English. The exact specification of the admissions requirements and any other programme-specific matters are subject to approval as part of the initial validation event and vary with the type and level of the programme.

162   Admission with advanced standing is permitted, and any overseas qualifications are required to have a recognised credit value and equivalence within the UK NARIC database. Specific curriculum matching that is programme-specific may also be used. The University has formed the Middlesex University Accreditation Services, which works in conjunction with the IWBL, which has responsibility for assessing claims for prior learning that fall outside of the general admission requirements. Articulation on to the University's programmes is usually via the terms of an articulation agreement with a partner institution, which is predefined within a Memorandum of Collaboration.

163   The University states that the 'precise (admission) arrangements depend upon the nature of the relationship (with the partner)'. These vary from validated and accredited programmes, where the partner has full responsibility under delegated powers for enrolment and registration, to joint programmes,, where the complete cycle of registration and admission is conducted by the University itself. University admissions staff provide training and guidance to those involved in admissions in the regional offices, and ULTs maintain

oversight of the admissions and registrations in collaborative partners. Oversight of the admissions process on a day-to-day basis is via the ULTs, with annual monitoring through the annual monitoring report.

164   In the case of collaborative work-based programmes of study such as the MProf, admission is via the assessment of prior work-based learning and the assignment and awarding of credits against specified intended learning outcomes within a modular structure. These programmes are subject to approval and validation, as with all other taught degrees (in this case by the IWBL), and the approach to admissions follows the general approach that operates on campus.

165   Students from collaborative partners who met the audit team were aware of the programme specifications for their course, and confirmed that the admissions requirements for their intended programme were made clear before applying and that they were aware of what was needed to enable them to enrol.

166   The regulations do permit a certain amount of discretion to be exercised at admissions, and the team noted further that this is most marked when assessing prior learning via a work-based route. The AMRs seen by the audit team were of variable quality and completeness, and, while some provided a detailed analysis of admissions, the team noted that others were relatively incomplete in this area of reporting (see also paragraph 59).

167   The University has recently implemented a comprehensive and broad annual review of assessment. During meetings with senior staff, the audit team was informed that there was an intention to expand the scope of this annual review with the aim of investigating any correlation that might exist between achievement and the admissions decisions that had been taken.

168   In general, the approach to admissions adopted within collaborative partners is robust and clear and follows the University's policies and regulations. The audit team formed the view that improved oversight of the process could be achieved through the mechanism of the annual monitoring reports, and that these would provide a useful contribution to further development of the institution-wide evaluation. The team concluded that the University's approach to admissions overall meets the expectations of the *Code of practice, Section 10: Admissions to higher education*.

Resources for learning

169   The evaluation of the learning resources required to support a programme, including IT, library and any specialised facilities, is a central and required component of an initial validation event. Key members of staff from the University are closely involved in this initial assessment, usually through site visits. The continuing suitability of facilities is monitored through the QMRs (for franchised and joint programmes) and AMRs (for accredited partners and validated programmes), and its consideration forms a part of the six-yearly review. The ULT is involved in monitoring resources to support the programmes offered.

170   The audit team learned from a meeting with staff at one of the partners that the evaluation by the University of the technical facilities available was probing and thorough, and that full accredited status had initially been selective. Approval of some courses had been postponed until the University had been satisfied that all of the learning resources were in place and of a suitable standard.

171   The University has a policy that each course coming forward for validation is considered on its individual merits, such that some might fall under the general umbrella of accredited status, for example, whereas others might be considered validated with closer quality assurance scrutiny, of which the assessment of learning resources would form a part of the consideration. The audit team was aware from meetings with partner staff that the University was prepared to offer high-level technical support to partner institutions who were wishing to implement new learning technologies, but lacked the staff resources and expertise to implement the project.

172   The evaluation of staff resources at potential partners is, as with physical resources, a key component of the initial validation. Staff CVs are scrutinised by the validating school. However, partner staff are not afforded any particular status with respect to the University, and it falls to the ULT to monitor and track any changes in staffing that occur after the validation event. While these may be reported in the AMR, the audit team did not discern any formal requirement that newly appointed staff should be approved centrally, and the University does not have an explicit policy about the general level of qualification for staff at partner institutions.

173   The audit team formed the view that the initial evaluation of resources to support collaborative programmes was probing and thorough. There was evidence that programme approvals could be held over on these grounds if the validation panel had doubts in this area, even in the case of long-established and trusted partners. The continued monitoring of resources in the light of normal programme changes and developments relied heavily on the effectiveness of the ULT, and central oversight was almost exclusively through the AMRs, which did not always fully address these issues (see paragraph 142).

174   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

175   Student support is, in general, devolved to collaborative partners. The University claims that 'there is a focus on the character of the student experience' during the validation process and an explicit recognition that the facilities to support this experience will not be identical to those offered by the University to its on-campus students. Students on joint programmes are automatically members of the University Students' Union, whereas those in accredited partners are entitled, if they wish, to apply for the NUS Extra card. Handbooks are made available to students on franchised programmes that detail the facilities available. Meetings with staff and students of the accredited partners supported the University's view that the arrangements in place were considered by students to be effective and well matched to their needs.

176   In small institutions many of the processes were informal for both pastoral and academic support outside of the regular teaching timetable, but students expressed the view that staff were readily accessible and had a clear idea of the appropriate person to contact. Students on distance-learning programmes had mechanisms in place to promote regular contact with University staff.

177   The LQEH describes the University policy with respect to personal development planning (PDP), stating that the policy includes a formal requirement to ensure active student engagement. This policy echoes the University strategy for the enhancement of learning, teaching and assessment. While some flexibility is permitted for 'local implementation', the requirement is that PDP should be integrated within all programmes

and students should be aware of this from the outset. Meetings with senior staff at the University confirmed that this expectation extended to collaborative partners and that this would be established at validation and the dissemination of the University's 'e-portfolio' tool. Meetings with staff and students at a sample of collaborative institutions failed to confirm the universal application of the University policy with respect to PDP. Most staff and students were unaware that a policy was in force.

178 As a consequence, the audit team considers it desirable for the University to make explicit the degree of flexibility in implementation available to programme teams in collaborative partners with respect to embedding personal development planning in the curriculum.

179 Overall, the audit team found that support for students within collaborative partners was effective, readily available and made a positive contribution to the students' learning experience.

Staffing and staff development

180 The University states that it has a comprehensive range of staff development activities to support staff at all levels who are involved in working with collaborative partners. Specific, centrally provided staff training is given to those in the roles of ULT and ILT. Development and support is tailored to the needs of the partnership, with senior staff and the ULTs having a key role. Visits to partners by the ULT often involve specific and targeted developmental and enhancement activities (teaching observation and workshops on feedback being given as typical examples), as well as a range of informal interactions between staff at the partner institution and the University.

181 The CLTE runs training sessions three times a year for ILTs and ULTs new to their role, with specific training given in the production of effective QMRs and AMRs. The CLTE has additionally a quality information forum for staff at partner institutions, which provides a mechanism whereby quality issues may be discussed and notification can be given about any impending changes to the University quality framework. Meetings with staff at all levels in partner institutions confirmed the University's view that the link tutor system was pivotal to the effective operation of the partnership and was an important focus for development and enhancement activity (see paragraphs 186 and 187).

182 The audit team found from meetings with University staff that the more formal requirements for the professional development of partner staff were less well developed than the essentially informal activities of the ULTs. This confirmed the findings from visits to a sample of partners. Partner staff had little or no awareness of a Professional Standards Framework, and there was very little engagement with formal training in higher education pedagogy at postgraduate level. Senior University staff confirmed that at the time of the audit visit there was no formal specification for partner staff in this regard, but recognised that this was an area where the University might be able to offer an extension of its own Postgraduate Certificate.

183 As a consequence, the audit team considers it desirable for the University to ensure that any future strategies and policies for staff development are explicit regarding the needs of partner institutions.

184 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

185   Middlesex University has a strategic plan for the enhancement of learning, teaching and assessment for the period 2007-11 (ELTA). This sets out a number of ambitious goals for the University. Progress towards these targets is monitored through the Teaching and Learning Committee and Progression and Achievement Group and is also reflected in the agenda of the Staff Development Strategy Group. The audit team learnt that a new ELTA strategy document is in preparation for implementation from 2012, and extensive consultations with partners will inform the new strategy.

186   The exchange of good practice is actively promoted via the link tutor. During partner visits the audit team obtained evidence of the dissemination of good practice both from the University to the partners and vice versa, which partner staff reported to be a valuable aspect of the collaboration. The link tutor was also identified as playing a vital role in staff development by directly providing guidance and training to partner staff and also by providing a gateway to staff development opportunities provided centrally by the University at school or Cente for Learning and Teaching Enhancement (CLTE) level (see paragraph 180).

187   Middlesex University has enhanced the key role of the link tutors in collaborative provision by producing a good practice guide for link tutors, a web-based calendar of link tutor duties and by providing link tutor workshops either through the CLTE or school-based events. Link tutors are also involved in the recently introduced process of partner enhancement visits, where the concerns of partners and the University can be explored to determine a set of agreed outcomes with action points for the partner and the University. The audit team found the pivotal role of the link tutors and the structures for their support and development in ensuring the effectiveness of collaborative partnerships to be a feature of good practice.

188   The CLTE provides a key resource for the enhancement of quality, not only through the explicit and detailed advice provided in the Learning and Quality Enhancement Handbook (LQEH) but also in its internal audit processes, which enable the University to maintain oversight of aspects of collaborative provision such as validation review, quality and annual monitoring and external examining. The audit team found the LQEH to be a very impressive handbook available both electronically and in hard copy. The team was able to see that this was a live document which was regularly updated to take account of external requirements and developments in the Academic Infrastructure, and also that it provided explicit guidance on the relationship between the LQEH and the University's ELTA strategy. In the context of the audit, the team identified as a feature of good practice the LQEH as a comprehensive resource for partners and schools in developing, maintaining and enhancing collaborative provision.

189   The University actively encourages the dissemination of good practice by including a good practice table in the programme monitoring reports submitted annually. Programme annual reports are compiled into school-level reports to the Academic Standards and Quality Committee (ASQC), and the team learnt that some features of good practice are assembled into a good practice guide, which is published on the University website.

190   The audit team shared some concerns that in a number of cases annual monitoring did not report on good practice, limiting the opportunity to gather this information at school or institutional level. In addition, institutional scrutiny of professional, statutory and regulatory body (PSRB) reports lacked detailed analysis, as reported elsewhere. Overall, the team concluded that the University may be missing opportunities to use information from annual

monitoring and PSRB reports for the enhancement of its programmes offered through collaborative provision (see paragraph 142).

191   The audit team concluded, however, that the University's overall 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

192   The University offers research degree programmes at both master's and doctoral level. A number of different programme structures are available, which vary from programmes where virtually the whole period of study is devoted to active research investigation to programmes where the student studies a number of credit-bearing modules, culminating in the prosecution of a research project and writing the accompanying thesis. Depending on the exact programme (which is reflected in the award title) the modular credit is gained by successful study of taught material, or in other cases by work-based learning (WBL).

193   Irrespective of the type of module, all are described within the appropriate programme specifications, with intended learning outcomes. Students may enter the WBL-based MProf (leading ultimately by progression to the DProf) with advanced standing via a process of accreditation, which the University refers to as Recognition of Accredited Learning, where the work-based learning for which credit is claimed is tested against the learning outcomes of selected modules. All of the degree types have been calibrated against the appropriate levels of the FHEQ, with the WBL-based programmes being benchmarked against national expectations for this type of learning.

194   All research degrees are subject to the relevant regulations, which cover such matters as admissions, supervision, progress review and assessment. The different types of research degrees have their own specific regulations.

195   Only a limited number of collaborative partners offer Middlesex University research degrees, with a predominance being Doctorates of Professional Studies. These have a taught element, and as a consequence these programmes are subject to the normal validation, approval and annual reporting processes. Responsibility for collaborative research degrees lies with the school with the appropriate expertise, or with the Institute of Work Based Learning (IWBL) in the case of WBL-based programmes. Admissions are the responsibility of the collaborative partner, operating within a University framework, which permits an element of discretion to be exercised at admission.

196   All students are allocated a supervisory team of at least two supervisors. There is a University requirement that the Director of Studies (who has overall responsibility for ensuring the appropriate progress is being made) should have significant prior experience of successful supervision and examination. The audit team noted that the specific criteria had recently been reviewed and revised to align the requirements with practice elsewhere in the sector so that more staff could assume this role. A number of training events are run on campus, which new supervisors are required to attend. This requirement has not been extended to partner institutions, although the team was informed in discussions with senior staff that partner staff could attend these training events if they wished.

197   School (and institute) level oversight is via the School Research Degree Board, and each school also has a Research Degree Board of Studies with student representation. The Research Degree Board reports to the Research & Research Degree Committee (RRDC) of the Academic Board, which has overall responsibility for all research degree awards. Administrative support for collaborative partners is offered by research degree programme support officers within the Research and Business Office.

198   The IWBL has formed a Professional Doctorate Development Group with representation from partner institutions in order to promote and enhance consistency of practice. The group meets regularly, and minutes of these meetings made available to the audit team illustrated that there was considerable awareness of the potential difficulties in implementing advance programmes of this type; there was evidence that the IWBL played a national role in the area of WBL in general, in support of the wider University strategy to develop this provision. Overall, the team formed the view that the Professional Doctorate Development Group and its role in promoting consistency of practice and in enhancing quality was a feature of good practice.

199   External examiners are appointed by the University for all elements of a research degree programme. Different examiners are used for the modular and thesis elements. Theses are examined viva voce, with the panel comprising both internal and external examiners, chaired by a non-examining chair who is a senior academic.

200   Scrutiny of the minutes of the RRDC indicated that as a body it was both proactive and effective in exercising its responsibilities for oversight of research degrees. Recent activities involved initiating performance reviews, analysing enrolments, and developing policy on such matters as training of staff and students.

201   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

202   The audit team reviewed a wide range of sources of published information, including the Middlesex University website; the Middlesex University Students' Union website; the websites of UK and international partners; programme handbooks; and the UCAS and Unistats websites.

203   Clear and detailed guidelines and advice on the preparation of publicity materials are found in the Learning and Quality Enhancement Handbook (LQEH), which also defines responsibilities for ensuring that materials meet the University's standards. During the development of programmes or articulation arrangements information from partners is approved by either the Director of International Partnerships or the Director of UK Partnerships, and associate deans are responsible for ensuring further scrutiny at validation events. Once operational, University link tutors assume responsibility for the consistency and accuracy of information provided by partners. Specific details such as the coexistence of Middlesex University and partner institution logos are defined contractually in memoranda of cooperation.

204   Partner websites are monitored by the Academic Registry Collaboratives Office, which reports annually to the Academic Standards and Quality Committee. The audit team was satisfied as to the vigilance of this approach, and partners reported that the University had suggested modifications to their websites as a result of this monitoring. Students

confirmed the value and accuracy of publicity and advertising materials in informing their decisions to choose their programmes of study.

205   The audit team was able to see clear evidence from minutes of validation events that the University takes great pains to ensure that programme specifications are fit for purpose and are included in handbooks. Meetings with students confirmed that programme handbooks are an invaluable source of information throughout their studies and provided them with extremely clear guidance on the requirements and expectations of both the University and the partner institution.

206   Meetings with partners confirmed that the University ensures currency of the handbook content, through the link tutors, with regards to both programme-specific information and changes to University procedures and services. The operational calendar for link tutors clearly laid out in the LQEH identifies the scope and timing of provision of information, and scrutiny of partner marketing material and handbooks, and makes a significant contribution to the robustness of the interaction.

207   Where programmes and/or assessments are offered in languages other than English bilingual staff are available to check that information provided in the foreign language is consistent and accurate.

208   The large size and diversity of the University's collaborative provision, with many students registered on validated programmes or those in accredited institutions, limits the value of entries on Unistats, including National Student Survey (NSS) data, as a source of information. The University is working with partners with university-funded programmes to increase participation rates and thus improve the value of NSS data in this area of collaborative provision.

209   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.