Canterbury Christ Church University

March 2010

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Canterbury Christ Church University (the University or CCCU) from 15 March to 19 March 2010 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards the University offers. On this occasion the team carried out a hybrid audit. The hybrid process is used where QAA considers that it is not practicable to consider an institution's collaborative provision as part of standard Institutional audit, or that a separate audit activity focusing solely on this provision is not necessary.

Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of Canterbury Christ Church 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 it offers, including those offered on behalf of the University of Kent

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

Institutional approach to quality enhancement

The audit team found evidence that the University is taking deliberate steps to promote quality enhancement but the process of systematic enhancement at institutional level is in its early stages. Some strategic initiatives have been introduced but their outcomes are not yet fully embedded within the University systems and procedures, and its policies and intentions for enhancement have not yet been communicated consistently among collaborative partner institutions.

Institutional arrangements for postgraduate research students

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

Published information

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

Features of good practice

The audit team identified the following area of good practice:

- the use of the virtual learning environment in supporting students and staff, and its potential for promoting comparable learning experiences across the University's collaborative partnerships (paragraphs 103-104, 158).

Recommendations for action

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

Recommendations for action the team considers advisable:

- ensure that Academic Board, through its appropriate institutional-level committees, makes full use of the annual and periodic review processes to provide greater transparency and consistency in its oversight of academic standards and quality of learning opportunities in both its taught and research degree programmes (paragraphs 21, 29, 39, 42-43, 51, 76, 151, 177)

- review the external examiner template, and the information given to external examiners, to ensure clear reporting about the standards of all awards and programmes, wherever delivered (paragraphs 45, 46)

- ensure that considerations of, and responses to, external examiners' reports are consistently clear, timely, transparent and well documented (paragraphs 49, 154, 155)

- ensure that each partner institution understands and implements all relevant University regulations and procedures (paragraphs 153, 195)

- ensure that all award certificates and transcripts reflect fully the precepts of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* (paragraph 155).

Recommendations for action the team considers desirable:

- consider the minimum level of structured support required for postgraduate research students in preparation for teaching and assessment (paragraphs 10, 181)

- keep under review the opportunities for faculties to consider the outcomes of service department annual and periodic reviews and their potential to enhance the quality of the student experience (paragraphs 74, 137).

Section 1: Introduction and background

The institution and its mission

1   Canterbury Christ Church University was founded in 1962 as the College of Christ Church, Canterbury. Taught degree awarding powers were granted in 1995, university title in 2005, and research degree awarding powers in 2009. Previously, research degrees were awarded through the University of Kent. As a Church of England foundation the university is a member of the Council of Church Colleges and Universities (England and Wales) and of the worldwide Colleges and Universities of the Anglican Communion group.

2   The University describes itself as 'a learning and teaching-led institution'. It has five faculties: Arts and Humanities; Business and Management; Education; Health and Social Care; and Social and Applied Science. CCCU is one of the UK's largest providers of Initial Teacher Education and education for health professionals, and the Faculties of Education and Health and Social Care account for 62 per cent of its student full-time equivalents. The institution operates on four campuses: the Canterbury Campus; Salomons Campus, near Tunbridge Wells; Broadstairs Campus; and the Campus at Medway which is shared with the Universities of Greenwich and Kent and Mid-Kent College. Programmes are also offered at the University Centre Folkestone, which is shared with the University of Greenwich. CCCU delivers 55 programmes in collaboration with 38 partner institutions in the UK and overseas.

3   In 2008-09 the University had 9,128 full-time students (7,663 undergraduate, 1,415 taught postgraduate and 50 postgraduate research students). There were 7,627 part-time students (4,955 undergraduate, 2,570 taught postgraduate and 102 postgraduate research students). International students number 316 undergraduates, 139 taught postgraduates and 22 postgraduate research students, making a total of 477. Mature students make up 60 per cent of the total. At the time of the audit 3,050 of the University's students were studying in its partner institutions.

4   The University's Strategic Plan 2006-2010 includes the following mission statement: 'Inspired by the University's Church of England Foundation and the aspirations of its students and staff, our mission is to pursue excellence in academic and professional higher education, thereby enriching both individuals and society'. CCCU is committed to an increasing level of internationalisation, and takes a strategic approach to international recruitment. It is actively seeking to establish new progression and partnership agreements overseas and is developing existing links with consortia of community colleges in the United States of America (USA). All this accords with the institution's Christian ethos and values, and tradition of outreach activity.

The information base for the audit

5   The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the team. The Briefing Paper was referenced to sources of evidence illustrating the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision.

6   Christ Church Students' Union (CCSU) produced a student written submission (SWS) setting out the students' views on the accuracy of information provided to them, the experience of students as learners and their role in quality management.

7   In addition, the audit team had access to QAA's reports of:

● the previous Institutional audit published in 2005

● two Major reviews in 2005 and 2006

● a Foundation Degree review in 2005

● the Review of research degree programmes in 2006.

8   The audit team also had access to the institution's internal documents and the notes of audit team meetings with staff and students. Two visits, and one virtual visit by video-conferencing, were made by members of the team to collaborative partners of the University.

Developments since the last audit

9   The previous Institutional audit found that broad confidence could be placed in the University's current and likely future management of the quality of its academic programmes and the academic standards of its awards. The report identified as features of good practice the comprehensive range of student support initiatives contributing to the quality of students' learning experience; the maintenance, during a period of considerable institutional expansion, of a strong collegiate environment across the campuses and partner colleges; and the innovative approach to the first-year curriculum which is intended to improve the confidence and retention of students. The University has extended this good practice, particularly through the launch of its Student First policy in 2007 (see paragraph 114). It has also taken steps to build upon the strengths of the collegiate environment across campuses and partner colleges, including the introduction of the annual staff conference, the Collaborative Provision Sub-Committee, and higher education forums – meetings between staff of the University and partner institutions.

10   The report made a series of recommendations for action. The University was advised to monitor the effectiveness of its strategic planning of resources and responded by creating a Resources Directorate, a Planning Office and a revised planning process recently reviewed by a Pro Vice-Chancellor (PVC). The University was also advised to ensure that postgraduate research students receive preparatory training before taking up teaching responsibilities. The University stated in the Briefing Paper that this had been implemented with immediate effect in May 2005. However, the audit team found that this response was only partially effective, and recommends that this matter should be reconsidered (see paragraph 181).

11   The 2005 audit report also made three 'desirable' recommendations. In the first of these it concluded that the institution should complete the proposed review of internal committee and working group structures and their interrelationships, while retaining the benefits derived from the delegation of quality processes to faculties. The University responded by reviewing the committee structure of the Academic Board (AB) in December 2007 and by reorganising the Quality Office. The audit team explored the ways in which the AB and its committees oversee the responsibilities for academic standards and quality delegated to faculties, and later sections of this report will discuss its findings (see paragraphs 15-21, 29).

12   The report also recommended that the University should review its nomination process for external assessors on validation and review panels. Subsequently, it has revised the form for nominating external assessors and has set out appointment criteria in the Quality Manual. Finally, the report recommended the clarification of criteria for small-scale validations, and this was addressed through the institution's review of its quality assurance procedures in 2007-08, which resulted in revised criteria for small-scale validations (see paragraph 36).

13   The present audit team concluded that the University had seriously considered all these recommendations and had addressed all but one of them fully and effectively. It should reconsider the matter of training for postgraduate research students in preparation for teaching responsibilities.

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

14   The University's Briefing Paper states that its quality assurance procedures are underpinned by three principles.

●   Quality assurance is a shared activity, owned and carried out at the closest possible point to the process of learning and teaching. All academic staff are involved in maintaining standards and enhancing quality, with monitoring by heads of department, deans of faculty and central units.

●   Quality assurance is a holistic process of review, approval, evaluation and re-approval, resulting in a cycle of continuous improvement based on 'critical, confident self-appraisal'.

●   The University's internal quality assurance mechanisms operate where relevant in conjunction with professional bodies and take into account the requirements of external quality agencies.

15   AB is a committee of the Governing Body and is chaired by the Vice-Chancellor (VC); it is responsible for the definition and maintenance of academic standards and quality. AB may establish such committees as it considers necessary to discharge its responsibilities, subject to the approval of the VC and the Governing Body. At the time of the audit it had five committees: the Quality and Standards Committee (QSC); Information Systems Committee; Academic Planning Committee (APC); Learning and Teaching Committee (LTC); and the Research Committee (RC), each of which is chaired by a PVC. The LTC and RC were elevated to full committee status from 2007-08 following a review of AB structures.

16   AB is responsible for the approval of quality procedures and all regulatory matters, and for external examiner appointments. It requires QSC to 'ratify, oversee and take forward…policies, principles and procedures considered necessary to maintain and enhance the quality and standards of the University's work'. QSC is also charged with advising AB about national developments in quality assurance and enhancement, and 'compliance' with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* published by QAA. QSC is supported by a number of subcommittees, notably the Assessment Sub-Committee (ASC), Collaborative Provision Sub-Committee and Research Degrees Sub-Committee. It receives minutes and reports from faculty quality committees (FQC), all of which are also subcommittees of QSC.

17   LTC has delegated responsibility for developing and monitoring policies to enhance learning, teaching and assessment; monitoring the progress of the University's Learning Teaching and Assessment Strategy; and considering matters of policy and practice relating to learning, teaching and assessment referred to it by internal committees, or derived from the work of external agencies such as the Higher Education Academy (HEA).

18   APC has responsibility for planning the University's academic activities, including 'the structure, nature and content of study programmes, schemes and academic frameworks'. It considers proposals for new and revised programmes, approves and reviews collaborative partnerships and comments on the resource implications of the University's academic activities. APC considers planning issues at strategic level; it is assisted in its work by the Programme Proposals Sub-Committee which undertakes detailed scrutiny of programme proposals, the Widening Participation and Student Retention Sub-Committee, and the International Sub-Committee.

19   ASC oversees the external examining process, receiving reports from faculties on external examiners' reports and actions taken in response, and reporting general issues of concern to other University committees. It monitors examination results, and also reviews regulations and procedures for assessment and boards of examiners, recommending changes where appropriate. At the time of the audit, the University was discussing changes to the terms of reference of ASC.

20   Agendas for AB and QSC include reserved business from which students are excluded. Although it found that very few current issues are dealt with in this way, the audit team was unable to discern a clear rationale for excluding students from discussion of such matters as undergraduate award trends and the presentation of the list of external examiners for approval. Members of University staff who met the team agreed that a review of reserved business was timely.

21   The University made available minutes of its institutional-level committees, and faculty, departmental and programme-level committees related to the selected audit trails. The audit team noted variability in the reporting from faculties in relation, in particular, to annual programme monitoring and external examiner reports which could impair QSC's capacity to monitor the delegation of responsibility for quality and standards to faculties. Examples are noted in paragraphs 39, 42, 50-51.

22   The VC leads a Senior Management Team (SMT) comprising the Strategic Director (Resources) and six PVCs. SMT provides strategic leadership and management for the University. Its members have university-wide responsibilities, which in the case of the two PVCs include oversight of one or more of the University's campuses; they also manage the heads of support departments and other senior staff. Three of the PVCs manage deans of faculties, and two are themselves deans of faculties. The PVCs chair internal periodic reviews of academic and support departments (paragraph 40). The SMT meets weekly and on alternate weeks is joined by the three deans who are not PVCs, the Director of Finance, and the University Solicitor and Clerk to the Governing Body to form 'SMT plus'. The University's website states that SMT is a confidential forum and accordingly its notes are confidential. However, the audit team was informed that after each 'SMT plus' meeting a briefing paper is prepared; each member uses this to brief their

heads of departments, who are asked to cascade the information to their staff. The team was given access to edited highlights of the 'SMT plus' notes.

23   The PVC (Learning and Quality) plays a key role in the University's arrangements for managing quality and standards. He chairs QSC and LTC; he has overall responsibility for the Quality and Standards Office (QSO) and the Learning and Teaching Enhancement Unit, and he manages the Director of Quality and Standards and the Director of Learning and Teaching. The QSO produces the University's Quality Manual (QM) which contains the University's quality assurance policies and procedures. The QM is approved annually by QSC and AB.

24   Institutional-level responsibility for the University's collaborative provision rests with the PVC (Academic), whose role in relation to academic planning was extended in September 2009 to cover collaborative development and the approval of new partners, and the PVC (Learning and Quality) who is responsible for the quality assurance of collaborative provision. The operational management of partnerships by academic departments is supported by the Manager of Academic Partnerships and the Quality Officer for Collaborative Provision, both of whom are based in the QSO.

25   At the time of the 2005 audit the University had a Quality Audit Group which provided a mechanism for keeping quality systems under review, developing policy and procedures and preparing documents for QSC. It was then described by senior staff as a 'lynchpin' of the University's quality assurance arrangements. The present audit team noted that this body is now known as the Quality Advisory Group and was informed that it meets on an occasional basis with the PVC (Learning and Quality) to consider single-issue items.

26   The University's academic work is located in 25 departments grouped into five faculties, each led by a dean. Each faculty has a faculty board which advises the dean and reports to AB. Faculties exercise delegated responsibility for certain aspects of the management of quality and standards through their FQCs, previously known as Faculty Quality Management Committees, which report to QSC. FQCs are normally chaired by faculty quality officers (FQOs); these academic postholders report to their respective deans and have responsibility for quality matters in their faculties. Responsibilities delegated to faculties include oversight of annual departmental review, programme modifications, ensuring that new programmes meet the requirements of the Academic Infrastructure, and arranging for approval of short courses through FQC. Faculties are required to present annual reports to QSC on the exercise of their delegated responsibilities for quality assurance.

27   The regulatory arrangements for the University's academic provision are contained in 'academic frameworks'. The Director of Academic Frameworks who reports to the PVC (Academic) is responsible for the Undergraduate and Postgraduate Academic Frameworks, while the Head of the Graduate School has responsibility for the Research Degrees Academic Framework, which encompasses MPhil/PhD awards and the research element of the Doctorate of Education. The needs of different types of provision within an academic framework are met by a number of 'schemes' governed by specific 'protocols' and 'conventions'. Each scheme will normally have a distinct philosophy and management structure. Examples of schemes include the university wide Foundation Degree scheme, and an informal education scheme covering the work of a partner institution, both of which fall within the Undergraduate Academic Framework. Academic schemes are approved by AB on the recommendation of QSC following an approval process which normally involves an external examiner.

28   The University undertook a major review of its quality procedures in 2007-08, resulting in a new quality framework which was approved by AB in December 2008. The main changes include the introduction of a process of Annual Departmental Review for all academic and support departments. In the case of academic departments annual review will incorporate annual programme review. Periodic Department Review, previously known as Internal Review, will incorporate revalidation of most programmes. Single-stage University validation events will

replace the old two-stage process, with greater use of templates and standard documentation. The new framework includes greater devolution of responsibility to faculties for the management of modifications to programmes, and revised reporting arrangements between faculties and their FQOs, and QSC and the QSO, to improve the quality of reporting and oversight. Further details are given and discussed in Section 2 of this report.

29   The audit team noted the evidence of extensive consultation about the development and implementation of the new quality framework. At the time of the audit the University was in the process of phasing in the new arrangements and some aspects of implementation were still under discussion. The team considered that the University's framework for managing academic standards and the quality of learning opportunities was effective, but concluded that the institution should keep the new framework under review, including arrangements for reporting, to ensure that the new procedures deliver the intended benefits.

Section 2: Institutional management of academic standards

30   The University's approach to the management of academic standards is set out in the QM. These include requirements for programme documentation and programme specifications, which ensure that intended learning outcomes and learning teaching and assessment strategies are aligned with the FHEQ; the use of subject benchmarks; arrangements for approval, reapproval and modification of programmes, which incorporate an external element; and the cycle of annual and periodic review. Policies for external examining, and the institution's assessment conventions, are set out in separate documents.

Approval, monitoring and review of award standards

31   The University's arrangements for programme approval, monitoring and review were reviewed in 2007-08 (see paragraph 28) and are set out in the Quality Manual (QM). The process for approving new programmes has three phases: planning, development and validation. The planning phase is overseen by the PVC (Academic) and managed by the University Planning Office. Departmental submissions for planning approval involve the completion of the University Planning Form and Financial Annex, which must be signed by the Senior Planning Officer, the head of department, the dean of the faculty and the PVC (Academic) before consideration by the faculty quality committee (FQC). If any resource requirements cannot be met by the faculty, the form must be signed by the Strategic Director (Resources). Planning forms are scrutinised in detail by FQCs and the Programme Proposals Sub-Commitee, and the Academic Planning Commitee's (APC's) approval is required in order to proceed to validation. During the development phase programme teams engage with relevant professional, statutory and regulatory bodies (PSRBs) and seek the views of external academics. Discussions may also take place with the Director of Quality and Standards (DoQS) and the Director of Academic Frameworks to ensure that, if the proposed programme is not consistent with the relevant academic framework, suitable protocols are established.

32   In January 2009 validation changed from a two-stage process to a single institutional-level event. Guidance on the required documentation and the validation event is clearly set out in the QM. Validation documents comprise a programme specification designed to be accessible to students, employers and other stakeholders; a programme template, covering the rationale for the programme, its aims and objectives, and the learning, teaching and assessment strategies; module descriptors; and appendices which map module and programme intended learning outcomes. Programme documentation must be approved at faculty level, a process usually delegated by FQC to faculty quality officers (FQOs), before the proposed programme can proceed to validation. Although it is no longer required to do so, a faculty may choose to hold a first-stage scrutiny of a proposal, particularly where proposals involve PSRB requirements or collaborative partners. The audit team was informed that there is currently no institutional-level oversight of programme handbooks and there are no plans for programme handbooks to be approved as part of the validation process (see also paragraph 197).

33   The Quality and Standards Office (QSO) is responsible for managing the validation process. It establishes the validation panel, which must include an independent external assessor approved by the QSO, and where appropriate a representative from a professional body, and in the case of a collaborative arrangement a senior member of the collaborative partner staff. The QM details the institution's requirements for external assessors and the criteria to be used in assessing their suitability for appointment. In addition to meeting the presenting programme team, a validation panel may visit facilities and meet the department's students.

34   Possible outcomes of a validation event are a recommendation to Academic Board (AB) for approval, with or without conditions and recommendations; resubmission to the panel, taking into account recommended changes in the structure or content of the programme; and reconsideration of the entire proposal, which might lead to a new proposal presented at a second validation event. The panel chair signs the approval form to signify that conditions have been met and the process is complete. The form must be countersigned by the chair of The Quality and Standards Commitee (QSC) before the programme is allowed to start. The outcome of the event is reported to QSC and AB. Neither AB nor QSC receives a copy of the full validation report, although QSC receives a summary of conditions and recommendations, and a confirmation from the panel chair that they have been met. QSC monitors the validation process through an annual report prepared by the DoQS.

35   Under the former quality framework reviewed in 2007-08 (paragraph 28) programmes were validated for five years, with a formal review and revalidation at the end of the validation period. The University intends that in future programmes will be re-approved as part of the Periodic Department Review (PDR) process, unless a specific revalidation event is required, for example, to meet PSRB requirements, or a revalidation event has previously been recommended by the faculty or University, or requested by the department. Revalidation events will take the same format as validation with the addition of a meeting with current students.

36   Since the previous Institutional audit the University, as part of its 2007-08 review of quality assurance procedures, has revised its procedures for the approving modifications to programmes. This revision also addressed the audit report's recommendation regarding criteria for small-scale validations (paragraph 12). The QM sets out the criteria for determining whether the proposed change is a major modification (that is, if it affects the aims and/or intended learning outcomes or the award title, or adds a new pathway or route, or involves changes at level 8, or where the chairs of APC or QSC deem that a small-scale validation is required), in which case a validation event must take place. Other changes are classed as minor modifications which are dealt with by faculties and the FQCs, and managed by FQOs. Subject to the oversight of the FQC, a programme committee may approve changes to module titles and assessment; all other minor modifications must be approved by FQCs which are required to report all minor modifications to the QSO for onward reporting to QSC each term. The University has explicit procedures for all changes in the running of a programme, for example, the students affected must have been consulted and the change must either be for their benefit or they have consented to it.

37   All programmes, including research degree programmes, are reviewed on an annual basis as part of the Annual Departmental Review (ADR) process. ADR replaces the previous system of Programme Quality Monitoring and Enhancement Review (PQMER) with effect from 2009-10. It involves a detailed evaluation of programmes based on a range of evidence, including key performance data such as retention and achievement rates; external examiners reports; student feedback from module evaluations, National Student Survey results, and from student-staff liaison meetings (SSLMs) and programme boards. As part of the ADR process it is required that departments will engage with staff, students and other internal and external stakeholders in considering how University and other external reference points apply to students and their programmes; and in the use of data (not specified) to provide assurance that students are achieving the intended learning outcomes. The QM sets out the required evidence base for programme-level evaluation which will inform the ADR, including external examiners' reports,

module evaluations and activities such as programme boards and SSLMs. How departments gather evidence at programme level for ADRs is a matter for their discretion, and processes were still being developed at the time of the audit, but the audit team heard that the institution urges and expects the development of faculty-wide approaches to annual monitoring at programme level. The team was informed that the University had not developed standard methodology for annual programme reviews in order to allow for a variety of practice. For example, it may be a requirement of PSRB accreditation, or of an external agency such as Ofsted, that an annual programme report be prepared.

38   Under the new quality framework, the ADR and action plan will be submitted to the PVC for approval, and then to the FQO and the DoQS. Each FQO will prepare a summary of the ADRs, drawing out issues for the faculty and the University. The summary report and action plan for each department will be considered by FQCs during the Lent (Spring) Term. FQOs will prepare a report and action plan for QSC in the Trinity (Summer) Term on faculty and departmental issues which will also include details of the selective audits of the ADR process undertaken by the FQO. The DoQS will present to the same meeting of QSC a summary report on issues raised by departments and faculties, and an action plan to address university-wide issues. Six-monthly progress reports on departmental and faculty action plans will be considered by FQCs, and then by QSC in the Michaelmas (Autumn) Term. It will also receive a six-monthly progress report on institutional-level matters. The University will no doubt wish to keep the effectiveness of this new process under close review as it is implemented for the first time in the academic year 2009-10.

39   Under the previous annual monitoring system PQMERs were considered by a programme review panel set up by each faculty and chaired by the FQO. The panel, which included at least two other members, including a member external to the faculty, met with programme directors. The panel agreed both the PQMER and the action plan. The FQO prepared a report for the Assessment Sub-Committee (ASC) on external examiners' reports, and also a report on quality issues to QSC which also included a summary of issues raised by external examiners. The audit team read examples of PQMER documentation in audits trails. It concluded that the PQMER process operated effectively at programme level, but found variability in the scrutiny of PQMERs undertaken at faculty level and in the quality of reporting issues to institutional-level committees. There was a tendency to report on process rather than issues relating to quality and standards. QSC's consideration of faculty reports, as evidenced by the relevant minutes, lacked detail, and did not appear to provide AB with a strong basis for assurance that issues relating to quality and standards at a programme level are being addressed.

40   Under the new quality framework all academic and support departments will have a Periodic Departmental Review (PDR), previously known as Internal Review (IR), once every six years. For academic departments this review encompasses all of a department's programmes, including collaborative provision. It begins with a Departmental Evaluative Profile which evaluates a range of matters including curricula, learning, teaching and assessment strategies, student support, data relating to student retention, progression, achievement and first destinations, and 'the student voice'. Review events last up to two days and involve meetings with students and staff, employers, collaborative partners and other stakeholders as appropriate. The panel is chaired by a PVC and normally includes two external assessors, one nominated by the department and the other identified by the Senior Management Team (SMT) member who is responsible for that department. Draft IR and PDR reports are considered by the review panel, the VC and the relevant head of department; after final approval by the chair of the panel they are sent to SMT members for comment and consideration of university-level recommendations, and for the dissemination of good practice. The proceedings of IR and PDR reviews are confidential to SMT, the panel and participants. In response to PDR reports, departments are asked to develop action plans which are reported to the chair of the panel six months after the review, with a formal report on the achievement of targets after one year. Summaries of IR or PDR reports are published on the QSO's website.

41   The audit team read examples of IR reports in its audit trails. It concluded that the process was thorough, informed by external perspectives and provided assurance to the VC and the SMT about the strategic direction and health of the relevant department. The team found that the University had completed a pilot of the new PDR process in November 2009, but it did not have access to the report which was still in draft form at the time of the audit.

42   The audit team noted that neither the full IR Report nor the summary is considered by AB or its QSC. The team was told that reports and recommendations are considered by SMT, which 'directed [outcomes] through the appropriate channels for resolution'. Elaborating on these 'channels for resolution' the University explained that 'quality and standards issues' were referred to 'the committee structure' but 'resource issues will be dealt with by the SMT and the Faculties'. The team was also told that programme revalidations through the new PDR process (paragraph 40) will be reported to QSC and AB. However, it was not clear why resource issues were separated from matters of standards and quality in the oversight process. It was also not clear how QSC and AB, in overseeing standards and quality, would be able to evaluate the effectiveness of action plans as responses to reviews, or to form a view of the effectiveness of the review process as a whole, without seeing the reports of reviews. The team recommends that the University consider ways in which all PDR outcomes are reported to QSC and AB, in order to provide greater transparency and consistency in their oversight of academic standards and quality, and to inform their approach to enhancement. In so doing the University should take account of Precept 2 of the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

43   The audit team concluded that the University's former processes for the approval, monitoring and review of courses have been effective in setting and maintaining the academic standards of its awards, and the revised processes should also be effective, assuming that they work as intended. The University will wish to monitor and review the implementation of the new quality framework to ensure that it is consistently effective and gives the University assurance about its management of academic standards of awards and the quality of the student learning experience at programme level.

External examiners

44   The University's comprehensive External Examiners' Handbook was informed by the institution's self-assessment through a mapping exercise against the *Code of practice, Section 4: External examining* and is regularly updated. This Handbook, and separate policy and procedural statements, comprise the framework within which the external examiner system operates for all University awards.

45   The External Examiners' Handbook asks external examiners to report to AB about the standards of awards in relation to 'national qualification frameworks, subject benchmarks, and other relevant information'. Nevertheless, neither the Handbook nor the University's external examiner report template specifies which 'national qualification frameworks' and the 'other relevant information' are concerned, and the report template relies on a series of broad questions to prompt this information.

46   The audit team found that the open nature of this template gave rise to considerable variation in the quality of reports. It reviewed a sample of external examiners' reports, including some which covered a range of awards within the same report, and others commenting on the same award delivered at several different centres. It particularly noted that some reports gave perfunctory single-sentence responses to the range of general questions posed, while others omitted such details as sample size and the range or level of work scrutinised. Some external examiners' reports on groups of awards did not confirm the standards of individual awards within the group. Not all reports on programmes delivered in multiple centres confirmed standards across the range of centres. The team was informed by the University that, where programmes were delivered in multiple centres, samples of scripts submitted to external examiners were

taken from 'across centres/campuses', but campuses or centres were not identified. However, the External Examiner Handbook, in describing the University's requirements for sampling of scripts, makes no reference to sampling across different centres of study. The team also found that not all external examiners had been provided with a complete profile of all students' marks and grades to enable them to judge how their sample of scripts related to the whole set. The team concluded that this situation restricted the University's capacity to assure itself as to the academic standards of its awards across all centres of delivery and thus constituted a potential threat to those standards. It accordingly advises the University to review with some urgency the external examiner template, and the information given to external examiners, to ensure clear reporting about the standards of all awards and programmes, wherever delivered.

47   When received, external examiners reports are circulated by the DoQS to the dean of the faculty, the FQO and the chair and deputy chair of the board of examiners. The VC receives all reports together in October each year. The PVC (Learning and Quality) and the DoQS are charged with identifying any issues that need immediate attention. The audit team explored this matter and received oral assurances that action was taken in such circumstances; this response was accompanied by an example of an external examiner who had reported that issues noted in the previous year had been addressed effectively.

48   University policy requires heads of departments to ensure that external examiners' reports are made available to all members of academic staff teaching on the programme, and to student representatives at staff–student liaison meetings. The audit team learnt, however, that at the time of the audit visit the reports were placed on a restricted access website and, consequently, the system relied on programme directors to download reports and share them with others in their departments, including the heads of department. The team found that this was not invariably done. Moreover, the agendas for SSLMs and Programme Management Meetings did not always address the reports and the responses. The team was informed that, from April 2010, the University planned to give all staff and students 'full access' to external examiners' reports on a website. It encourages the institution to monitor closely the effectiveness of this approach to ensure the proper dissemination of external examiners' reports.

49   The Procedures for the Oversight of External Examiner Reports document also directs heads of departments to ensure that appropriate action is taken in response to all issues raised by external examiners, and that actions are communicated to them. Clear guidance on the procedure for responding to external examiners is given in the External Examiner Handbook. The audit team was provided with a sample of responses to external examiners, mostly made by programme directors. These responses varied in style, format and timeliness. Some responses were simply the action plan in the PQMER. The team concluded that the University should ensure that considerations of, and responses to, external examiners' reports are consistently clear, timely, transparent and well documented.

50   The audit team, in its audit trails, found evidence of effective programme-level consideration of external examiners' reports, and of reports clearly informing detailed action plans at that level. The team saw examples of effective action taken in response to external examiners' comments on the assessment process. Issues and actions identified by programme teams and reported in PQMERs are discussed through the programme review panel process (see paragraph 39). In addition, a summary of external examiners' comments is submitted by the FQO to QSC's Assessment Sub-Committee. The team read examples of these summary reports from all faculties, dated October 2009 and reporting on the academic year 2007-08. These summary reports varied in length, format and level of detail, and it was not always clear how they could enable ASC to fulfil consistently its terms of reference which included the consideration of external examiners' reports. These faculty summary reports on external examiners' comments were also included in the faculty quality reports which, in their turn, informed a summary report on external examining compiled by the DoQS for ASC and QSC. The team was informed that the DoQS works through FQOs to ensure that these reports are acted upon.

51   The audit team found that ASC and QSC depend upon summary reports from faculties in order to fulfil their roles in the oversight of external examining and of academic standards more generally. Consistent oversight was thus dependent on the quality of the summary reporting process, but this was found to be variable. The team advises the University to give early attention to this issue and to ensure that AB, through its appropriate institutional-level committees, makes full use of the external examiner reporting process in its oversight of academic standards in its taught programmes.

52   The audit team concluded that the institution's external examining process was broadly effective.

Academic Infrastructure and other external reference points – standards

53   AB and its committees are responsible for ensuring that the University's academic standards are consistent with the relevant parts of the Academic Infrastructure. The QM contains the University Credit and Qualification Framework which incorporates the 2008 revisions to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). Academic frameworks are referenced to the FHEQ-level descriptors. Procedures and documentation for validation and review require departments to demonstrate that programmes align with the relevant University academic framework and have taken into account appropriate subject benchmarks, the *Code of practice* and PSRB requirements. The DoQS ensures that revised statements are drawn to the attention of heads of department and feedback is required. Departments are required to respond to revisions to subject benchmarks as they occur by amending programme learning outcomes and assessment. The University carried out a survey of the use of benchmark statements in 2008 and concluded they were being used effectively.

54   Programme specifications form part of the definitive programme documentation for validation and review, and are completed using a common template which was recently reviewed. They are incorporated into programme handbooks, but the audit team did not find that they were published on the University's website.

55   In September 2009 the University established a working group to monitor the Framework for Qualifications of the European Higher Education Area (FQ-EHEA) developments under the chairmanship of the PVC (Dean of Arts and Humanities) who oversees the University's international strategy. The Briefing Paper stated that the institution's credit framework is aligned to the FQ - EHEA through its own alignment to the FHEQ. The University has an Erasmus Charter. It currently issues a European Diploma Supplement (EDS) to students on request, but it is planning to provide an EDS to all students from 2010.

56   The University makes systematic use of external reference points such as the Academic Infrastructure and PSRB requirements in setting and maintaining the standards of its awards. It also engages constructively with the Bologna process. The University's procedures for the approval and review of its programmes require the participation of external academic members and, in addition, where appropriate, practitioners and representatives from professional bodies. It makes scrupulous and effective use of these external advisers.

Assessment policies and regulations

57   The University's Assessment Policy, the undergraduate and postgraduate modular frameworks, the Assessment Handbook and the Policy and Procedures for Examinations (PPE) series of documents provide the institutional framework for the assessment of students. Assessment policies and regulations are reviewed by ASC. The University places the onus on departments and programmes to ensure compliance with its assessment framework. In the Briefing Paper it stated that it has three strategies to ensure effective and consistent operation of these policies: effective, accessible and well-disseminated regulations; appropriate management structures; and an effective external examiner system. PPEs set out the institution's requirements for aspects of assessment,

and titles include Boards of Examiners, Marking Procedures, Appeals, Re-sits, and Plagiarism. The audit team, having reviewed documents including minutes of Boards of Examiners, confirmed that appropriate assessment procedures were in place and effectively implemented.

58   Requirements for the composition and conduct of boards of examiners, along with progression and classification rules, are specified in a PPE. Staff and students confirmed to the audit team that the regulations and the classification scheme are well understood. Rules on concessions are clear, and all such instances are reported to boards of examiners. The University regulations on plagiarism are clearly stated and students confirmed to the team that they understood the process.

59   Students met by the audit team, including those at collaborative partner institutions, appreciated the assessment guidance available to them, and confirmed that they received and understood assessment information provided in programme and module handbooks and study materials. Assessment criteria were generally understood, but in one partner institution there was some uncertainty and students turned to their tutors for explanations. They also reported that assessment feedback was received in most cases prior to the submission of subsequent assignments. In an internal survey of the assessment experience at level 1, students reported that assignment feedback enhanced their learning. The University has identified assessment as a particular area for enhancement (see paragraphs 132-136).

60   The audit team heard examples of ways in which the University takes into account assessment requirements of PSRBs. Validation documents showed that assessment issues had been discussed and addressed at validation events.

61   A central examination schedule is coordinated by the Registry. The University bestows full or associate examiner status on its own academic staff and those connected with University awards at partner institutions. In partner institutions, staff cannot assess on programmes leading to CCCU awards unless they are at least associate examiners. Only staff with full examiner status can attend boards of examiners. Training is provided, through the Learning and Teaching Enhancement Unit, for the achievement of full or associate examiner status, and the team found evidence that University staff carried out this training during visits to partner institutions.

62   The audit team concluded that the University's arrangements for the assessment of students made a positive contribution to maintaining academic standards.

Management information – statistics

63   In its Briefing Paper the University stated that it makes extensive use of statistics to produce management information on student admissions, progression, completion and achievement, and graduate destination. The Director of Student Recruitment produces (projected) admissions reports on a monthly basis for planning purposes. Student enrolment data reports for collaborative partnerships were sent to programme directors for review three times a year. Data on widening participation is monitored by the Widening Participation and Student Retention Sub-Committee. Reports are considered by SMT and the Governing Body as appropriate. An annual trend analysis of degree outcomes is considered by AB, together with resit data. Analysis of student achievement within the General Modular Scheme, which sits within the Undergraduate Framework, is undertaken by the Director of Academic Frameworks and considered by the General Modular Scheme Committee.

64   The audit team found evidence that programme teams make use of data on student admissions, progression, completion and achievement in their annual PQMERs. Data is supplied centrally, and the team noted occasional concerns about late provision of this data. However, the team found evidence in PQMERs of thorough evaluation of the data sets. General trends can be reported through to QSC via the FQOs' annual reports.

65   The audit team concludes that the University makes extensive and effective use of student statistics to produce management information in relation to admissions, student progression and completion, student achievement and graduate destinations.

Section 3: Institutional management of learning opportunities

66   In its Briefing Paper the University identifies the mechanisms it uses to manage the quality of students' learning opportunities. These include its use of the Academic Infrastructure, its arrangements for programme approval and reapproval, and annual and periodic department review (ADR and PDR); its use of feedback from students; the support it provides for students and academic and professional staff; its Learning and Teaching Strategy and its policy for improving student employability through its Graduate and Postgraduate Skills Policy; and the adoption of a university-wide enhancement theme, the first of which relates to assessment. Institutional responsibility for the University's learning and Teaching Strategy rests with the PVC (Learning and Quality). Support for implementation of the Strategy is provided by the Learning and Teaching Enhancement Unit (LTEU) which is led by the Director of Learning and Teaching.

Academic Infrastructure and other external reference points – quality

67   The University states that it draws on a range of external reference points in the development, delivery and review of its academic provision, including the FHEQ, the *Code of practice*, and its engagements with professional, statutory and regulatory bodies (PSRBs). It is the responsibility of the Director of Quality and Standards (DoQS), through QSC, to ensure that revisions to the *Code of practice* are monitored and University procedures amended where necessary. The institution has reflected on, and in some cases mapped, its policies, procedures and practices against the *Code of practice*. The audit team confirmed that the *Code of practice* had been used systematically in the development of institutional policies and procedures (for example, in collaborative provision; see paragraph 144), but it noted that in this and some other areas the University should reflect further on this part of the Academic Infrastructure. In particular it should revisit the *Code of practice, Section 2* in relation to its degree certificates and transcripts for collaborative provision (paragraph 155), and also *Section 4* as it reviews its template for external examiners' reports (paragraphs 45-46). Attention is also drawn to Precept 2 in *Section 7*, in connection with the reporting of quality assurance processes to Academic Board (AB) and the Quality and Standards Commitee (QSC) (paragraph 42).

68   The University's procedures for annual and periodic review in the Quality Manual (QM) include provision for reference to PSRB requirements where appropriate to the subject area. The audit team found examples demonstrating that these requirements were generally used effectively in the design and periodic review and revalidation of curricula. However, the team found no evidence that PSRB accreditation reports were considered by institutional-level committees.

69   The University stated that its policies and practices in relation to equality and diversity are informed by a variety of other external resources including outputs of the Commission for Equality and Human Rights and the Equality and Diversity Manager's chairmanship of the Kent Equality and Diversity in Higher Education network.

70   The audit team concluded that the University makes appropriate and systematic, but not always fully effective, use of the Academic Infrastructure and other external reference points, such as PSRB guidance, in its management of the quality of learning opportunities. Closer attention should be paid to some sections and precepts of the *Code of practice*.

Approval, monitoring and review of programmes

71   At the time of the audit, the University was in the process of implementing its new quality framework. The former arrangements for the development, approval, monitoring and review

of programmes, and its revised processes which began to take effect from the academic year 2009-10, are discussed in Section 2 (paragraphs 31-43). These processes cover academic standards and the quality of learning opportunities. The team anticipates that the University will wish to monitor and review the implementation of the new quality framework to ensure that it is fit for purpose and gives the University assurance about management of standards of awards and the quality of the student learning experience at the programme level.

72   During the audit, the audit team read examples of programme approval documentation, including collaborative provision, and internal periodic reviews, and met staff involved in these processes. As noted in paragraph 41, the team was not provided with the draft report of the University's pilot PDR and is thus unable to comment on the likely effectiveness of the new periodic review procedures.

73   The University's processes for the annual review of academic departments have been discussed in Section 2 (paragraphs 40-42). Support departments will undertake a Support Department Annual Review (SDAR) for the first time from 2009-10. Guidance set out in the QM requires these departments to complete an annual report and action plan using a standard template. They are required to reflect on the impact of their service on stakeholders and their role in enhancing the student experience, and to comment on issues emerging from the National Student Survey (NSS) relevant to their service. Each SDAR will be reviewed by the member of SMT responsible for the department and then sent to the DoQS for consideration by QSC. The DoQS will present a report on the SDAR process with an action plan for university-wide issues to QSC, normally in the Lent Term. There will be a six-monthly review of progress on support departments' action plans by the relevant member SMT, and a six-monthly progress report from the DoQS to QSC on the University action plan.

74   The SDAR will form an important part of the evidence base for support departments' PDR. Like their academic counterparts, support departments are required to produce for their PDR a Departmental Evaluative Profile (DEP) covering issues such as strategic vision and management, organisational and operational management, the department's services and their delivery, staff induction, training and development, resources, quality management and enhancement. All support departments must refer to the *Code of practice, Section 3* and other Sections where relevant. Internal Review and PDR reports for support departments are confidential to the SMT are not considered by any of the University's deliberative committees. The audit team recommends that the University keep under review the opportunities for faculties to consider the outcomes of service department annual and periodic reviews and their potential to enhance the quality of the student experience.

75   The University has also initiated thematic reviews: for example, collaborative provision was reviewed in 2007 (see paragraph 138). The audit team found that this report was thorough and effective. Actions arising from it included significant updates to the Collaborative Provision Handbook. These actions were reported to QSC and SMT.

76   The audit team concluded that the University's former and new processes for approval, monitoring and review are broadly effective in maintaining the quality of students' learning opportunities. However, the University is advised to make sure that its new procedures incorporate appropriate reporting to the University's central committees, for the sake of consistent oversight of quality assurance and enhancement.

Management information - feedback from students

77   Student feedback is collected through internal surveys, focus groups, student-staff liaison meetings (SSLMs), module evaluations and the NSS. At the time of the audit the University was considering plans to form a 'student evaluation unit' to monitor these surveys.

78   University-wide feedback has been collected using triennial surveys, the last of which occurred in 2004-05. The Briefing Paper explained that, since the introduction of the NSS,

the University did not conduct the Triennial Student Survey for reasons including concerns about survey fatigue. Instead it has been considering its approach to student surveys and has developed a new methodology through a project led by the PVC (Students). The audit team was informed that the pilot of this new survey in 2009-10 had been successful, some methodological issues had been identified, and April would be the best time to carry out the survey. As the pilot had been conducted during the academic year 2009-10, the next survey would be conducted in April 2011.

79   Other internal surveys have been used to consult students on a range of issues including student support. Further feedback has been collected using student focus groups. Students have been involved in trials for the development of new registry processes. Following the collection of information regarding student support a section of the website was dedicated to 'You said…We did…' detailing the outcomes of the survey and actions taken in response to the feedback. The University also informed the audit team that feedback was received through a Student Forum jointly held by the University and CCSU. However, students met by the team had not heard of the Forum and confirmed that attendance was very low (see also paragraph 134). The University told the team that this Forum was for student representatives and was supported by a VLE; however, students believed that the Forum was open more widely, and were unaware of the website. The University may wish to review the use and effectiveness of this Forum, which could be a very effective instrument for the engagement of students in quality management.

80   Overall responsibility for engagement with the NSS lies with the Academic Registrar and the PVC (Students). Currently, departments consider NSS results; their action plans, and progress on responses, are monitored by the PVC (Students), and NSS outcomes and departmental action plans are considered by SMT. In the new quality assurance system NSS action plans will be incorporated into the ADR (paragraphs 37-38). Evidence of the use of NSS data (for example, in SSLMs), and of departmental plans and actions taken, was seen during the audit visit, and the audit team concluded that all departments were taking action to address matters raised in the NSS, although the content of action plans and the ways in which responses were communicated varied between departments. The University told the team that it was addressing this variability through its new ADR process.

81   In 2009 the University commissioned an audit, by its internal auditors, of ways in which it managed and responded to NSS data. The report made a number of recommendations and the audit team found evidence that the University was responding to them: for example, by explicitly dealing with issues outside the control of academic departments at SMT level.

82   Postgraduate research students provide feedback through the Graduate School. In 2009 the Higher Education Academy (HEA) Postgraduate Research Experience Survey (PRES) was used. Results and areas of concern were discussed at Research Committee and actions planned in response. Postgraduate research students confirmed that the University responded effectively to their feedback (see also paragraphs 183-185).

83   Module evaluation is managed at departmental level and takes place across the institution. Some students complete module evaluations through the VLE. Students gave the audit team examples of innovative ways in which feedback on modules and lectures had gathered in other ways, such as end-of-lecture discussions. The use of module evaluations is a requirement of the institution's review process, and the audit team saw evidence confirming this was taking place. However, students met by the team reported that module evaluations were carried out at varied times and intervals, and some were unaware of responses to their feedback given through these surveys. Nevertheless, the SWS, and students met by the team, indicated that, in general, the University collected and responded to module feedback effectively.

84   Overall, the audit team found that information collected from students was being used in an effective way to inform management. However, the team noted that no institution-wide survey of the student experience had taken place since the last triennial survey in 2004-05, and it welcomed the development and planned introduction of the new annual survey (paragraph 78).

Role of students in quality assurance

85   Students are widely involved in policy and decision-making processes at institutional level through CCSU's membership of committees and participation in informal meetings. CCSU has representation on all major committees and a number of working groups. The audit team found that those involved understood their role and had used their position on committees to raise matters such as assessment feedback, where they had been able to change University policy regarding the time taken to receive feedback. The team found evidence that the University's system of student representation was generally working well.

86   Students are also involved and consulted at programme level through SSLMs. In 2008-09 the Quality and Standards Office worked with CCSU to revise the policy on SSLMs to 'ensure that there were clear minimum standards for SSLMs…that all programmes must follow'. The audit team welcomed this revision and clarification of policy. Student representatives are normally elected and attend SSLMs at programme level. The Briefing Paper states 'SSLMs must be in place for all programmes when it is physically possible'. The team saw evidence that, where a programme was delivered on different sites, separate SSLMs were formed. Evidence in audit trails confirmed that SSLMs were functioning in all departments, and in at least one faculty students were also represented on quality management and enhancement team meetings. Students met by the team were all aware of student representatives and clear about their role in the institution. They confirmed that actions are taken in response to student representations and reported at SSLMs, and some programmes publish minutes of these meetings on the VLE. The team learned that one faculty has recently worked with CCSU to improve its use of student representatives.

87   The QM states that summaries of module evaluations should be shared with student representatives. The audit team saw evidence that some SSLMs have discussed these evaluations, but practice was variable. The QM also requires that student representatives are enabled to see external examiners' reports. Representatives met by the team were aware they were allowed to see these, and knew where to find them, and the minutes of some SSLMs showed that external examiners' reports had been discussed.

88   The SWS suggested that some SSLMs were not yet fully and systematically contributing to the processes of programme development and quality assurance. The audit team noted some variation in the manner in which students were consulted through programme monitoring and review. The new review processes, as described in the QM, clearly expect the inclusion of SSLMs and student representatives; however, faculties are permitted to determine their own methods of programme review which could leave the role of students open to local interpretation. The University may therefore wish to consider how it uses SSLMs systematically to inform programme monitoring and review, particularly in connection with the new process of ADR.

89   Students are not currently members of approval or periodic review panels, but review panels meet with students (paragraph 40). The audit team learned that student membership of panels was being considered.

90   Training for student representatives is delivered by CCSU. The SWS recommended that the University and CCSU should work more closely together in this regard: for example, in communicating the names of representatives to the Union. The PVC (Students) meets regularly with CCSU to discuss a range of issues including student representatives and their training. Attendance at training is optional, but the audit team found evidence that representatives from different levels and campuses have been trained. The training is also available online and the team found an example of this in use at a collaborative partner institution.

91   Postgraduate research (PGR) students reported that they were represented by the Postgraduate Research Student Association (PGRA) and praised the effectiveness of this. The audit team heard how the PGRA played an active role in representing PGR students and reporting back to them through regular emails. Representatives of the PGRA sit on the University Research Committee, and are supported by and prepared for their role by the Graduate School.

92 The audit team concluded that, overall, students were appropriately and effectively involved in the University's quality assurance processes. The institution engages positively and systematically with the CCSU through formal and informal channels.

Links between research or scholarly activity and learning opportunities

93 The University expects that all academic staff who teach should be actively engaged in the scholarship of their discipline, and when appropriate, in research which informs the quality of teaching. The audit team found localised evidence of staff engagement in both scholarship and research.

94 The University holds a three-day annual Staff Conference which is intended to promote scholarly activity and staff integration. This conference is run by the Staff Development Office in Human Resources, with LTEU, and aimed at both academic and support staff; it is led by the VC and attended by most SMT members and a wide cross-section of University staff.

95 As part of the Higher Education Funding Council for England (HEFCE) Teaching Informed and Enriched by Research initiative the University received funding to run a Research Informed Teaching initiative (RIT). The audit team found that this had included staff from across the institution. It focussed on the following themes: Learning to do Research; Learning in Research Mode; Pedagogic Research; Research to Support Learning; and Learning Through Others' Research. The team heard reports of the success of this initiative across the University, and noted also the recent publication of a booklet entitled Research Informed Teaching: exploring the concept.

96 The University has a central Research Fund for Academic Staff which makes available small grants to assist with research projects. Departments in receipt of HEFCE quality related research (QR) funding can also fund local research projects which they consider to be of strategic importance. For those departments not in receipt of QR funding a central grant is available for study leave where a research project is clearly beneficial to the department's academic research profile.

97 The audit team found that the University had taken significant steps to strengthen links between research or scholarly activity and students' learning opportunities.

Other modes of study

98 The University states in the Briefing Paper that it offers no programmes delivered entirely by distance learning. However, the audit team noted a collaborative partner college's website which advertised a CCCU programme delivered 'by distance learning'. The team was told that the institution uses the Higher Education Statistics Agency (HESA) definition of distance learning; however, it concluded that this programme, which included residential weekends and was supported by the partner institution's VLE, did not match the HESA definition. (Indeed, no distance-learning students were included in the University's returns to HESA.) The team was also told that the programme in question fell into a category known to the institution as 'learning at a distance'. It further noted that some 'distance learning' modules included an element of attendance. The QM distinguishes between 'distance learning' and 'learning at a distance', but staff who met with the team were not clear what was meant by the term 'learning at a distance'. The University may find it helpful to revisit its definitions, differentiate between distance and blended learning programmes and consider their associated quality assurance requirements. It should also consider the clarity and accuracy of published information about all such programmes.

99 The QM gives limited detail on the quality assurance of distance learning programmes, but it requires specific information in the validation document explaining how distance learning will operate and be managed, and how quality and standards are to be assured in accordance with the Code of practice, Section 2. It is also a requirement of the validation process that distance-learning materials must be available to the panel at the approval event, and the audit team found evidence that, in the approval of a programme with distance-learning elements, some learning materials were examined by the panel chair.

100   The audit team concluded that the University's arrangements for maintaining the quality of the students' learning experience are broadly effective for other modes of study, but as it expands this area of activity it might wish to consider and address the matters noted above.

Resources for learning

101   Library provision at the Canterbury Campus was moved to Augustine House in September 2009. Library resources had previously been identified as an issue by students in NSS surveys, and the new development was made in response to these and to the Learning Centre Working Party Report (2004). Students were consulted about the project through CCSU and plans are in place to continue involving students in the evaluation of the library service. Improvements in the library since the development of Augustine House, where the University set out to provide a 'state of the art learning centre and library', were reported by students who met with the audit team; and, while some issues had been identified, they were pleased with this new facility.

102   All CCCU students have access to the new library development. The University has invested in an e-library and e-journals which are accessible to students on all sites, reflecting its aim to ensure an equivalence of learning experience for all students. The audit team met students from other CCCU campuses and partner institutions who confirmed that, although not all were able to use the new library in Augustine House, they were satisfied with the library provision and access available to them.

103   Through the guidance and support of the LTEU and particularly its Learning Technology Team, the University has been developing its use of the VLE. The LTU enables staff to exploit learning technologies for the support of student learning. It provides support for all programmes, including collaborative provision, and the audit team found examples of its role in developing skills among staff and promoting uses of the VLE for learning instruments such as discussion groups and e-portfolios. The team found that the VLE is widely used across the institution and in its collaborative provision. The team noted that, while departments used it in various ways and to differing extents, they generally did so effectively and in accordance with the needs of students. The VLE provides very extensive information for students. Examples included information in the area of graduate skills, available via a web-based repository, and downloadable and printable guides giving advice on areas such as academic writing skills, avoidance of plagiarism, communication and presentation skills. The team also found that that the VLE was being widely accessed by students. Those met by the team reported positively about ways in which it was being used to support them. The VLE also includes section links to careers information and student support. Specific folders are also provided for postgraduate research students.

104   Collaborative provision (CP) staff can benefit from the use of the VLE in several ways. It is organised for CP staff to access relevant material associated with partnership work, including key University documents, templates, staff development events, student support opportunities, and the *Code of practice.* There is also access to Associate Tutor guidance and the handbook, together with online staff development resources: for example, the Appraisal and Professional Development Toolkit. However, the audit team noted that, while some collaborative institutions took advantage of the VLE, one partner did not yet use it at all. Bearing this mind, the team concluded that the University's VLE could be used more fully to improve the development opportunities for staff in collaborative provision (paragraph 158).

105   The SWS highlighted problems with timetabling and room allocation. Students met by the audit team agreed that some rooms used at the Canterbury Campus were unsuitable and occasionally too small for the class size. Students from all sites raised concerns regarding timetabling and last-minute room changes. The team found evidence that these issues were being addressed: for example, through NSS action plans and ongoing improvements to the University estates.

106   The Graduate School has recently moved to the Erasmus building and, while the SWS raised some issues about potential problems of adequate resources, postgraduate research students met by the audit team confirmed that this facility was a significant improvement.

107   On the basis of evidence found during the audit the team concluded that the University generally managed its learning resources effectively.

Admissions policy

108   The University's Admissions and Recruitment Policy clearly sets out the responsibilities for the University's admissions and recruitment activity. The policy takes account of the *Code of practice, Section 10: Admissions to higher education*, and reflects the University's commitment to equal opportunities. The Director of Student Recruitment is responsible for University-wide implementation of the policy, under the oversight of the PVC (Academic). The Student Recruitment Office, based in the Department of Marketing, manages the recruitment of UK students on taught provision, including the receipt of applications, offering places and the management of communication with potential students. In this process it works collaboratively with a named member of each department. The Partnerships and Widening Participation Office takes its strategic direction from the University's Strategic Plan and the Widening Participation Strategic Assessment 2009-2012. Undergraduate and taught postgraduate entry requirements are clearly stated in University documentation.

109   The University determines admission requirements for collaborative provision students, and its requirements are stated in the operational annex to the Memorandum of agreement (MoA). Partner institutions manage their own recruitment processes and make admission decisions on the basis of the University's admission criteria. Link tutors give advice on 'non-standard' applications.

110   The recruitment of International students is managed by the International Office, which is also responsible for the admissions and financial processes linked to this activity. Applicants whose first language is not English are required to provide evidence of their language proficiency, normally through an International English Teaching System score of at least 6.5 for postgraduate students and 6.0 for undergraduate students.

111   Students may receive up to 50 per cent of the total credits for an award through the University's Assessment of accreditation of prior learning (APL). The University defines APL as the accreditation of prior learning either through certification (APCL) or through experiential learning (APEL). European Credit Transfer System credits can be accepted as part of an APCL claim. Applications for APL are considered by the Programme Director, as required by the appropriate Academic Framework, according to procedures documented in Policy and Procedure statements relating to the recognition of prior experiential and certified learning. The decision-making process is reviewed by the faculty APL subcommittee or faculty management quality committee. The audit team found that the University's policies and procedures make reference to the role of external examiners in the assessment of APL. The External Examiner Handbook directs that all work submitted for APEL should be treated as an examinable item, so that it should be first-marked, second-marked, and moderated by the external examiner. The team was also advised by senior staff that APCL does not involve the external examiner. However, in a meeting with staff, the team heard that external examiners were not involved in APL claims, nor were boards of examiners. The University will wish to clarify the documentation in the External Examiners Handbook, and the Policies and Procedures documents relating to APL, to avoid confusion.

112   The team concluded that the University's arrangements for the admission of students are generally effective.

Student support

113   The delivery of student support and guidance is underpinned by a mission statement and philosophy. The University has stated that it aims to offer student services that are 'responsive to student need, meet student expectation and which are fit for the future'. Student support is the responsibility of the PVC (Students) and is managed by the Director of Student Support and Guidance. Student Support and Guidance (SSG) is divided into two sections; Employability and Careers Services, and Student Support Services. SSG publishes a service-level statement on the website; at the time of the audit this statement continued to include Student Sport and Fitness which had been transferred to a Sports Directorate in 2009.

114   The University created the 'Student First' policy in 2007. This is a 'philosophical and organisational approach which seeks to put the student at the centre of the University'. Students, through CCSU, have been closely involved in the development of this policy. Student First was launched in 2009 to a 'wide audience of both academic and support staff' at the Staff Conference. It has stimulated a number of recent developments, the most prominent of which is Augustine House (see paragraph 101) which contains a new library facility and is the base for the i-zone, a 'one-stop' centre for student support which is also available online to students at other campuses and in partnership centres. The SWS reported 'teething' problems with the i-zone when it was opened at the start of the academic year 2009-10; however, students who met with the audit team reported positive experiences of using this new facility. The institution plans to apply the Student First policy more widely, to areas such as staff recruitment and development plans, and the student interface with academic departments. The team heard that some of these wider developments were in progress (for example, improvements to departmental induction of students) but were still in their early stages.

115   All students met by the audit team were aware of the different types of support available to them. During induction students are informed of support services available to them, and SSG makes presentations at induction. Information on student support is also given in programme handbooks. Postgraduate students at induction receive presentations from SSG, the Postgraduate Research Association, Registry, IT and also receive a library tour (see also Section 6). Collaborative provision students and those who study at a distance are signposted to a webpage on student support by letter at registration. Students met by the audit team confirmed that this service was being used.

116   The University operates a personal tutoring system set out in its Personal Tutoring Policy statement and Personal Tutoring Guidelines and Procedures. All students are allocated a personal tutor. Some departments also provide a programme tutor or year tutor for joint honours students; this extra provision might explain why the audit team was told that some joint honours students have two personal tutors. The Director of Student Support and Guidance works with the Director of Academic Frameworks to ensure that personal tutors are allocated to students, and provides guidance on policy and practice for personal tutoring. Students confirmed that they receive personal tutorial support, although individual experiences varied. Staff are trained for student support through the Staff Development Office, and audit team heard that the Director of Student Support and Guidance personally leads this. SSG also provides information about student support at staff inductions, runs training events and provides advice to staff. The personal tutor role is clearly outlined in guidance documentation.

117   The University has made use of peer-assisted learning in two departments, although there was a limit to the support available for this style of learning across a broader range of subjects.

118   Some of the University's programmes include placements. During placements students are assigned a mentor; following their placements, students are asked to complete feedback forms. Support for placements is provided through faculties, and in one case the audit team found that students, mentors and link tutors were provided with a placement handbook. The SWS, and some students met by the audit team, expressed concerns about placements, mainly in

connection with timeliness of communication and lack of information. The team found examples of steps taken to address such issues: for example, one faculty has introduced a Placements Office which through its website aims to 'provide information for students and practitioners that will enhance the placement learning experience'. Issues connected with placements are also addressed in some departmental NSS action plans. Some programmes at the University offer an opportunity to study abroad, and students reported that they were well supported in preparation for this.

119   Specific support for international students is provided through the International Office. Support for students with disabilities is offered through the Disability Team, in accordance with the University's Disability Statement. Students who accessed these support services spoke highly of their experience, but mentioned issues of waiting times to receive assessments for dyslexia support which are facilitated by the Disability Team, but externally provided. The University may wish to monitor the effectiveness of these arrangements.

120   The Employability and Careers Service offers opportunities for students to develop employment-related experience and skills. It seeks to work proactively with academic departments and programme directors to embed employability skills, variously in the curriculum or the learning experience. Some departments arrange time for the Employability and Careers Services to provide subject-specific careers support. This practice was confirmed by students and was seen as helpful. The University's focus on employability has been further strengthened by the Graduate Skills website which provides support for students and staff. Some faculties and departments have incorporated personal development planning into their programmes. In one department this happened in response to a periodic review report which noted that a group of programmes did not 'sufficiently address employment needs'.

121   On the basis of evidence found during the audit, the audit team concluded that the University has broadly effective arrangements in place to support students.

Staff support (including staff development)

122   The University's comprehensive policies and procedures for human resource management are made available to staff on the Human Resources (HR) website. Staff support at the University is provided through the HR and Staff Development (HR and SD) Department, which is under the oversight of the Strategic Director (Resources). The Department's service level statement commits it 'to work with University managers and staff to deliver a positive working environment that supports an excellent student experience, enables and supports all staff to give of their best and help to secure a sustainable future for the University'.

123   HR and SD was formed in 2009 by the amalgamation of separate HR and SD offices in order to offer an integrated service (although at the time of the audit separate offices continued to be identified in University documentation). A recent departmental review of HR and SD found evidence that the staff experience had improved as a result of the amalgamation. However, the review also made recommendations to develop more effective communication systems, and this issue was also highlighted as a recommendation from the 2009 staff survey. Staff met by the audit team raised no further concerns about HR matters.

124   The University has a Staff Development Policy which focuses on 'a 'holistic approach to development'. In this Policy the institution makes a commitment to staff development which states that 'at least 2% of its operating cost base will be directed to support development opportunities for its staff'. Staff development is overseen by the Staff Development Committee which reports to SMT. Additionally, the Faculty of Education and the Faculty of Health and Social Care have individual staff development committees. Development opportunities offered through HR and SD include training provided online. An annual staff conference is held jointly with LTEU. The 2009 staff survey found that 77 per cent of staff felt that they were able to access appropriate training and development, and this view was supported by staff met by the audit

team. Staff at collaborative partner institutions had access to all the same training as those at CCCU, but the take-up was limited (paragraph 158).

125   All new staff attend a University induction organised by the SD Office and receive a welcome pack. Departmental inductions are also organised by individual managers, and support is available from HR and SD. This support includes the Manager's Guide to Staff Induction which provides sample joining letters and induction checklists. A peer mentor scheme also operates for new staff, and also extends to existing staff who are switching roles. All academic staff new to teaching are required to complete the Postgraduate Certificate in Learning and Teaching in Higher Education which is delivered through LTEU.

126   The University has a clear staff appraisal policy which is supported by a web-based Appraisal and Professional Development Toolkit. Guidance is available for appraisers and appraisees and briefing workshops are offered to all staff. Members of staff met by the audit team were satisfied with the appraisal process. They also noted that issues raised through staff surveys were being addressed by the University. In the latest staff survey the highest level of negative responses related to the fairness of promotion procedures and transparency of promotion prospects. As a result a review is currently taking place, led by the PVC (Dean of Social and Applied Sciences).

127   Peer observation and review of teaching is undertaken within departments and discussed within faculties through heads of departments. The formal process is outlined in a dedicated handbook; the audit team was unable to explore this process, and it was not clear how it was being monitored and evaluated by the institution as a contributory element in quality enhancement. Faculties were aware that more could be done to facilitate the sharing of good practice in this area across departments, and the team concluded that the peer review process required further embedding.

128   Through the 2009 internal review of HR and SD the University identified concerns with the treatment of sessional staff. As a result, this Department took specific responsibility for their employment, induction and support. A number of measures have been implemented, including the introduction of a Sessional Staff Conference, which was seen as a positive development by sessional staff.

129   The audit team found that comprehensive and effective arrangements are in place for staff support at the institution.

Section 4: Institutional approach to quality enhancement

130   The University's approach to quality enhancement was agreed by the Senior Management Team in March 2008. Informed by QAA's *Handbook for institutional audit in England and Northern Ireland, 2009*, it was defined as 'the process of taking deliberate steps at institutional level to improve the quality of learning opportunities'. The DoQS, the PVC (Learning and Quality), and the Director of Learning and Teaching have strategic management responsibility for driving quality enhancement at the University, and are assisted by the Manager of Academic Partnerships in relation to Collaborative Provision. At the operational level, enhancement emerges through academic and support departments, steered by the PVC (Learning and Quality) and PVC (Students), both of which are posts newly created for this purpose.

131   A revision of the University's Learning and Teaching Strategy (2006-10) was in progress at the time of the audit. Given the pending appointment of a new VC, the production of a new Strategic Plan had been delayed, negating the development of the two documents in tandem. The Learning and Teaching Strategy 'seeks to effect change by ensuring that teaching within the institution is informed and enriched by its research and knowledge transfer activity'. The Strategy involved the appointment of a seconded Teaching Fellow to drive the Research Informed Teaching (RIT) initiative in 2006-09, linking the work of the Learning and Teaching Enhancement

Unit and the University's Research Office (see paragraph 95). The Strategic Plan, the Learning and Teaching Strategy and the Research Strategy are aligned through developments such as the RIT-funded project, though it was not clear to the audit team how the Research Strategy (Priority 8 of the Strategic Plan) articulates with the Learning and Teaching Strategy. The University's RIT objectives ensure that all students receive an education informed by research and scholarship, thereby enhancing teaching and learning through engagement with pedagogic research. The project provided devolved funding to departments through a small grant bidding process, and the team saw a wide range of projects to develop students as researchers.

132   During the period 2008-10 the University has focused strategically on assessment as a key theme for quality enhancement, and has established an Assessment Enhancement Working Group (AEWG) to guide development. Its membership has included FQOs, members of support services, academic staff, and representatives of CCSU. The group's activity has drawn upon a range of management data, including PQMER reports, academic transition and retention statistics, degree classification profiles and NSS surveys.

133   The work of the AEWG has focused upon assessment practice, and in particular, the first-year experience. A set of principles for effective feedback has been produced. In addition, a policy approved by AB in September 2009 provides for a maximum turnaround time of three weeks for the marking of summative assessments, for implementation by September 2010. The audit team found that this issue had generated much discussion within the institution in its pursuit of enhancement, and that work was progressing on other important matters such as the effectiveness of feedback, which students identified as an issue.

134   The institution recognises that its students have an important role to play in enhancement, and has used the Student Forum as a way of involving them in its review of assessment practice, albeit with limited participation (see paragraph 79). Moreover, there was no knowledge among students of the work of the AEWG or the choice of assessment as a theme for this enhancement-driven activity. The team concluded that the institution could improve the level of communication with its students regarding the deliberate steps that it is taking in such initiatives to enhance the quality of their experience.

135   The assessment theme has informed a range of staff development activity, including the three-day Student First staff conference in June 2009, though evidence suggests that such opportunities are rarely accessed by partner institutions' staff.

136   Assessment strategies are now given a more prominent role in the course approval process. The theme has been embedded through the annual and periodic review systems, in which departments are required to reflect on their enhancement strategies. The audit team noted that some review reports did not present a clear reflection of the institutional approach to enhancement, and contained limited evidence of deliberate steps taken by the departments in question to enhance quality through systematic planning. Moreover, the team judged that the institution's approach to enhancement had made little impression upon the activity of partner institutions. Some were unclear about the University's enhancement agenda, and quality enhancement seemed to be viewed as a personal professional judgement not driven by the University. Indeed the whole area of enhancement seemed opaque from the partners' perspective, with a lack of clarity about what the University wants them to enhance.

137   Under the new quality framework, the head of each academic or service department is charged with providing an overview of its management and enhancement needs and opportunities in Departmental Evaluative Profiles (DEP) which provide the framework for PDRs (see paragraph 40). FQOs advise academic departments about their identification of enhancement opportunities. All collaborative partnerships are subject to periodic review, which allows the University and its partner to consider proposals for the development and enhancement of the partnership. In its new approach to the management of quality, the University is seeking a lighter touch in its quality assurance processes to allow a more strategic

focus upon enhancement. For example, where courses are accredited by PSRBs as well as the University, it is deemed permissible for programme directors to produce monitoring reports, through the new ADR process, in a single format as prescribed by the PSRB to avoid duplication.

138   The audit team considered that the University's review system provides a potentially effective vehicle for the dissemination of good practice and enhancement. However, as noted above (see paragraph 74) the institution will need to ensure that it devises appropriate mechanisms at faculty level to ensure that the outcomes of SDARs feed into the annual monitoring of programmes under this new framework, to inform judgements about the quality of the student experience.

139   The institution's strategic approach to enhancement has led to the initiation of the 'Student First' project, placing the student at the centre of future service development. This was established in 2007 as part of a Student Services Review which identified a number of key recommendations, including what was to become the i-zone initiative. This offers 'easily accessible services', which meet the educational and personal development needs of all students', and is implemented through a three-line approach. Firstly, a self-help mode operates via access to web-based information and hard copy self-help guides. Secondly, through the medium of telephone, e-mail, and personal contact, this approach runs across all campuses. Finally, there is specialist support where a range of different services are accessed by appointment. While this initiative has benefited from the involvement of the Students' Union from inception to implementation, the Student First concept was not well known among students and academic staff. The Student First initiative encompasses the physical development of the campus network designed to enhance the quality of the student experience as well as the reconfiguration of Student Services itself. The PVC (Learning and Quality) also led the development of the i-zone initiative (see paragraph 114) since 2008, but this responsibility passed to the PVC (Students) from January 2010.

140   In its International Strategy the University sets out its intentions for increasing internationalisation, and in this context it aims to ensure that its quality assurance and enhancement procedures are internationally orientated, through effective liaison between the International Office, Quality and Standards Office, faculties and departments. However, the audit team saw no evidence of outcomes from this process.

141   The audit team found that the University has made some major investments in the enhancement of students learning opportunities, notably Augustine House and the i-zone. A major strategic initiative for enhancement in the area of assessment had been introduced and was producing outcomes of benefit to students. Some local enhancement initiatives were also noted: for example, one department had set up a Quality Management Enhancement Team. However, the team concluded that the institution's strategic and systematic process of enhancement is still in its early stages. Outcomes and effects of current and recent initiatives and developments were not yet fully realised across the University's provision, including its collaborative partnerships. The institution will wish to keep under review the effectiveness of its new quality assurance systems in promoting enhancement.

Section 5: Collaborative arrangements

142   The University's register of collaborative provision, which is published on the website, details 55 programmes delivered in partnership with 38 partners. At the time of the audit there were 3,050 students on collaborative programmes. The largest category of partnership involves 17 regional further education colleges. There are also five partnership arrangements with private providers and six with professional institutions (such as hospitals) or public authorities. International collaborations include an arrangement with a government training organisation in South-East Asia and three partnerships with education or training organisations in mainland Europe. The University also delivers programmes in partnership with three other higher education

institutions and three dioceses of the Church of England. In most cases the delivery of the programmes is divided to varying degrees between the University and the partner. Half of the programmes are Foundation Degrees with an emphasis on teaching and the children's workforce, and the remaining programmes include honours degree and postgraduate awards. Here, the University's expertise in education, health, and ordained ministry are complemented by a small number of other specialist programmes such as a master's degree in policing.

143   The University's Strategic Plan identifies collaborative provision as an important element of the University's provision. The University engages in partnership activity where there is a suitable alignment in terms of mission and where it is possible to demonstrate that the activity would lead to greater access to higher education; progression opportunities; realising expertise in the University or partner; and financial benefit to the University. The University intends that collaborative activity should be limited to a total of 10 per cent of its funded full-time equivalent provision, and the audit team estimated that the present total of 3,050 students in collaborative provision took it close to the target. The University adopts a typology of collaborative partnership provision which leads to a University award (or specific credit), but this provision is largely delivered and assessed to differing degrees by a partner institution.

144   Central to the operation of partnerships is the Collaborative Provision Handbook (CPH), which sets out strategic-level principles and operational procedures. The audit team found that the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* had been systematically used in the preparation of the CPH, which was an effective reference point for all associated with the University's collaborative partnerships. The team reviewed a wide range of documentary materials used by the University and its partners in guiding the development of collaborative provision. Members of the team also met representatives from partner institutions in three visits which included meetings with students, teaching and support staff, and senior staff, as well as further meetings with University staff responsible for collaborative provision, and with a small selection of collaborative provision students.

145   Strategic responsibility for collaborative provision rests with the PVC (Academic) as part of this post's overall responsibility for academic planning. The PVC (Learning and Quality) has academic responsibility for collaborative provision, exercised through chairing both the QSC and its Collaborative Provision Sub-Commitee (CPSC). The CPSC carries the remit of general issues associated with quality assurance and academic standards in relation to collaborative provision. A Partner Forum chaired by the PVC (Academic) has been recently established to enable more partners to be involved in collaborative provision discussions and planning issues with the University. One longstanding partner institution, which relies entirely on CCCU for its higher education student numbers, has a unique level of engagement with the University. Instead of representation on the CPSC and Partner Forum, this partner has a separate liaison subcommittee of, and reporting line to, The Quality and Standards Sub-Commitee (QSC). Moreover, representatives of this partner are members of QSC and Academic Board (AB). The rationale for the need for this additional level of attention to be given to this individual partner was not clear to the audit team, but in meetings with University staff it was explained that this was related to historic precedence rather than risk.

146   The University undertook an Internal Review of Collaborative Provision Partnerships in July 2007, actions from which were reviewed by the CPSC and reported to QSC and Senior Management Team (SMT). One outcome was the approval of an updated CPH to outline the University's procedures for establishing, maintaining and reviewing collaborative partnerships. In terms of the selection and approval of new collaborative partners, the procedures include the faculty or department's completion of a New Partner Proposal Form, which is forwarded to the Assistant Director of Quality and Standards who then liaises with key staff and circulates the form to members of the CPSC. Concurrently, a University Planning Form is also completed to allow the PVC (Academic) to approve, if appropriate, the proposal to proceed to the next stage. The QSO then undertakes appropriate due diligence checks to ascertain the appropriate standing and legal

status of the proposed partner. Assuming these checks to be satisfactory, the proposal is then circulated to the CPSC; provided that the committee grants approval, the QSO begins to prepare a memorandum of agreement (MoA). This follows a standard format and commits the University and the partner to suitable processes and practices that are congruent with the precepts of the *Code of practice*.

147   The MoA is not completed until a Collaborative Partner Approval Event has taken place. Here a small panel of senior University staff determines inter-institutional compatibility, management of quality assurance, and student-related matters including numbers, learning experience, and representation arrangements. Centres where delivery takes place are visited and assessed, as are staff curricula vitae, and an appropriate level of resource is confirmed. The new partner's programmes, if not already validated by the University, are subject to a separate validation process and incorporated within an annex to the MoA. Subsequent new programmes and modifications of existing validated programmes are subject to the University's normal validation and modification processes. The audit team's scrutiny of approval and validation documentation for a sample of collaborative proposals indicated that approval of partnerships and validation of partner programmes were working as described in the CPH, and that validation events included appropriate external representation on the approval panels. Staff in partner institutions confirmed their involvement in validations and reviews, although they were not always aware of the treatment of conditions and recommendations, or the process of sign-off. The University may wish to reflect on the effectiveness of its communication and reporting mechanisms for partner institutions, particularly in connection with its new review processes and its desire to share good practice.

148   Key features of the University's management and oversight of collaborative provision include the CPSC; the Partner Forum; the Collaborative Provision Support Staff Forum; the University head of department and their equivalent in the partner institution; the programme director (partner or University based); a University academic link manager (where the programme director is partner-based); University link tutors (where the programme director is University-based); and other staff such as the Director and Assistant Director of Quality and Standards, faculty quality officers (FQOs) in the University and higher education managers in partner institutions. The focus of CPSC has recently been modified to give greater attention to the management of quality and standards in collaborative provision, and overseeing the operational requirements of proposed partnerships, written agreements, and issues raised by reviews in partners. The audit team's discussions with staff, and its scrutiny of documentation, indicated that this Committee is functioning as intended. The Partner Forum, as described above, is a more recent grouping where all partner institutions are represented. At the time of the audit, this Forum had yet to produce agreed minutes so its role and effectiveness could not be considered.

149   Academic link managers or link tutors provide the key operational connection between the University and the partner institution. They attend partnership management meetings, organise and may assist in the moderation and/or assessment of student work, and support the annual review process. Tutors met by the audit team, evidence from partner visits, and documents seen by the team confirmed that these arrangements were working effectively.

150   The University's standard procedures for monitoring, evaluation and review are applied in collaborative provision, with some minor variations. An Annual Review (AR) mirrors the internal process of annual department review (ADR). This review has replaced the PQMER but is very similar in that it includes an evaluation of key documents and data. The AR of each partnership at an operational level takes place in conjunction with the relevant University faculty or department. Where the partner is also required to submit a report to a professional, statutory or regulatory body, the University allows some flexibility of approach in the reporting format. The AR process is overseen by a representative of the Quality and Standards Office who attends all partner annual review meetings. Reviews focus on outcomes from the previous year, including student feedback data, external examiner reports and completion rates. The review also addresses other aspects of

the programme such as changes to staffing, venue of delivery, publicity and staff development. An action plan is produced in response to issues raised by the review. The audit team's analysis of review documentation and discussions with key staff demonstrated to the team that the production of an AR is both evaluative and effective in identifying appropriate issues for action, and for assuring the University about the health of the programme and partnership. It was clear from the minutes of management meetings with partners that link tutors were pivotal in ensuring a comprehensive review was undertaken. However, the usefulness of the review as a tool for the enhancement of learning opportunities was less well established. Partner staff and link tutors who met with the team were unclear what actions they should be undertaking to advance the University's enhancement priorities.

151   The AR report by a collaborative partner is used to inform the relevant University department's ADR. The audit team's analysis of a sample of ADR reports suggested that, while there is some acknowledgement of the partner's activities, the commentary was considerably reduced to varying extents. ADRs are summarised by the FQO and a summary is sent to the DoQS, and thence to QSC. However, the summaries which reach QSC are so limited in detail that there is little mention of partnership activity. The 2010 edition of the CPH notes that the remodelled CPSC will itself receive AR summaries from partners in future. The team noted that, while this was yet to happen, such a mechanism would strengthen the institutional oversight of partnership provision.

152   In addition to annual reviews of collaborative provision matters, all partnerships are subject to a periodic review which follows a similar format to the mechanisms used in the University's departments and evaluates both the partnership arrangement and the provision within it. In collaborative provision, these reviews coincide with the renewal of the MoA, typically after three years, and are initiated by the Assistant DoQS. They enable the University to address the maintenance of academic standards, operational effectiveness, and levels of risk. Key features of the review include a 'pre-meeting' of key University staff which considers documentation such as annual reviews and management data. Subsequently, a periodic review panel with external representation is established. This panel also reviews appropriate documentation and meets staff, current students, former students and other stakeholders. It also receives a checklist of resources and places of delivery made by a subject specialist member of staff. The outcome of the review may require the satisfactory completion of conditions, the conclusion of which results in the renewal of the MoA, and the reporting of such fulfilment of conditions through CPSC and QSC. Review reports distinguish between the evaluations of the partnership arrangement and the programmes provided through it. The audit team concluded that the system for the periodic review of collaborative partnerships, tied to the renewal of the MoA, was an appropriate means of assuring the standards and quality of collaborative programmes.

153   Assessment and examination arrangements for collaborative provision students are governed by the University's regulations and procedures. Arrangements in this respect are agreed at the time of validation and reflected in the annex to the MoA. Programme teams manage the day-to-day arrangements and ensure that assessment moderation, turnaround and feedback are appropriate. Audit meetings revealed a number of areas where practices within partner delivered programmes varied to some degree from the experience of students based at the University. This was found in terms of the local application of concessions for students submitting work after deadline dates, and in terms of the receipt of feedback on assessed work within a stipulated timescale. In some cases there may have been reasons associated with the type of student or nature of provision, but nevertheless represented practice contrary to University requirements. There were, however, other instances where exceptions from the University's regulations had been applied for by a partner and granted on the basis of a sound pedagogic rationale, as in a case of the continued use of oral assessment in one partner's programme. The audit team concluded that this type of flexibility was entirely appropriate, but other contraventions of normal University practice were more difficult to similarly justify. The institution should ensure that each partner institution understands and implements all relevant University regulations and procedures.

154   External examiners in collaborative provision are appointed by the University on the same basis as those for its 'home' programmes. They make annual reports which inform the annual review and subsequent actions. A sample of external examiners' reports suggested that programmes were running well, but the reports did not always clearly distinguish issues of student performance at different centres or in different modes of study. The audit team was informed that the formal response to an external examiner's report was the production of the AR, but that other communication was likely to be undertaken by the programme director. The team found varying practice in this respect. In some cases effective dialogue between the partner, University staff and external examiner was apparent, while in others the University-based programme director had responded to the external without the knowledge of the partner institution's senior staff. Such practice was felt to be contrary to the University's principles for collaborative provision, and inhibited effective communication and collegiality.

155   The CPH states that the external examiner must be present at each board of examiners which considers assessments contributing to a final award (although the audit team also noted that a separate regulatory document, PPE22, allows an external examiner, or indeed any board member, to be absent in certain circumstances). The audit team noted that for some such boards this was not always so, although a written communication had been forwarded by the external examiner. It was also evident from the minutes of some boards of examiners that a small number of collaborative provision students presented for credit had not been suitably enrolled on their programme and, consequently, alternative arrangements were required (such as considering their credit at a subsequent meeting of the board). The team concluded that, barring absence through illness, such incidents represented occasional, but nevertheless important, contraventions of the University's procedures. As this report has already noted (paragraph 153) it should ensure that all its partner institutions fully understand and implement University policies and procedures. The team further noted that degree certificates and transcripts for one partner programme did not take account of the *Code of practice, Section 2,* in that the name of the partner institution was not recorded and the location of teaching was incorrectly given. The University acknowledged this error and stated that the European Diploma Supplement (EDS) for the students in question, and all other collaborative transcripts, carried the correct information. However, the team had also learned that the EDS was not yet provided routinely to all graduates, but was available on request (paragraph 55). The University is advised to ensure that all certificates and transcripts for collaborative provision accurately represent the nature of partnership arrangements and reflect fully the precepts of the *Code of practice, Section 2.*

156   Procedures for the role of collaborative-provision students in quality assurance are similar to arrangements for University-based students. The audit team noted some variation of practice across different collaborative provisions in terms of the mechanisms used to gather feedback and the levels of representation on committees. No specific disadvantage was felt by the students who met with the team and, in the ARs sampled, all partners provided comment and effective evaluation of student feedback. In relation to the reporting back of actions taken as a result of feedback provided by students, there was some inconsistent practice. The team noted several examples of rapid interaction with the University in relation to matters raised by students. However, some student feedback and representation in collaborative provision was informal. In one case, students seemed to be aware that action was being taken in response to their feedback, but were not sure what this was. It was suggested by some students that the processes for informing them about actions taken by the partner institution, or the University, in response to their feedback could be more systematic.

157   Resources for learning in collaborative provision are investigated in the early stages of the approval process of a new partner and are referenced in the operational annex of the MoA. Venue checks are also undertaken by University staff to ensure the suitability of off-campus delivery. Thereafter, the annual review process and liaison activities of link tutors provide feedback and comment on the ongoing level of resources. Reports from students in audit meetings suggested that some off-campus delivery afforded inferior access to library resources. While there was acknowledgement of the availability of some online materials, learning objects on the VLE,

and access to other universities' libraries, some students expressed a feeling of disadvantage caused by their locations of study. The audit team noted that the University took steps to ensure an appropriate level of resource, and would encourage it to inform students clearly about resource availability and entitlements.

158   Staff who teach in collaborative provision must provide a CV against a specified template. At the new partner validation stage the staff team is approved, and partner staff are required to engage with the appropriate part of the University's Associate Tutor Programme, either at Canterbury or the partner institution. Partner institutions are required to inform the University of any staff changes, and to supply the curricula vitae; this is normally done through the annual review, but reported to the link tutor in programme meetings. This ensures that those teaching in collaborative provision are appropriately qualified to teach and examine. Other staff development opportunities provided by the University are made available to collaborative provision staff. The take-up of such opportunities among the staff met by the audit team was minimal; this was largely due to issues of distance from Canterbury. The collaborative provision page on the University's website, however, provides a means to inform all staff of collaborative work, provide a repository of key documents and guidance, and promote University services and events. The University's VLE provision for staff could be used more fully to improve significantly the development opportunities for staff in collaborative provision (see paragraph 104). Where specific needs are identified by the link tutor or through the review process, bespoke staff development may take place; the team noted an example of this which followed a comment in an external examiner's report.

159   Collaborative provision students who met with the audit team were generally content with the level of support they received. They also reported satisfaction with the comprehensive and accurate information they received in their student handbooks. Students receive different types of support by partner institutions, but all benefited from a level of support that was broadly comparable with the learning experiences of University-based students. The University's own student support services are available to collaborative provision students remotely, but few students met by the audit team had made use of them. It was apparent, however, that some collaborative provision students had made use of the University's Access to Learning Fund.

160   When collaborative provision students wish to complain or appeal, the MoA outlines a process by which they must first use the partner institution's own procedures for the resolution of complaints. Students met by members of the audit team demonstrated an awareness of such procedures, or else were clear where information and guidance on making a complaint or appeal was located.

161   The operational annex to MoA in collaborative provision states the University's expectations in terms of the use of its name and logo in partner publicity materials and websites. A website provides guidelines, and the University undertakes periodic checks to ensure that partner websites are accurate. Senior staff of collaborating partners who met members of the audit team were clear about their responsibilities in this respect. A range of partner institutions' marketing materials and websites was sampled by the team which concluded that the University's procedures for the oversight of partners' publicity materials were working as intended.

162   From its analysis of documentation and meetings with staff and students at the University and selected partners, the audit team concludes that the University's arrangements for managing its collaborative provision are broadly fit for purpose and effective.

Section 6: Institutional arrangements for postgraduate research students

The research environment

163   The University was granted research degree awarding powers in August 2009. Since 1988 research degrees had been delivered through an arrangement with the University of Kent as the awarding institution. Under these arrangements there were 169 completions to October 2009. At the time of the audit those postgraduate research (PGR) students currently writing up their research continued to be registered with the University of Kent and would receive its awards. All other current students had been offered the option of remaining registered with the University of Kent if they so wished; 20 elected to do so and the remainder are registered for CCCU awards. The audit team saw copies of letters to students confirming these arrangements.

164   In preparation for the granting of research degree awarding powers the University put in place a Research Degrees Academic Framework (RDAF) which was approved by Academic Board (AB) in September 2009. The institution claims that this framework, along with their Code of Practice for Research Degrees Students and Supervisors (CoP-RDSS), embeds the *Code of practice, Section 1* and the audit team found this to be the case. However, it considered that the text of the CoP-RDSS relating to the validation of research degree programmes with clearly defined subject areas where MPhils/PhDs can be registered could be more clearly articulated.

165   The Senior PVC has responsibility for research and for research degrees and chairs all research associated committees. Day-to-day management of PGR falls to a centralised Graduate School. In its meetings with PGR students and supervisors the audit team found that this management arrangement worked well. The University recognises that there is some variation in the management of research at a departmental level. However, it has recently introduced the role of research director in three of its faculties; these postholders work closely with the Senior PVC, and also liaise with research coordinators in many departments. Research directors are also members of the Research Committee.

166   The University offers two research degree programmes: the MPhil/PhD and the EdD (Doctor of Education). The Graduate School administers the MPhil/PhD, and the EdD at thesis stage, in coordination with the departments and faculties where supervision takes place. In June 2009, 158 students were registered on MPhil, PhD or EdD programmes.

167   The Research Degrees Sub-Committee (RDSC) of the Quality and Standards Commitee (QSC) monitors the processes and outcomes of these programmes, and approves: applications; suitability, support and resourcing of a PGR research project; annual reviews and MPhil/PhD upgrades; requests for extensions; appointments of examiners; and it makes recommendations for awards to QSC and then to AB. The RDSC comprises senior academics of the University including the Head of the Graduate School. The Research Ethics and Governance Committee oversees compliance with the University Ethics Procedures and the Research Governance Handbook. This committee reports to the Research Committee (RC) but also has a direct link to AB in connection with institutional research initiatives. The RC deals with implementation of the Research Strategy, including the HEFCE Research Assessment Exercise (RAE) and the Research Excellence Framework (REF), the work of research units, research funding and support initiatives, studentships, and the development and welfare of research students. Its membership includes the faculty research directors and the Head of the Graduate School. It reports directly to AB, and will in future receive reports from RDSC and report on these matters to QSC.

168   The research environment is strengthened by the Graduate School and the Postgraduate Research Association (PGRA). The audit team found the PGRA to be a very effective and well-run association led by research students and supported by the Graduate School. It provides seminars run by students, and an annual one-day conference. PGR students confirmed to the audit team that all these were very effective. The nurturing of a cross-disciplinary postgraduate research community is supported further by student participation in the Researcher Development Programme.

169   The University claims that it is careful to ensure that every student is supervised within a research active environment. The audit team found evidence that this is being enabled by implementation of the new CoP-RDSS and the RDAF, and through the validation of subject areas in which PGR programmes can be offered, a process which was under way at the time of the audit. Specialist research seminars take place at faculty and departmental levels. In future these will be monitored through the validation process for individual research degree subjects. Additionally, in 2009-10 Graduate School events will be integrated with the Postgraduate Certificate in Learning and Teaching in Higher Education. The audit team confirmed the Graduate School is already enhancing its PGR student development programme by making use of this programme and the Associate Tutor Programme.

170   The day-to-day management of research degrees is governed by the CoP-RDSS (updated annually) and the Research Governance Handbook which are given as a combined document to all students and staff involved with PGR programmes. The audit team's meeting with PGR students confirmed that they had all received copies but found it to be a very large and detailed document. The University may wish to consider providing new PGR students with a more user-friendly handbook summarising the key issues in the CoP-RDSS.

171   The RDAF requires that research degrees are approved by AB on the recommendation of QSC which has the power to establish a panel to review and make recommendations relating to proposals for new research degrees. The RDSC must put forward a specific rationale for the establishment of a new research degree to the QSC for recommendation to AB. Research degree programmes each have a particular philosophy and management structure to support the coherence of students' studies. Following the validation of a research degree programme a subject, or set of subjects, may also be validated as part of the programme where this subject is to follow the regulatory requirements of the Framework and the specific research degree.

Selection, admission and induction of students

172   Selection, admission and induction of students are administered by the Graduate School, using a process clearly defined in the CoP-RDSS. The Supervisor Development Programme includes a session on selection and admission of PGR students, and the Head of the Graduate School provides advice to potential supervisors and faculty research directors on selection and admissions policy. Each year the University offers a number of full-time scholarships which provide maintenance grants for three years. These studentships are normally advertised nationally. In return, these students may be asked to undertake a maximum of 150 hours of teaching across these three years. Part-time students may apply to have their fee reduced or waived.

173   The Graduate School runs a number of one-day research degree inductions during the academic year; these are supplemented by a dedicated research section on the virtual learning environment (VLE).

Research supervision

174   Each student is assigned a supervisory panel which comprises a first and second supervisor and a chair. One of the two supervisors must be 'experienced' in terms of research activity and having one successful completion as a first supervisor. To build capacity the University encourages the use of experienced supervisors as second supervisors who can then act in a mentoring role to a less-experienced first supervisor. The chair oversees supervision and the student's project, and chairs annual review meetings; they must normally be a professor or reader with a research record in a cognate subject.

175   QAA's Review of research degree programmes in 2006 reported that 'the team judged the introduction of a compulsory Supervisor Development Programme to be good practice, but noted that in practice some supervisors are failing to attend'. The Briefing Paper confirms that this programme has been in place since October 2004, and training is compulsory for all

inexperienced supervisors. The audit team was told that the Head of the Graduate School was seeking to improve attendance. Staff new to research may also attend the Researcher Development Programme run by the Graduate School. Regular events are held for all those supervising students, and development opportunities for experienced supervisors are being increased as recommended by a recent internal review. This was confirmed during meetings with the audit team.

176   Supervision loads are monitored by heads of departments, first supervisors being allocated a notional 30 hours per year, and 15 hours per year for second supervisors (for full-time students, and half of this for part-time students). Following the granting of research degree awarding powers the University is introducing a 120-hour cap on supervision hours to ensure appropriate workload balances, which will be monitored by RDSC.

Progress and review arrangements

177   The Briefing Paper states: 'Research degrees are evaluated annually, along with all other programmes in the University, by means of a PQMER report which is presented annually to QSC'. However, the audit team was informed that the PQMER for research degrees is considered along with other reports within the Faculty of Art and Humanities and then reported to QSC; the action plan is fed into the RC. On examining the Faculty of Art and Humanities report on the PQMER process that went to QSC in June 2009, the team found only a reference to the Research Degree PQMER in the list of PQMERs considered by the Faculty, but no evaluation of it in the main body of the report. Actions points from the PQMER are required to be presented and discussed at the RC, and in this case the team found that they were considered and discussed at the RC in May 2009. Following the introduction of the new Quality Framework this process will be known henceforth as Annual Review of Research Degrees, and the team was informed that this Review will be reported directly to QSC. The team recommends that the University keep this process carefully under review to ensure transparent reporting and consistently effective oversight of academic standards and quality of learning opportunities in research degrees.

178   The CoP-RDSS explains in full the process for annual review of PGR students. Each student is required to participate in an annual review meeting before each anniversary of their first registration, or at entry to the thesis stage for EdD students, and then a final review three months before the end of registration. This final review may take the form of a 'mock viva' to prepare the student for their final examination. Annual reviews may also be held at times when specific issues have arisen in the student's work, in which case the first and second supervisors will seek support from the chair, or at the end of a break in study. Before annual review, the student is sent a report form electronically from the Graduate School which will have completed the registration details; the student must then add a statement about progress and expectations for the meeting. After the meeting, the first supervisor and the chair complete the report which is signed by all parties and sent by the first supervisor to the Graduate School, which forwards it to RDSC. If satisfactory, the report ensures continued registration.

179   All PGR students are initially registered for MPhil unless they already hold this award. Requests for upgrading must be made formally to the RDSC through the Graduate School: the supervisory panel uses a standard form to outline the student's progress and the schedule of work required to lead to the submission of a doctoral thesis within the period of registration. This process may be covered within an annual review or by a separate meeting. Extensions, interruptions to study or change of topic are also all covered fully within the CoP-RDSS.

Development of research and other skills

180   All PGR students are required to take the first three generic core modules of the Researcher Development Programme (or, in the case of part-time students, equivalent modules studied elsewhere) which prepare them for their research activity and their academic career development. Two further optional modules develop combinations of generic and subject-

specialist skills. Modules are occasionally run in the evening to make them available for part-time students. The audit team found that these arrangements reflect the *Code of practice, Section 1*.

181   All research students have opportunities to teach, and full-time students who have been awarded a scholarship are required to teach up to 150 hours averaged across three years. Students who do not have appropriate qualifications must be prepared for teaching as part of the Researcher Development Programme (Module 3, RDP3); they are also able, but not required, to attend part or all of the Postgraduate Certificate in Learning and Teaching in Higher Education programme. Evaluating these arrangements, the audit team noted that the primary purpose of module RDP3, Managing an Academic Career, was to enable students to become successful university research academics; it included writing skills, academic publication and curriculum vitae development, but only an introduction to teaching and assessment. The previous Institutional audit report (2005) advised the University to ensure that postgraduate research students receive full preparatory training before taking up teaching responsibilities. The team concluded that this recommendation had been partially responded to, and considered it desirable that the University consider again the minimum level of structured support required for postgraduate research students in preparation for teaching and assessment.

182   Students are encouraged to track their ongoing and personal development needs, and to keep a record of their researcher development activities for submission at annual reviews, using a template provided on the VLE.

Feedback mechanisms

183   In its Briefing Paper the University describes how feedback is obtained from PGR students. The Head of the Graduate School has an open-door policy; two representatives of the PGRA sit on RC and consult with the Head of the Graduate School regularly; two focus groups each for supervisors and students are held each year; and each module of the Research Development Programme is evaluated by students.

184   Students who met with the audit team expressed strong support for the Graduate School and especially the PGRA (paragraph 168). The aims of this Association are to represent and further the interests of research students by promoting social interaction, collective identity, and liaison with the University authorities and other relevant national or regional bodies.

185   The institution is trying to improve the formal evaluation of research students' experience. It participated in the Higher Education Academy Postgraduate Research Experience Survey in 2009. The outcome of this survey was considered by the RC which noted that the main areas where scores were below sector averages were those related to part-time students, and the University has recently put in place a plan to address these. Additionally, the University is developing a new system for collecting student feedback which will be introduced in 2010-11 (paragraph 78) which will include PGR students.

Assessment

186   The process of assessment of PGR students is defined in section 8 of the RDAF. Following submission of the thesis, two or more examiners, of which one is an external, examine each student. The process of oral examination is clearly set out in the CoP-RDSS; a reader, professor or other senior manager is appointed viva chair for this examination. The appointment of examiners is also well defined in the CoP-RDSS: nominations are sent by the supervisor to the Graduate School, and appointments are made by RDSC. The examination is administered by the Graduate School, and the chair is responsible for the conduct of the examination in accordance with CoP-RDSS and the RDAF. The examiners report their recommendations to RDSC, and where a degree is to be awarded this Committee makes the appropriate recommendation through the QSC to the AB. Should the recommendation not be to award a degree, the Graduate School will inform the student. In cases of doubt or disagreement between the examiners the School will recommend to AB the appointment of one or more additional examiners.

Representation (complaints and appeal)

187   The University has well-established and publicised procedures for complaints, which are defined in the CoP-RDSS, along with links to information held on the website. It will continue to use the appeals process established by the University of Kent for those students still registered with that institution. Both sets of procedures are described in the Handbook and Code of Practice. A student who seeks a review of a decision made by the supervisory panel (for example, regarding a recommended upgrading, interruptions to study, or an extension of time limits) is asked to approach the Head of the Graduate School who will ensure that the student's request is considered by the supervisory panel and the RDSC. The process for academic appeals is also well defined in the CoP-RDSS and in information held on the website. Appeals are made to the Academic Registrar.

188   Overall, the audit team found that the University's processes and procedures for postgraduate research programmes make an effective contribution to its management of the quality and standards of those programmes and meet the expectations of the precepts of the *Code of practice, Section 1: Postgraduate research programmes*, in respect of its own awards and those of the University of Kent.

Section 7: Published information

189   The Student Recruitment Office in the Department of Marketing has responsibility for prospectus development, promotion of programmes and the management of communication with potential students. It is thus also responsible for the accuracy and completeness of all published information to prospective students, although the responsibility for the accuracy of programme information, including that at partner institutions, rests with academic departments. Prospectus content is prepared by academic departments, which also check information supplied by partner institutions, before forwarding all copy to the Department of Marketing which takes responsibility for the accuracy of all published material on the basis of the information signed off by heads of departments.

190   The University's Web Development Unit is responsible for the design, implementation and administration of the institution's website. The Department of Marketing undertakes periodic checks of the website of partners to assure the accuracy of published information. Students confirmed that the programmes had met their expectations created by information published in websites and prospectuses.

191   The International Office is responsible for the accuracy of information provided to students outside the UK, although oversight remains with Marketing. The University is committed to enhancing the quality and consistency of its international publicity materials, and the quality of support information and booklets for international students.

192   The Graduate School, together with the Marketing Communications Unit of the Department of Marketing, is responsible for information relating to the recruitment of prospective research students and production of the Research Prospectus.

193   All promotional materials that apply to partner institutions, including prospectuses and web-based material must be designed in accordance with the guidelines for the University's corporate visual identity. All material must be sent to the Manager of Academic Partnerships and a named contact in Marketing before being disseminated. The audit team checked a sample of partner institutions' websites relating to provision and progression opportunities at the University and they were found to be complete and accurate.

194   The Data Management Office in the Registry has responsibility for the management of the student record system, including the maintenance of curriculum records relating to programmes, cohorts, modules and assessment. The system is uploaded from validated programme

information and minor amendments are made in response to authorised requests by faculties. The student transcript shows a range of curriculum information, downloaded from the system, specific to the individual student, together with module grades. StudentNet, part of the University's Content Management System, provides student access to a range of services including the updating and checking of personal data held by the Registry.

195   The Examinations and Records Office has responsibility for student registration, maintenance of records and management of the assessment process. Checks on the data held are conducted three times during the academic year. The Registry monitors the receipt of these data checks, and informs the appropriate FQO if they have not been completed at the appointed time. The University also has documented procedures for checking the registration of partner institutions' students in collaborative provision, which from 2010 will include a preregistration phase completed online. However, the audit team became aware that there had been repeated instances in one collaborative partnership of non-registration of students until an advanced stage of their programme (paragraph 155). The University should ensure that all its partner institutions understand and implement its requirements.

196   The University has in the last two years undertaken a major review of its student administration processes through the use of an external consultant. This work has focused upon areas such as the online registration process for students on the General Modular Scheme (GMS). September 2010 will see the roll-out of these processes to all new students across the provision, including collaborative partners. Full implementation is intended to offer a new system with associated processes and policies for programme and module management across the University.

197   The audit team saw several examples of programme and module handbooks distributed via the VLE. Handbooks are produced with the help of online text templates that deal with procedures such as concessions and plagiarism. Collaborative partners utilise a combination of hardcopy material, including the production of study packs and CD-ROM-based information, which was greatly valued by the students concerned. The Briefing Paper noted that the institution is to address the current lack of oversight of the production of programme handbooks; however, the team learned that the University intended to produce online templates for the production of handbooks, although this would only address the standardisation issue and not necessarily the lack of oversight identified. This matter is to be reviewed along with the programme approval and review process in 2009-10. Students said that they received handbooks before starting their programmes and were satisfied with the accuracy and helpfulness of information received. The University is committed to providing information online but the SWS requested that it should consider printing first-year handbooks. Programme teams have discussed this issue and, in some cases, have agreed to provide slimmed-down hardcopies although this creates a tension with the University's policy.

198   Awareness of appeals and complaints procedures seemed variable among the students who met with the audit team, although they confirmed that links to this information were provided in handbooks. Students had an incomplete knowledge of the concessions procedure, and some indicated that there was ambiguity in the information they were given about arrangements for extensions to assignment deadlines. Some students in collaborative provision were not aware of the University's online information.

199   The Planning Office has responsibility for assuring the accuracy of HESA data and this is signed off by the PVC (Academic). The audit team confirmed that appropriate and accurate information had been supplied to HESA and uploaded to the Unistats site. The team also found that, in accordance with *HEFCE circular 2006/45*, the University makes external examiner reports available to students through the VLE, or for consideration at SSLMs.

200   On the basis of the evidence available to it, the audit team found that reliance can reasonably be placed upon the accuracy and completeness of the information that Canterbury Christ Church University publishes about the quality of its educational provision and the academic standards of its awards.