De Montfort University

March 2009

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance for Higher Education (QAA) visited De Montfort University (the University) from 16 to 20 March 2009 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 that the University offers.

Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of the 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 its awards

- 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 University has a strong commitment to ongoing improvement and a key feature highlighted by the University is that priorities for enhancing student learning opportunities are primarily defined at faculty and departmental level.

Institutional arrangements for postgraduate research students

The University issues its own Code of Practice for research degree programmes readily available in both hard copy and on the website and the audit team found this Code of Practice to be, in the main, clear and comprehensive. In addition to this, each faculty publishes its own handbook for postgraduate research students. There are several points upon which the audit team has made recommendations to enable the University to meet the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*, published by QAA.

Published information

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

Features of good practice

The audit team identified the following areas of good practice:

- the rigorous approach taken by the University to maintain an institutional overview of its professional body engagements (paragraph 64)

- the positive engagement of the University with the student body and the responsiveness of the institution to the student voice (paragraph 87)

- the integrated and structured student support mechanisms to underpin the student experience (paragraph 139)

- the high level of integration and cooperation with local and regional collaborative partners (paragraph 186).

Recommendations for action

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

Recommendations for action that the audit team considers advisable:

- the University to revise its description of collaborative provision, to reflect the *Code of practice, Section 2* and produce a comprehensive list of all collaborative relationships that is publicly available (paragraph 174)

- the University to put in place and fully operate procedures for the rigorous monitoring of the success of postgraduate research programmes against appropriate internal and/or external indicators and targets (paragraphs 200, 207 and 210)

- the University to put in place and assure itself that it fully operates and delivers its procedures for postgraduate research programmes that meet the expectations of the precepts of the *Code of practice, Section 1: Postgraduate research programmes* relating to the selection, admission and induction of students, supervision, assessment and the development of research and other skills (paragraphs 203, 206, 214 and 218).

Recommendations for action that the audit team considers desirable:

- the University to review whether Academic Board should play a greater part in determining the priorities for academic staff development. (paragraph 144)

- to ensure that there is University oversight of its international collaborative provision, and places increased focus upon this within annual monitoring and review procedures (paragraph 183).

Section 1: Introduction and background

The institution and its mission

1   De Montfort University (the University) is associated with Simon De Montfort, Earl of Leicester, a distinguished figure in English history and widely credited with establishing the first parliament in 1265. Prior to 1992, De Montfort University was known as Leicester Polytechnic, which was created in 1969 through the amalgamation of Leicester College of Technology and Leicester College of Art.

2   The University has approximately 19,949 students and 4,058 staff. Its UK operation is based in Leicester and is a nucleus for a network of 15 UK collaborative partner institutions. The academic provision of the University is based around five faculties: Art and Design; Business and Law; Health and Life Sciences; Humanities; and Technology. The University also has 10 overseas partner institutions. Following the transfer of the Faculty of Education and Contemporary Studies to the University of Bedfordshire, the University no longer has a campus in Bedford. The University is situated on the City Campus in Leicester, where the majority of its provision is based, and at Charles Frears Campus, where Nursing and some health-related provision is located.

3   The strategic plan of the University identifies seven key objectives: to develop and promote a distinctive academic portfolio; enhance quality; optimise student profile; strengthen research and regional engagement; maintain financial stability; maintain and develop the quality of staff; and maintain and develop estates infrastructure and the environment.

The information base for the audit

4   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 index to the Briefing Paper was referenced to sources of evidence to illustrate the University's approach to managing the security of the academic standards of its awards and the quality of its educational

provision. The team had access to all of the documents referenced in the Briefing Paper; and in addition, the team had access to the University's intranet.

5   The Students' Union produced a student written submission setting out the students' views on the accuracy of information provided to them, the experience of students as learners and their role in quality management. The audit team is grateful to the students for the provision of this useful and informative document to assist in its enquiries.

6   In addition, the audit team had access to:

- the report of the previous Institutional audit March 2005

- the report on Collaborative provision audit May 2006

- the Major Review of healthcare programmes May 2006

- reports produced by other relevant bodies (for example, professional, statutory or regulatory bodies)

- the institution's internal documents

- the notes of audit team meetings with staff and students.

Developments since the last Institutional audit

7   The previous QAA Institutional audit in March 2005 found that broad confidence could be placed in the soundness of the University's current and likely future management of the quality of its academic programmes and the academic standards of its awards. In addition, the report itemised a number of recommendations and points of good practice. Developments relating to collaborative provision since the QAA Collaborative audit of 2006 are described in Section 5 of this annex.

8   The audit report contained two recommendations that the University was advised to consider:

- measures to ensure that its internal documents and web-based guidance on the roles and responsibilities of its external examiners are up to date and accurate, and consistent with the advice of the *Code of practice*

- how it might ensure consistency between subject authority boards in the way in which they approach marks that are missing or received late, and how to lessen the need for students to be progressed through extraordinary measures.

9   In addressing the first of these advisable recommendations, the University makes a firm statement in its Briefing Paper that it adheres to the precepts from the *Code of practice, Section 4: External examining*. Evidence to support this claim was further provided in the form of a table itemising the University's alignment to each of the 14 precepts from the *Code*. This provided the audit team in a very transparent way with comprehensive evidence to show that the University had responded fully to the first recommendation of the 2005 QAA Institutional audit.

10   In addressing the second of the advisable recommendations, the University claims it now has a consistent approach to dealing with late marks and that the need for the chair's action to be taken has been reduced. The audit team was satisfied that under the new arrangements brought in with the introduction of the single tier assessment board structure that this recommendation had been dealt with satisfactorily.

11   The 2005 audit report also offered a number of suggestions judged to be desirable for the University to consider. The first of these was to consider how to ensure that the then existing Subject Authority Boards' annual reports and programme journals might be produced in a timely fashion across the University. Along with this was the suggestion to consider how to ensure that all members of staff share the same understanding of the purpose of these reports and journals in

the University's quality management arrangements. The audit team was satisfied that subsequent to the adoption of the single tier assessment scheme that these issues had been addressed by the University.

12   The University was also recommended to consider how it might make its engagement with employers of its students a more visible part of its quality management arrangements. In connection with this, the University reports in its Briefing Paper on what it considers to be two highly successful and visible bids relating to employer engagement, including winning funding to promote employer engagement through a 'Skills for Business' project. It is also noted that employer input plays a prominent part in the University's Strategic Plan. More specifically in relation to quality management, the University reports in its Briefing Paper developments in the formation of industrial liaison committees and employers' forums. The University states further, however, that in some vocational areas the establishment of a meaningful, systematic employers' forum is 'a challenge'. The audit team recognises the good progress made and considers that this is an area where the University might like to continue its efforts in order to ensure that it benefits as fully as possible from these external inputs into quality management and monitoring activities.

13   The University describes in its Briefing Paper how it has addressed the recommendation relating to the convening of staff-student consultative committees through the revision of its operational guidelines. Although a subsequent internal audit to assess the effectiveness of the change has revealed that operation is still variable, the audit team supports the stated aim of the University to give this issue further attention.

14   The 2005 QAA audit report also recommended that the University consider how it might ensure that staff make better use of the strategic planning and management information available to them. The University's response to this is described summarily in the Briefing Paper. This includes more systematic and routine presentation of information to key committees described further in the Briefing Paper, improved accessibility of information and making clear expectations about consideration of module pass rates and the development of improvement plans. In addition, the Briefing Paper states that management and statistical information is now considered more routinely and systematically at programme and faculty levels. From an examination of the associated internal audit on module achievement, the audit team was satisfied that the University has made a considered and appropriate response to this recommendation.

15   In response to the recommendation to ensure external examiners have access to evidence that marking and moderation have taken place, the University Learning and Teaching Committee has since issued generic advice regarding best practice on first and second-marking. The Briefing Paper claims this has had some beneficial effect while still leaving room for improvement and the audit team encourages the University to continue to monitor this
situation closely.

16   One area of good practice that the University has built on since the last audit in 2005 is its support for student representatives in the faculties. Measures taken in this regard are described fully in Section 3 paragraph 80. A further key area of development related to good practice identified at both the previous and current audits is the development of a systematic approach to obtaining and responding to student feedback.

17   Further areas of development have been the continued expansion of the adoption of computer-based learning tools to enhance learning across the University and the promotion of pedagogic innovation within each faculty. These developments are described further in Section 3 of this report. A major refurbishment across the Leicester Campus to improve the learning environment, most notably the creation of a 'Learning Zone' in the Kimberlin library, has also taken place. Also the bedding down of the change from a semester-based calendar to the introduction of year-long modules has been a significant change, and judged by the University to have met all of its objectives.

18   Staff development needs have also been addressed in order to create a more transparent alignment between University objectives and the professional objectives of staff. A new formal University Staff Development Policy has been created and is described in detail in Section 3 of this report.

Institutional framework for the management of academic standards and learning opportunities

19   Academic Board, chaired by the Vice-Chancellor, is the overarching body responsible for the standards of awards and quality of provision. Membership includes senior University staff, including the Academic Registrar, deans, heads of departments or heads of study nominated by the deans and further elected members of staff. There are three student members nominated by the Students' Union. Academic authority is devolved to five faculty academic committees (FACs) and a number of other subcommittees which report to Academic Board.

20   The University Learning and Teaching Committee (ULTC) is responsible for advising Academic Board and the faculties on the development and application of policies relating to learning and teaching as well as promoting the University Learning, Teaching and Assessment Strategy (ULTAS). The Chair of ULTC is the Pro-Vice-Chancellor (Academic Processes and Quality). Other ex-officio members include the chairs of the faculty learning and teaching committees (FLTCs), a dean of faculty and senior administrative staff including the Director of Library Services. There are three student representatives, two of which are nominated by the Students' Union. The ULTC has several working groups reporting on specific areas such as disability legislation, e-assessment and e-learning.

21   The Modular Management Group (MMG) is responsible to Academic Board for the implementation, management and review of the undergraduate award scheme and regulations. The remit also includes reviewing programme specific regulations and monitoring the student record system to ensure its suitability and effectiveness. The Postgraduate Taught Programmes Committee has a similar remit to that of the MMG but relating to postgraduate awards.

22   The Academic Planning Committee (APC) makes decisions about new programmes, taking into account their strategic fit and financial viability. This committee is mirrored within each faculty as faculty academic planning committees (FAPCs) which report to APC. The FAPCs assess new programme proposals against a number of criteria before forwarding the proposal for consideration to APC.

23   The Admissions Committee is a standing committee of Academic Board with the responsibility to review and develop the University's admissions policies and provides institutional guidelines on admissions and selection criteria and processes. This Committee receives annual student admission reports from faculties in order to maintain an oversight of the admissions process across the University relating to taught programmes. This oversight ensures that it is in line with institutional policies and guidelines. Further work includes reviewing and auditing admissions and selection practice, and analysing applications to strengthen policies on widening participation.

24   A separate subcommittee of APC for collaborative provision exists in relation to all aspects of programmes that involve provision being delivered at collaborative partners, both in the UK and overseas. This is described more fully in Section 5.

25   The Academic Quality and Standards Committee (AQSC) is responsible to Academic Board for overseeing quality and maintaining academic standards. It exercises its role in a wide variety of ways including checks that new programmes satisfy stated design requirements and overseeing and reporting on the management of module, programme and subject provision undertaken within the faculties. AQSC regularly commissions audits through its subgroup, the Quality Assurance Procedures Group (QAP) to oversee and report on the effectiveness of systems for self-evaluation and monitoring as operated within faculties, the Department of Academic Quality (DAQ) and the Curriculum Planning Office. QAP is responsible for checking that quality

assurance procedures are implemented effectively and for advising AQSC and FACs on adherence to processes. Reports from QAP are designed to highlight risks and to capture and disseminate good practice.

26   FACs report to Academic Board and its subcommittee AQSC. The structure of university-level committees is reflected within each faculty, with the FAC taking responsibility for quality and standards at faculty level. So, for example, each faculty has a corresponding FLTC that reports to the University Learning and Teaching Committee, with the chairs of each FLTC being members of ULTC. Each FAC is chaired by the faculty dean and other members include the heads of undergraduate and of postgraduate studies, the faculty head of quality, the heads of schools and departments and elected members of staff. There are two student representatives elected by students of the faculty.

27   Each FAC is responsible for assuring the quality and standards of the faculty's undergraduate and postgraduate taught provision and reports directly to AQSC regarding these matters. The details of their work in relation to programme approval, monitoring and review appear in Section 2. To maintain two-way communication, FACs receive feedback from AQSC and Academic Board. The method of operation and reporting of subcommittees is, however, variable between faculties, a situation that reflects their different cultures and complexities. For example, only some faculties have a faculty collaborative provision committee. FACs similarly report to the Higher Degrees Committee as necessary in relation to research degree students.

28   Each faculty is headed by the dean who is responsible to the University for the academic and executive operation of the faculty. The dean chairs not only the FAC but also the FAPC and the faculty executive. The dean also has ultimate responsibility for the maintenance and enhancement of quality and standards and for all the programmes operated within the faculty, although in practice most functions of academic management in these respects are devolved to the faculty's head of quality and head of studies.

29   The faculty head of quality has responsibility within the faculty for the operation of quality management policies and processes, with specific responsibility for managing, under devolved authority, the processes for the validation and the monitoring of the faculty's academic provision. They are also responsible for the nomination of external examiners and maintaining an overview of all external examiner reports within the faculty. All heads of quality are ex-officio member of AQSC and so play a part in the management and development of the University's quality assurance and enhancement policies.

30   The head of studies is responsible for the operation of the regulatory system within the faculty and the operation of academic planning and management processes. As members of the MMG they are also involved in the management and development of the University's regulatory framework. They are also ultimately responsible for student support and advice within the faculty, including disciplinary panels and arrangements of extenuating circumstances for coursework submissions. In some faculties there is also a head of postgraduate studies with similar responsibilities relating to taught postgraduate programmes and students.

31   Within each faculty the chair of the FLTC has responsibility for producing an annual planned set of priorities linked to the ULTAS. These are reported to the FAC and subsequently the ULTC together with a report on the outcome of actions in the previous year. They are also primarily responsible for promoting good practice and initiating discussions concerning teaching and learning across the faculty.

32   Heads of departments and schools within each faculty are responsible to the dean for the academic management of their unit, working together with the heads of studies and heads of quality. Normally, heads of departments chair the undergraduate, and sometimes postgraduate, programme management and assessment boards.

33   As well as the formal representation on University and faculty committees already noted above, students participate formally in quality management processes through their representation on programme management boards. There are also student representatives on some periodic review panels, despite the participation difficulties noted in the Briefing Paper.

34   The University's current approach to the management of academic standards is encapsulated in the ULTAS which was approved by Academic Board in July 2007 and covers the period to 2011-12. The guiding principles of this strategy focus strongly on students and their support. A more detailed account of the University's processes for managing standards and quality is given in the DAQ Guide 1 published in June 2008. The audit team found this to be a clear, concise and comprehensive guide. One strength of the University's framework for managing quality and standards that was particularly evident to the team was the strong identification that staff and students have with their faculty, a characteristic that helps to cement their place within the institutional framework. The team concluded that the University's framework for managing academic standards and the quality of learning opportunities was sound, effective and appropriate to its scale and mission.

Section 2: Institutional management of academic standards

35   The University views its range of processes for the management of standards, which it tests regularly, and the careful use of external reference points (see paragraphs 52, 64 and 65) as its primary approach to securing the standards of its awards. As many of these mechanisms are also concerned with the management of academic quality, those aspects most closely associated with academic standards, namely the use of external reference points in programme design, approval, monitoring and review; programme specifications; the assessment of students; external examining; and the use of relevant management information, are dealt with under the heading of academic standards: the remainder are covered under the heading of management of learning opportunities.

Approval, monitoring and review of award standards

36   The University considers that the approval, monitoring and review processes are central to its approach of safeguarding the academic standards of its awards. The Academic Quality and Standards Committee (AQSC) is responsible to Academic Board for overseeing, developing and where appropriate, implementing agreed policies for maintaining and enhancing the quality and standards of the University. Each faculty academic committee (FAC) oversees the validation, annual monitoring and periodic review of the faculty's programmes.

37   All new programme proposals for validation must meet and adhere to the curriculum planning office's guide to programme planning based on the Department of Academic Quality (DAQ) Guide 8: A guide to validations and to the relevant aspects of the Academic Infrastructure.

38   The validation approval, monitoring and review policy and procedures are long-standing but procedural enhancements are ongoing, to maintain alignment with the University's management of academic standards to all relevant reference points.

39   All approvals adhere to the DAQ Guide 8: A guide to validations; all monitoring adhere to programme enhancement plans (PEPs) guidance notes and other DAQ guides, such as Guide 2: External Examining; and all reviews adhere to DAQ Guide 10: Collaborative management, and DAQ Guide 3: A guide to periodic review. At University validation events there is external scrutiny from appropriate personnel that could include professional, statutory and regulatory bodies, employers, external peers or other client/commissioning bodies. External examiners monitor standards on an annual basis at the end of each academic year and their external examiner reports will be included in period reviews, thus securing a robust external referencing system.

40   The University operates a single set of regulations to monitor academic standards regardless of location. This is ensured by the collaborative partner validation process, external examiner reports, moderation of student work and partner annual reports that are monitored by the respective faculty heads of quality.

41   Reference points (see paragraph 52, 64 and 65) allow the University to confirm the standard of student achievement and have confidence in the robustness of its validation and monitoring systems.

42   Periodic reviews are used to safeguard and enhance academic standards of the University and they normally take place every five to six years and are detailed in the DAQ Guide 3: A guide to periodic review. The Quality Assurance Procedures Group undertook an audit of periodic review in 2003-04, and again in 2008-09, and concluded that periodic review was well understood and embedded across the University.

43   The 2005 QAA audit was concerned with a weakness in reflecting fully employer and external views in programme design, but this issue has been addressed, including the criteria for the appointment of external members being clearly specified in the DAQ Guide 3: A guide to periodic review (Sept 2007). The audit team saw this appointment process working effectively.

44   In 2007, the University introduced a new mechanism for annual programme monitoring called programme enhancement plans (PEP), which replaced the previous programme monitoring called the Programme Journal. PEPs promote the opportunity to agree on areas of focus for the next academic year, address areas of the provision that are crucial to the development of the programme and encourage enhancement. The full impact on the management of academic standards has yet to be comprehensively evaluated, but initial feedback is positive and the University is progressing its development.

45   The Quality Assurance Procedures Audit Group has undertaken audits of professional, statutory and regulatory body protocols, periodic review, curriculum modification process, student feedback and external examiners' operating statement. This operating statement is to ensure that the University's handling of external examiner reports reflects the *Code of practice, Section 4: External examining*, precepts 14 and 15. The audit team reviewed the work of the Quality Assurance Procedures Audit Group for periodic review and judged it was making an effective contribution.

46   Availability and appropriateness of learning resources are closely monitored throughout the lifecycle of a programme via a variety of mechanisms including PEPs, programme and module level surveys, periodic review, and the National Student Surveys. To reinforce the links between quality processes and resource planning, an annual report is made to the Deputy Vice-Chancellor and deans summarising the outcomes of reviews and validations that have resource implications.

47   The audit team saw many documented examples of these processes and formed the view that the University's management of academic standards is well designed and operates effectively, and takes full account of the Academic Infrastructure and the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

External examiners

48   The University states that external examiners are used to ensure that the standards of the University's awards are maintained at an appropriate level, and the procedures closely follow the *Code of practice, Section 4: External examining*. The role of external examiners and their appointment is detailed in DAQ Guide 2: A guide to external examining at De Montfort University. Normally external examiners would approve examination papers, review samples of students' works, attend examination boards, agree marks, undertake dialogue with subject teams and review programme developments. Recently, subject external examiners have become engaged in programme-level as well as module-level decisions, and the role of senior examiner

has been withdrawn. The audit team saw strong evidence demonstrating the University's engagement with the *Code of practice, Section 4: External examining*, precepts 1 to 14, and effective use of external examiners in the maintenance of standards.

49   New external examiners have to meet agreed criteria before being appointed by the University and are strongly encouraged to attend annual briefing days. Attendance in 2007-08 was good for new examiners, but weaker for invited returning examiners attending a briefing on the new assessment board processes and reporting procedures. Postgraduate examiners receive individual briefing from their faculty contacts and can request a meeting with the Academic Registrar and Quality Officer (External Examiners) as required.

50   External examiners are asked to submit a pro forma report that confirms threshold judgements on academic standards, currency of programme, the assessment process, and can add written comment as appropriate. The external examiners' reports are considered by the programme board and responded to appropriately. This process is monitored by the faculty head of quality to ensure all stages are observed. DAQ oversees the external examiners' report process and monitors the responses to those reports, and the audit team saw evidence of this process. Students' representatives have sight of external examiners' reports through their engagement within the programme management boards. The audit team confirms that the University makes effective use of independent external examiners in summative assessment and feedback.

Academic Infrastructure and other external reference points

51   The University's Quality Policy defines its key principles as standards, ownership, trust, accountability, continuous improvement, responsiveness and resolution and appropriate regulation. The external reference points play an important role in defining the University's academic standards and the calibration of its awards and include the QAA Institution audit and former subject reviews; the *Code of practice*; European Quality Assurance Standards; *The framework for higher education qualifications in England, Wales and Northern Ireland*; professional, statutory and regulatory body protocols; subject benchmark statements; and the Higher Education Academy.

52   The University's Briefing Paper refers to the need to reflect the principles of new and updated sections of the *Code of practice* whenever they are released. A senior member of the University staff who is the effective 'operational owner' undertakes appropriate checks. The University records how it aligns with the precepts on a progress table, which sets out examples to illustrate how the *Code* is implemented and this progress table is presented to Academic Board for endorsement.

53   An audit trail investigated a professional course to check on the use of external reference points and concluded that they are secure and relevant.

54   The audit team confirms that the University's ongoing processes ensure that management of the Academic Infrastructure and external reference points is firmly established and relevant.

Assessment policies and regulations

55   The strategies and policies located in the policies directory on the staff portal inform the University's framework for managing the quality of learning opportunities. One of these policies is the assessment policy which is designed to safeguard standards, ensure comparability and enhance the student learning experience. This is managed by the University's Learning and Teaching Committee, which advises the Academic Board and the faculties. The Higher Degrees Committee has oversight of assessment progression and supervision of research degrees.

56   Identical module templates are used at all sites. Marked student work from collaborative partners is subject to second-marking and moderated by the University's module leader. External examiners have commented that links between partners are excellent.

57   The University's assessment, policies and regulations have undergone a number of recent changes to improve its management of academic standards. These changes include the merging of the Subject Authority Board and the Progression and Awards Board, minor improvements to the single set of undergraduate award regulations, and the development of 'user-friendly' simplified programme/cohort reports to support the operation of assessment boards. The single-tier board structure was well received by external examiners.

58   The Academic Board devolves the responsibility for the assessment of students and degree conferment to the faculty, which in turn operates assessment boards for programmes or related groups of programmes.

59   The supportive work of the Modular Management Group in the University's management of assessment policies and regulations was noted by the audit team. The team considered that the University's assessment policies and regulations are robust and make an effective contribution to its management of academic standards.

Management information - statistics

60   The University aims to develop an ethos in which diligent consideration of programme performance information is routine. Information from the University's strategic planning service, commissioned research and 'Web Focus' management information systems all contribute in supporting the management of academic standards.

61   The DAQ and the Strategic Planning Service have worked together to review procedures and protocols pertaining to the use of management information statistics and to review any actions required. From a recent analysis, pertaining to good practice and its implementation, degree classification saw an improvement, although there was narrowing of the spread of average marks which may need to be statistically monitored by the University over the next period for further consideration of any possible actions. The University also undertook a review of its degree classification and progression regulations against other similar institutions and found they were fair and in line with the sector.

62   The introduction of programme summary 'data sets' that include information on entry tariffs, applications, enrolments, progression data, award and classification data, National Student Survey data and employment indicators is still work in progress, but academic staff report the information to be valuable in considering programme performance. Other use of successful management information statistics include module evaluation, higher degree enrolment and awards data, research student completion rates, retention and achievement of ethnic minority students. The audit team saw evidence of effective use being made of the data sets, for example, in Business Studies.

63   The audit team concluded that confidence could reasonably be placed in the soundness of the University's current and likely future management of academic standards.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

64   To ensure that the University's quality framework policies and procedures take necessary cognisance of relevant external reference points, the quality framework is reviewed and updated on a regular basis. A regulatory compliance audit undertaken by Grant Thornton confirmed that appropriate arrangements were in place to identify all externally accredited courses and ensure that the specific requirements of professional bodies are met. This compliance audit report was read by the audit team and its depth and robustness identified as a feature of good practice.

65   The departments/schools aim to meet discipline requirements, subject benchmarks, any necessary professional, statutory and regulatory bodies' requirements, and review feedback from employers to ensure the programmes are appropriate and current. Detailed audit trails were undertaken by the audit team and confirmed the departments/schools are meeting the discipline requirements and that the processes implemented were making an effective contribution to the management of student learning opportunities.

66   The University's Disability Equality Scheme action plan is an ongoing awareness process to consider the needs of disabled learners or those with learning difficulties. Faculty disability coordinators work with such students, ensuring that support is available.

Approval, monitoring and review of programmes

67   The DAQ Guide: 1 A Guide to Quality Management at De Montfort University, outlines the University's approach to quality monitoring of programmes which has been informed by the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

68   The key elements for programme approval are outlined in the previous section of the annex and serve as prompts to reflect on learning opportunities for students. Other related monitoring components include the contributions of internal and external peers, the approach to the embodiment of e-learning, identification of implications for learning resources, professional statutory and regulatory bodies, National Student Survey, management information and student feedback

69   This validation process is regularly updated and published for University-wide implementation. The University's model of validation requires programme teams to present their proposals to a panel of internal and external peers (including members of professional bodies where deemed necessary). The process has been updated and refined on a regular basis, including a pilot scheme to test if the information presented in the student handbook is sufficient for validation panels to form a judgement. The audit team saw evidence of the process and considered it to be both robust and making an effective contribution to the management of student learning opportunities.

70   The periodic review procedures have been subject to audit by the Quality Assurance Procedures Audit Group. Following a recent audit there was a recommendation for more attention to be given to the enhancement process and the University is progressing this issue. Periodic reviews are monitored by heads of quality in each faculty. The Quality Assurance Procedure Audit Group audits the process and reviews whether overall adherence of the quality procedures has been observed. External examiners and students are invited to participate in periodic reviews but attendance by students at these events has yet to be realised fully (see paragraph 87). Any modifications to the curriculum must adhere to the Curriculum Planning Office: Guide to Curriculum Modification, and these modifications must be approved by the faculty heads of quality.

71   The University's programme and module monitoring are carefully documented and briefing sessions are held for academic and administrative staff to raise awareness and ensure that recent changes are well understood. Programme enhancement plans have a strong emphasis on the enhancement process and the sharing of good practice. This recently introduced scheme is an evolutionary ongoing process and the audit team would encourage the University to continue with its development.

72   The audit team found that the University's arrangements for programme approval, monitoring and review made an effective contribution to its management of the quality of students' learning opportunities.

Management information - feedback from students

73   The University asserts that student feedback is afforded a high priority in its planning and actions. This two-way process was evident at many levels, from positive comments in the student written submission to the assiduous attention given to the National Student Survey by programme teams, faculty and appropriate central committees, boards and departments. Student feedback is analysed and discussed at appropriate points in the validation, monitoring and review processes. A list of the main sources of information includes the University-wide survey, National Student Survey, postgraduate annual monitoring reports, non-finalists, module surveys and University collected views on e-learning, information technology, the library and student placements. There is a widespread and systematic use of student feedback, but some difficulties arise with feedback information from particular student groups, for example, distance-learning, work-based, and part-time students. The University is taking action to address this problem to ensure all student communities are fully engaged.

74   Systematic monitoring of the impact and quality of support takes place via a number of mechanisms, including the National Student Survey; the Destination of Leavers of Higher Education survey (specifically in terms of employability and careers support); and the International Student Barometer for international students. Feedback is also obtained from programme-level surveys, programme enhancement plans, and surveys run by individual support departments, as well as student focus groups and the student representatives' conference. The University is confident that its approach to student support is effective and that positive satisfaction levels recorded by students, for example, the National Student Survey gives testimony to this view.

75   Students are trained as ambassadors in order to promote completion of the National Student Survey and in other promotional activities with feeder schools, colleges and UCAS events.

76   The formal and informal open dialogue between the students and the University appears to be an open and honest engagement to the benefit of both parties. The audit team meeting with students confirmed that elicited student views were listened to by the University and changes have been implemented in most cases. The student nominated Distinguished Teaching award scheme for staff is another demonstration of this open and honest engagement process.

77   The recent national Postgraduate Research Experience Survey indicates the University's performance was above the national average for the 2007-08 period, but there was some slight concern about the provision of library resources by some students. Throughout the audit visit the team recognised the strength of the informal and formal dialogue between the University and its students to enhance the learning opportunities and student experience.

78   Notwithstanding the reservation about the difficulties pertaining to student feedback from some discrete groups, the audit team considered that the University was responsive to student feedback in its management of learning opportunities.

Role of students in quality assurance

79   Student representatives play a full part in academic committees and periodic review, in which they participate as full panel members. They are represented on programme management boards, faculty academic committees, faculty learning and teaching committees, the Academic Quality and Standards Committee (AQSC), the University Learning and Teaching Committee (ULTC), Research Committee, Higher Degrees Committee, Modular Management Group and Academic Board. Students are also represented on programme boards.

80   The University operates a student training system which has been extended to cover the Charles Frear Campus and partner institutions. Additionally, training materials such as role profiles and representatives' guides are available online. The audit team was informed by students that the training is effective. Student representatives present at meetings with the team, including those from distance and collaborative programmes, confirmed that they were clear on their roles.

81   There is an accreditation scheme which gives formal recognition of the skills acquired through their work as student representatives. There are currently 100 students in two batches on the scheme. At a meeting with the audit team, student representatives spoke highly of the scheme in terms of the acknowledgement it gives to the skills acquired through the role. The team considered this to be an innovative initiative; it also serves as an incentive for students to participate in the University academic structures.

82   The operation of the student representatives system has been monitored by Student Services and by De Montfort Students' Union, and both make reports to AQSC. The audit team was informed that faculties had responded well to De Montfort Students' Union recommendations made within annual reports. For example, by ensuring that timely welcome events for representatives are held and that this has improved the early election of faculty representatives.

83   One concern highlighted by students in relation to staff-student consultative committees (SSCCs) was that too much onus is put upon students to publicise the actions taken by faculties in response to student feedback. This matter was considered in the 2007-08 Quality Assurance Procedures audit which detailed a number of varying means across the faculties to publish to the student body the actions taken. Consideration within the report is also given to the role of student representatives in feedback procedures. The audit team considers that there remains scope for further clarification of report back procedures and it encourages the University to take further steps in this regard.

84   The University has recently refreshed its operational guidelines for SSCCs and, overall, it considers that they are operating effectively. However, it considers that a flexible approach is needed so that, for example, student views may be captured through online discussion groups. The audit team found that the University has developed a good understanding of the strengths and weaknesses of SSCCs and encourages it to continue its work in furtherance of their operational effectiveness.

85   Other less formal means of representation include faculty representatives meeting regularly with the Pro Vice-Chancellor (Academic Quality), and De Montfort Students' Union officers meet each term with the Department of Academic Quality (DAQ) senior team. De Montfort Students' Union representatives are routinely invited to be members of working groups, for example the steering groups of the University e-learning Pathfinder Project, the Connecting Transitions and Independent Learning project, and the Retention and Achievement of Ethnic Minority Students Group.

86   In collaboration with De Montfort Students' Union, students are nominated to be full members of periodic review panels. The students are normally faculty-level representatives and do not come from the area under review. The University considers that this aspect of the process operates with mixed success: individual students have made valuable contributions to the debate and have introduced a useful perspective; others have been more overwhelmed and unsure of their contribution. Additionally, the audit team was informed that students are not always available to make the commitment and during 2007-08, for example, four out of 10 events took place without a student on the panel. To improve participation, the support and training for representatives has been enhanced and measures include more detailed preparation. In meetings with students, the team was given confirmation that systematic training is provided for students and that, overall, the students considered the system to be a valuable mechanism. The University intends to continue this practice. The team noted the acknowledgement by the University of the teething problems encountered in the operation of the scheme and supports the University's intention to improve and enhance the scheme.

87   The University considers that the participation by students in the representation system is good, but there is still scope to strengthen it further; this view was shared by students. The audit team found that, overall, the University has well-developed structures for incorporating the student voice into its academic systems. It has effective and responsive systems for monitoring

feedback systems and has a proactive approach to their development and enhancement. The team learnt that in order to gain feedback, and to support work-based learners, the University had held SSCCs off-site and in the work place. The team concluded that the positive engagement with the student body and the strength of the responsiveness of the institution to the student voice is a feature of good practice.

Links between research or scholarly activity and learning opportunities

88   The key strategies that support the link between research and teaching are the University Learning Teaching and Assessment Strategy (ULTAS), the e-learning strategy and the research strategy. The ULTAS states 'the content and delivery of the curriculum will be kept under review and changes will be shaped by current pedagogic and discipline-specific research and professional practice'. A key principle of the e-learning strategy is that 'practice-informed research is critical in nurturing innovation and creativity'. The strategy also states that 'the institution will develop approaches to research-informed teaching about e-learning that stimulate debate about the contexts in which our communities interact'. The research strategy also contains a commitment to enhancing the student experience through the widest possible provision of research informed teaching.

89   The audit team viewed a range of research post role profiles all of which, in varying degrees, require staff to promote the transfer of their subject into the teaching arena. On viewing the teaching staff role profiles, the team established that there are similar, albeit incremental expectations. During a meeting with staff, the team was given current examples of how practice-led research feeds into the curriculum and research-active staff undertake teaching and supervision. Additionally, research students may also contribute to the teaching profile.

90   The Teaching Excellence Scheme and the Research Informed Teaching initiatives are further mechanisms which link research and scholarship with programme design. The Research Informed Teaching scheme has recently been extended to operate at faculty level, and the audit team learnt that since 2007 four faculties have also managed their own Research Informed Teaching projects. The effectiveness of the scheme in terms of its input into the curriculum was confirmed during a meeting with members of staff. The team learnt that 30 per cent of the academic staff were entered into the Research Assessment Exercise 2008.

91   The University considers that the link between research and teaching is evidenced through periodic review and that further evidence of the impact of research on the curriculum is manifest in the increasingly high levels of satisfaction in teaching quality recorded by students in the National Student Survey. When viewing a sample of periodic review reports, the audit team found commendations of research informed teaching which confirmed consideration had been given to the links between research and scholarly activity.

Other modes of study

92   The audit team was informed that 72.9 per cent of the University's students are taking full-time courses programmes (including sandwich courses); 19 per cent are in part-time mode and 8.1 per cent are distance learners.

93   A recent development is the approval of a University Certificate of Professional Development scheme and this is designed to be typically delivered in the workplace to support the employer engagement agenda. These programmes are normally targeted at widening access, the provision of continuing professional development, and/or meeting the needs of the employer engagement agenda.

94   To support other modes of study, the University publishes a validation and programme design checklist, relevant to work-based learning and distance-learning programmes. Further related guidelines are published in the form of an e-learning checklist for all validations, and the e-learning strategy which is in part aimed at supporting work-based learners. The Work-Based

Learning Handbook describes generic types of work-based learning and gives guidance in relation to credit, non-credit bearing placements, certification and awards, and sets out guidelines on accreditation and the use of the *Code of practice.*

95   The audit team noted that the revised *Code of practice, Section 9: Work-based and placement learning* precepts were presented to ULTC and AQSC. Minutes of the internal audit report confirmed continuing adoption of the principles of the *Code.* The University intends to instigate a further quality assurance procedures audit of work-based learning practice to inform the next edition of the University's Work-Based Learning Handbook and previously identified good practice will also feature within the revised handbook.

96   The audit team viewed a number of periodic review reports which demonstrated consideration of issues pertaining to distance-learning programmes. Each of these made distance-learning specific recommendations for action including induction and staff development.

97   Members of staff confirmed that distance learners are often required to study for blocks of time at the University, for instance for induction and workshops. The audit team met with representative groups of students on work-based and distance-learning programmes. Students confirmed that there were appropriate means of learning support including electronic means such as Blackboard

98   On consideration of the evidence, the audit team concluded that the University gives satisfactory consideration to the *Code of practice* precepts for programmes that involve other modes of study, its oversight of programmes is robust and that it takes appropriate measures to support its students.

Resources for learning

99   Provision of learning resources is primarily the responsibility of two central departments: library services, and information services and systems. Both departments are represented on the main academic committees of the University, including Academic Board, ULTC and key faculty committees. The Information and Technology Strategy Committee also represents both departments and is set up to coordinate and ensure service standards and consider user needs. Regular meetings between the two directors are held to ensure that services are fully aligned and developments coordinated where appropriate.

100   Large capital expenditure including estates rests with the Capital Planning Group and overview of budgetary planning for departments is the responsibility of the Operations Review Group. Resources may be provided through faculty budgets overseen by faculty management boards. Faculty management boards, chaired by the Deputy Vice-Chancellor, have oversight of all aspects of the strategic direction, priorities and management of the faculty. Faculty management boards report to the Vice-Chancellor's Group.

101   In a meeting with staff the audit team learnt that one of the purposes as set out in the terms of reference of faculty management boards is to check that the corporate strategy and objectives are being met. Academic matters are discussed but only in the manner of reporting, the locus of responsibility for these resting with the Academic Board. The team sought evidence of how, from the available documents, academic matters and strategic faculty goals such as enhancing quality could be actively checked when restricted to reporting only in the faculty management board. The team concluded that within the existing terms of reference, there is potential for overlap and confusion of reporting lines between Academic Board and executive authority, as defined by the University. The team considers that there is scope for the University to consider clarifying this aspect of its operation.

102   The library provides access to a full range of learning materials in both print and electronic form, as well as approximately 1,450 study places, including 550 open-access PC workstations, and a range of study environments. Many resources and services are available continuously throughout the year online, and the main Kimberlin library is open 24-hours per day during the term-time working week. The University has recently extended opening hours in order to meet the needs of part-time students, and a postal loans service supports distance-learning students. Library facilities are also available on the Charles Frears Campus. Part-time and distance-learning students also have access to a wider range of resources through the University's participation in collaborative schemes such as the Society of College, National and University Libraries Access Scheme.

103   Information services and systems is responsible for the maintenance and development of the information technology (IT) infrastructure, including data and voice networks, and it supports core learning and business services such as the student information portal (myDMU), the virtual learning environment and email. Plans are developed in monthly meetings with the University e-learning coordinator; termly meetings with the e-Learning Implementation Group; and through consultation with faculties and support services. MyDMU offers a single point of access to University core e-services including student personal information, timetables, assessment information, and financial information; it provides a contact and communication point with mentors and student representatives.

104   The audit team learnt that the University had engaged positively with students in the development of Blackboard through focus groups. Students indicated familiarity and satisfaction with the electronic resources available to them although some variability in the integration of such resources into the learning process by some academic staff was highlighted.

105   The audit team concluded that, not withstanding some variability in the take up and application of e-learning resources, the University is taking proactive steps to embed emergent e-technologies into the learning and teaching of the University.

106   The University is prioritising flexibility in the provision and use of learning resources such as the new Learning Zone. Learning spaces in new and refurbished buildings are increasingly being designed to align with learning styles. Additional provision of this type has recently opened (January 2009), and similar projects are being factored into planning for the new Business and Law and Art and Design faculty buildings. A major programme of IT and audio-visual provision enhancement in teaching rooms resulted in over 90 room upgrades in 2007-08 to support the use of appropriate e-learning tools in teaching. In a meeting with students the audit team heard that the recent addition of Learning Zones was considered to be a positive development.

107   Both the library and information services and systems run targeted annual surveys to gain detailed feedback on their services. The audit team was informed of examples of where changes or developments have taken place as a result of such feedback. It noted the formal mechanism for reporting on student feedback as exemplified in the Student IT Survey Report 2007, the Library Newsletter, and the Library Annual Report. Students confirmed the willingness of the University to act on student concerns giving the examples of changes to library opening times, the development of Blackboard and improvements to the availability of computers.

108   The audit team noted the University's use of the LibQual+ survey, undertaken every four years which is used to enable direct comparison with its peers. The latest survey (November 2007) showed that all indicators had risen since 2003, and recorded high satisfaction levels in most areas. Library provision has also been benchmarked against data produced by the Society of College, National and University Libraries, and the Universities and Colleges Information Systems Association. The University considers that this data indicates that its provision is at least in line with that of its peer group.

109   The University considers student perceptions to be generally very positive with respect to both the library and information services and systems, and it reports high satisfaction scores for learning resources in the National Student Survey and in recent local survey results. The students met by the audit team indicated a high level of satisfaction with the provision and responsiveness of the library and information services and systems provision. The Learning Zone was also highly commended by students and its utility and flexibility was also endorsed by members of staff.

110   The audit team concluded that the University has strong mechanisms for university-level strategic development and management of its learning resources and that the students are well supported in this respect.

Admissions policy

111   The University's overall approach to admissions is set out in the Admissions Policy. One of the key principles stated within the Policy is that the University seeks to promote participation and completion in further and higher education while enhancing educational standards. It seeks to provide students with the best opportunities possible to take advantage of the learning process free from discrimination or prejudice. Other key elements of the policy include an overarching admissions policy statement, the equal opportunities framework, procedures, codes of practice and admissions rejection appeals. The University states that its policy is updated to reflect new legislation and other external reference points such as Supporting Professionalism in Admissions (SPA). As an example of this, the audit team was informed that the SPA statement of good practice had been used to enhance the University policy on feedback to applicants.

112   University control of admissions is exercised through the Admissions Committee which reports to Academic Board. The Academic Registrar is responsible for the overall implementation of policies and procedures. The University also has clear protocols in respect of the accreditation of prior and experiential learning applicants.

113   The University delegates the implementation of the policy to faculties according to the needs of their own subject disciplines. The audit team was informed of a range of admissions processes which are applied according to faculty need. These include interviews, portfolios and UCAS points.

114   The University's Briefing Paper reports that administrators based in the faculty promotion and recruitment centres are usually given delegated responsibility for admissions decision-making. The audit team learnt that where academic judgement was required, for instance in the assessment of portfolios or auditions, the academic tutor would be responsible for decisions. Where the decision is made on set criteria such as credit points, the decision may be made by an administrator. In the case of the latter, administrators are supported by a team of academic admissions tutors who set the criteria for admission and to whom more difficult cases can be referred. Members of academic staff are involved in admissions procedures that require interviews, and faculties have designed their interview forms to invite only objective comments and assessment of the applicants' abilities.

115   The audit team saw evidence of how faculties had been asked to audit their performance in relation to the recommendations of the *Schwartz Report* on the validity of admissions criteria and practice. The University Admissions Committee confirmed that the audit outcome was compliance.

116   The University operates an admissions training system for new academic and administrative staff. The Student Entry and Support Division provides induction and briefing on the UCAS cycle and the University Registry admissions processes. Training on the student record system is given by Information Services and Systems as appropriate. There is a system in place to ensure that members of staff are kept up-to-date on procedures. Those responsible for guiding students through the application process receive relevant UCAS materials on an annual basis. Papers emanating from various practitioner groups in the sectors are circulated as required and currency is also maintained through internal training available for faculty staff. The audit team

saw examples of related training materials and documents. It also saw evidence of other University training events on topics such as fee status, UCAS and the pre-university qualifications.

117   In a meeting with students, the audit team learnt that students understood the admissions process and induction had been well supported. Particular commendation was given for the support for international students. Overall, the audit team found that the procedures for admissions to University programmes are explicit and robust. However, it encourages the University to continue to enhance its procedures with respect to collaborative provision (see paragraph 170).

Student support

118   There are a number of University policies which outline strategic direction and priorities for students support; 16 per cent of full-time undergraduate students come from 'low participation' rate neighbourhoods. The University recognises the importance of supporting them in their transition to higher education and the audit team noted that there are comprehensive support mechanisms available. The ULTC advises the Academic Board and faculties on the development and application of policies relating to learning and teaching. Key strands of the University Learning, Teaching and Assessment Strategy include the need to support students in the transition to higher education; clear communication with students including the institution's expectations of academic study; and a varied assessment mix with feedback that promotes learning, maintains currency in the curriculum and furthers employability. Faculties are responsible for devising their own plans in support of the University's overall objectives while taking into account their own contexts.

119   The ULTC makes use of several working groups which report on, and provide direction to, faculties in specific areas such as disability legislation, e-assessment and e-learning. Other University policies that contain elements of student support include the retention and progression policy, student feedback policy, and the e-learning strategy.

120   The audit team saw evidence that University policies are discussed and furthered at both university and faculty levels. The ULTC has set specific projects for the 2008-09 academic session in respect of retention and achievement of the University's ethnic minority students; and members of staff outlined the work carried out in conjunction with Student Services by the Equality and Diversity Officer. Overall, the team concluded that the priorities articulated within strategies and policies are discussed and promulgated across the various strata of the University.

121   Alongside University policies, guidance and support is available to students through a range of services. Faculties in conjunction with central support services are responsible for providing discipline orientated support. Examples of the latter include student advice centres, personal/year tutor systems, as well as faculty tailored provision.

122   Students are made aware of the support available to them through module and programme handbooks and during induction. Also the annually updated 'ASK' handbook draws together information about all academic and pastoral support services for students. The University has instigated a number of recent measures aiming to raise the profile/increase accessibility of support, and to ensure a more coherent approach. These include the ASK Gateway single point of online access to academic, pastoral and skills support; web communication on student rights and responsibilities; and a mapping of support offered centrally via Student Services, Library Services and the De Montfort Students' Union.

123   As part of the student services centre a new rapid response service (ASK Here) was introduced, offering students the opportunity to engage quickly and effectively on a wide range of queries supported by dedicated advisers. Students based at the Charles Frear Campus also have access to a local student advice centre.

124   The University considers that usage and uptake of the new centre and service has proved extremely popular, with in excess of 25,000 interactions being recorded in the first year of which 8,323 people have had an ASK Here interview. The audit team noted that this relatively new initiative is currently undergoing a formal evaluation process.

125   The Student Services Department offers a range of support mechanisms. The aim of the Department is 'to help recruit and retain students, support them with high quality information, advice and guidance, provide them with attractive accommodation and promote an active, tolerant and safe student community and develop their ability to secure a graduate level job'. Student Services consists of three main areas providing specialist advice and guidance: student support and transition; careers and employability; and facilities and directorate services.

126   Careers and employment support provides professionally accredited careers education, information and guidance, through both central and faculty-based provisions. Careers and employment support organises a wide range of careers events including fairs, employer presentations and other events. The provision manages DMUworks, the online job vacancy site for University students and graduates.

127   Employability is embedded within the key principles of the ULTAS 2007 to 2012. While faculties have ultimate responsibility for implementation of employability within programmes, careers and employment support provides expertise and labour market information. The audit team was informed that the University is undertaking a formal review of the employability strategy to be endorsed at the June 2009 Academic Board. During a meeting with students, the team learnt that students consider their courses as good preparation for employment and were satisfied with the careers advice and services available to them.

128   Development of support for international students based on the new strategy or plan for international student support is a University priority for 2009. The audit team learnt that within Student Services there is an officer dedicated to international student affairs with a remit of improving and coordinating the support for induction, orientation, welfare and accommodation. Pre-sessional courses are offered for international students by the Faculty of Humanities and an international foundation programme is under development.

129   The University has utilised the International Student Barometer Survey to monitor the international student experience. It considers that the results of the survey indicate significant progress in improving the international student experience. In a meeting with support staff the audit team was informed that the University is attempting to raise awareness of the support offered to international students. International students who met with the team expressed high levels of satisfaction with the support offered to them by the University, from admissions through to progression on programmes.

130   The audit team was informed that a priority for 2008-09 is to review the capacity across the institution to deal effectively with students with mental health related issues. Student Services has a dedicated officer who works with faculties and external agencies to support students who suffer from mental health problems. The officer works to raise awareness within the University on early signals of problems.

131   To support students with disabilities there is a disability coordinator in each faculty who works closely with the central disability team. There is also a dedicated transition officer who assists students with disabilities through the application stage ensuring that reasonable adjustments to the application process are made. Information systems enable relevant officers of the University to access information about students with declared disabilities to help determine the adjustments required before a student commences. The audit team noted that the action plan of the University's Disability Equality Scheme includes a commitment to undertake equality impact assessments on a systematic basis. In terms of curricular support, guidance is offered to programme teams and validation reports include a section for comment on how well the needs of students with disabilities have been anticipated. The team noted the report to AQSC on

validations held in 2007-08 which found that 'the majority of reports had systematically considered accessibility and the needs of disabled learners or those with learning differences. However, this was not always made explicit in validation documentation, and in some cases the revised validation report template had not been used'. Further action was recommended to raise awareness. The support for students with disabilities was commended by members of academic staff during meetings with the team.

132   The library is a significant provider of student support and works in conjunction with faculties and is represented on faculty learning and teaching committees. In September 2006, the library became the primary central provider of academic support with the integration of the Centre for Learning and Study Support (CLaSS), the Maths Learning Centre (MLC) and IT training. The audit team was informed that the rationale for this was to provide an enhanced, more accessible and seamless service to students. The University considers that the re-focus has been highly successful as evidenced by the increased take up of services. Library provision and responsiveness was commended by student representatives during a meeting with the team.

133   CLaSS, the MLC, and academic librarians offer a combination of provision, including sessions fully integrated with the curriculum, a programme of drop-in workshops, and one-to-one or small-group sessions. 'Twilight' and Saturday morning one-to-one sessions are offered by CLaSS to ensure that part-time students have access to support. The library also offers a range of services to support users with disabilities, including assistive technologies and special arrangements for loan periods. A designated student support librarian leads initiatives in this area, assisted by a team of trained staff, and liaises closely with Student Services and other colleagues over service provision.

134   As an aid to home students who experience difficulties with academic writing, from 2008-09, an online Writing Quiz is available enabling students to assess their skills, and providing links to online and face-to-face support and advice. The CLaSS team offers English language support to home-based students.

135   Personal development planning (PDP) is available to all students (including those on research programmes) and is embedded within the personal tutor system. Resources for PDP are accessed electronically. Engagement with PDP is optional for students except in those programmes where it is embedded into professional practice. During meetings with the audit team, students confirmed awareness of PDP provision. They reported variable engagement with the process and were aware of it is optional status.

136   PDP was introduced to research student programmes in December 2005. Students are encouraged to maintain a record of personal progress by creating and maintaining a personal development record (PDR) during their programme of study. Each student is provided with a secure personal space on myDMU where they can maintain their own PDR. The audit team noted that the review of research degree PDP provision during 2007-08 had resulted in the conclusion that it should be retained.

137   The audit team was informed of a range of relatively new student support initiatives. For students on joint courses, there had been some concern over the mechanisms of academic support. The audit team was informed that the appointment of a single programme leader and personal tutor for students on joint courses had improved the support for students on these programmes. The team was also informed of the role of the newly instituted academic practice officers. The role is based upon approaches adopted elsewhere in the sector and contributes to improving the consistency of dealing with academic offences. Students indicated approval for this measure although there was evidence that the existence of this support was not fully known across the student body.

138   Responsibility for support and guidance in partner institutions is set out in the Collaborative Operational Guide, which is reviewed annually. Partners have access to all learning support materials produced by the library, while student services provide support, advice and training to relevant staff in partner institutions. Colleges are the primary providers of support and guidance. The audit team was informed that staff from both departments meet regularly with their college counterparts to exchange experience and address any issues. Student feedback on the effectiveness of support is gathered in the same way as for University-based students. Overall effectiveness of support by partners is considered during collaborative reviews. Section 5 reports on collaborative provision arrangements in more detail.

139   Overall, the audit team found that the University provides a coherent and systematic framework for the support of students. There is clear evidence that systems enable initiatives to become embedded at all levels of the University. The University demonstrates commitment at all levels to maximise the chances of student success and the overall student experience. The team found the integrated and structured support mechanisms underpinning the student experience to be a feature of good practice.

Staff support (including staff development)

140   The University's Recruitment and Selection Policy governs the appointment of new staff and details the principles, process and management guidelines pertaining to appointments. On joining, all members of staff receive an induction DVD which makes reference to the University's vision and values and stresses the importance of research in relation to teaching.

141   The University has a universal Staff Development Policy with specific guidelines given to supporting the development needs of part-time academic staff. The policy relates to the following areas: roles; responsibilities; induction; probation; achievement, development and review process (ADR), recognising teaching excellence; career development; peer observation; talent managing and succession planning; external accreditation; resources; funding; communication; and support and evaluation of success.

142   A university-level strategic overview of staff induction, training, professional and leadership development priorities and their alignment with University strategic objectives, is held by a relatively new body, the Staff Development Steering Group (SDSG). It receives the annual report on staff development and reports from the SDSG are presented by the Director of Human Resources to the Vice-Chancellor's Group.

143   The audit team viewed records of meetings of the SDSG which had subsequently been forwarded to the Vice-Chancellor's Group. This latter group confirmed the suggested priorities for staff development for the next academic year.

144   In a meeting with staff the audit team was informed that responsibility for University oversight of staff development was given to the SDSG to ensure that there is correspondence between the staff development programme and the strategic direction of the University. The annual staff development report details activity that is curriculum related, for example, the training of programme and academic leaders which is a strategic priority for introduction during 2008-09. Given the importance placed by the University on the links between research and the curriculum and the obvious synergy that exists between academic staff development and curricular initiatives, the team concluded that there was a case for the Academic Board having greater input into the priorities for academic staff development, albeit in line with the University Strategic Plan. The team therefore considers it desirable that the University review whether Academic Board should play a greater part in determining the priorities for academic staff development.

145   The audit team viewed the Annual Staff Development Report 2007-08 and learnt that staff development is in part organised and delivered via the Academic Professional Development Unit. Other providers include Information Services and Systems, Human Resources Training and Development, Health and Safety and the faculties. The report commented on a wide-range of

staff development activities within the University and included statistical data on the take-up of staff development activities. For instance, the overall completion rate for academic achievement review for academic and research staff was stated as 73 per cent. The report also stated priorities for 2008-09 and beyond.

146   In meetings with staff, the audit team learnt that there are devolved faculty budgets for staff development so a head of school may approve applications. Criteria for approval will include the strategic priorities for the faculty and recommendations from the applicant's academic ADR. The team met with members of support staff who confirmed that they had access to a wide-range of staff development opportunities provided through Human Resources, the DAQ, the library and Information Services and Systems. Among the examples given were the mentoring system for senior staff and training for invigilators.

147   The Postgraduate Certificate in Higher Education is a requirement for all new academic staff with less than three years higher education teaching experience and without a similar qualification. The University considers that the programme is underpinned by research and scholarship so that new academics undertaking the programme are fully prepared for contemporary demands of higher education. There are also programmes for part time staff, postgraduates who teach, and other supporting events such as conferences and seminars on key themes.

148   The ADR process invites staff to review their achievements against the role profile for their grade/job. Reviewers and reviewees are provided with training to effectively participate in this activity. The overall purpose of the ADR process is to ensure that colleagues are clear about what is required of them in their role, that they receive feedback on their contribution, and are encouraged and motivated to perform to their full potential. The audit team viewed the forms and guidance related to the ADR process and was able to establish that there are clear links between the role profile and achievement. In a meeting with staff, the team learnt that the ADR was considered to be a robust process which empowered the reviewee to reflect and contribute to appraisal more fully. Members of staff confirmed that the ADR process enhanced links with the strategic direction of the University while identifying clearly staff development needs of the individual. Overall, the team found the aims of the ADR process to be well-considered and forward thinking. On the basis of the evidence seen, the team concluded that the scheme is proving to be a rigorous and successful example of staff appraisal systems.

149   A developmental peer observation scheme was launched in 2007 replacing the former scheme that was linked to appraisal. Copies of the peer observation guidelines and pro formas were made available to the audit team and these give guidance on organisation, the observation process, feedback processes and making wider use of the observation. The team was informed that it is a flexible scheme whereby teaching staff both observe and are observed. Its purposes are to disseminate good practice among colleagues, or more widely where appropriate, and to discover and meet any developmental needs. A report on the implementation of the scheme was presented to the ULTC in September 2008 noting the scheme is valuable and effective but that it is not implemented fully across all areas of the University's operation. It considers that it is a good catalyst for peer observation and the identification of good practice. The report states that the method of including part-time staff needs further discussion. In a meeting with members of staff the team learnt how peer observation was sometimes carried out in cluster groups and that it could also be cross faculty. The team found the scheme to be a promising mechanism in terms of enhancing learning and teaching.

150   Up to six Teacher Fellow awards, each for a three-year period, are offered annually to acknowledge teaching excellence. Recognition in other areas are an 18-month Research Informed Teaching Award (up to 10 per cohort) and a Vice-Chancellor's Distinguished Teaching Award which is student-nominated (up to 12 per year). The Teacher Fellow network holds three meetings a year, co-organises a biennial conference with the Academic Professional Development Unit, and funded fellows produce summaries of their work and disseminate when and where

appropriate. The importance that the University places on the dissemination of staff development and research activities was confirmed during a meeting with members of staff.

151   Notwithstanding the recommendation above in relation to the oversight of academic staff development, in consideration of all the evidence, the audit team concluded that the University has put into effect strong staff support and development systems.

Section 4: Institutional approach to quality enhancement

The University's approach to quality management

152   The University's approach to quality enhancement is described in the Department of Academic Quality (DAQ) Guide 1: A Guide to Quality Management at De Montfort University. This emphasises an assurance-based approach, with measures to promote systematic enhancement being embedded within the quality management framework relating to learning, teaching and assessment. The University also highlighted in its Briefing Paper that a key feature of its approach to enhancement is based on priorities for enhancing student learning opportunities being determined at departmental level and defined in the faculty annual learning and teaching plans. In addition to this however, the University has undertaken a wide range of development-led initiatives specifically designed to enhance quality.

153   The audit team found the DAQ Guide to contain a consistent, ongoing focus on enhancement. The Guide justifies and explains this approach as being one that avoids the creation of unnecessary systems and the duplication of effort. It stresses further that the University's procedures and processes for programme validation, monitoring and review all involve an end-product that includes the identification of shared themes and good practice as well as enhancement and development plans. The team formed the view that this systematic coordination of enhancement was appropriate and appeared to address a concern expressed in the 2005 QAA audit report.

154   The DAQ Guide also makes the point of recognising that enhancement depends on the efforts of individual staff across the University supported by the Academic Professional Development Unit (APDU). In this respect, the APDU has established a wide range of programmes aimed at encouraging and enabling staff to focus on the maintenance and improvement of their teaching. These include help with peer observation and a range of activities associated with the dissemination of good practice (see paragraphs 140-150). One such notable event was the Good Practice Showcase held in December 2008, hosted by both the APDU and DAQ which covered a wide range of topics within the themes of teaching innovations, assessment and student support.

155   With regard to the University's emphasis on defining priorities for enhancement in a devolved way, the DAQ Guide lays out the principles for each faculty to pursue. Faculties are also expected to improve in a systematic way the use made of good practice and to undertake an annual assessment of the use made by staff of identified examples of good practice and the impact these have had on the quality of learning opportunities.

156   The University Learning, Teaching and Assessment Strategy (2007-08 to 2011-12) requires each faculty learning and teaching committee (FLTC) to set planned priorities for the year. As with programme enhancement plans these planned priorities reflect the areas that the faculty wishes to develop or investigate, a further measure in the approach of encouraging ownership at faculty and programme level.

Programme enhancement plans

157   A recent enhancement initiative that has now been embedded in routine quality assurance procedures are programme enhancement plans (PEPs). PEPs were introduced in 2007 and require teams to identify the areas of focus they intend to concentrate on in the coming year. The faculty academic committees (FACs) have the job of taking to take an overview of the faculty PEPs each year and confirming the suggested priorities or proposing adjustments, as appropriate.

158   The audit team examined the use of PEPs across the University and noted, among others, one particularly effective example within the Faculty of Technology. There was also evidence of their effectiveness in promoting good practice in the reports of extra-ordinary PEP meetings in a number of FACs. Alongside this, however, the team also noted considerable variability in the use PEPs were being put to by programme teams in other units within the University. This lack of consistency has also been recognised by senior quality assurance and faculty staff as evidenced in the Briefing Paper and in meetings with the team. Steps have already been put in place to ensure a more consistent and effective use across the whole University.

159   The audit team noted the very helpful and clear guidance notes on PEPs produced by DAQ for members of staff. The team encourages the University to continue to develop the use of PEPs and considers that they have the potential to develop into an area of good practice when they have become more fully embedded in the annual monitoring programme review process and an evaluation of their role and effectiveness has taken place.

Quality Assurance Procedure Audit Group audits

160   Another activity that the audit team examined that supports enhancement across the University is the thematic Quality Assurance Procedure Audit Group (QAP) audits. These are reviews carried out internally across the institution. The themes of the QAP audits that have already been undertaken include the periodic review process; the curriculum modification process; professional, statutory and regulatory body protocols; and student feedback mechanisms.

161   The QAP audit of the periodic review process was undertaken in autumn 2008. First, the QAP audit group put forward a proposal for Academic Quality and Standards Committee approval, which described the background to, and outlined the aims of, the audit. In this case, the aims included ensuring that staff in faculties understood the process of periodic review and that the procedures set out in the associated DAQ Guide 3 are being followed. An additional aim was to ensure that areas for improvement and enhancement are being identified, as well as areas of good practice that could be usefully adopted across the University. The QAP audit methodology that was proposed included two strands, one paper-based and one involving interviews with relevant academic and administrative staff. The periodic reviews that were audited included one from 2005-06 and four from 2007-08, covering subject area across all five faculties. The QAP team consisted of the head of quality, another QAP member and a DAQ servicing officer.

162   The audit team saw a summary of extracts relating to good practice taken from the reports of four recent QAP internal audits. These identified a very wide range of enhancement opportunities across the University. This evidence, along with the documentation from a number of other QAP audits, provided a clear demonstration that the University was taking development-led steps to enhance the quality of learning opportunities. The team encourages this practice to continue.

Good practice

163   The University routinely discusses good practice at faculty and university-level committees. These arise from external examiner reports and feedback, programme validations, student feedback and periodic reviews. In addition to other informal mechanisms for dissemination, such as newsletters and seminars, the University has established Teacher Fellow Awards and Teaching Excellence Awards.

164   A central overview of the annual faculty teaching and learning plans is maintained in order to identify common themes. The APDU and the quality improvement team in DAQ provide help and advice to programme teams as part of this process to disseminate good practice more widely. In order to promulgate good practice across the University, DAQ produces a range of guides and newsletters as well as maintaining a 'Good Practice' library on its website. The Briefing Paper notes how DAQ have recognised the difficulties in gauging the effectiveness of their publication and distribution of the hard copy guide. Their own survey on the effectiveness of their Good Practice library on the intranet reveals less use than expected. Despite these difficulties, the audit team encourages DAQ to continue with these efforts and endorses their intention to look for other, more active ways to bring information on good practice to the attention of academic staff.

Further steps

165   During 2007-08 the University Learning and Teaching Committee was restructured to become more focused on the work on the faculties and allow them to play a greater part in its business. This has enabled more focused discussion on enhancement activities and dissemination of good practice. One example of this has been in the more systematic consideration of progression and retention data.

166   The University has also responded to a recommendation made in QAA's audit report of 2005 to improve the use made of performance monitoring information. To this end programme data set reports are made available to programme teams, to help them evaluate the performance of their programmes, highlighting areas of strong performance and areas where improvements might be possible.

167   A range of cross-University enhancement projects have also been undertaken. Many of these projects are as the result of meetings between the chairs of FLTCs, and DAQ and the APDU. One of these was a research project on formative assessment commissioned by DAQ. This has resulted in a greater use of e-learning tools as a means of engaging students and providing formative feedback. Another working group is investigating the retention and achievement of ethnic minority students. Further, the University's e-learning coordinator meets regularly with faculty 'champions' to organise events designed to disseminate good practice in this area.

168   The audit team concluded that the University has a strong commitment to ongoing improvement and that its devolved approach to enhancement was beginning to serve them well. The team encourages the University to continue its efforts in this area.

Section 5: Collaborative arrangements

The University's approach to managing its collaborative provision

169   The University considers its collaborative provision to be important, particularly with respect to the wider regional community and widening participation agenda. It also sees collaboration as a tool in enhancing its own provision. The University has made considerable effort to put in place systems that ensure that the academic standards of its collaborative provision awards are secure and equivalent to those offered directly by the University. These systems include the approval in principle in November 2008 by Academic Board of a new UK framework which identifies key strategic areas of focus and the Department of Academic Quality (DAQ) Guide 10: A guide to managing collaborative provision at De Montfort University.

170   The Briefing Paper makes little reference to the 2006 Collaborative audit but does state that measures to simplify arrangements for gaining feedback via partner institutions had been explored following the earlier QAA Collaborative provision audit. The current audit team gathered evidence which supported the conclusion that the University had responded to all recommendations in some measure, particularly for local and regional provision. For example, the recommendation that the relationships with the International Strategic Development Committee be articulated more clearly has been achieved by the introduction of equivalent faculty-based committees and the involvement of faculty marketing managers on the International Strategic Development Committee. Also, the DAQ and the Registry are represented on the International Strategic Development Committee. However, based on a study of committee minutes, the team concluded that the International Strategic Development Committee does not appear to have a common focus and strategic overview of all collaborative arrangements.

171   The University had an International Strategy 2006 to 2008 and is in the process of developing a new version. The University's strategic plan includes an intention to increase the proportion of international students primarily through targeted international recruitment to the City Campus alongside a small number of focused initiatives in target countries that will complement the existing portfolio of international provision and partnerships. International partnerships are claimed to be becoming more focused through greater central control, and the number of international partnerships has been reduced with the aim of establishing a strong basis for the development of new partnerships which, at the time of the audit, were at differing stages of development. The University currently has 10 active international partnerships: Aalborg, Bocconi, City (Hong Kong), Daly (India), FTMS, Neuchatel, Niels Brock, Ostffriesland, St Petersburg and Bauman Moscow, which indicates that the stated strategic focus on China and India is not yet impacting. However, faculty representatives met by the audit team were well aware of the intended focus and supported the need to develop links cautiously. There is some evidence in review and annual monitoring documentation of developing partnerships, although the current collaborative list indicates only one partnership in India and none in China.

172   Collaborative provision is managed under non-devolved authority with operational oversight delegated to faculties. Under this arrangement, collaborative programmes are delivered at partner institutions and managed by programme management boards, but ultimate responsibility for the provision rests with the University's Academic Quality and Standards Committee (AQSC). The minutes of AQSC show evidence of scrutiny of a range of collaborative arrangements. Recurring themes are identified and noted and action plans are approved and implemented. In 2006-07 DAQ reviewed the University's procedures for approval of new partner institutions. The report was considered by the Academic Planning Committee (APC) resulting in the amended DAQ Guide 10.

173   The University is responsible for the acceptance of students onto collaborative programmes and consideration of student achievement and progression is undertaken by the faculty in accordance with the University's regulations. Students in partner institution receive equivalent pastoral and learning support and all have access to the University library and online provisions through their myDMU portal.

174   The DAQ Guide 10 indicates that the University regards all courses leading to an award or to University credit that are delivered through partnership arrangements as collaborative provision. The definitive list of collaborations is maintained by the DAQ identifying the current partnerships operated by the University and the pathways being delivered at these locations. The 2006 QAA Collaborative audit concluded that it was desirable that the institution review the distinction between progression and articulation. The audit team learnt that courses operating through dual award provision and exchange partnerships are not included in the public list of collaborative provision. Dual award programmes are listed on the Registry maintained database and the Marketing and Communications Department maintains the records on exchanges and progression schemes. The team recommends that the University reviews its definitions for collaborative provision to reflect QAA's definition to ensure that all University awards (or parts of awards) delivered through any partnership arrangements are included appropriately in the published list. The arrangements for publishing a list of partners and programmes should be enhanced, as detailed in the *Code of practice, Section 2*, precept A4.

175   Educational Partnerships (see paragraph 186) is a division of the Academic Registry and maintains the Collaborative Operational Guide for UK collaborations. The department is responsible for coordinating and managing relationships with UK partner organisations, both public and private sector, delivering franchised and validated courses. The audit team met partnership representatives and saw many partnership documents and operational activities, and considered the new framework for UK collaborative provision is proving very effective in ensuring consistency in the management of UK collaborative programmes.

176   The DAQ maintains a register of all staff who contribute to collaborative provision. On an annual basis, collaborative partners are required to submit a complete list of the intended modules for the next academic year with the names and curricula vitae (CVs) of staff teaching on each module. The proposed modules, staff lists and CVs are forwarded to the relevant programme management board chairs for approval. The programme management board chairs confirm that the staffing team meet the criteria to deliver the programme. Outside this annual exercise, collaborative partners are required to submit for approval the names and CVs of staff new to the teaching teams of any University programme, prior to the involvement of the member of staff in delivery. There is a pro forma for updating or adding to the register. The register serves to ensure that partner institution staff meet the University criteria for appointment to teach on award or credit bearing courses.

177   The Briefing Paper states that the operation of the admission process in partner institutions is not consistent, with differing degrees of delegated authority being allowed, and variable adherence to administrative processes. The audit team learnt that Academic Registry has recognised this issue and that one measure to address this is to provide more refresher training on the admissions process to staff in partner institutions. The team saw examples of related training materials and documents for partner colleges and institutions. There is also a publication which advises partner institutions' students on progression routes through to the University.

Approval, monitoring and review of collaborative arrangements

178   The University's approval procedures for new partnerships and the validation of new partner courses are conducted according to the protocols outlined in the DAQ Guide 10. Documentation draws on the *Code of practice, Section 2*, and is clear, simple and accessible. Proposals approved in faculty go forward to the University's APC. Approval, in principle, of new collaborate partnership is via the Vice-Chancellor's Group which constitutes the executive process

before the deliberative mechanisms are implemented. The audit team heard from senior staff that there was detailed executive discussion to ensure that collaborative activity was manageable and sustainable. The University may wish to consider whether wider communication of this decision-making process, perhaps through recording of key points, might aid broader understanding of University international collaboration strategy.

179   Reports of partner institution approval and review and subsequent six-month follow-up activities are presented to AQSC. There is consideration of the learning environment, including the experience and expertise of the staff supporting the provision. Responsibilities are clearly set out in the collaboration contract and AQSC establishes monitoring groups to oversee arrangements for any withdrawal from provision to assure the quality of the student experience.

180   The audit team saw evidence in the reporting of a validation event that panel membership need not include an external panel member, when considering an existing partner and programme which is already approved for study at the University.

181   The management of collaborative provision is integrated fully into academic faculties and subject to the same processes as campus-based provision. The audit team saw evidence of the effectiveness of partnership monitoring groups with any areas of concern being appropriately noted. Monitoring groups take action to address issues raised including publishing a newsletter to students. In addition, the Academic Registrar introduced an appointment-based surgery for students. This process demonstrates the attention to detail undertaken through University procedures. The team formed the view that the process was thorough and undertaken in a spirit of joint working and critical reflection and addresses directly the desirable recommendation in the 2006 QAA Collaborative audit report that the institution enhances the participation of students in partner organisations in student representation activities.

182   There is a commitment to ensure that collaborative programmes are scrutinised within the mainstream systems to assure equivalence of standards and appropriate quality of the learning environment. The faculty collaborative provision committee meets four to six times a year to scrutinise new proposals for collaborative provision against the Faculty Strategic Plan and makes recommendations to faculty academic committee. The faculty collaborative provision committee also monitors and evaluates remote programme operations through programme boards, educational partnerships monitoring reports (for UK-based provision), student feedback, external examiner reports, higher education forum minutes, annual reports and the deans' faculty risk analysis. The audit team saw samples of committee minutes and annual reports which indicate comprehensive membership. There is considerable evidence of support and scrutiny of collaborative arrangements at the level of the programme, department and the faculty. Day-to-day contact in collaborative provision is maintained through a system of module and programme leaders. Programme leaders are responsible for managing the quality assurance processes with the partner institution and ensuring that there is an update on regulations and procedural matters. There is communication via email on a day-to-day basis, evidence of regular visits and a wide range of staff development opportunities and support, including partner college staff being encouraged to attend the open staff development programme at the University.

183   However, the Briefing Paper also noted that monitoring the management and delivery of collaborative provision has not always been consistent. The DAQ has developed an annual calendar of quality monitoring activities to address this problem and tighter central control is being exercised on the gathering of management information. The audit team recognised the undoubted benefits of the University collaborative review events and reports but annual monitoring documentation and periodic review reports indicate a lack of broader scrutiny of international collaborative provision. The team recommends that the University increases its focus on international collaborative provision in annual monitoring and review procedures.

Communication and publicity

184   In each faculty the collaborative coordinator is responsible to the dean for the effective and efficient operation of all collaborative provision, working in close liaison with the faculty head of quality. Operational management of individual collaborative programmes is carried out by the relevant University programme leaders. All academic matters at module level are communicated directly from the University module leaders to the relevant partner institution module coordinators who are responsible for the local delivery of the modules.

185   Responsibility for communication with collaborative partners is distributed at various levels across the University. Deans are clarifying this through the new UK collaborative framework and the annual calendar of quality monitoring activities sets out various procedures and responsibilities.

186   Higher education forums held in partner institutions provide a regular opportunity for partner staff and students to meet with University staff and share ideas, raise concerns and receive updates. The provision of information about and to UK partner institutions is further enhanced by the monthly External Partnerships Newsletter, Network News. The newsletter is aimed at academic and support staff at the University and UK partner institutions whose work involves collaborative provision. The purpose of this publication is to keep all relevant staff informed about key dates and events as well as the work carried out by the Educational Partnerships team. Contributions from collaborative partner colleagues are welcomed. The forums are a meeting to identify recurring issues, develop liaison activity and share good practice. There is evidence that forums serve a useful purpose in the development of partnerships in the UK. The University considers these forums play a crucial role in raising the voice of the students. They report general issues raised by students which have included matters concerned with electronic access and participation in student representative meetings. The audit team considered the high level of integration and cooperation with local and regional collaborative partners to be a feature of good practice.

Assessment, standards and external examiners

187   Assessment and standards of awards at partner institutions are determined on the same basis as those at the University and are in line with the *Code of practice*. Franchised provision is essentially identical to that of the University in terms of learner outcomes and assessment, although minor variation may occur to assist contextualisation. Examinations at partner institutions are undertaken under the same conditions, and the students sit their examinations according to the UK examination times.

188   The University is responsible for external examiner arrangements (functions and appointment) and to ensure comparability, and the same examiner is appointed to University-based provision and franchised provision. Samples of assignments are sent to the University module leader with provisional (subject to Assessment Board ratification) feedback and grades being communicated to partner institution students by the delivering module coordinator within a four-week period of the submission of the assignment. External examiners exercise their duty to comment on comparability between the two institutions. In practice they tend only to comment where there is a particular need or issue and the University has to remind external examiners of their duty to comment explicitly on collaborative provision. The evidence from external examiners' reports seen by the audit team confirms this policy is working. There is evidence of external examiners meeting students from the partner colleges and confirming that their experience is very similar to that of University-based students with access to similar resources. External examiner reports are received within the DAQ and are copied widely within the University and, where collaborative partners are involved, are copied to the Principal, quality contact and higher education coordinator in the partner organisation. Student representatives within partner organisations have the opportunity to see and discuss the reports at the next Programme Management Board and programme leader visit.

Student support and feedback

189   The University recognises that systematic gathering of student feedback and reporting through to University module leaders has been variable. This is being monitored through scrutiny of the annual reports. The audit team saw and heard evidence that this has been improved by the systematic application of the following procedures. The collaborative partner institution's own procedures for collecting and responding to student feedback at module level are used for University students. Where the provision is multisite, a common module-level survey is administered across the programme locations, with prior agreement by the Programme Board. On an annual basis a faculty representative for each programme visits the partner to meet with students. A standard report template is used to structure the meeting, reflecting questions in the University programme-level survey. The report is then submitted to the DAQ, and the Programme Board Chair. Partner institution higher education programme coordinators are required to comment on student feedback in the annual monitoring report and any related action points. The report is then considered at the Programme Management Board. Following a meeting of the Programme Management Board where student feedback is considered, the partner institution receives feedback of the discussions via the servicing officer of the Board. The effectiveness of student feedback is further considered during collaborative review.

190   The University Student Services is responsible for providing a range of support services to students and colleagues working with students across the University and at partners. Collaborative partner students are entitled to the same level of Students' Union support as all other students, and have the same access to the Students' Union facilities. Collaborative students receive information when on course through myDMU.

191   The University takes responsibility for supporting all staff teaching on its programmes in partner institutions. Educational Partnerships, DAQ and the Academic Professional Development Unit work together to support this initiative. Members of faculty staff have responsibility for liaising with colleagues at partner institutions and call in central support services for specific training or advice. Training can take place at the collaborative provision site or at the University, whichever is most convenient to the provision. The University cites training for supervision of projects for members of Castle College staff, an introductory course for employees of Health Trusts who mentor BSc Clinical Physiology, and briefings on the Academic Infrastructure as examples of support available to members of staff in partner institutions. The audit team saw examples of how a partner institution had taken advantage of a number of staff development events offered by the University.

Summary

192   The audit team concluded that the University is managing the standards and quality of its collaborative provision satisfactorily. The student experience for international partner students would be enhanced by reflection on whether central committees are effective in maintaining oversight to ensure that all liaison arrangements are systematic, that students contribute to quality and the public register of collaborative provision is accurately reflecting all collaborative provision.

Section 6: Institutional arrangements for postgraduate research students

The research environment

193   The University has a population of about 450 postgraduate research students, following either a MPhil, PhD or one of the two professional doctorate programmes offered. Approximately half of the University's research students are studying part-time and about 11 per cent of all research students are pursuing their postgraduate studies under the University's 'six week rule' which allows students to carry out their studies predominantly overseas. All faculties have a significant number of research students enrolled, the largest numbers being in the Faculty of Technology and in the Faculty of Health and Life Sciences. Some students are enrolled within two independent research institutes.

194   The University entered 30.3 per cent of eligible staff into 19 Units of Assessment in the 2008 Research Assessment Exercise. Funding for basic research and infrastructure has been successfully obtained from various Research Councils and from the Science Research Investment Fund 3.

195   The University issues a Code of Practice for research degree programmes that is readily available in both hard copy and on the website. The audit team found this Code of Practice to be comprehensive and, in the main, very clear. In addition to this, each faculty publishes its own handbook for postgraduate research students.

Committees' arrangements for research degree programmes

196   The Higher Degrees Committee (HDC) is responsible for monitoring and developing the research degree and higher doctorate regulations, policies, procedures and Code of Practice and for ensuring compliance. HDC uses its authority to delegate to faculty research degree committees (FRDCs) so that, where they have been so accredited, FRDCs may approve the registration of research degree students within the faculty and the allocation of supervisors. The devolvement of the operational business of HDC to faculties has recently been completed although all examination arrangements, transfer requests and extensions have still to be approved by HDC. FRDCs act as subcommittees of the HDC and are delegated by HDC for the regulation, monitoring and review arrangements for the progression of research students. FDRCs may approve and interrupt student registrations. HDC retains responsibility for the appointment of examiners, the consideration of examiners' recommendations concerning the award of research degrees, the consideration of requests by candidates for the review of an examination decision and the consideration of extension requests. HDC is also responsible for strategic matters including the management and development of policies for the maintenance of standards and for the quality of learning opportunities. Subsequent to the accreditation of FRDCs, HDC is responsible for monitoring, auditing and reviewing their work. Membership of HDC includes two nominated members of staff from each faculty, including the chair of the FRDC, and two research degree student representatives.

197   Research degree programmes (RDPs) are managed through liaison between the central University Research Degrees Office (RDO) and faculty postgraduate and research offices. The RDO coordinates research student quality assurance and the research student training programme. This programme combines centrally provided generic skills training with discipline-specific skills training provided within each faculty. The RDO is a part of the Academic Registry and services the HDC and the University Research Committee. Within each faculty there is a head of postgraduate studies.

Monitoring the performance of research degree programmes

198   The audit team read a wide range of documents which provided evidence of the monitoring and analysis of the performance of the University's RDPs. These documents included the HDC Annual Plans for 2007-08 and 2008-09, the HDC Chair's report for 2007-08, an annual report on examiners' comments and minutes of several meetings of HDC and FRDCs. The team also saw the latest periodic review self-evaluation document for RDPs and the report of the periodic review that was undertaken in November 2008.

199   The audit team noted, from minutes of a 2008 HDC meeting, a reference to the deferment of discussion of a review of faculty processes for monitoring completion rates, but was unable to trace any further such discussion or further deferral. Subsequently, a Completions and Withdrawal Analysis produced by the RDO was made available to the team. The team, however, found this data to be insufficiently transparent to form a clear picture of overall completion rates across the institution for any of the various categories of research student. As part of the supplementary information, data on completion rates from the Faculty of Health and Life Sciences was provided. This was significantly more transparent and the team supports the University's suggestion that equally useful systems for reporting completion rates are adopted across all faculties.

200   The audit team formed the view that currently the institution was failing adequately to monitor the performance of its RDPs. Combined with the reported low level of '40 per cent completion', the team judged that standards and the quality of learning opportunities relating to RDPs are potentially at risk and advises the University to introduce rigorous monitoring of completion rates for RDPs both within the faculties and across the institution at the earliest opportunity.

Selection, admission and induction of students

201   All admissions decisions for RDPs are made by at least two academic staff who have both relevant experience and have completed the Certificate in Research Supervision course. The academic interviewers assess both the appropriateness of the applicant's qualifications and, in the case of international students, their English language competence. The RDO approves all offers centrally to ensure the University's minimum standards are met. These decisions are also reviewed by Registry staff or the International Admissions Office.

202   Initially, all research students are enrolled on a probationary basis and application for registration on a RDP must be made to the appropriate FRDC within six months of enrolment for full-time students. At this time the FRDC is charged with fully reviewing the application.

203   It was noted that the University's standard minimum entry qualifications for the MPhil/PhD degree programme include the possession of a 'good' UK honours degree or equivalent, while those for direct entry to the PhD programme include, in addition, the possession of a UK master's degree. These requirements meet the expectations of precept 7 of the *Code of practice, Section 1*. Applicants without these normal qualifications are considered for registration as special cases by the relevant FRDC. In these cases, at least two references concerning the applicant's academic ability and fitness to conduct research must be provided, after which the applicant will be considered by the FRDC on their merits in relation to the nature of the proposed research programme. However, the audit team noted that a number of students with non-standard qualifications had been admitted just 16 months after gaining an award reportedly equivalent to a British bachelor's ordinary undergraduate degree. The team formed the view that this was unlikely to be sufficient time for such students to have gained the requisite experience that would normally be considered necessary to undertake a RDP successfully. The team advises the University to assure itself that it is meeting fully its own standards as well as those indicated by precept 7 of the *Code of practice, Section 1*.

Supervision

204   At enrolment each student is allocated a provisional supervisory team by their faculty. Following the probationary period, the full proposed supervisory team is considered by the FRDC. Two criteria for approval are that each supervisory team must contain at least one supervisor who has supervised a research degree to completion, and that members of the team have relevant research activity evidenced in recent publications.

205   Supervisors are required to attend and gain the Certificate in Research Supervision. This was cited as an example of good practice in QAA's Review of research degree programmes, 2006. The University's Code of Practice also requires supervisors to attend a refresher course annually, and the audit team would encourage the University to assure itself that this requirement is operated consistently as it provides a useful opportunity for the sharing of good practice among supervisors.

206   The University's research degree regulations state that the normal maximum load for first supervisions is six students for each member of staff at any one time. The faculty dean or head of research centre can approve a higher load up to 15 students while even higher loads can be considered by the chair of HDC. However, the audit team noted evidence that one supervisor had exceeded the supervisory load and was at that time supervising 17 students as first supervisor and another student as second supervisor. This provided a further example that the University was failing to deliver fully its own policies relating to the *Code of practice, Section 1*. The team would also advise the University to consider whether a supervisory load of 15 students, as allowed by current University regulations, is too high.

Progress and review arrangements

207   The University Code of Practice requires that the progress of all research students is monitored on a regular basis. Following each formal supervision meeting, supervisors and students are required to complete a 'Record of Discussion' form that formally records the contents of the meeting. Supervisors summarise the main points of the discussion and indicate the stage that the student has reached in their research and the advice given for subsequent targets. FRDCs and the Independent Research Centre Research Committees are charged under the Code of Practice with reviewing the progress of research students and checking that regular meetings between supervisor and student are taking place. The University undertakes an annual audit of the 'Record of Discussion' forms which in turn is considered by HDC. Minutes of meetings of HDC reveal that low response rates are a significant and ongoing problem across most of the University and that some supervisors failed to submit any monitoring reports.

208   Annual monitoring consists of a review of the progress of each research degree student by a panel consisting of three academic staff. This panel must include at least one member of the supervisory team and one independent member of staff who is not involved in the supervision. The review includes a meeting with the student which can take place directly or via video or telephone-conferencing. These arrangements appeared to operate effectively and research students confirmed at their meetings with the audit team that they were clear about their responsibilities relating to review. Feedback to the student is a requirement of the review process.

209   As well as annual review panel meetings, each student and their first supervisor is expected to complete and return a questionnaire relating to progress. Each FRDC produces an annual summary of the conclusions from these reports for central monitoring by HDC. In addition, the RDO examines each report to ensure that the correct paperwork has been properly completed. Again, the University reports in its Briefing Paper that the response rate has been disappointing.

210   These problems of non-compliance by supervisors with the parts of the University's Code of Practice relating to monitoring has been recognised by HDC and acknowledged by the University in its Briefing Paper. The audit team recommends that the University consider at an early opportunity the ways in which they might ensure fully and strengthen all aspects of the operation of this monitoring process. This is considered especially important in the light of the University's concerns relating to progression.

211   The audit team noted from the Code of Practice that there are currently no attendance requirements for research students, but did note that there had been some initiatives by HDC indicating that a new regulation relating to this is soon to be introduced. The team supports the University in these measures and would encourage it to ensure that they will, in some manner, encompass all students, including those studying full-time under the 'six week rule'.

Development of research and other skills

212   All research students are expected to participate throughout their studies in various generic skills training courses run by the Research Degrees Office as well as in discipline-specific courses provided by their faculty or research centre.

213   One requirement of probation is the completion by each student of a Training Needs Analysis in conjunction with their probationary supervisory team. This analysis is returned to the RDO which then determines the content of the research training programme for that student. The induction process also includes mandatory attendance at the part of the Research Training Programme at which the nature and operation of the PDP process is described. The audit team found these induction and training materials, including the Research Training Handbook, to be clear and comprehensive and their accessibility was confirmed by students during meetings with the team.

214   The audit team noted that the Handbook states that neither the training programme nor completion of the Training Needs Analysis document is currently compulsory for students based overseas. However, when the team asked the University to provide the rationale for this exception it was told that there is no such exemption. Inspection of the application forms of such students by the team revealed that this exemption appears to have been operating in the recent past. Whatever the formal situation, the team advises the University to ensure all research students undergo all parts of the training required to undertake their research programme successfully.

Feedback mechanisms

215   The University states that student representation systems have been much improved since the last periodic review in 2004 and that student representatives are now much more active at HDC, the Research Committee and at faculty committees. A student-led initiative to improve communication between students and the centre and faculties is the Postgraduate Research Students Association (PRSA). The audit team noted that the University has recently agreed to support the PRSA financially. The University also took part in the 2008 and 2009 Postgraduate Research Experience Surveys made available to higher education institutions by the Higher Education Academy

216   Feedback from all students is sought formally through the annual monitoring questionnaire process, partly in order for the RDO to respond to any problems that may have occurred. As noted above, the response rate has been low despite the measures that have been taken to improve it.

Assessment

217   The assessment of research degrees involves two examiners appointed by the HDC after nomination by the supervisory team. There must be at least one external examiner who is external to, and independent of, the University and any collaborating establishment. The internal examiner is a member of the staff of the University.

218   Although the student's supervisor is not normally allowed to act as internal examiner, this is allowed in special circumstances agreed by the HDC in which case, a third examiner, either internal or external, is appointed. The audit team noted that this, however, appears to conflict with Research Degree Regulation 16.5 (d). Whatever the intention behind these regulations, the team could not determine what advantage, in any event, would be gained from such a practice which is itself out of alignment with precept 23 of the *Code of practice, Section 1*. The team, therefore, advises the University to reflect on the appropriateness of allowing the supervisor to act as an examiner in any circumstances and to clarify the regulations so that they are consistent, unambiguous and in alignment with accepted practice.

219   While the University generally has satisfactory policies and procedures for managing the quality and standards of its postgraduate research provisions, the audit team considers that there are several areas where the University is not meeting fully the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

Section 7: Published information

The University's approach to ensuring the accuracy and completeness of published information

220   The University publishes a wide range of information which is predominantly available in hard copy and online, all of which was made readily available to the audit team. The student written submission confirmed that the information provided to students was generally both accurate and helpful. Discussions between the team and a variety of students endorsed this confirmation. Students described the information they were given as clear, accurate and useful and stated that they were able to form reasonable and reliable expectations of their programmes of study on the basis of that information. Students further stated that the University's advertising campaign helped in creating a sense of ownership and pride in their University.

221   The University makes publicly available the information detailed in Annex F of HEFCE circular 06/45, *Review of the Quality Assurance Framework: Phase two outcomes*. There is no mission statement and the corporate plan remains confidential and it may be slightly confusing for the general public that these are replaced by a De Montfort University Identity Statement which is available on the website. Programme specifications are not accessible on the website to applicants. However, all the relevant information from the programme specifications that is likely to be required by an applicant is provided in the course descriptors in an easily digestible format. Also, it is clear from a review of the Unistats website that the institution contributes appropriate data for compilation, without including an optional commentary.

222   Formal responsibility for the accuracy of the UK and international undergraduate and postgraduate prospectuses lies with the Marketing and Communications Department, which works with academic and central departments to produce the prospectuses while retaining editorial control. New course proposals are advertised only after a validation date is set and the Department of Academic Quality (DAQ) maintains the definitive list of all validated courses which informs the prospectus content. The DAQ also monitors the UK collaborative partner handbooks, and international partner handbooks are monitored by the faculty international coordinator. Procedures are in place to ensure academic departments verify the accuracy of material.

223   Faculty academic staff, normally the programme leaders, provide content for brochures relating to specific provision, and through faculty marketing managers these are monitored by the Marketing and Communications Department for accuracy and corporate style. The University publishes many informative leaflets for students, for example, explaining the mitigating circumstances procedures and student support systems. Students met by the audit team confirmed these leaflets were accessible and accurately represented the regulations, for example.

224   There is a documented process by which the University manages collaborative partner marketing. The Head of Marketing and Communications, who reports directly to the Deputy Vice-Chancellor, is responsible for overseeing collaborative marketing activity, chairs the Marketing Group, attends the steering group meetings and undertakes the formal annual reviews each year with the marketing team. The campaigns manager ensures that review work is scheduled and that all University generated activity to promote De Montfort University courses at partner colleges is effective and accurate. There are marketing protocols for monitoring material published by collaborative partners and guidelines for partner institutions of the University with regard to branding and marketing support.

225   A major ongoing initiative, which started in 2007-08, has been the development of the Web Strategy created by central marketing in consultation with the Web Strategy Group. This Group has representation from all stakeholders, including discussion fora with student representation. Editorial control rests with the new post within the central marketing team of the Senior Editorial Officer. A primary objective is the rationalisation of web content on the basis that 'less is more'. Students met by the audit team confirmed that this is an appropriate aim.

Student experience of published material

Students are involved in ensuring the accuracy of information through surveys, focus groups and the New Entrants Study. Focus groups are used to measure student satisfaction with accuracy and accessibility of information and provide evidence of the University's responsiveness. Students met by the audit team confirmed the accuracy and appropriateness of all information they received. UK collaborative students, distance-learning students and postgraduate students, both taught and research, were also represented and confirmed the accuracy for their areas.

226   Variability in the quality of student handbooks was acknowledged in the Briefing Paper and by students met by the audit team. The Academic Quality and Standards Committee recommended the production of a clear template for such information, and the Good Practice Guide No 6 offers suggested contents for both programme and module handbooks. Improvements to handbooks are being implemented incrementally.

227   All students, including collaborative partner students, access information through the myDMU portal which gives access to timetables, academic regulations, results and sources of support. Module and programme information is accessed through the virtual learning environment, Blackboard. The use of these systems is well embedded and normal for all students, although the students met by the audit team indicated some inconsistency of use of the virtual learning environment by academic staff.

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