# QAA

## Anglia Ruskin University

## December 2007

## Annex to the report

## Contents

# Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Anglia Ruskin University (the University) from 10 to 14 December 2007 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 the awards that it offers

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

## Institutional approach to quality enhancement

The University has a strong commitment to ongoing improvement of the student learning experience and has established a range of effective mechanisms to provide a structured framework for its enhancement activity.

## Institutional arrangements for postgraduate research students

The audit found that the University had established a structured approach to enhancement of the learning environment for postgraduate research students which the audit team considered to be good practice in the management of postgraduate research provision. The University's policies, procedures and regulations 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 information

The audit 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 academic standards of its awards.

## Features of good practice

The audit team identified the following areas of good practice:

- the careful reflection and energetic leadership which make possible the successful management of a challenging and ongoing agenda for change (paragraph 17)

- the deliberate and systematic manner in which the University ensures that research informs the curricula (paragraphs 34, 101, 102 and 104)

- the support for the work of the student representative coordinators, which promotes active and effectual student representation (paragraph 92)

- the work of the support service INSPIRE and the learning technologists, teaching fellows and learning and teaching advisers in enhancing the student experience (paragraphs 102, 103, 106, 145-147)

- the role of the faculty student advisers in securing a coordinated approach to student support (paragraph 121, 124)

- the use of quality enhancement audits to improve aspects of academic quality across the University (paragraph 139)

- the structured approach to enhancement of the learning environment for postgraduate research students (Section 6).

### Recommendations for action

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

Recommendation for action that the audit team considers advisable:

- make certain that the University's processes to assure the quality of the postgraduate research student experience explicitly include, and are applied equally to, such provision outside the United Kingdom (UK) (paragraphs 165, 166 and 169).

Recommendations for action that the audit team considers desirable:

- consider whether the current approaches to collaborative provision might be strengthened in line with the University's commitment to effective oversight of the student experience and the contribution of students to quality assurance (paragraphs 43, 68, 151, 153, 158)

- continue to provide training and development so that staff can make the most productive use of centrally provided data in quality assurance and enhancement (paragraph 70)

- review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience (paragraphs 80, 86-88,122, 136 and 137)

- in implementing the emerging student communications strategy, take account of the need for effective communication with students at all locations of study (paragraph 96).

## Section 1: Introduction and background

### The institution and its mission

1      The University has 23,573 (15,258 full-time equivalent) students on taught pathways and 355 (184 full-time equivalent) research students, primarily based on two main sites in Cambridge and Chelmsford. The University was granted university status in 1992 and adopted the name of Anglia Ruskin University in October 2005.

2      The University's mission is 'To deliver all activities to the highest quality, to be recognised for excellence in learning and teaching, to develop recognised centres of research excellence and to work on a regional, national and international basis with all who can benefit from being engaged with us. We aim to be an exemplar for partnership with commerce, the community, the public sector, industry and the region'.

### The information base for the audit

3      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 institution'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 hard copy of all documents referenced in the Briefing Paper and to the institution's intranet.

4      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 written submission, which was a well-researched and comprehensive document.

5        In addition, the audit team had access to:

- the report of the previous institutional audit (May 2004)

- reports of reviews by QAA at the subject level since the previous institutional audit

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

- the institution's internal documents

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

## Developments since the last audit

6        The previous institutional audit in 2004 found that there could be limited confidence in the soundness of the University's present and likely future management of the quality of its programmes and the academic standards of its awards. Since the audit, QAA was provided with information that indicated that appropriate action had been taken by the University in response to the findings of this report. As a result the audit was signed off in February 2006.

7        The previous audit identified good practice in the strong emphasis on learning and teaching, the extensive nature of the staff development provision, and the clear improvement in the support provided for research students. The team also recommended action in a number of areas including processes for approval, monitoring and review, and the provision of a singe reference point for the University's codes of practice, policies and procedures. It was also suggested that the University review its committee structure, take further action in relation to planning procedure, improve the systems for responding to student feedback, and establish minimum requirements for documentation. There were further recommendations in relation to the work of directors of studies; improvements in student representation systems; data analysis; training for postgraduate students undertaking teaching; recording of staff participation in training, and student support systems. The present audit team found that the University had taken seriously the recommendations from the previous audit and there was clear evidence of the action taken in response.

8        The University's response to the previous audit led to an extensive programme of review and evaluation by the Senior Management Team, resulting in changes to academic organisation, committee structures and curriculum management. A new Vice Chancellor, appointed in 2007, instigated further streamlining and simplification of systems, structures and processes. At the time of the audit, a new 'Vision' strategy for the University had been developed following extensive consultation and discussion throughout the institution and with partner institutions. This strategic plan will influence the identification of organisational priorities and key performance indicators.

9        As a direct response to the 2004 institutional audit, the University now undertakes regular reviews of its quality assurance and enhancement systems. Processes that assure academic quality and standards have been improved and new procedures and documents have been introduced. The systems are summarised and explained in the Quality Assurance and Enhancement Overview document.

10       Operational oversight of curricular delivery at all locations, including UK and international partnerships, has been delegated by the Senate to faculties. The academic management structure was revised to assign distinct responsibilities to roles. A 'role and expectation' statement for academic staff has been agreed. The framework is used in staff appraisal and development and supports a commitment to research and scholarly activity. Heads of department are responsible for academic standards at the subject level, while programme leaders are responsible for managing the student experience. Curricular management structures have been simplified from a 'complex…matrix' to a linear structure in which all pathways, that is routes to a named award and modules are assigned to a department within a faculty. Interdisciplinary modules involving more than one department, including those across faculties, are assigned to a single department

to secure lines of accountability. Minutes of faculty boards indicate detailed discussion and debate on key issues and a frank and open exchange that supports appropriate scrutiny. There is evidence of effective action planning and follow-up, demonstrating effective operational oversight at the local level.

11      One of the most far reaching changes has been the move from a 10/20-credit modular scheme to one based on 15/30 credits and a reduction in the number of modules and pathways on offer. The Senate's motivation for the change was the need to be more efficient, in part to release staff time for scholarly activity, and to standardise 'varied practices'. An interim report on the operation of the project that went to the Senate in April 2007 suggested that most of the objectives had been achieved but that there were some 'ongoing issues to be addressed'. These included a tail of low-recruiting modules and a difficulty in that some staff did not perceive any immediate reduction in teaching load. At the time of the audit, the 15/30 structure had been fully implemented.

12      In December 2006, the University undertook a review of its overseas partnerships, the outcome of which is presented in a discussion paper 'Developing Anglia Ruskin's Transnational Partnerships'. The review led to a consolidation and reduction of the University's collaborative partnerships to ensure sustainability. The University considers that its partnerships are strong and well established, to provide a strong platform for further developments in the future.

13      In 2005, work began on a merger with Homerton School of Health Studies and transitional arrangements were put in place to enable integration of the curricula and to support the establishment of new administrative and academic structures. The merger was complex and it took some time to put in place all of the necessary student support mechanisms.

14      There have been new joint ventures with local colleges and, at the time of the audit, two further collaborations were under consideration. Other new UK partnerships are being developed and, in 2007, a partnership based in London was approved through the Senate processes for institutional approval and course validation.

15      There has been a demonstrable commitment to increase the focus on the student experience that has led to the establishment of a number of mechanisms, including the establishment of the Office of Student Affairs in January 2005, the Student Experience Committee, student representative coordinators and student advisers. Many of these mechanisms are valued by the students as having contributed to enhancing the support for students and the student voice.

16      There has been considerable investment in capital development. The Helmore Campus at Cambridge is being developed and the original Chelmsford Campus is being relocated to the well-equipped contemporary facilities on Rivermead Campus. Such investment offers new facilities that promise to enhance the learning environment and support the 'Vision' plans for growth and development.

17      The evidence presented to the audit team made it clear that there had been a systematic and measured re-engineering of all academic systems which, the management team anticipates, will continue to be streamlined and developed. The team recognises the extent of the organisational development and considers the careful reflection and energetic leadership which makes possible the successful management of a challenging and ongoing agenda for change to be a feature of good practice in the University's management of its provision.

## Institutional framework for managing academic standards and the quality of learning opportunities

18      The Briefing Paper stated that the Senate, chaired by the Vice-Chancellor had ultimate responsibility for the academic standards of the University's awards and the quality of the learning opportunities offered to its students. The Senate and its committees are subject to annual review of their fitness for the purpose. In 2005, the committee structure was simplified and more explicit lines of responsibility and accountability were established.

19       The Academic Standards, Quality and Regulations Committee advises the Senate on the regulatory framework for awards and also oversees on its behalf the management of the University's modular system and the operation of quality assurance and enhancement policies and procedures. It receives reports and recommendations from a Curriculum Revisions Subcommittee, an Accreditation Subcommittee and a Partnerships Subcommittee.

20       The Learning and Teaching Committee is tasked by the Senate with the development, implementation, monitoring and review of the University's Learning and Teaching Strategy, any staff development needs associated with the Strategy, support for the Strategy at faculty level, including faculty-level learning and teaching sub-strategies, the virtual learning environment, work-based learning, e-learning, learning and teaching review and the dissemination of good practice.

21       The Senate's Student Experience Committee is responsible for the monitoring and review of the experience of students at all levels and in all locations and for the development of student experience enhancement strategies based on student feedback. It also has oversight of the University's student representation system, student guidance processes and student support services, and benchmarks the quality of the student experience. It produces an annual report on key issues addressed by the Committee for the Board of Governors.

22       Responsibility for research degrees and postgraduate research students lies with the Research Degrees Committee and the faculty research degrees subcommittees which report to it. The Committee oversees the management, quality assurance and enhancement of all postgraduate research degree programmes, including research training programmes, the postgraduate research student experience, and assessments. It receives and monitors reports and evaluations from faculty research degree subcommittees, the Research Ethics Committee, external examiners and from students. The Committee makes recommendations to the Senate on individual research degree awards and oversees the examination process.

23       The Senate has a Research Policy Committee (formerly the Research Policy Working Group) which is jointly responsible with the Research Degrees Committee for the development and enhancement of the University's Research Policy. While, in the view of the audit team, there is potential in this arrangement for initiatives to be duplicated or overlooked in the overlap between the two committees, the University is aware of this possibility and has established common membership and cross-reporting to avoid such an eventuality.

24       In January 2005, the eight academic schools were reorganised into five faculties, under which all academic activity is managed. This structure incorporated fully all operational management of collaborative provision within mainstream departments. Deans are responsible for acting as chairs of faculty boards, which have clearly defined responsibilities for oversight and management of academic standards, quality and enhancement, including collaborative provision.

25       The five faculty boards: Ashcroft International Business School; Education; Arts, Law and Social Sciences; Health and Social Care, and Science and Technology also report to the Senate. There is a substructure below faculty level which implements and monitors policy at the operational level of programmes and course within each faculty:

- faculty learning and teaching subcommittees

- annual monitoring subcommittees

- programme subcommittees

- departmental assessment panels

- faculty student review subcommittees

- faculty awards boards.

26    Student representatives are members of a wide range of University committees at various levels. The Senate and the Academic Standards, Quality and Regulations Committee each have two Students' Union representatives, while the Learning and Teaching Committee also has two undergraduate and two postgraduate students from the campus hosting the meeting. The Student Experience Committee has similar representation to that of the Learning and Teaching Committee, with the addition of two postgraduate research students. A postgraduate research student from the host campus attends the Research Degrees Committee as a member. The Partnerships Subcommittee and the Curriculum Revisions Subcommittee both include a representative of the Student Union. Most of these committees also have a staff member of the Students' Union as a designated observer. Faculty boards have two student representatives, in addition to a representative of the Students' Union. Faculty learning and teaching committees have student representation and students are also represented on programme committees which report to faculty boards.

27    The Corporate Management Team is the senior executive body. Chaired by the Vice Chancellor, it includes the Vice Chancellor's Group, (that is those senior managers who report directly to the Vice Chancellor, the Deputy Vice-Chancellor Quality and Enhancement, the Deputy Vice-Chancellor Human Resources and Student Experience, the Deputy Vice-Chancellor Corporate Development, the Director of Finance, the Secretary and Clerk to the Governors and the deans of faculty) and the directors of support services: Human Resources; Student Affairs; Information Technology (IT) Strategy and Systems; Marketing; Research and Development Services; Academic and Quality Systems; Registry; INSPIRE and, Estates and Facilities.

28    The University's central committees are, on the whole, effective in ensuring the standards of awards and the quality of learning opportunities and generally they operate in a manner which is successful in monitoring, reviewing and enhancing practice. However, consideration of the length of the agenda and volume of accompanying paperwork suggested that the Senate might not easily be able to devote an appropriate space for critical reflection, debate and the formation of policy. In addition, it was not always evident that the Student Experience Committee was able to exercise its responsibilities to identify and remedy issues raised within its purview. These issues are discussed in more detail below (paragraphs 80, 86-88, 122, 136 and 137).

## Programme approval, monitoring and review

29    The processes of approval, annual monitoring and periodic review are documented in a Senate Code of Practice, 'The Approval, Annual Monitoring and Periodic Review of Taught Pathways', which is based upon the *Code of practice, Section 7: Programme design, approval, monitoring and review*, published by QAA. The Senate Code of Practice was revised in September 2007 and is supported by a 'procedural document'; it applies throughout the University and its partners, both UK and overseas.

30    Approval of a new pathway is a two-stage process. First, 'planning approval' is sought from the Corporate Management Team. Planning approval permits marketing and recruitment to commence, as long as the status with respect to formal approval is made clear. If 'planning approval' is obtained the pathway team prepares the necessary documentation for submission to the Academic and Quality Systems Office. The documentation required includes a pathway information document, which outlines the curricular rationale and content, PSRB requirements, engagement with appropriate subject benchmark statements, resourcing, and assessment strategy, linked to the pathway specification form, which is the University's term for programme specification. A draft student handbook is also required. The procedural document that accompanies the Senate Code of Practice sets out the additional requirements for approval for new pathways that incorporate elements of flexible and distance learning; these include a rationale for the selection of the delivery mechanism, testing and reliability of the delivery system, schedule of production of materials and security of the assessments. The documentation is scrutinised by the Academic and Quality Systems Office to ensure that it complies with University standards and regulations.

31      The membership of approval panels is formally approved by the Deputy Vice-Chancellor Quality and Enhancement. Approval panels comprise: a Chair independent of the faculty/ies submitting the proposal, normally a member of the Senate; at least two staff not associated with the delivery of the proposed pathway; at least two subject specialists external to the University, not current external examiners, and a professional peer where appropriate and/or a member of the relevant PSRB.

32      The report of the approval panel is submitted to the Academic Standards, Quality and Regulations Committee which has final authority, delegated from the Senate, for approval. A copy of the report is also sent to the faculty board. Fulfilment of conditions is monitored by the Academic and Quality Systems Office and is reported to the faculty board. The same process of approval applies to provision delivered by a partner institution.

33      For the purposes of annual monitoring, pathways are grouped in clusters known as 'programmes'. Annual monitoring is a three-stage event: programme, faculty and institution. Annual monitoring has the stated purposes of confirming: maintenance of standards; student achievement; quality of learning and support; identification of good practice; and, enhancement. The primary evidence that informs monitoring includes an analysis of student retention and completion; external examiners' reports; any reports from PSRBs; student evaluations and/or feedback on modules and pathways; and, any feedback from former students and employers.

34      Each programme leader completes an annual monitoring report for the programme which covers all pathways in the programme, following a prescribed template. The template includes the identification of good and/or innovative practice, and the inclusion of a SMART (specific, measurable, agreed, realistic, timebound) action plan. As with the approval process, the annual monitoring report includes details of any scholarly activity that staff have undertaken that is relevant to the provision being monitored. The report is considered by the programme subcommittee which is responsible for monitoring implementation of the action plan. Collaborative pathways are included in the clustering of programmes and so follow the same process as campus-based provision.

35      Each annual monitoring report is read by a reader appointed by the faculty board. The reader's report informs discussion at the faculty board annual monitoring subcommittee, which prepares a faculty overview report, highlighting any recurring themes and good practice, for full discussion at the faculty board. Confirmed faculty overview reports are submitted to the Academic and Quality Systems Office. The Head of Quality Assurance uses the faculty overview reports and the annual review of BTEC programmes to produce a summary report for the Senate.

36      The processes used for the conduct of periodic review are described in the Senate Code of Practice and the associated procedural document. Periodic Review, which is carried out on a five-year rolling basis, operates at the programme-level and includes all provision, including collaborative provision. Periodic review of overseas provision is conducted at the site of delivery. Documentation is checked by the Academic and Quality Systems Office to ensure that it is of the required standard and in accord with the regulations. The Senate Code requires at least two external members on all periodic review panels. A formal event, which includes meetings between the panel and staff and students, is convened. The report of the event is received by the Academic Standards, Quality and Regulations Committee.

## Section 2: Institutional management of academic standards

### Approval, monitoring and review of award standards

37      The Briefing Paper identified the key mechanisms for the management of academic standards as the approval, monitoring and periodic review processes, use of external examiners, engagement with PSRBs and other external reference points such as the QAA Academic Infrastructure, and the use of management information. The University's approach to the management of academic standards is detailed in its Academic Regulations, Research Degrees

Regulations, Senate Codes of Practice, Learning, Teaching and Assessment Strategy and Quality Assurance and Enhancement at Anglia Ruskin University: an Overview. As the majority 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 the management of academic standards; the remainder are covered under the heading of the management of learning opportunities.

## External examiners

38      The Briefing Paper stated that the aim of the external examiner system was to ensure that the academic standards of University awards were set and maintained at the appropriate level. The Senate Code of Practice on External Examiners for Taught Pathways, updated in September 2007, and accompanying procedural document applies to all provision, including collaborative work both in the UK and overseas. The roles and responsibilities of external examiners are clearly specified in the Senate Code of Practice which is included in a general external examiner briefing pack. Examination of the University Code and accompanying documentation confirmed that they were fully informed by the guidance in the *Code of practice, Section 4: External examining*, published by QAA.

39      Criteria for the appointment of external examiners are specified in the Senate Code of Practice and provide the necessary safeguards to avoid conflicts of interest. Nominations are considered initially by the Academic and Quality Systems Office which, after due consideration against the published criteria, makes recommendations for appointment or rejection to the Deputy Vice-Chancellor Quality and Enhancement. The involvement of the Academic and Quality Systems Office secures an institutional overview of the consistent application of the nomination and appointment process and confirms compliance with the stipulations of the Senate Code of Practice.

40      The University operates a two-tier system of assessment boards. The departmental assessment panel operates at the module level; the faculty awards board considers progression and achievement of students. The roles of external examiners in each of these boards are clearly specified in the Senate Code of Practice and are fit for the purpose. External examiners approve all major assessment tasks and examination papers and moderate student work to ensure fairness and consistency and that academic standards are apposite.

41      The University offers biannual optional training sessions on the role of the external examiner to which all external examiners are invited. The training provides an induction to the University and information on regulations and curricular structures. In addition, there is a dedicated website for external examiners where they can access information relevant to their role.

42      All external examiners are required to submit an annual report to a standard template. The report for the departmental assessment panel includes commentary upon achievement of intended learning outcomes, academic standards, delivery and currency of curriculum, and the assessment process. The Senate Code of Practice asks that, in preparing their reports, external examiners identify good practice and take account of PSRB requirements and the subject benchmark statements, as well as their own experience. The report for the faculty awards board covers adherence to regulations and procedures, comparability of awards with those offered elsewhere in the higher education sector, fairness of marking and decisions, good practice and areas for improvement. External examiners are also asked to report any areas where academic standards are at risk for immediate report to the Senate. The dean of the faculty is required to produce an action plan that addresses any issue so reported.

43      The external examiner report pro forma does not contain any explicit prompts for the inclusion of issues or good practice from provision in partner institutions. In meetings with staff, the audit team was informed that external examiners did report on matters arising in

collaborative provision, allowing module leaders to identify specifically and act upon any issues or good practice relating to collaborative provision. The University may wish to consider whether formalising this reporting practice might provide for additional security in its oversight of collaborative provision.

44      External examiner reports are submitted centrally to the Academic and Quality Systems Office and are then distributed to faculties. Reports are considered by the dean, associate dean, head of department and in programme subcommittees; action plans are devised to address any faculty-based issues. The Deputy Vice-Chancellor Quality and Enhancement also reads all the reports and the responses to them. The central involvement of the Academic and Quality Systems Office allows issues with institutional significance to be identified and referred to the relevant body or officer for action. Student representatives see external examiners' reports through programme board meetings in accordance with the advice in Higher Education Funding Council for England's *Circular 2006/45*.

45      Faculties are required to respond to external examiners' reports within two months of receipt, with the responses being copied to the Academic and Quality Systems Office which fulfils a monitoring role in this respect. The report template prompts the external examiner to confirm that a response has been received to the previous report as an additional check that responses have been made in accordance with the University's requirements. External examiners' reports and the responses to them inform the annual monitoring process (paragraphs 33-35 and 77).

46      A summary of issues and good practice arising from the external examiners' reports is compiled by the Academic and Quality Systems Office in an institutional overview report for the Senate. At the time of the audit, a subgroup of the Learning and Teaching Committee was considering ways in which the good practice identified in the overview report could be promulgated across the University. Some of the items of good practice were disseminated through the annual Learning and Teaching Conference. Matters arising from the external examiners' reports are also discussed in the Quality Assurance Managers' Liaison Group (see paragraphs 77, 129) which the audit team found to be an effective and powerful group, meeting where significant issues identified in the deliberative processes were considered. While these meetings do not form part of the formal structures described in the Senate Constitution and its standing committees, they are clearly significant and valuable to those with senior quality management roles and are used to generate ideas and share good practice as well as matters of concern.

47      The audit found that the University's approach to external examining was clearly specified and operating as intended. The policies and procedures meet the expectations of the relevant sections of the *Code of practice*. Processes for consideration of reports and for response at the local and University levels secure central oversight of the operation of the external examining system. The audit team concluded that the University's approach to the use of external examiners made a significant contribution to the security of academic standards.

## Academic Infrastructure and other external reference points

48      The Briefing Paper stated that the regulations took full account of the Academic Infrastructure and that the suite of Senate Codes of Practice was designed to be consistent with the *Code of practice*, published by QAA. Documentation for approval and periodic review events is scrutinised by the Academic and Quality Systems Office to confirm compliance with University protocols and regulations before being submitted to panels. The attention of the panels is drawn to the relevant sections of the *Code of practice,* including *Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, where collaborative provision is involved. The Academic and Quality Systems Office is responsible for appraising University practice against revisions to the Academic Infrastructure and alerting relevant staff to any necessary modifications to policies and procedures.

**FHEQ**

49      Documentation, including the relevant reports, demonstrates that *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) is used as a reference point in approval, monitoring and review processes. During the 15/30 project (paragraph 11), guidance to staff and review panels contained clear references to FHEQ.

**Subject benchmark statements**

50      Consideration of the alignment of provision with the relevant subject benchmark statement is an integral part of the approval process. The *Foundation Degree qualification benchmark*, published by QAA, is provided as a reference to any panel looking at a proposed Foundation Degree. External examiners are asked to draw upon subject benchmark statements when they prepare their reports, to assist in confirming the academic standard of the award (paragraph 42). During the 15/30 project, the briefing information provided to review panels included the relevant subject benchmark statement. Scrutiny of documentation and the associated reports confirmed that the University made systematic use of subject benchmark statements in its management of academic standards.

**Programme specifications**

51      The University's definitive record of a pathway is the 'pathway specification form' which acts as the programme specification and is prepared to a standard format specified on the Academic and Quality Systems Office website. Annex 3 of the Academic Regulations lays out the standard proforma and includes: intended learning outcomes, entry requirements, marking system, exceptional variation; module details at each level and intermediate award information. The pathway specification forms are considered as part of the documentation in the approval process and in periodic review. Assessment details, matched to intended learning outcomes, are recorded on pathway specifications. Review of a range of pathway specification forms confirmed that the University's requirements in this area were observed in practice.

**Professional, statutory or regulatory bodies (PSRBs)**

52      The University's Learning, Teaching and Assessment Strategy includes the strategic objective of securing PSRB accreditation wherever possible. The requirements of PSRBs are considered within the approval process and are recorded as a standard element of the pathway specification form. Accreditation reports are considered by faculty boards and by the Academic Standards, Quality and Regulations Committee. The audit team reviewed minutes of the Committee where it was noted that positive reports had been received from PSRBs but there was no formal record of any identification of matters of institution-wide significance, including features of good practice.

**Externality**

53      Details of the requirements for externality in the University's approval and review processes are set out above (paragraphs 31 and 36). Documentation provided for the audit team, including that for the 15/30 project, demonstrated that the University's requirements were observed and that there was effective external input into the University's management of the academic standards of its awards.

**European standards**

54      There was no explicit reference to the European Standards and Guidelines in documentation reviewed by the audit team. The University's approach to the European Diploma Supplement was discussed at the Academic Standards, Quality and Regulations Committee: the University issues a Diploma Supplement, which meets the guidance from the Bologna Process.

The Academic and Quality Systems Office is responsible for reporting any pertinent developments in the Bologna Process to heads of department. The audit team was also informed of plans to assign responsibility for action in response to the Bologna Process to the International Office.

55      The audit found that the University's requirements in relation to the Academic Infrastructure provided a secure basis for the appraisal and confirmation of the academic standards of awards in relation to national expectations and requirements. PSRB requirements are an integral part of the design, approval, monitoring and review processes. Overall, the audit team concluded that the level of consideration given to the Academic Infrastructure and other external reference points was making an effective contribution to institutional management of academic standards.

## Assessment policies and regulations

### Assessment policies

56      The Briefing Paper stated that 'Academic Regulations provide[d] the regulatory framework for setting and maintaining ARU's academic standards'. The University operates a single set of regulations for taught provision for all locations. Reading of the regulations confirms that they contain clear information about the conduct, remit and membership of assessment boards, assessment tariffs and the use of external examiners on assessment boards. As reflected in the title, assessment is an intrinsic element of the Learning, Teaching and Assessment Strategy. There is a Senate Code of Practice on Assessment which is based upon the *Code of practice, Section 6: Assessment of students.*

57      Standard module definition forms demonstrate and record how assessment tasks are linked to the intended learning outcomes of each module. External examiners are asked to comment on significant assessment tasks prior to approval. Students whom the audit team met understood the assessment criteria and what they had to do to succeed in assessment tasks.

### Assessment panels/boards

58      The University operates a two-tier assessment board system (paragraph 40). External examiners are present at all assessment boards. Assessments from collaborative partners are processed alongside those for home provision. Extenuating circumstances are considered by a faculty mitigation panel which meets to consider claims for mitigation and to determine the outcomes of such claims. Students whom the audit team met were clear about the procedures for extenuating circumstances. Faculty student review subcommittees receive the results of the departmental assessment panels and faculty mitigation panels, review student achievement and make recommendations to the faculty assessment boards. Faculty student review subcommittees have no decision-making authority. The faculty awards boards, chaired by the dean, determine the continuation and award of each student. The Director of the University Registry or nominee has the right of attendance at assessment boards to advise on regulatory matters and to ensure consistency in application of the procedures across the University.

### Conduct of assessment

59      Electronic submission of student work is not accepted for flexible and distance-learning pathways. The submission method is the same as for campus-based provision, that is, via 'hard copy', signed by the student. This system helps the University in its security of the identity of the person submitting the work.

60      The Academic Regulations contain details of penalties for late submission, extensions to deadlines and treatment of mitigating circumstances. The regulations are unequivocal on the number of resit opportunities for each module as well as the credit limits available for compensation for failed modules. Specific requirements of a PSRB may override the generic University regulations.

61      All examination scripts are subject to anonymous marking. Other forms of assessment are subject to either anonymous or double-marking with major projects being subject to unseen double-marking. There is a well-documented moderation process for marked work to promote fairness and equity of marking. All assessments are subject to internal moderation; those contributing to classification are in addition subject to external assessment. These marking conventions provide a secure basis for ensuring equity of treatment for students.

## Loading and timing

62      The Academic Regulations contain details of an assessment tariff that provides explicit guidance on the number of assessment tasks and the quantity of work that is appropriate for modules of various credit ratings. The Learning, Teaching and Assessment Strategy specifically requires an annual audit of assessment load to ensure that assessment is maintained at an appropriate level. The procedures require that marked work be returned within 20 working days of the submission deadline or 30 working days for major projects. The timely return of assessed work and whether the feedback provided is suitable to promote learning are monitored. Return of assessed work is managed via student information centres on each campus. In meetings with the audit team, students reported that the quality of feedback and the speed of turnround of assessed work was improving.

## Collaborative arrangements

63      Provision at partner institutions is assessed using the same assessment tasks as for on-campus provision and is subject to the same regulatory framework. Where provision is delivered across time zones, separate papers are approved for each site of delivery to ensure security of assessment. Consideration of assessment results for collaborative provision takes place at the University following the same processes as for mainstream provision. The same external examiners consider the results from collaborative and home provision.

## Research regulations

64      Assessment protocols relating to research degrees are set out in a separate set of academic regulations. Details of the approach to assessment in research degree provision may be found at paragraph 182.

65      Taken together, the policies and regulatory provisions for the conduct of assessment provide a clearly specified and congruous framework to promote consistent and equitable treatment of students. Overall, the assessment policies and regulations are making a robust contribution to the management of academic standards in the institution.

## Management information - statistics

66      Achievement and progression statistics are considered in the annual monitoring process and hence by faculty boards. Module data are considered in the departmental assessment panel where they are disaggregated by location so that issues pertaining to partner institutions can be identified. Representatives from partner institutions are invited to departmental assessment boards so that they can engage in the debate of any such issues. The audit team heard that consideration of such data had led to enhancements in the form of changes in assessment profiles and pathway options.

67      At the time of the audit, the University had recently established an Admissions Policy Committee reporting to the Academic Standards, Quality and Regulations Committee. Part of the remit of the Admissions Policy Committee is to consider admissions statistics. In discussion with the staff, the audit team was informed that the Corporate Management Team also used admissions data to inform decision-making, but this was not readily evident from the records of meetings.

68      The University has allocated significant investment to the development of its management information system (MIS) and related staff development over the period 2005 to 2010. Nonetheless, the University recognises and acknowledges that there are some outstanding issues related to the consistent use of centrally produced statistics. In the annual monitoring report summary 2005-06, considered by the Senate in April 2007, it was noted that faculties had expressed reservations about the accuracy of centrally held data. In addition, there was concern that statistics relating to collaborative provision were no longer a separate element of the annual monitoring process. The University may wish to consider whether explicit consideration of progression and achievement data for collaborative provision as part of the annual monitoring exercise, in addition to the discussion at award boards, might provide for more effective oversight of its entire provision.

69      At the time of the audit, the University was seeking to establish the use of a single centrally managed data source across the institution to secure consistency in consideration of statistical information in the management of its provision. The annual monitoring report requires programme leaders to specify whether locally or centrally held data has been used in their reports. Where a programme leader reports that locally held data has been used, then the Academic and Quality Systems Office investigates the reason for this to establish the nature of any perceived inadequacy of the centrally held data.

70      At the time of the audit, a working party had been investigating the concerns that some staff had about the centrally held data. The working party concluded that a staff development programme was needed to increase staff skills in using the MIS. At the time of the audit, this was work in progress and staff from the Academic and Quality Systems Office had met programme leaders to discuss and identify staff development needs and training tailored to the needs of the user was being rolled out. In addition, an improved system for the reporting of any errors in centrally-held data is being introduced. The audit team found that the University had a manifest awareness of the inadequacies of its management information systems and was taking the necessary action to redress the deficiencies. The team considers it desirable that the University continue to provide training and development so that staff can make the most productive use of centrally provided data in quality assurance and enhancement processes.

71      The audit found that the University's systems for the management of academic standards were robust and operating as intended. The consistent application of the Senate Codes of Practice and associated guidance secure alignment with the elements of the Academic Infrastructure. There is effective use of external input in approval and review processes in the establishment and maintenance of the academic standards of awards. There is also strong and scrupulous use of external examiners in summative assessment of provision. All of these features support a judgement of confidence in the soundness of the University's current and likely future management of the academic standards of its awards.

## Section 3: Institutional management of learning opportunities

72      In its Briefing Paper the University stated that the framework for managing the quality of learning opportunities comprised a number of elements, including: student and staff interaction on programme subcommittees; the use of external examiners; engagement with PSRBs; the processes of approval, annual monitoring and periodic review; a Learning, Teaching and Assessment Strategy that encouraged innovation; a strong staff development programme; and, an institutional commitment to student support. The University also noted that its approach to quality assurance was supported by, among other things: the use of appropriate external and internal reference points, including the QAA's Academic Infrastructure and the requirements and expectations of PSRBs.

## Academic Infrastructure and other external reference points

73    The Senate Codes of Practice build upon and incorporate the guidance in the relevant sections of the *Code of practice*, published by QAA. The Academic and Quality Systems Office informs appropriate parts of the University about revisions and additions to the Academic Infrastructure. Any changes to internal procedures and processes resulting from changes to the Academic Infrastructure are overseen by the Academic Standards, Quality and Regulations Committee on behalf of the Senate.

74    The University has a successful history of engagement with employers and has developed several programmes in partnership with a number of organisations. At the time of the audit, there was an emerging employer engagement strategy, available to the audit team in draft form, which was particularly noteworthy in the scope of the proposals for the involvement of employers in the University's academic provision. The draft strategy builds on existing practice across the University in order to secure a comprehensive and systematic approach to working with employers.

75    The audit team found that the University made effective use of the Academic Infrastructure and other appropriate external reference points, especially input from employers, in its management of learning opportunities.

## Approval, monitoring and review of programmes

76    The processes for approval, monitoring and review are set out at paragraphs 29 to 36. The audit team reviewed the Senate Code of Practice and accompanying procedural document governing the approval process and found that the requirements for documentation, panel composition and procedures were fully specified and in alignment with the of the *Code of practice, Section 7: Programme design, approval, monitoring and review*. The procedural document that accompanies the University Code of Practice sets out all these processes with great clarity. All the processes use external participation appropriately and assiduously.

77    Annual monitoring is undertaken for all taught pathways. Faculty overview reports are produced and together with an annual review of BTEC programmes are used by the Head of Quality Assurance to produce a summary report for the Senate. This report clearly highlights issues of institutional significance to the Senate, while offering due reflection on the monitoring process itself. Changes to improve the academic calendar have been implemented as a result of consideration of the overview report. The Academic and Quality Systems Office disseminates to faculties the good practice identified in the overview reports. The Quality Assurance Managers' Liaison Group (see paragraph 46 and 129), chaired by the Deputy Vice Chancellor Quality and Enhancement is another forum in which institutional-level issues are identified and the necessary action is identified.

78    As has been noted (paragraph 11) with effect from September 2006, the University changed its curricular structure from one based on 10/20 credit modules to one based on 15/30 credit modules. Given the significance of the change, periodic review was suspended for the academic years 2006 to 2008, except in those cases where a PSRB specifically required a review and the 15/30 project was a form of periodic review. The 15/30 project involved significant externality and the guidance documentation for staff and panels gave clear references to the Academic Infrastructure. Panels were provided with a 'checklist' and asked to comment upon, among other things, content, learning resources, learning outcomes, and assessment. Comments of the panel were recorded against each item of the checklist. As part of the evaluation of the 15/30 project, the external examiner's report template for 2006-07 was amended to include an additional question inviting the external examiners to comment upon the revised curricula.

## Modification or discontinuation of programmes

79    The 15/30 project constituted a restructuring of the whole of the University's taught provision. The process was well managed and communication with students was largely good,

as was confirmed by the student written submission and in meetings of the audit team with students. Although the University has procedures for terminating a collaborative partnership, the audit team did not find a documented process for termination of on-campus programmes, although there is a pro forma on which such termination should be proposed. The University might wish to consider incorporating guidelines for termination in its documentation of its processes, to ensure that the interests of students are protected as a pathway runs out.

## Enhancement of academic quality

80      The Head of Quality Assurance presents an annual quality assurance report to the Senate. The report comments on the effectiveness of processes as well as highlighting issues of institutional significance. It is clear that the institution routinely reflects upon and enhances its processes in the light of experience. The audit team considers that the University could make better use of its formal central deliberative structures in its approach to enhancement. By way of example, on 12 July 2007, the Learning and Teaching Committee discussed good practice identified through annual monitoring for the academic year 2005-06 but it is not clear from the minutes whether there was any discussion of specific examples. The minutes of that meeting note the need 'to develop further the role of the Learning and Teaching Committee in terms of enhancing the agenda to allow time for discussion of pedagogic issues, presentation of research outcomes, dissemination of HEA [Higher Education Academy] and other publications. It was agreed that this was also pertinent to Faculty Learning and Teaching Subcommittees and this would be conveyed to them'. The team supports this intention which would further secure effective central oversight of matters with institutional significance.

## Other modes of study and collaborative arrangements

81      The University's standard processes for the quality assurance of its home provision apply equally to collaboration provision in the UK and overseas and to flexible and distance learning, with additional components where required. For collaborative provision, the approval and periodic review of the partners themselves is an additional element. The procedural document that accompanies the Senate Code of Practice makes clear the additional steps necessary for the approval of flexible and distributed-learning provision (paragraphs 30 and 105); in particular, external panel members for approval events have to be experienced in flexible and distributed learning.

82      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

83      In its documentation for staff and in its student handbooks, the University makes very clear its commitment to gathering feedback from students. Students evaluate their experience through a variety of mechanisms that include: module evaluations (23,000 forms returned in semester 2, 2006-07); an annual student experience survey, which samples 25 per cent of taught students; the HEA Postgraduate Research Experience Survey; a LibQual Survey, and the National Student Survey.

84      Annual monitoring reports indicate the mechanisms used to elicit feedback from students and must identify the key issues raised and actions taken. Samples of such reports seen by the audit team demonstrated that matters raised through annual monitoring were considered at faculty boards and were included in the summary reports provided to the Senate. Student representatives sit on programme subcommittees, which provide a forum for discussing module evaluation outcomes.

85      Pathway teams developing flexible and distributed learning pathways must consider how student representation can be secured. Students on such pathways are also expected to complete module evaluation questionnaires and, additionally, have the ability to provide feedback electronically at times other than formal survey times.

86      The Office of Student Affairs visits students in UK collaborative partners several times a year and the reports of these student experience visits are reported to the Student Experience Committee. There is no record of any discussion at the committee of these reports which are noted and received. The student experience visit report for the academic year 2006-07 refers to 'weak mechanisms for formal student representation at Chelmsford'. The matter was noted in the student experience visit report as being managed by revising the timetable to enable students to participate. There is no reference to this matter in the action list or record of the meeting. During the audit, the team heard of a number of significant concerns from students at the Homerton site in Peterborough. Students reported that access to University facilities was limited and only in the previous year were their concerns beginning to be addressed while some computing and library services continued to be developed. The Student Experience Committee in October 2007 noted concern in the student experience survey that students from Homerton were unhappy with the facilities, which the Committee acknowledged 'was a fair reflection'. The minutes noted that the Chair indicated the need to pay attention to facilities at Peterborough, but did not record what action was required nor was responsibility for pursuing the matter identified.

87      The remit of the Student Experience Committee would suggest that it should be the locus of oversight of feedback on student experience but records of discussion at the Committee do not corroborate this assumption. By way of further example, the meeting of 17 May 2007 discussed the final scores of National Student Survey 2007, the student experience survey 2007, module evaluations for 2006-07 and the LibQual Survey. The minutes of the meeting did not capture any institutional issues identified, any comparisons with previous surveys or across surveys, or any related actions.

88      These examples suggested to the audit team that one of the key mechanisms for input of the student voice was not working effectively to fulfil its remit, a premise that was confirmed for the team by discussion with student representatives and student officers. As the University considers the team's recommendation that it review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance, to secure a more effective and systematic contribution to enhancement of the student learning experience, it may wish to give particular attention to the work of the Student Experience Committee.

89      The outcomes of the National Student Survey and student experience survey are discussed by Senate committees, executive groups, faculties and support services. The results of the HEA Postgraduate Research Experience survey are discussed at the Research Degrees Committee. In response to disappointing scores in the 2006 National Student Survey and student experience survey, a project was commissioned in 2007 to offer guidance on best practice to giving students feedback on assessed work. At the time of the audit this was work in progress and it was indicated that the matter would be referred to the Student Experience Committee for consideration.

90      Notwithstanding the reservations about the effectiveness of the Student Experience Committee, the audit team found that on the whole the University was responsive to student feedback, notably at faculty level, and that the University's arrangements for student feedback made an effective contribution to its management of the quality of students' learning opportunities.

## Role of students in quality assurance

### Representation

91      Details of the University's provision for student representation on committees at all levels may be found at paragraph 26. Both the University and the Students' Union promote student representation through a variety of mechanisms, including their respective websites and handbooks. Research student representatives communicate with fellow research students through a research student mailbase.

92      Student representatives are trained by two Students' Union representation coordinators and a Students' Union sabbatical officer. The coordinators, one for each of Cambridge and Chelmsford, are funded by the University. Student representatives confirmed that the training prepared them well for the role. The coordinator role, which was introduced following the previous institutional audit, has increased the participation and effectiveness of students in representative roles. The audit team found the University's support for the work of the student representative coordinators, which promotes active and effectual student representation, to be a feature of good practice.

### Other roles

93      As well as their involvement in the deliberative committees noted above, Students' Union sabbatical officers engage with the University in other ways. The Management and Students' Union Liaison Committee meets six times per year. Students' Union officers are also members of the Joint Welfare and Student Affairs Committee, a subcommittee of the Board of Governors. The Students' Union is invited to attend special meetings of the Vice Chancellor's Group and the Corporate Management Team. The student written submission indicated that these arrangements in addition to the more formal provisions for representation ensured that the 'Students' Union and University staff [had] a good working relationship with each other'.

94      Sabbatical officers are also present at appeals hearings. The Students' Union has a role in supporting and representing appellants and is given support and preparation for this role. The student representative coordinator takes an active role in supporting sabbatical officers in participating in appeals, complaints and disciplinary hearings. The Students' Union is clear about its role and confident in the support that they receive to allow them to fulfil that role effectively.

95      There is evidence that the University consults the Students' Union about key developments. For example, students were involved in the restructuring of support services and the creation of the Office of Student Affairs in 2005 and the introduction of the Student Experience Committee in the academic year 2005-06. At the time of the audit, the Students' Union was involved in the revision of the Student Charter and was in active discussion with the University about matters raised in the student written submission.

96      In May 2007, the Student Experience Committee established a working group to develop a student communications policy. The group had representation from the Students' Union and also consulted with various student constituencies. Although the final version of the policy was not complete at the time of the audit, it was clear that the group had already had some influence, by way of example, the rationalisation of access to electronic resources, so that only one log-in identification was required rather than as many as four. The audit team found that communication with students at an institution that merged with the University in 2005 had not been effective in terms of keeping them informed about progress and the implications of the merger for their studies. The team therefore considers it desirable that the University ensure that its implementation of its emerging student communications strategy leads to effective communication with its students at all locations of study.

**Collaborative arrangements:**

97      The University and the Students' Union agree that student representation for collaborative provision is not working as well as it might. At the time of the audit, the University was considering using a variety of technological means of supporting representation in partner institutions. This area of work is being overseen at the Partnerships Subcommittee and an action plan was developed and agreed at the October 2007 meeting of the Subcommittee; the plan includes a list of actions to improve digital resources for students including developing the electronic library, improving access to the J-Drive, extending the virtual learning environment and e-vision.

98       The audit team found evidence during the audit that confirmed the comments in the student written submission on the relatively poor participation in quality assurance from students in collaborative provision students. The student experience visits (paragraphs 160 and 161) are the main vehicle for understanding the specific experience of collaborative students. There is little engagement with the findings of these visits in the minutes of central committees. Student representatives on central committees reported that they were able to offer limited input in relation to collaborative students. The Students' Union is not funded to offer support beyond the main campuses and partner student representatives are unable to travel to meetings that are scheduled during the academic timetable. This was acknowledged by senior staff and it was recognised that the main mechanisms for the direct collection of views remained with the link tutor and the student experience visits. At the time of the audit, the University was seeking to develop further mechanisms including audio conference and email, weblogs and other devices to support representation for students in collaborative provision.

99      The audit found that the student involvement in quality assurance made an effective contribution to the University's management of the quality of students' learning opportunities.

## Links between research or scholarly activity and learning opportunities

### Programme design

100     The pathway approval process requires the programme team to document how staff research interests inform the curricula. The pro forma for annual monitoring also captures any staff development/scholarly activity during the academic year in question designed to enhance the quality of learning, teaching or assessment. Documentation seen by the audit team provided evidence that these stipulations were observed and that approval panels scrutinised the pathway specification forms to confirm that the University's requirements were met.

101     In 2007, the University produced a document, Expectations of Academic staff at Anglia Ruskin University: the Evolving Role. The document makes it clear that the University expects all full-time teaching staff to engage in research and scholarly activity and strongly encourages the development of links between learning, teaching and research, 'wherever possible and appropriate'. Undergraduate and taught postgraduate taught students met by the audit team were aware of some links between the research of staff and their teaching and research students indicated that staff scholarship was significant. Students also indicated that they valued the practice or professional base of their teaching staff.

102     A variety of mechanisms is used to support the evolving role of academic staff at the University. As a result of a review of the University's approach to the development of learning and teaching, a new and expanded support service entitled INSPIRE was established in October 2006. The service plays a significant role in the professional development of academic staff and provides strategic direction to faculties in the implementation of the Learning, Teaching and Assessment Strategy. Faculty research strategies make clear the link between research or scholarly activity and learning and teaching and identify local mechanisms for supporting staff. The University identifies the use of sabbatical posts as one mechanism that has been used successfully to support staff engaged in research and scholarly activity. Recently appointed staff reported that they were encouraged through INSPIRE to undertake collaborative research activity related to teaching. A symposium on research and teaching links was held in 2006.

103     INSPIRE has been the catalyst for a number of developments, through its support for teaching fellows, learning and teaching advisers and the deployment of learning technologists. These developments have raised the levels of scholarship and pedagogic research and have encouraged working across faculty boundaries. The audit team considers the work of INSPIRE and the learning technologists, teaching fellows and learning and teaching advisers in enhancing the student experience to be a feature of good practice.

104     The audit team found that the deliberate and systematic manner in which the University ensures that research informs the curricula to be a feature of good practice and that the University's approach to linking research or scholarly activity with learning opportunities makes an effective contribution to its management of the quality of students' learning opportunities.

## Other modes of study

### Flexible and distributed learning

105     The procedural document that accompanies the Senate Code of Practice on Approval, Monitoring and Periodic Review embodies the precepts of Part B of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning).* At the time of the audit, 21 pathways were offered by flexible and distributed learning, none of them involving collaborative partners; the University plans to expand delivery substantially through flexible and distributed learning over the next five years.

106     There is a learning technologist on each team developing a pathway for delivery through flexible and distributed learning. In addition, INSPIRE supports staff in a variety of ways, including materials on its website and course on teaching and learning online. In meetings with the audit team, staff commented positively on the impact of INSPIRE and the usefulness of its website; INSPIRE is participating in the HEA's e-learning benchmarking project.

107     Learner support for students on provision delivered through flexible and distributed learning is provided by programme teams, with additional support available from learning technologists. The flexible and distributed learning pathways largely have a practice focus and often incorporate work-based learning. While, at the time of the audit, the University did not have explicit policies for work-based learning, it had recently drafted generic guidance on work-based learning, which referred to the revised *Code of practice, Section 9: Work-based and placement learning.* The audit team considered that the generic guidance had the potential to be a useful resource for academic staff in developing programmes of study delivered through work-based learning.

108     Approval events for flexible and distributed-learning pathways are required to consider any necessary staff development. Ongoing staff development needs are identified during routine annual monitoring and through appraisal.

109     The audit found that the University's arrangements for flexible and distributed learning made an effective contribution to the management of the quality of students' learning opportunities and that they were suitable to support the planned expansion in such provision.

### Resources for learning

110     The Briefing Paper stated the University's aim to meet the changing needs of its students, including the substantial number of part-time and home-based students, for learning resources. The library is increasingly digital, with a growing complement of e-journals and e-books, which helps support the need of students not based full-time on-campus. The library on the Cambridge site was redeveloped in the academic year 2005-06, and that at Chelmsford was being redeveloped in the academic year 2007-08. Both libraries have self-service facilities, providing extended opening hours. At Cambridge, from September 2007, 24-hour semester-time access was being piloted. Online support, through email and online guides and tutorials is available for students studying remotely.

111     The library provision scores well in the annual LibQual and student experience surveys, and its sufficiency was confirmed by the focus groups used by the Students' Union in preparation of the student written submission. One issue raised in the submission, the complexity of access to electronic resources, has been resolved by the rationalisation of log-in protocols mentioned earlier (paragraph 96).

112     There is access to wireless networking on about 70 per cent of the Cambridge and Chelmsford sites. Learning zones, which are networked multimedia resource areas, are provided at both sites. The student written submission noted that the National Student Survey results indicated that students were particularly satisfied with respect to IT resources. Students met by the audit team confirmed this positive view of the library and IT provision.

113     Resources for collaborative provision are considered at the approval stage and reviewed through annual monitoring. Student-experience visits (paragraphs 160-161) to UK collaborative partners provide a vehicle for identifying any student concerns about learner support.

114     The allocation of resources for research students is normally considered through supervisory teams. University issues about resources for research students may also be raised by the student representative on the Research Degrees Committee, who can canvass views of fellow research students through the research student mailbase.

115     The audit team concluded that the University's arrangements for the provision, allocation and management of learning resources made an effective contribution to the management of the quality of students' learning opportunities.

## Admissions policy

116     A Senate Code of Practice on Admissions was approved, subject to minor amendments, by the Senate in September 2007. The final version was made available to the audit team during the audit visit. The new policy is based on the September 2006 revision of the *Code of practice, Section 10: Admissions to higher education*. The document makes it clear that it applies to all partners and to all levels, except for postgraduate research, admission to which is covered in a separate Senate Code of Practice. Operational oversight of admissions procedures and their implementation is the responsibility of the Admissions Policy Subcommittee of the Academic Standards, Quality and Regulations Committee, the formation of which was approved by Senate in September 2007.

117     In an updated report on curriculum management structures dated September 2007, the role of admissions tutor was redefined for the academic year 2007-08 to promote clarity and consistency of practice across faculties. The same document also defines the role of the accreditation of prior (experiential) learning (AP(E)L) adviser in each faculty, explaining clearly how this role relates to that of admissions tutor. Staff development sessions are provided for 'Roles and Responsibilities in the Admissions Process'.

118     The Briefing Paper noted that the University had a long history of recognising prior and other forms of learning. The provisions for AP(E)L are specified in the Senate Code of Practice on Admissions. Applications for Admission with Credit are considered by the Accreditation Subcommittee of the Academic Standards, Quality and Regulation Committee. The Subcommittee has an external adviser, who reports annually to Senate through the Academic Standards, Quality and Regulations Committee, and confirms that the Subcommittee is fulfilling its remit.

119     The audit found that the University's arrangements for admissions made an effective contribution to the management of the quality of students' learning opportunities.

## Student support

120     The Office of Student Affairs manages student services and support networks. The Learning Support and Disability Resources team provides a range of support services to all

students, including those with special needs. The team, in conjunction with the Human Resources Department, provides staff training on disability matters and offers advice on alternative assessment strategies. The provision is reviewed regularly by the Office of Student Affairs.

121     The results of the student experience survey were very positive about the extent and standard of the support available to students. A Student Adviser Scheme was piloted in 2004 and nominated for a Queen's Anniversary Prize in 2007, and was well established by the time of the audit. Student advisers act as a first point of contact for queries on academic matters and, working closely with academic colleagues, direct students to more specialised support as appropriate. They are trained and supervised as a team to ensure equity across the University and its UK partners, to which the scheme is being rolled out, and they meet regularly to reinforce a consistent approach and to help identify institutional themes. Student advisers hold delegated powers to grant extensions according to the Academic Regulations, with which they are fully conversant, as was confirmed by students met by the audit team. In meetings with the audit team, students spoke very positively about the value of the student advisers in supporting their learning.

122     One of the terms of reference of the Student Experience Committee is to receive annual reports from the Director of Student Affairs on the effectiveness of: the University's student representation system; the University's student academic guidance processes, and the University's student support services. The audit team noted a report on student representation to the March 2006 meeting of the Committee, but no subsequent report. The team is of the view that the oversight of student support might be strengthened through ensuring that Student Experience Committee fulfils its remit in this respect and that the essence of discussions and the ensuing actions are captured in the minutes.

123     Research students are supported most closely by their supervisory team. Additional support, including research methods training, is provided by the Director of Research Support and Knowledge Transfer Training.

124     The audit team found that the role of the faculty student advisers in securing a coordinated approach to student support was a feature of good practice and concluded that the University's arrangements for student support made an effective contribution to the management of the quality of students' learning opportunities.

## Staff support (including staff development)

125     The University's human resources policies and procedures are easily accessible through the Human Resources Department's website, Human Resources Online, which has a section dedicated to the new framework agreement that was implemented from September 2006. The University's Briefing Paper indicated that there was now greater clarity in career progression routes. One of the University's three criteria for promotion to professorships and readerships is 'academic leadership, demonstrated by significant educational development initiatives'.

126     Personal targets are agreed and personal and professional development needs identified through the annual appraisal process. A range of staff development opportunities is available to meet identified needs. Staff receive additional and valued support through the offices of the heads of department in a variety of ways, which includes mini-sabbaticals and support for conference attendance. A fee waiver scheme is available for staff pursuing awards of the University. The staff development programme is also available to staff from partner institutions in the UK. A mentoring scheme operates for new staff. Academic staff are strongly encouraged to join the HEA, membership of which is a condition of probation.

127     A competition for a Learning and Teaching Fellowship, which is also open to UK collaborative partner staff, is run annually. Fellows undertake an agreed project designed to support implementation of the Learning, Teaching and Assessment Strategy. Staff who met the audit team confirmed that the Fellowships had made a clear contribution to quality enhancement. One Fellowship project, which secured funding from the HEA, produced a toolkit to support the teaching

of numerical techniques in the life sciences which could be extended to support postgraduate research students. As noted earlier (paragraph 102), INSPIRE plays a key role in overseeing the Fellows and their work with learning and teaching advisers and learning technologists.

128     The audit team concluded that the University's arrangements for staff support make an effective contribution to the management of the quality of students' learning opportunities.

## Section 4: Institutional approach to quality enhancement

129     The University has become increasingly focused on enhancement since the previous institutional audit, seeking to develop a systematic approach to quality enhancement. A number of policies feature enhancement-based outcomes, including the Learning, Teaching and Assessment Strategy. There are structures embedded in the quality assurance processes to support the development of a systematic approach to enhancing the student learning experience. Faculty boards are responsible for the operational oversight and management of quality enhancement. All faculties have an associate dean (quality assurance) and a quality assurance office to create strong links with the Academic and Quality Systems Office to support the development of a new culture and commitment to quality assurance and enhancement. A Quality Assurance Managers' Liaison Group was created in 2005 to bring together all senior staff in the university with a responsibility for quality assurance and enhancement to discuss matters with institutional-level significance (see also paragraphs 46 and 77).

130     Discussion with students and staff at all levels in the University indicated that the development of the new Strategic Plan had opened up a range of ideas, a sense of energy and enthusiasm in the University and the emergence of new systems for the enhancement of learning. In June 2007, the Senate approved a framework outlined in a document 'Quality Assurance and Enhancement at Anglia Ruskin University'. The document provides an overview of the University's commitment to 'promote an ethos of continuous improvement in curriculum delivery and management and the learning environment'. The approach to quality enhancement is described in the overview document as drawing on that defined by QAA in moving to achieve systems that support 'an integrated, systematic and coherent approach to quality enhancement'.

131     The 15/30 project (paragraph 11) was one of the most significant catalysts for enhancement. Implementation of the project was a major undertaking that required skilled leadership and careful monitoring to implement change on this level. The approach was thoughtful and carefully planned, resulting in managed change that limited the inevitable turbulence of such a process, while testing the ability of the University to transform its curricula through a smooth transition. The outcome is a framework for development that supports enhancement through regular review and discussion, mainly at course, department and faculty levels which are supported effectively by the Academic and Quality Systems Office. Minutes of the Learning and Teaching Committee demonstrate discussion of links between local learning, teaching and assessment strategies and institutional strategies. The action plans from the Committee show effective interaction between the Academic and Quality Systems Office, INSPIRE and the work of the Committee.

132     The 15/30 project had major challenges in ensuring all students were briefed about the implications of the project for their studies. Although there were some difficulties in communication, described in the student written submission, updates and information was provided for students and staff. Over 300 staff attended training to understand the new regulatory framework and considerable administrative work was undertaken by quality assurance teams to put in place the mechanisms for implementation.

### Management information - quality enhancement

133     The University uses a range of information to inform quality enhancement including quantitative sources such as the National Student Survey, the University's annual student experience survey, student module evaluations, progression, completion and classification

statistics and data on gender and ethnicity. Qualitative sources include external examiner reports, PRSB reports, faculty overview reports on annual monitoring, student evaluations, periodic review, student experience visit reports, quality enhancement audit and student representative contributions.

134     The external examiner reporting procedures require a commentary on matters of concern and any examples of good practice. The audit team found that there was systematic reporting of good practice in external examiner reports and many examples were given. These are collated in an annual summary report on 'Good practice in external examiners' reports' which is prepared by the Academic and Quality Systems Office. The report is substantial and lists all feedback comments from external examiners on good practice.

135      The Academic and Quality Systems Office produces thorough and extensive summary reports of annual monitoring outcomes for the Senate. The reports demonstrate critical reflection and provide a detailed account of themes and issues for consideration. The issues identified are used by INSPIRE and the Academic Standards, Quality and Regulations Committee to support staff development and systems review. Themes for Quality Enhancement Audits (paragraph 139) have been identified through the annual monitoring summary reports.

136     The summary report on external examining prepared by the Academic and Quality Systems Office is a detailed, thorough, and lengthy, piece of work. The minutes of the Senate and of the Academic Standards, Quality and Regulations Committee evince little evidence of detailed discussion. Most items presented to the Senate are received and noted, and the major reports from annual evaluation and monitoring, PRSB reports, faculty board minutes and external examiner reports are managed by faculty and University quality officers on whom the onus lies to identify and raise issues for consideration. The University may wish to consider whether working more with summaries and overview reports might enable the Senate and the other central committees to act more effectively in the identification of and action on issues, dissemination of good practice and implementation of its approach to quality enhancement.

137     The audit team saw examples where opportunities might have been missed by central committees to support the institutional strategy for quality enhancement. Examples concerning the deliberative activities of the Senate and the engagement of the Student Experience Committee with student-experience visit reports have already been mentioned above. The activity undertaken at the Senate to note and disseminate the good practice identified by external examiners suggests that quality enhancement is managed as good practice dissemination, rather than the Senate providing a systematic overview that enhances learning. The minutes of meetings of central committees make it difficult to see what outcomes or improvements occur as a result of discussion arising from regular processes of monitoring and review. The team therefore considers it desirable that the University review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience.

## Good practice

138     Dissemination of good practice is seen by the University as a key element of quality enhancement. The Briefing Paper identified the following mechanisms as making a pivotal contribution:

- annual monitoring commentary on good practice

- summary of examples posted on the Academic Standards, Quality and Regulations Committee website and used by INSPIRE to inform development

- review panels report on good practice

- annual learning and teaching conference

- project leadership by the learning and teaching Fellows

- podcasts of keynote speeches

- directors of studies meetings.

139    In April 2007, the University conducted the first quality enhancement audit, which focused on module guides. The documentary report demonstrates that it was a robust process, undertaken in a systematic and reflective way. Staff were asked to provide examples of both weak and excellent guides, which were discussed in detail with student focus groups, resulting in the production of a template for module guides that included all of those aspects that students considered to be excellent. The templates were then used to revise the existing module guides in 2007 with feedback sought through further discussion with students. The process led to an institution-wide approach to the structure of module guides, leading to change that directly improved the experience of students, providing them with clear information and feedback on action taken from previous students' comments. This success of the first quality enhancement audit led the University to plan further quality enhancement audits, which are planned with themes identified through to 2012. The audit team considers the use of these audits, to improve aspects of academic quality across the University, to be a feature of good practice in the University's approach to quality enhancement.

140    The University works with employers to inform the enhancement of learning. This includes use of DLHE (destinations of leavers of higher education) statistics, close working with employers at course level and the use of formal employer liaison committees. Joint appointments have been established and a recent innovation that demonstrates a commitment to employer-related learning was the example given in the Business School where new appointments for 'Professors in Business Practice' are being implemented to bring industry expertise into the campus-based learning environment. This is an example of good practice that was confirmed in other faculties, most notably in the health studies field.

141    Biannual quality evaluation meetings are held between the Deputy Vice-Chancellor Quality and Enhancement and staff with key responsibilities for quality assurance to identify systematic improvements to contribute to quality enhancement. In addition, the Quality Assurance Managers' Liaison Group allows senior staff to identify good practice and share information across faculties. The audit team came to the view that the Quality Assurance Managers' Liaison Group played a significant role in oversight of the operation of the University's quality assurance systems and in contributing to quality enhancement.

142    Students are also seen by the University to have a major role in quality enhancement. Students are members of committees and also have regular liaison meetings with members of the University Corporate Management Team. There are 50 programme subcommittees in which students participate and the student representative coordinators support students in preparing for meetings and participating. There is evidence that students prepare carefully for meetings and take their role in enhancing quality seriously.

143    There is evidence that good practice reports are prepared for University committees. There is also evidence from the staff intranet that there is considerable opportunity for sharing good practice, described below. A wide range of publications, teaching advice and learning materials are made easily available from INSPIRE. What is less evident, however, is how the deliberative committees at University level extrapolate key themes or issues and systematically establish plans that result in change in student learning experience. This is in part due to the major reconstruction of curricular and learning systems that have resulted in newly implemented changes. The University recognises this and understands the need to continue to develop institutional oversight of the implementation of quality enhancement through its dissemination mechanisms.

144    There is evidence of an investment in the development of a culture and ethos for nurturing good practice that enhances the learning experience, as reflected in the development of teaching fellowships, student advisers, learning technologists and the work of INSPIRE (paragraph 102). One example of a collaborative project that was developed with Essex,

AimHigher, was concerned with support for student mental wellbeing. This demonstrated a partnership approach that was being disseminated through INSPIRE across the University. There is considerable evidence of good practice throughout the University, some of which is, in the view of the audit team, potentially sector-leading. At the time of the audit, there was a number of major projects underway which included the University-wide development of e-moderation, understanding feedback in assessment processes and the development of personal portfolio planning for students.

### Staff development and reward

145     Staff development mechanisms are in place and make an impact on student learning. INSPIRE supports learning and teaching networks, papers and promulgates information on teaching strategies and techniques and pedagogical research. The work of learning technologists is seen by staff as a considerable strength in enhancing their knowledge of technology-based learning through an externally funded project. The final report of the evaluation of the project was being considered by the Senate in January 2008 and it is anticipated that the service will be extended.

146     INSPIRE identifies priorities for action from the various summary reports produced by faculties and services. At the time of the audit, there was work in progress on the type of feedback given to students that included collecting samples of feedback and using student focus groups to analyse responses. The first report of this study was forwarded to the Learning and Teaching Committee which has produced guidance on what students perceive to be good feedback. This is one of a number of examples of the coordinated and systematic approach taken by INSPIRE that supports staff through teaching fellowships in developing new initiatives. INSPIRE has extended its work to collaborative provision. Local workshops and seminars are provided and examples were given of their benefit. Importantly, INSPIRE is seeking to provide direct support for international partners and workshops on marking and moderation are being provided.

147     There is considerable evidence from staff and students that staff development enhances teaching and learning. The student written submission indicated that students are content with the teaching and learning offered and this view is reinforced in the National Student Survey outcomes. In conclusion, it is clear that the University has a strong commitment to regular improvement of the student learning experience. This is evidenced through the wider-ranging good practice reported in documents and in meetings with the audit team. The role of INSPIRE in staff development is central to enhancement and is invaluable in providing research evidence as well as developmental and training activities.

## Section 5: Collaborative arrangements

148     The University takes seriously its commitment to collaborative provision and has made considerable effort to put in place systems that ensure that the academic standards of its awards are secure and equivalent to those offered directly by the University. These systems include the Senate Code of Practice on Collaborative Provision, Procedures for Managing Quality in Collaborative Provision, student experience visits, the Partnerships Subcommittee, discipline network groups, faculty liaison groups and link tutors. Documentation draws on the *Code of practice* and is clear, simple and accessible in hard copy, and on the University intranet for partner institutions.

149     In December 2006, a review was conducted of international partnerships, and a discussion paper was presented to the Corporate Management Team and to the Partnerships Subcommittee. The principles presented were that provision should align with strategic objectives and secure further enhancement of the University's reputation; provide benefit in terms of academic and administrative staff development and enhanced career development; internationalise the curricula; provide opportunities for collaborative research. The number of partnerships was streamlined and reduced in 2007, establishing a strong basis for the development of new partnerships which, at the time of the audit, were at differing stages of development. At the time of the audit, there were four substantial overseas partnerships.

150     The University defines collaborative provision in the same way as the *Code of practice, Section 2*. The Senate Code of Practice 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 Academic and Quality Systems Office, which collates a list identifying the current partnerships operated by the University and the pathways being delivered at these locations.

151     The list of partnerships provided for the audit team differed from the definitive list published on the University internal document archive. The panel learned that courses run as accredited provision, dual-award provision and Erasmus partnerships are not included in the public list of collaborative provision. These differing lists have different functions and are collated for varied purposes. Notwithstanding the current interpretation of definitions for collaborative provision, the University may find it useful to review its definitions for collaborative provision to ensure that all University awards (or parts of awards) delivered through any partnership arrangements (including international postgraduate research degrees, dual and accredited awards) are included appropriately in the robust procedures for collaborative provision that are in place for franchised, outcentred and articulated arrangements.

152     The management of collaborative provision is integrated fully into academic departments and subject to the same processes as campus-based provision. Senior managers recognise that there are some challenges in operating this model but 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.

153     The Corporate Management Team decides on approval to develop new partnerships which constitutes the executive process for new partnerships before the deliberative mechanisms are implemented. The minutes do not make clear the level of detail of discussion in the Corporate Management Team but in discussion with the audit team, senior staff indicated that there was detailed executive discussion that ensured that collaborative activity was manageable and sustainable. The University may wish to consider whether more explicit recording of the key points of such discussions might provide additional support for the effectiveness of institutional oversight in this area.

154     The University's approval procedures for new partnerships and the validation of new partner courses are conducted according to the protocols outlined in the Senate Code of Practice for Collaborative Provision and the accompanying procedural document. There is consideration of the learning environment, including the experience and expertise of the staff supporting the provision. Where there is any concern or risk identified through due diligence there is evidence of additional scrutiny to ensure that academic standards and quality are secured. One example audited was the recent approval of a new partner. This demonstrated the attention to detail undertaken through University procedures which established additional supportive arrangements, including a joint course committee that has offered a lively forum for students to raise issues with subsequent evidence of action planning and a fast response to any student issues. The process was thorough and undertaken in a spirit of joint working and critical reflection.

155     The Academic Standards, Quality and Regulations Committee maintains scrutiny of collaborative provision. There is evidence of robust discussion in institutional approval and validation events held with collaborative partners. Follow-up action plans and templates for scrutiny of library services are in evidence and also subsequent checking that conditions and recommendations are met.

156     Central oversight of standards and quality in collaborative provision is exercised through the Partnerships Subcommittee and operational oversight of quality is delegated to faculties. The minutes of the Subcommittee show evidence of scrutiny of a range of collaborative arrangements including franchised awards, articulation agreements and outcentred approval. Recurring themes are identified and noted and action plans are approved and followed up. The Partnerships

Subcommittee is supported in this work by information from external examiners, summary reports from discipline network groups and faculty liaison groups.

157     The University maintains a register of all staff who contribute to collaborative provision. There is a pro forma for updating or adding to the register. The register serves to ensure that staff in partner institutions meet the University criteria for appointment to teach on award or credit bearing courses.

158     Accredited provision is considered separately within the remit of the Accreditation Subcommittee of Senate. This includes the arrangements for the approval of the transfer of credit for the purpose of dual awards. It is not clear where the full scrutiny of collaborative provision in dual awards is conducted. The audit team heard that a link tutor visited regularly and mapped learning outcomes, checked learning resources and supported the student experience in Erasmus programmes. The University may wish to review the current arrangements to consider whether the current arrangements for dual awards fully support the Senate in its implementation of its Code of Practice for Collaborative Provision.

159     Discipline network groups provide a regular forum for partners to meet with University staff and share ideas, raise concerns and receive updates. Faculty liaison groups are a meeting forum for link tutors to identify recurring issues, develop liaison activity and share good practice. There is evidence that faculty discipline network groups and liaison groups serve a useful purpose in the development of partnerships both in UK and overseas. Both groups have meetings, the records of which reflect lively discussion, joint planning and problem solving.

160     The student-experience visits to collaborative partners play a crucial role in raising the voice of the students. These visits are undertaken according to a schedule agreed by the Senate. A member of staff from the Office of Student Affairs visits all partners and meets students. They report general issues raised by students, which have included matters concerned with electronic access, participation in student representative meetings and late receipt of teaching materials. These visits are regarded by partners and faculty staff as an important mechanism for monitoring and reporting issues in collaborative provision.

161     The student experience visits are well regarded by students and partners. The visit reports are summarised annually by the Office of Student Affairs and reported to the Student Experience Committee where they are noted. This Committee is responsible for monitoring and reviewing the quality of the University's student experience locally, regionally and internationally by developing, implementing, monitoring and reviewing appropriate mechanisms to achieve this purpose. The use made of the student-experience visit reports by the University's central bodies has been discussed above (paragraph 98).

162     There is considerable evidence of support and scrutiny of collaborative arrangements at the level of the department and the faculty. Faculties have refined and developed support systems for collaborative arrangements. Day-to-day contact in collaborative provision is maintained through a system of link tutors. Link tutors are responsible for managing the quality assurance processes with the partner institution, including approval of publicity material, scrutinising application forms and ensuring that there is an update on regulations and procedural matters. In the two faculties with the majority of collaborative provision, there are designated individuals who coordinate communication and support for collaborative provision, in addition to link tutors. There are regular visits and communication via email on a day-to-day basis and evidence of regular visits and a wide range of staff support. One partner reported on workshops held locally by INSPIRE; another example cited workshops on marking and moderating held locally in overseas provision.

163     University staff are positive and enthusiastic about partnerships and perceive these to be important in extending opportunities for development and new ways of working. The Ashcroft International Business School has the largest provision for overseas partnerships and has put in place mechanisms to ensure consistency and scrutiny in a way that recognises the developmental

trajectory of new partnerships. This includes active liaison group meetings, regular visits to partners several times in the first year of operation and joint action plans for staff development. The audit team learned of the opportunities for staff development in both subject themes and pedagogy that have been made available to partners, much of which is delivered on site, including overseas. This included visits by staff from INSPIRE to regional partnerships and overseas workshops on marking and moderation. Opportunities for partner staff to visit, observe and participate in teaching at the University were given as examples of the commitment to staff support and development.

164     External examining arrangements for collaborative provision match those of the main campus provision. All assessment boards are held at the University and where there are large cohorts of students, a parallel faculty assessment board is held with the same examiner(s) and academic staff participating. There is also a record of external examiners visiting collaborative provision locations to observe teaching in order to contextualise their deliberations.

165     Students studying for international doctoral awards are provided with considerable support by Research and Development Services. The students also have access to an active communication network through the research student mailbase. Induction, briefing and a formal programme of research support sessions are provided for the students in addition to the support of a full supervision team. Given that the University does not regard students on the International Doctoral Programme as studying under collaborative arrangements, the guidance in the Senate Code of Practice for Collaborative Provision is not applied to such provision. It is therefore difficult to discern how the adequacy of learning resources is secured and how the students are linked into an academic centre. While acknowledging the excellent personal oversight offered by Research and Development Services and extensive support for the students, the audit team came to the view that the mechanisms to ensure an adequate resource infrastructure for students on the international doctoral programme were not well defined.

166     The audit team considered arrangements for a particular group of students on the International Doctoral Programme whereby the contractual agreement required the provision of interpreter support for viva voce examinations. The arrangement did not provide for any mechanisms, additional to the standard requirements for viva voce examinations, to ensure that reliable and valid judgements about student achievement were made where there was intervention between the student and the examiner through interpreter support. While noting that this is the only instance where the use of interpretation in viva voce examinations is permitted by the University, the team suggests that the University review its mechanisms for approval to ensure that appropriate safeguards are in place should similar arrangements for interpreter support be proposed in the future. The University may find the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* and *Section 6: Assessment of students,* useful points of reference in this respect.

167     Arrangements for the termination of a partnership are outlined in the Senate Code of Practice for Collaborative Provision which includes appropriate arrangements for the continued support of progressing students. Evidence was available to demonstrate the careful attention paid to the termination process that enables students to complete their studies. An arrangement is also in place to support the transfer of partners from and to another institution and evidence was available to demonstrate that procedures were followed properly.

168     In conclusion, the University has undertaken considerable development to strengthen it partnerships and implement systems to strengthen oversight. The mechanisms that ensure operational oversight at faculty level show evidence of working well. There are effective mechanisms in place for the approval of new partnerships, good liaison and examination arrangements and evidence of good staff support and development in partner institutions. There are also areas of good practice in supporting students through the programme of student experience visits, the discipline network groups and the faculty liaison groups.

169    In the view of the audit team, the quality of the student learning experience in collaborative provision might be enhanced by reflection on whether central committees are effective in maintaining oversight that ensures that all liaison arrangements are systematic, that students contribute to quality assurance in collaborative provision and that the public register of collaborative provision is accurately reflecting all collaborative provision implicated by the Senate Code of Practice. The mechanisms for the support of students in the International Doctoral Programme, including assessment arrangements, should be reviewed to ensure that these arrangements operate effectively under the Senate Code of Practice for Collaborative Provision. The team considers it advisable therefore that the University make certain that its processes to assure the quality of the postgraduate research student experience explicitly include and are applied equally to such provision outside the UK.

## Section 6: Institutional arrangements for postgraduate research students

170    The University's research strategy is coordinated by the Research Policy Committee and the Research Degrees Committee. Support for all research activities, including the provision of training for research students and supervisors, is provided by the Research and Development Services section. Faculty directors of research and directors of research students meet twice a year with staff from Research and Development Services and the Academic and Quality Systems Office. The quality assurance aspects of the management of research students are coordinated by the Academic and Quality Systems Office, which also convenes meetings of research administrators to share good practice.

171    The report of the QAA Review of research programmes identified a number of areas for further consideration in respect of fuller integration of, and support for, students within the research environment of the institution as a whole. The University produced an action plan in response to the Review and faculties are responding to this is various ways; progress in response to the Review is being monitored by the Research Degrees Committee. In the Briefing Paper, the University indicated that the creation of 'recognised centres of research excellence' would help to develop a stronger research student environment and culture.

172    In meetings with the audit team, postgraduate research students confirmed that their experience was overall a positive one and that they felt involved in the research environment of the University as a whole. The annual research student conference is a useful vehicle for this and there are plans for a research staff/student conference on a themed topic to extend this initiative.

### Selection, admission and induction

173    There is a Senate Code of Practice on Admissions which embraces research students, and the robust and comprehensive criteria for admissions are set out in the research degree regulations. Applications from research degree students are processed through the Registry. Exception forms have to be completed to support the admission of students with non-standard profiles.

174    The Research Degrees Committee monitors the profile of research students annually and faculties also consider this in their annual monitoring. Review of the minutes of the Committee indicates that it was fulfilling its responsibilities in this area.

175    Registered students are required to attend an induction programme delivered by the Research Development Services office. This forms the first part of a three-part generic research training programme which is delivered overseas for international doctoral students. The programme is fit for the purpose and students commented positively on its effectiveness.

## Supervision

176    Oversight of both supervisor training and supervision arrangements is maintained by the Research Degrees Committee and the faculty research degrees subcommittees which report to it. All members of supervisory teams must have undergone training, which is overseen by the Director of Research Support and Knowledge Transfer Training. Supervisory teams are constituted in order to disseminate and grow experience of postgraduate research student supervision by matching experienced with less experienced supervisors. The relevant faculty research degree subcommittee allocates to each student a supervisory team with a named first supervisor. Account is taken of overall workloads of staff and normally staff are not asked to take responsibility for more than five full-time equivalent research students. Supervisory allocations are monitored by faculty research degree subcommittees. In discussions with the audit team, staff with supervisory responsibilities indicated that they felt supported and adequately prepared for the role. In response to the Review of research degree programmes report, the University developed a revised and improved two-day training programme for new supervisors, and further ongoing support sessions have been held. All supervisors receive a copy of the Research Supervisor's Handbook and there were plans for a mentoring scheme for new supervisors to be introduced in the academic year 2007-08. The team found that supervision arrangements for postgraduate research students were both robust and monitored effectively.

## Progress and review

177    A revised annual monitoring process for research degree students using an online monitoring form was introduced in the academic year 2005-06. Students are asked to comment on their research supervision and training. Students' progress and the effectiveness of the supervision they receive is considered by faculty annual monitoring panels which are independent of the supervisory team. Each faculty produces an annual report that covers student attendance at training sessions, supervisory and examination issues and student progress and a SMART (specific, measurable, agreed, realistic, timebound) action plan which goes to the faculty research degrees committee. A summary of key themes from the five faculty reports goes to the University Research Degrees Committee and to the Senate.

178    Review of failure patterns, by the Research and Development Services section, led to the establishment of a programme of post-viva review and support for individual students with a view to examining supervisory practice in the case of a thesis being failed or a resubmission being required. As there had been no such instances by the time of the audit, the team was unable to form a view of the effectiveness of the support review in practice but considers the procedure to have the potential to make a significant contribution to the effective management of the University's postgraduate research provision.

## Development of research and other skills

179    The University has a generic research training programme for postgraduate research students which is informed by relevant external reference points. The training takes the form of University-wide induction and skills training (see above paragraph 175) and faculty-led subject-specific training. Some weekend sessions are held to accommodate the needs of part-time students. There is extra training available for those students who teach.

180    The Research Degrees Committee monitors attendance at the research training programme which is a condition for progression. Students who miss training sessions or who are at risk of failing to meet such a progression condition will receive an email reminder. In discussion with the audit team, students commented on how useful such reminders were in ensuring that they met the requirements of their programmes of study.

## Feedback mechanisms

181    Students' views on their training experience are sought via annual monitoring, and then on their entire experience as they graduate. The outcomes from the annual monitoring process are fed back to the students in a generic form by letter. The research training programme is also evaluated after each session and this is fed through to the design of the next iteration. The audit team confirmed that the evaluation was thorough and comprehensive.

## Assessment

182    The assessment regime for postgraduate research students is outlined in and guided by the Senate Code of Practice on Assessment and is consistent with the *Code of practice, Section 1: Postgraduate research students*. External examiners are appointed centrally by the Academic and Quality Systems Office and the Research Degrees Committee, and are reported to the Senate. External examiners' comments on assessment are considered by the Research Degrees Committee on an annual basis. Assessment boards are chaired by an independent member of academic staff from another faculty, and the progress of every student is monitored at every meeting of the relevant faculty research degrees committee. Examiners (normally one external and one internal, or two external) are required to submit preliminary reports before the viva and a joint report on the outcome.

## Representation (complaints and appeals)

183    The complaints and appeals procedures are included in an annex to the research students' handbook. Students can also see their own Director of Research or the Director of Research Students if they are experiencing problems. The Research Degrees Committee receives an annual report on appeals and complaints. A formal complaints procedure applies to all students registered for University awards and there is a formal procedure to consider requests for a review of an examination decision.

184    The audit team found that the University had established a structured approach to enhancement of the learning environment for postgraduate research students, which the audit team considered to be good practice in the management of postgraduate research provision. The University's polices, procedures and regulations meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes.*

# Section 7: Published information

185    Responsibility for external communication rests with the Director of Marketing who is a member of the Corporate Management Team. The prospectus is produced from the University's Content Management System, populated by faculty input, which also generates pathway level material. The marketing section retains editorial control over and checks the information held in the Content Management System with that held by the Academic and Quality Systems Office which maintains the definitive list of pathways to assure accuracy. Faculties have rights of access to the Content Management System and pathway leaders can generate pathway-specific information using a standard University template. A detailed production schedule is used to manage brochure production. Either the Director of Marketing or Head of Publications signs off all copy released to print. The audit team found that the University's Content Management System was fit for the purpose in securing the accuracy of published information.

186    The University website is the responsibility of a central media team; faculty aspects are the responsibility of the individual faculty. Information on University provision on the websites of partner institutions is checked by the link tutor. The University was able to provide examples of action taken in response to identification of misleading information posted by partner institutions.

187     Faculties produce module guides and student handbooks using definitive module templates held by the Academic and Quality Systems Office. There is a single pathway student handbook and a single module guide for all pathways whether delivered at the University or at a partner institution or both, with definitive versions of these are kept on the University's J Drive. There is guidance on the content of module guides/student handbooks. University-wide information is provided by the student handbook and postgraduate student handbook (in CD-ROM format) which is produced centrally by the Office of Student Affairs.

188     The student written submission confirmed that the information provided to students was generally both accurate and helpful, as was confirmed in discussions between the audit team and students in the course of the audit. Students described the information they were given as clear, accurate and useful and they were able to form reasonable and reliable expectations of their programmes of study on the basis of that information.

189     The audit team 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 academic standards of its awards.