Kingston University

Institutional audit

December 2010

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Kingston University (the University) from 6 to 10 December 2010 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards the University offers.

Outcomes of the Institutional audit

As a result of its investigations, the audit team's view of Kingston 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 put in place mechanisms that have the potential to support a systematic and strategic approach to the enhancement of the student learning experience and the achievement of faculty and institutional objectives set out in the Learning, Teaching and Assessment Strategy. Nevertheless, the volume of business that the Quality Enhancement Committee has to consider and the length of time taken to address issues identified through the review process limits the effectiveness of the University's approach to quality enhancement.

Institutional arrangements for postgraduate research students

The audit team found that the University had sound institutional arrangements for its postgraduate research students, which meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

Published information

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

Features of good practice

The audit team identified the following area of good practice:

- the use of liaison officers in supporting collaborative partners and the strengthening of the role since the last collaborative provision audit (see paragraph 103)

Recommendations for action

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

Recommendations for action that the team considers advisable:

- ensure that where actions are identified as a result of internal or external quality assurance processes they are implemented in a timely manner (paragraphs 9, 47, 55, 92, 107)
- review the effectiveness of the annual review and development process to ensure the appropriate monitoring of programmes at field/course level and the necessary oversight at institutional level, as specified in Section F of the Academic Quality and Standards Handbook (paragraph 26)
- consider whether the business of the Quality Enhancement Committee is sufficiently focused to allow it to fulfil its role in quality assurance as specified in its terms of reference (paragraph 91).

Recommendation for action that the team considers desirable:

- monitor the implementation of its new Admissions Policy and the involvement of staff in appropriate training (paragraphs 78, 123).

Section 1: Introduction and background

The institution and its mission

1   Kingston upon Thames has been a home for vocational and higher education for over a century. Today's institution, Kingston University, was formed in 1992 under the Further and Higher Education Act (1992) and is located across four sites: Penrhyn Road, Knights Park, Kingston Hill and Roehampton Vale. At the time of the audit, there were some 22,000 students registered on courses leading to University awards, an increase of 15 per cent since the last audit. There are just over 19,000 students taking undergraduate degrees, 3,400 on taught postgraduate programmes and 379 are research students. The University has approximately 4,500 students studying through 50 collaborative provision arrangements in the UK and overseas. It operates a Partner College Network with nine further education partners, but also has arrangements with a range of other organisations, including overseas partners, specialist providers and private corporations.

2   The University is currently structured around seven faculties: Art, Design and Architecture (FADA); Arts and Social Sciences (FASS); Business and Law (B&L); Computing, Information Systems and Mathematics (CISM); Engineering (ENG); Health and Social Care Sciences (HSCS), a joint venture with St George's, University of London; and Science (SCI). A merger between CISM, ENG and SCI into a single faculty is currently underway to begin operating in the academic year 2011-12. With the exception of CISM, faculties are divided into schools/departments.

3   The University's current Strategic Plan (2008-09 to 2012-13) is centred around four core areas: learning and teaching and the curriculum; research and enterprise; student experience; and management and organisation. The portfolios of the senior staff of the University are aligned to these four areas to ensure they inform all University activity. The Strategic Plan also identifies three cross-cutting themes: comprehensive scope, academic focus, and fitness for purpose, which cut across the four core areas to ensure that they are

strategically aligned. Progress against the Strategic Plan is reported to the Board of Governors at three-monthly intervals.

4　　　The mission of the University is to 'promote participation in higher education, which it regards as a democratic entitlement; to strive for excellence in learning, teaching and research; to realise the creative potential and fire the imagination of all its members; and to equip its students to make effective contributions to society and the economy.'

The information base for the audit

5　　　The University provided the audit team with a briefing paper and supporting documentation, including that related to the sampling trails selected by the team. The briefing paper was referenced to sources of evidence to illustrate the University's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had access to all documents electronically through the institution's intranet.

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

7　　　In addition, the audit team had access to:

- the report of the previous Institutional audit, March 2005
- the report of the previous Collaborative provision audit, May 2006
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies (for example, Ofsted and professional, statutory or regulatory bodies (PSRBs))
- the report on the mid-cycle follow-up to Institutional audit, October 2007
- the report relating to a Cause for Concern, October 2008
- the University's internal documents
- the notes of audit team meetings with staff and students.

Developments since the last audit

8　　　QAA's last audits of the University's on-campus (2005) and collaborative provision (2006) resulted in judgements of broad confidence in the University's management of the quality of its programmes and the standards of its awards. The 2005 Institutional audit report commended the University for a number of its practices, including the effectiveness of the way in which it uses self-reflection to inform development; the accessibility of academic staff and the supportive way in which they interact with students; the academic and pastoral support available to students at both faculty and University level; the support available across the University to promote teaching and learning; the enhancement of the student experience; the preparation support of students for the placement sandwich year; and the responsiveness of the University at all levels to students' views.

9　　　The audit report also contained two advisable recommendations in relation to the consistent and full deployment of staff appraisal and the monitoring and development of learning resources to match the growth in student numbers. It identified one desirable recommendation regarding the development of assessment criteria, which reflect more closely module levels, learning outcomes and modes of assessment. A mid-cycle follow-up by QAA in November 2007, concluded that 'the University appears to have made good

progress in addressing the recommendations of the Institutional audit' and although the present audit team concur with this view, it is concerned about the time taken to complete the agreed actions arising from the 2005 Institutional audit, for example in relation to the development of assessment criteria (see paragraph 47), the timetabling of learning space (see paragraph 74), and the introduction of the revised appraisal scheme (see paragraph 86). While the University's procedures enable the systematic development of action plans, the time lag between the identification of an issue and the completion of action in some instances was so long that it had little positive benefit for many students who had by then completed their course. The audit team advises the University, therefore, to ensure that where actions are identified as a result of internal or external quality assurance processes they are implemented in a timely manner. Developments in relation to the recommendations made in the 2006 Collaborative provision audit are reported in paragraphs 102, 108, 109 and 111.

10   In 2006, the University also participated in a number of other reviews conducted by QAA. The Special review of research degree programmes resulted in a satisfactory judgement and the two recommendations for enhancement identified in the report have been implemented by the University subsequently (see paragraph 148). The University's collaborative arrangement with Shri Vile Parle Kelavani Mandal (SVKM), a public charitable trust in Mumbai, India was a case study for the Overseas audit of UK higher education delivered in India. While the briefing paper stated that the report of the case study was considered by the Quality Enhancement Committee (QEC) in September 2009, the audit team were unable to judge the effectiveness of QEC's consideration or input as the minutes of the meeting only recorded that the report was received and noted.

11   Six of the University's partner colleges have been involved in Integrated quality and enhancement reviews (IQERs), each of which resulted in a confidence judgement. IQER reports and any associated action for partner colleges are submitted to QEC for consideration on publication. A summary of recommendations and good practice arising from IQER Summative reviews undertaken from 2007-2009 was presented to QEC in March 2010. It highlighted particular themes emerging from the reports both in relation to the University's provision and more generally across the further education partners. The minutes of the meeting show that appropriate consideration was given to the good practice and recommendations in the report and that the University was putting in place appropriate staff development for partner college staff.

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

12   The University's approach to managing academic standards and quality is implemented through the executive and deliberative structures of the University operating within the framework set out in the Academic Quality and Standards Policy. It is guided by three key documents: the Academic Quality and Standards Handbook (AQSH) for taught provision; the Regulations for Taught and Research Degree Provision; and the Learning and Teaching Strategy.

13   The University is led by the Vice-Chancellor who has overall responsibility for the quality and standards of all awards. In practice, day-to-day responsibility has been delegated to the Deputy Vice-Chancellor who works closely with the Pro Vice-Chancellor (Academic Support and Student Services).

14   Executive input into the University management structure is through the Executive Board which acts as the authorised sign-off point for high level strategic issues. It is chaired by the Vice-Chancellor and includes representatives of all faculties and departments and

holds joint meetings with the Board of Governors and the Executive of St George's, University of London (SGUL). Academic Directorate has responsibility for the management of policies relating to academic affairs, the academic portfolio and academic strategy, and how these impact on the student experience. Directorate and its sub-committees have a key role in the analysis and monitoring of student progression and retention; monitoring accreditation of external provision; credit rating, progression and articulation agreements; and overseeing the Masters Award by Learning Agreement Framework (MALA).

15   Deliberative consideration of academic standards and quality matters for all awards is undertaken at University level by the Academic Board, with authority for operational oversight delegated to QEC, its membership including representation from the University's collaborative partners. Academic quality and standards and regulatory policies and procedures are determined centrally in consultation with faculties, and are revised on a regular basis. Changes to the AQSH and academic regulations are approved at University level by QEC (via the Academic Quality and Standards Review Group), the Academic Regulations Committee (ARC), or the University Research Degrees Committee (URDC) as appropriate. QEC also considers matters in relation to learning and teaching to ensure synergy is achieved between quality assurance and enhancement activities (see paragraph 91).

16   The committee structure at faculty level mirrors that at institutional level and is designed to consider both quality assurance and enhancement of taught programmes and research degree provision, including those delivered through collaborative arrangements. The briefing paper stated that 'precise structure and constitution of the committees vary from faculty to faculty in order to best meet local circumstances; nonetheless the overall committee structure and functions at faculty level must fulfil all the AB's [Academic Board's] requirements'. Faculty boards have responsibility for quality assurance within faculties and this is normally devolved to a faculty quality committee (or equivalent). The minutes read by the audit team reflected these arrangements. Issues relating to some variance in practice are highlighted in subsequent sections of this report.

17   Central to the institutional framework for the management of academic standards and the quality of learning opportunities are programme validation, annual monitoring and the six-yearly Internal Subject Reviews (ISRs). Through these processes, the University establishes, monitors and reviews the appropriateness of academic standards and quality. Annual monitoring also provides a means of identifying enhancement opportunities. The University also considers the external examiner system, accreditation by professional statutory and regulatory bodies (PSRBs) and the use of the Academic Infrastructure and the *European Standards and Guidelines* (ESG) as important external inputs. The University also operates an Internal Quality Audit (IQA) process, which is designed to review the quality assurance procedures delegated to faculties, identify good practice and issues to be addressed, and to provide another means of ensuring University oversight. In addition to the routine audit schedule such as collaborative further education partnerships in 2008-09 and annual monitoring in 2009-10, there is also scope to investigate specific issues as they arise.

18   The audit team concluded that the University has an appropriate framework in place for the management of academic standards and the quality of learning opportunities.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

Programme approval, monitoring and review

19   The Academic Quality and Standards Handbook (AQSH) provides a comprehensive and definitive account of the University's procedures for the management of academic standards. It includes forms, templates and guidance notes for use during the operation of these procedures; it is clear and well written.

Programme approval

20   The briefing paper stated that all proposals for the development of a new field or course are subject to a 'rigorous process of approval'. Proposals are submitted on a standard form for assessment by the Academic Directorate, which employs a 'risk-based' system to determine whether a validation needs to be conducted centrally or can be devolved to the faculty. The audit team heard from staff that the system was well understood.

21   In the case of a University-level validation, the panel includes at least two external advisers. The audit team was able to confirm that this requirement is followed in the sample of programme validations provided. External consultation for faculty-level validations is with one external adviser, in keeping with the expectations of the *Code of practice, Section 7: Programme design, approval, monitoring and review*. Programme specifications are produced for each validation. The outcome of a validation may include both recommendations and conditions and the latter must be signed off by the chair of the validation panel before the course may commence. This procedure had been operated correctly in the sample validation reports provided.

22   Faculties have delegated authority to make changes to modules and minor changes to fields within limits defined by the AQSH. Even where changes do not affect a current cohort, the University regards consultation with students on the proposal as good practice. In all cases, evidence must be presented that students have been consulted, and also, where appropriate, collaborative partners. Members of staff confirmed that this procedure was followed in practice as a matter of course.

Annual monitoring

23   The current procedures for annual review and development were put in place in 2007-08 and were designed to meet the key objectives of the extant Quality Enhancement Strategy. The process is largely delegated to faculties, with boards of study responsible for the review and development of fields/courses. Module teams are required to produce an annual Module Review and Development Plan (MRDP). These are received for approval by the appropriate board of study. The briefing paper stated that heads of school have ultimate responsibility for formally confirming to the Executive Dean that the reports have been completed, received and considered at a higher level. The audit team examined several MRDPs provided as part of the audit trails and found them to vary considerably in the scope and depth, with some offering little useful analysis of teaching and learning. This finding confirmed that of the University's own Internal Quality Audit of annual monitoring practice (2009-10).

24   Boards of study are also required annually to undertake a review of teaching and learning and update their development plan. The University's procedure is for these reviews and plans to be embedded within the agendas, papers and minutes of the meetings of the boards rather than as a single document. The audit team examined the minutes of a number of such meetings from across all faculties and found that the business of these meetings varied considerably. In the best cases, it was clear that the process was being followed and the requirements of the AQSH met; many however failed to conform to the process. The team also found it difficult in many cases to identify any review of the effectiveness of teaching and learning or any obvious action plans. Even where there was evidence of a focused attempt to maintain a plan, the team found it difficult to find a coherent ongoing account of its progression.

25   Faculties, in turn, are required to monitor boards of study and to submit a faculty review and development plan report to the Quality Enhancement Committee (QEC); the report provides formal confirmation by the Executive Dean that all of the annual review and development procedures for the faculty have been completed. The audit team examined the 2007-8 and 2008-9 annual reports of the Faculty of Arts and Social Sciences (FASS), which oversees the Psychology Board of Study. In both cases, the team found that the relevant section of the report had not been included.

26   In the light of these acknowledged inconsistencies and omissions at module, boards of study and faculty levels, the audit team was unable to agree fully with the confidence expressed by the University that the extant annual monitoring processes are working well. The team recognises that QEC and the IQA report have made a number of recommendations to enhance the procedure, including that the University reviews the MRDP template and includes a section commenting on progress against the last MRDP's action plan. Nevertheless, the potential risk to standards leads the team to advise the University to review the effectiveness of the annual review and development process to ensure both the appropriate monitoring of programmes at field/course level and the necessary oversight at institutional level. The team is also unable to concur with the view expressed by senior staff that it is adequate to rely on a combination of Internal Subject Review and Internal Quality Audit (IQA) to detect failures in the process.

Periodic review

27   Internal Subject Review (ISR) is the procedure used to review all fields in a subject area periodically in a six-year cycle, with the new cycle commencing in 2010-11. The review involves a self-appraisal followed by scrutiny by a panel, containing an independent chair and external representatives, of a variety of evidence, including meetings with staff and students. Faculties are required to respond to ISR recommendations with an action plan that is followed by a review of progress against the plan one year later. Both the plan and the progress report require formal approval by the ISR chair and should include monitoring by Academic Quality and Standards (AQS), with regular reports to QEC on outstanding items. Following a review of action plans arising from the ISR process, QEC identified that a number of programmes have not completed their actions within the timeframes specified; some being a year behind schedule.

28   Two example ISRs were provided within the audit trails. In both cases, the audit team found that the panel had carried out their remit thoroughly and produced a comprehensive and useful report. The team was able to track that the subsequent action plan for the Department of Leadership, HRM and Organisation (LHRMO) ISR was presented to the Faculty Board of Business and Law. In contrast, however, the report to FASS of the Psychology ISR contained no mention of the panel's recommendations even though these included remedying the failure of the Board of Study to follow core monitoring procedures.

External examiners

29   The briefing paper stated that the University's external examining arrangements are in alignment with the *Code of practice* and are 'robust and effective'. The audit team noted that the University has paid particular attention to this area and has been carefully monitoring various external developments that will impact on the system.

30   All external examiners are appointed through a robust nomination and appointment process based around clear and comprehensive criteria set out in the AQSH. Each appointment requires formal approval by the External Examiners' Approvals Board, a sub-committee of QEC chaired by the Deputy Vice-Chancellor.

31   New examiners are provided with a standard set of briefing documents that include full details of their roles and responsibilities. This is supplemented with subject specific information. All examiners are required to undergo the University's induction process. Attendance rates at this training have been low, with only about 40 per cent of new external examiners attending in both 2007-8 and 2008-9. However, recent efforts by the University have improved attendance rates to 69 per cent in 2009/10.

32   External examiners are required to submit an annual report via an online template. The audit team examined a number of these reports within audit trails and, although some variability in the scope and extent of the reports was noted, the team considered that the templates provided were appropriate and easy to use.

33   The Academic Registrar is the formal recipient of reports on behalf of the Vice-Chancellor and notification is made to AQS of each report received. AQS checks whether or not any issues of serious concern have been raised and, if necessary, asks the faculty to draft a response while simultaneously alerting the Academic Registrar and Deputy Vice-Chancellor. The external examiner concerned is notified that this process is taking place. In all cases, faculties are responsible for ensuring that reports are considered at and replied to by the relevant board of study. The audit team saw evidence from the audit trails that this was happening.

34   Faculty associate deans are responsible for approving each response before it is signed off formally by the Deputy Vice-Chancellor. The audit team examined a number of these responses, which were found to address key points raised by examiners and to contain information intended to keep examiners updated of developments within the teaching and assessment strategies employed by the schools or equivalent.

35   New procedures have been put in place to give QEC full oversight of the operation of the external examiner process and to report on general themes and good practices. Academic Registry provides an annual overview of external examiner reports for QEC via the Annual Assessment Report. The audit team saw a sample of these and found them to be thorough. The team also saw evidence that QEC was being kept routinely informed of any external examiner reports that remained outstanding.

36   Boards of study meetings are the route by which the University states that reports are made available to student representatives as required by HEFCE 06/45. The audit team encourages the University to assess the extent to which students make use of this mechanism in practice.

37   Overall, the audit team formed the view that the University is conscientious in its use of independent external examiners and has arrangements that are effective in securing the academic standards of its awards. In particular, the team was satisfied that the University

had addressed the recommendations of the 2008 review conducted by the QAA under the Causes for Concern process.

Academic Infrastructure and other external reference points

38   Consideration of both *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmark statements are embedded in the validation and review processes. Each field/course is required to produce a programme specification based on a standard template, which outlines the relationship between the programme and these external reference points. The audit team examined a number of specifications and confirmed that the minimum information required by the template was being provided. All programme specifications are readily available on the University's public website.

39   Operational responsibility for liaison with professional, statutory and regulatory bodies (PSRBs) lies at faculty level, although they are required to work within the central framework defined in the AQSH. Faculties are responsible for keeping AQS informed of changes in the status of accreditations to enable AQS to maintain a central register of PSRB information. This is updated annually and an institutional overview is maintained through submission of updates to QEC.

40   In March 2007, QEC considered the analysis of a report that demonstrated the University's broad compliance with the principles contained in the ENQA *European Standards and Guidelines*. The audit team also saw examples of the diploma supplements that have been supplied to students in place of transcripts since 2008.

41   Overall, the audit team formed the view that the University was making effective use of the Academic Infrastructure and other external reference points.

Assessment policies and regulations

42   The University has a common set of academic regulations overseen by the Academic Regulations Committee reporting to Academic Board. Variations to the regulations concerning degree classification, progression and compensation are allowed, partly to meet PSRB requirements. All variations are specified definitively in the relevant course/field specification.

43   The undergraduate degree classification regulations have been revised twice since the last Institutional audit. The revision in 2007-08 was applied to all students and the audit team noted that no student had been disadvantaged by the changes. The impact of those regulations was subsequently evaluated and led to a further substantial revision in 2009-10, this time using a 'staged' approach. The small number of students affected were contacted formally by letter. Although many of the students that met the team seemed confused about the status of the regulations, the team was able to confirm that clear and detailed guidance is available prominently on the University's student portal and students' attention is routinely drawn to this through student handbooks and guides.

44   There is a two tier system of assessment boards. Module Assessment Boards (MABs) are responsible for agreeing module grades and Programme Assessment Boards (PABs) are responsible for each individual student's programme of study. The audit team examined minutes of both boards and found them to be conducting business according to their terms of reference. All summative examinations are marked anonymously and the viability of introducing anonymous marking to other forms of assessment is being considered.

45   The University's policy states that feedback to students on assessments should be provided within a maximum period of four weeks after submission. The evidence seen and heard by the audit team, including the student written submission (SWS), a field Student Staff Consultative Committee and survey, the National Student Survey results for the last two years and meetings with students suggest that the timeliness and quality of feedback is an issue in some areas of the University. There is no systematic monitoring of this issue across courses or faculties. Moreover, where an agreed feedback proforma was included, it was not always completed. The University has placed greater emphasis on addressing these issues, for example they have produced a guide to giving feedback on assessment for all academic staff. Students confirmed that significant progress has been made in addressing the timeliness of the return of assignments.

46   The University has also responded proactively to the issue of plagiarism, raised by some external examiners, and the SWS and has introduced a number of initiatives, including establishing a Plagiarism Awareness Week in conjunction with the Students' Union.

47   The 2005 Institutional audit recommended as desirable that the University consider the development of assessment criteria for the benefit of students and assessors. The final guidance for staff was approved at QEC in June 2010, which the audit team considers to have been an overlong development time and contributes to the team's recommendation in relation to the timeliness of implementing actions arising from external and internal quality assurance processes. The team was satisfied that the University's arrangements for assessment were effective in maintaining academic standards.

Management information - statistics

48   Admission, progression and completion statistics are considered routinely at MABs, PABs, boards of study, faculty quality committees and at institutional level committees. The audit team noted through its review of committee minutes that this practice was not followed consistently across boards of study and faculties. Following recognition that the information provided was not always available in the best format or within the most appropriate timescale, the University has introduced a new management information system that is proving a positive development. The team concluded that the University was making effective use of management information in assuring itself of the academic standards of its programmes and awards.

Overall conclusion

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

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

50   The University has embedded the elements of the Academic Infrastructure in its procedures and practices and reviews of each section of the *Code of practice* are undertaken by Academic Quality and Standards (AQS) every two years, monitored by the Quality Enhancement Committee (QEC). Currency is maintained and examples were seen of mapping exercises to evaluate alignment with elements of the Academic Infrastructure as

they have been updated. An overview of where each section of the *Code of practice* had been considered was provided to QEC in June 2010 and will be repeated henceforth every two years.

51   The audit team saw evidence that the Academic Infrastructure and other reference points are used consistently by the University in the design of its policies, procedures for the management of learning opportunities, and in its academic programmes.

Approval, monitoring and review of programmes

52   Requirements to consider the learning opportunities available to students are built into the key quality assurance processes and procedures for programme approval, monitoring and review. The academic planning stage of the programme approval process requires faculties to commit to the provision of resources before the Academic Directorate will approve the proposal. The programme approval process requires the panel to consider specified documentation and a programme specification in respect of the quality of learning opportunities that includes: level descriptors that accord with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ); a detailed learning, teaching and assessment strategy; how students will be supported in their learning, employability and career development; and reference to the requirements of professional, statutory and regulatory bodies (PSRBs) where appropriate. Additional information is required for those programmes that offer placements and work-based learning. Similarly, programmes offering delivery by flexible or distributed learning must satisfy additional criteria, designed to protect the student learning experience.

53   Students expressed concern regarding the management of joint programmes, relating specifically to problems associated with timetabling leading to difficulties in travelling between campuses for lectures and having to undertake an unbalanced number of modules in each semester. The students were not clear who to approach to address these difficulties, although the audit team were assured that each joint programme/course has a home faculty and a designated programme leader, and each student has a 'named tutor' for academic issues (see also paragraph 74).

54   The Internal Subject Review (ISR) process provides a comprehensive mechanism of assuring Academic Board that the quality of the student learning experience is appropriate. As noted earlier, while the conduct of the ISR event is thorough and rigorous, the full implementation of the action plans arising from the process does not always take place within an appropriate time frame. For example, a recommendation first made by an external examiner in June 2008 regarding the standardising of feedback forms was recorded for action at the field's board of study meeting in October 2008 and again at the field's undergraduate sub-committee meeting in November 2008. It was not addressed and was recorded again at the next meeting of the sub-committee in January 2009. The issue was picked up once more at the ISR in 2009 to be discussed at the field's first board of study of 2009-10. The subsequent annual update of the action plan, however, identified that the generic feedback sheet had not been implemented and would not be until an unspecified point during the 2010-11 academic year: a period of 19 months since the ISR and over two years since being identified by the external examiner.

55   Similar time periods were identified for other recommendations made by this ISR panel relating to 'the review of the assessment strategy across the undergraduate provision, and in particular focus on ensuring that learning outcomes have been met satisfactorily' and to 'improve support for students in making informed choices of options for level 5 & level 6 modules'. The QEC recognises that there are significant delays across a number of faculties in implementing actions. Nevertheless, the audit team advises the University to take steps to

ensure that, where actions are identified as a result of internal or external quality assurance processes, they are implemented in a timely manner.

Management information - feedback from students

56   The Student Experience Group (SEG) receives and considers the outputs from all student satisfaction surveys, including the National Student Survey (NSS). It is also responsible for commissioning surveys and ensuring that appropriate action is taken. The SEG oversees the production of an annual set of leaflets entitled 'What's new at KU' to facilitate the provision of feedback to students on the actions that have been taken. This is complemented by the work of the Student Support Network, comprising faculty and central support staff, who report to the SEG on the dissemination of best practice relating to the collection of feedback from students and the reporting back to students.

57   While the students who met the audit team were generally unaware of the range of surveys undertaken by the University, they were positive about the impact and outcomes arising from the Library and Learning Resource Centre surveys and were confident that their 'voice' was listened to.

58   The audit team found comprehensive and systematic use of NSS results, with the findings disseminated for discussion at both University and faculty-level committees. Actions in response to the NSS results are a requirement of the annual review and development plans for each field/course.

59   At module level, student opinion is sought through questionnaires at the end of modules with a mid-point review involving discussions with students. The results and actions arising from the questionnaires must be considered within the module review and development plan and reported to the relevant Student Staff Consultative Committee (SSCC) and board of study. The audit team saw evidence that module questionnaires were used consistently across fields/courses. Students confirmed that the process was well-established and identified a number of actions that had been taken as a result of the questionnaires.

60   Overall, the audit team formed the view that student feedback was sought effectively from students across the University. The results of faculty, institutional and national student feedback inform evaluation and enhancement of modules and programmes.

Role of students in quality assurance

61   Student representation can be found at all levels of the University's deliberative structures. Officers from the Students' Union (KUSU) are members of institutional-level committees and student representatives sit on field/course and faculty-level committees. Students are primarily represented through the SSCC, which focuses on day-to-day student concerns and at faculty forums, which address mainly non-academic themes. A minimum of two SSCCs are held each year, with the minutes presented to the relevant boards of study. Faculty forums provide an opportunity for students to meet with senior staff where issues and themes of a non-academic nature are discussed. Actions arising from these meetings are communicated to students.

62   KUSU is responsible for the training of student representatives in the University and for those in local collaborative partners. KUSU maintains a list of all representatives who have received training and works with the faculty student support officers to encourage attendance from those who have not.

63   The University and KUSU are aware of the variability in attendance of student representatives at faculty-level meetings and are working through SEG and the Academic Development Centre (ADC) to address these issues. A review, conducted jointly between KUSU and ADC, on how best to train students and how to encourage participation at meetings resulted in the production of a Course Representative Scheme Action Plan, which was agreed by SEG in May 2010, for implementation in 2010-11.

64   KUSU wishes to work more closely with the University's collaborative partnerships, although resources are not currently available to engage with students from partner organisations to any significant extent. The University's ISR procedure engages with student groups, including those from partner institutions, and considers the effectiveness of student feedback processes as part of its remit. QEC has recently considered piloting the inclusion of student representation on ISR panels and the audit team encourages the University to take this forward.

65   The audit team formed the view that overall, the University's arrangements for student involvement in quality management processes are appropriate, and the way in which it engages with students contributes to the management of the quality of learning opportunities.

Links between research or scholarly activity and learning opportunities

66   The University considers subject-related research and scholarship to be a key mechanism for the enhancement of the curriculum and teaching. The University considers the links between research and learning opportunities within the curriculum design and review process, where emphasis is placed on research-informed teaching and graduate skills. At validation, consideration is given to both of these aspects, with each receiving individual attention on the appropriate templates and within the programme specification template. ISR panels consider the links between research and scholarly activity as part of this process and an examination of the reports reviewed by the audit team illustrates that, in a significant number of cases, staff research was judged to inform the curriculum.

67   At University level, there is a requirement that each faculty produces an annual Learning, Teaching and Assessment Plan within which initiatives that link research and teaching are described. These plans are reviewed twice a year by the faculties and ADC and submitted to QEC. The plans are informed by the University document 'Research-mindedness: a curriculum approach to research informed teaching'. ADC produces a range of materials to support staff and curriculum development. ADC also organises an annual Learning and Teaching Conference, manages the Postgraduate Certificate in Learning and Teaching in Higher Education and, disseminates the findings of internal and external research and teaching projects throughout the University.

68   Overall, the audit team concluded that the University's approach to supporting research-led teaching is developing appropriately and is having a positive impact on curriculum design and the quality of students' learning opportunities.

Other modes of study

69   The University has a small amount of distance and distributed-learning programmes. Where programmes of this type are proposed, there are additional validation criteria that must be met. To support these programmes, the University is leading a JISC-funded project 'Mobilising Remote Student Engagement'.

70   A significant proportion of the distance and distributed-learning provision of the University is associated with the Masters Award by Learning Agreement Framework (MALA), offered by six of the seven faculties. Standard University processes and procedures for the oversight of the quality and standard of these awards are applied, including a generic programme specification, a comprehensive student handbook and a specific learning agreement. The award, while specifically work-based, may also incorporate accredited taught modules and development activities in the workplace. The Accreditation and Approvals Board undertook a review of the MALA framework at the end of 2009-2010 and confirmed that the programme was 'operating as the University intends and that to date is providing appropriate evidence to ensure the quality and standards of the MALA awards'.

71   The audit team formed the view that the University's arrangements for other modes of study meet the expectations of the *Code of practice* and make a significant contribution to the quality of students' learning opportunities.

Resources for learning

72   The University's Campus Development Plan has seen investment in learning resources across the University including three new buildings opened since 2005. At the time of the audit, the University was building a new Business School and refurbishing another site. Students whom the audit team met, and the student written submission (SWS), commented positively on the new and improved library and information technology resources. Helpdesks and information points in the learning resource centres offer practical support such as finance and careers information and academic skills support.

73   The University's online portals, StaffSpace and StudentSpace, and its virtual learning environment StudySpace, are key ways for students and staff to access information and learning resources. Both students and staff whom the audit team met, including those at the partner institutions, commented positively on these facilities and the support they had received in making use of them.

74   While enhancements have been made to the physical learning resources, at the time of the audit there were still actions ongoing to address pressures on timetabled teaching space, an issue raised in the 2005 Institutional audit report. The SWS and students whom the audit team met identified timetabling as a limiting factor in accessing teaching and learning space. In particular, problems were identified with timetabling for students on joint programmes and those studying across the University's different campuses. The University is reviewing the timetabling process and intends to implement a new system for timetabling in the next two years as part of its Performance Improvement Plans and is confident this will address such timetabling issues. The team encourages the University to pursue this endeavour.

Admissions policy

75   One of the key commitments in the University's Mission Statement is widening participation, particularly in relation to black and minority ethnic groups, vocational learners, lower socio-economic groups, disabled students and care leavers. ADC provides comprehensive analysis of progression and retention statistics to underpin this area of work and the University has been awarded the Frank Buttle Trust Quality Mark for Care Leavers in Higher Education in recognition of its work supporting this group.

76   Admissions to the University are overseen by the Student Admissions and Recruitment Committee (STAR), which receives and monitors statistical information relating to the admissions process. In February 2010, the University created the Admissions Policy

and Practice (APPc) Committee, a subcommittee of STAR, which includes in its terms of reference responsibility for developing the University's new Admissions Policy and monitoring its subsequent implementation. APPc met for the first time in November 2010 and is at the early stages of devising and enacting an appropriate implementation and monitoring plan for the new policy. Both STAR and APPc include representatives from the faculties in order to facilitate the dissemination of information to academic departments.

77   The University provides training opportunities for staff involved in the admissions process including, for example, the annual Admissions Staff Conference. While staff whom the audit team met noted that there was an expectation that colleagues attended the training, it is not compulsory. APPc has staff development as a key feature of its remit but, at the time of audit, had yet to act in this capacity.

78   At the time of the audit, the final draft of a new Admissions Policy was awaiting approval from Academic Board. The policy states that compliance is not expected to be achieved until the close of the academic year following approval of the policy. Given this extended implementation period, the newness of APPc and the need for consistent implementation of the policy across faculties, in line with the *Code of practice, Section 10: Admissions to higher education*, the audit team considered it desirable that the University monitor the implementation of its new Admissions Policy and the involvement of staff in appropriate training.

Student support

79   The 2005 Institutional audit report identified the academic and pastoral support available to students at both University and faculty level as a feature of good practice. The current audit team confirmed that the University continues to serve its students well in this regard through support at both University and faculty level, noting particularly the monitoring that the University undertakes to ensure the effectiveness of the support services.

80   The University takes a partnership approach to student support between faculties and central departments, as exemplified by the Student Support Network, which provides a cross-institution forum through which student support staff meet to exchange ideas of best practice; the use of faculty student support officers who liaise closely with the central support services, and the targeted support to international students during their induction to the University.

81   According to the SWS, faculty Academic Skills Centres (ASC) and the introduction of employability coordinators have been welcomed by students; a view confirmed by the students with whom the team met. The Faculty of Arts and Social Sciences (FASS) has extended the remit of its ASC to include employability to be a Centre for Academic Support and Employability (CASE), and this will act as a pilot to inform whether similar changes should be made to ASCs in the other faculties.

82   There is a cross-university Personal Development Planning (PDP) Champions Group that seeks to promote PDP activities across the institution and with collaborative partners. A PDP framework has been developed and will be formally monitored and reviewed through the annual monitoring of the faculty learning teaching and assessment action plans. Few of the on-campus students whom the audit team met had knowledge of PDP, although students studying through collaborative arrangements were more positive (see also paragraph 135). Further work is being undertaken to enhance the process (see paragraph 94).

Staff support (including staff development)

83   Comprehensive information regarding staff support and development is available to staff in the Staff Handbook and Human Resources area on StaffSpace. There is central administration of staff recruitment and new academic staff are subject to a 12-month probationary period. The University's Staff Development Strategy clearly establishes the respective roles of the University, managers and individuals in this regard. Staff development is coordinated by the Development and Training Team in close collaboration with ADC. There is a Staff Development Committee, reporting to the Executive, which at the time of the audit was undergoing a review of its terms of reference and ways of working to ensure it is fit for purpose.

84   Newly-appointed staff have the opportunity to attend an induction day and staff with fewer than three years teaching experience are required to undertake the Postgraduate Certificate in Learning and Teaching in Higher Education. New staff also have access to a local mentor.

85   The Learning, Teaching and Assessment Strategy (2009) states that peer observation schemes will be introduced as part of the University's work to enhance the quality of teaching. A new centralised scheme was introduced in 2009-10, which requires peer observation of teaching to take place once every two years. The audit team heard that over 50 per cent of staff had been observed in the last year and the team encourages the University to continue in its efforts to roll-out the scheme across all faculties and monitor participation.

86   The previous Institutional audit report (2005) advised the University to take steps to assure itself that staff appraisal is being consistently and fully deployed. The University undertook a review of faculties' use of the appraisal system in May 2010 in addition to creating a new appraisal tracking system to monitor levels of appraisal activity. The staff survey undertaken early in 2010 showed that only 70 per cent of respondents had had an appraisal within the previous 12 months. The audit team was told that at the time of the audit the level of appraisal uptake and reporting was at 90 per cent after a concerted effort to ensure compliance.

87   The audit team concluded that the University's approach to staff support and development contribute effectively to the University's management of learning opportunities.

Overall conclusion

88   Notwithstanding the issues identified in the advisable recommendation in paragraph 55, the audit team concluded that confidence can be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students.

Section 4: Institutional approach to quality enhancement

89   Following the last Institutional audit, the University developed a Quality Enhancement Strategy, which was replaced with the new Learning, Teaching and Assessment (LTA) Strategy in the academic year 2009-10. This strategy is now the main vehicle to support quality enhancement.

90   The University's current approach to quality enhancement is described in the briefing paper as consisting of three elements: a systematic and strategic approach to

developmental change and improvement of the student experience (taught and research) of learning opportunities; embedding quality enhancement in all its activities rather than having a separate quality enhancement strategy; and ensuring key quality assurance processes lead (wherever possible) to enhancement activity linked to the LTA strategy.

91   To support this approach, the key committees dealing with quality assurance and learning and teaching have been merged into the Quality Enhancement Committee (QEC). A review of the agendas and supporting papers of the QEC over the last two years suggests that the QEC has the potential to provide a forum for integrated consideration of learning, teaching, assessment, quality assurance and enhancement matters, However, the audit team formed the view that the lengthy committee papers and the volume of business on agendas limits the QEC's effectiveness and contribution to the enhancement agenda. The team advises the University to consider whether the business of QEC is sufficiently focused to allow it to fulfil its role in quality assurance as specified in its terms of reference.

92   The University also aims to ensure that key quality assurance processes lead, wherever possible, to enhancement activity. These include the Internal Subject Review (ISR) process, responses to external examiner reports and student opinion. The audit team saw evidence of key quality assurance processes identifying aspects of the student experience that were acknowledged as needing enhancement. However, response times at University and faculty levels were often lengthy meaning that action was not always timely (see paragraph 54).

93   The University does not formally define quality enhancement or good practice, however the audit team saw evidence that the University is taking deliberate steps to improve the student experience through its adoption and implementation of a new partnership approach between the Academic Development Centre (ADC) and the faculties around a planned calendar of discussions between senior staff in ADC and the associate deans in each faculty. These discussions are based on faculty actions plans, which identify opportunities for enhancement and reflect faculty and institutional learning, teaching and assessment goals.

94   There is effective liaison between ADC and faculties to ensure appropriate support is available for all learners (see paragraph 80). In this instance, ADC takes a central steer by ensuring that academic skills centres are available to all on-campus students, but faculties organise specific events and support to meet the needs of their own students. The impact of this joint approach can be seen in the Faculty of Business and Law, which resulted in some 1200 visits to the academic stills centre drop-in during 2009-10; a full complement of advisers (including some students) in place for 2010-2011 to provide help in Maths and English Language development; the ongoing development of the Academic Skills Centre website; the development of materials such as help guides; and staff development events. In the Faculty of Engineering, the use of an electronic voting system has led to rapid in-class feedback for formative and summative assessments. Across faculties the development of electronic personal development planning (PDP) portfolios embedded via professional practice is promoting the use of PDP by students.

95   Overall, the audit team concluded that the University has put in place mechanisms that have the potential to support a systematic and strategic approach to the enhancement of the student learning experience and the achievement of faculty and institutional objectives set out in the Learning, Teaching and Assessment Strategy.

Section 5: Collaborative arrangements

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

96   The University's Collaborative Strategy defines collaborative provision as any compulsory credit leading to a University award delivered/supported/assessed by a partner. The University identifies five groupings in its partnership model namely: the Partner College Network; specialist and sector provision; international collaborations; employer engagement; and research and enterprise. A number of objectives in the University's Strategic Plan also relate to building relationships with national and international partners. A list of approved collaborative partners, maintained by Academic Quality and Standards (AQS) and updated monthly following meetings of Academic Directorate, is published on the University's website.

97   The University categorises its collaborative provision in two ways. Firstly, whether funding comes directly to the University or directly to the partner, this distinction being reflected in the institutional agreement which governs the partnership. Secondly, it defines arrangements as being one of the following: validated field, franchised field, dual award, joint award, joint delivery or articulation agreement, definitions of which are set out in the Academic Quality and Standards Handbook (AQSH); the majority of the University's collaborative provision is either validated or franchised.

98   In addition to the executive and deliberative structures outlined in paragraphs 14 and 15, a number of other groups facilitate the operation and oversight of collaborative partnerships, including the Liaison Officers Forum and the biennial Associate Partnerships meetings for its partner colleges, the latter reporting to Academic Directorate.

99   The University provides comprehensive guidance, including forms and templates on the operation of collaborative partnerships in the AQSH. Each collaboration is governed by an institutional agreement signed by the Vice-Chancellor and the Principal (or equivalent) of the partner, which outlines the main responsibilities of both the partner and the University and the partner's entitlements. Institutional agreements are normally valid for five years in line with the period of approval. The University provides templates for two types of agreements, category 1 and 2, depending on the funding arrangements for students within the partnership. The audit team can confirm that the templates and sample of University agreements seen were aligned with the expectations of the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

100   Executive committees manage the operation of institutional agreements on behalf of the University. These committees are expected to meet annually to consider strategic issues relating to specific collaborative partnerships. The University has identified through its institutional monitoring process variation in practice across faculties and has reaffirmed the important role executive committees play in managing its collaborative provision. The audit team read minutes of executive committees held in 2009 and 2010, which generally reflected the terms of reference set out in the AQSH and, in other examples, the committees appeared to be meeting for the first time despite the fact the fields/courses had been operating for more than one full academic year. The team would encourage the University in its endeavours to achieve more consistency of practice in relation to the operation of the executive committees.

101   A liaison document, approved at validation, describes in more detail, the liaison arrangements for each collaboration. Although the sample documents provided conformed to the template provided in the AQSH, not all staff within partners visited were clear about

the role of the liaison document and the team encourages the University to continue to assure itself that these documents, providing as they do clear guidance on the operation of partnerships, are being used consistently in the management of all partnership arrangements.

102   A key role in the operational oversight of collaborative arrangements is the University Academic Liaison Officer, a role supported by time allocation and written guidance, the latter is currently being revised through the Liaison Officers' Forum. Partners are expected to appoint a comparable liaison person. The 2006 Collaborative provision audit recommended that the University should enhance the institutional framework for appointing, developing and supporting liaison officers. In response, the University established a Liaison Officers' Forum in 2009, which meets twice a year and includes liaison officers from both UK partner institutions and the University, together with other key University staff. The purpose of the forum is to enable members to discuss operational-level issues, share good practice and allow the University to update partner officers about relevant developments. Communication with overseas partners is facilitated through the liaison officers, the partnerships website, visits by other staff of the University, and through electronic means.

103   The liaison officer role is considered by partner staff to provide pivotal contact between the partner and the University, is valued highly and is working effectively. The minutes and papers of the Liaison Officers Forum' meetings showed that it was fulfilling its terms of reference and provided a useful addition to the support provided for liaison officers from both the University and the partner institutions. The audit team formed the view that the use of liaison officers in supporting collaborative partners and the strengthening of the role by the University since the last collaborative provision audit is a feature of good practice.

Academic Infrastructure and other external reference points

104   The University's requirements for meeting the expectations of the Academic Infrastructure and other external reference points match those for on-campus provision. In its briefing paper, the University stated that subject teams provide an indication of how partner staff will be made aware of the national higher education quality assurance framework, specifically the Academic Infrastructure, within the liaison document for the partnership. Not all liaison documents read by the audit team reflected this requirement and the partners visited varied in their understanding of the Academic Infrastructure. The University, having recognised the need to do further work with its partners in this area, held a staff development day for partners from further education colleagues in November 2010. From 2010-11, new collaborative partners will have to provide evidence that they are meeting the expectations of relevant sections of the *Code of practice* as part of the validation process and that existing partners are currently being asked to submit supporting documentation to AQS.

Approval of collaborative arrangements

105   The University's arrangements make a clear distinction between the approval of a partner organisation and the approval of collaborative programmes. The process for approval of a new partner takes the form of a paper-based, risk-based due diligence process, which confirms that institutions are of appropriate standing and proposals fit with the University's academic portfolio. If proposals are confirmed as able to proceed to due diligence, a report is compiled by AQS that is submitted to Academic Directorate and, if approved by Academic Board, the institution is confirmed as a partner of the University. Permission is then granted to proceed to validation and the institutional agreement signed. Academic Directorate may also reject the proposal or recommend that an institutional approval visit is carried out, although such visits have not been recommended since the introduction of the paper based system in 2006. Through reading of minutes and papers, the

audit team confirms that Academic Directorate was discharging its responsibilities in relation to the approval of collaborative partners appropriately.

106   The procedures for the approval of collaborative programmes follow the same processes as for on-campus programmes, with some additional quality assurance requirements. New field proposals are considered to be higher risk and are approved through a University-level validation event, normally held at the collaborative partner. Developments where new fields are being proposed by existing, experienced UK public sector partners and developments with collaborative partners where the majority of the modules are already in existence are handled at faculty level as set out in the AQSH. In addition to the standard documentary requirements on-campus provision, a liaison document, a staff development plan and a draft student handbook are needed.

107   The annual report to the Quality Enhancement Committee (QEC) on validation and review for 2008-9 showed that the University was having to chase up a number of overdue (in one case, seven months overdue) responses to the fulfilment of conditions of approval relating to collaborative programmes. The validation and review report of 2009-10 noted that the follow-up to conditions had been monitored closely by AQS during 2009-10 and this had resulted in a significant improvement, with the vast majority being submitted and signed off according to the original schedule.

108   The 2006 Collaborative audit report considered it advisable that 'the University makes explicit its additional quality assurance requirements for courses that are delivered and assessed in a language other than English'. New quality assurance arrangements for such courses were approved by Academic Board in September 2006 and are incorporated in the AQSH. The University has a small number of partnerships where part or all of a collaborative programme is delivered and assessed in a language other than English (see paragraph 115), appropriate, documented arrangements are in place to oversee these collaborations.

Monitoring and review of collaborative arrangements

Institutional monitoring

109   The University's annual institutional monitoring process, introduced in June 2009, was a response to the recommendation from the 2006 Collaborative provision audit. The process involves the review of the operation and performance of all collaborative partnerships, drawing on both qualitative data and quantitative data. The first institutional monitoring reports were submitted to QEC in the academic year 2009-10 along with an overview report. In the first round, the University collected and analysed data for all HEFCE-funded partners as well as a sample of six other partner institutions. The recent development of a 'partnerships dashboard' containing data relating to progression and achievement for students in collaborative partnerships, will enable data to be provided and analysed for all partnerships in future reports. The audit team formed the view that the institutional monitoring process has the potential to be a useful addition to the University's processes relating to institutional oversight of its collaborative partnerships, but that it was too early for the effectiveness of the process to be evaluated fully.

Internal subject review (ISR)

110   In its briefing paper, the University stated that it was confident that the ISR process incorporates 'sufficient and effective scrutiny of collaborative provision'. The process normally involves a separate visit to collaborative partners unless alternative arrangements can be made to include staff and students from the partner in the main on-campus event.

The current audit team concurs with the views in the 2006 Collaborative provision audit report that 'these processes are carried out rigorously and are taken seriously by partner institutions, who make an active contribution to the process'.

Annual monitoring

111   The same annual monitoring arrangements are used for collaborative as for on-campus provision. Staff at partner institutions were clear about their roles in the production of the module review and development plans, although less clear about how these feed into faculty review and development plans. In response to a recommendation in the 2006 Collaborative provision audit report, staff development sessions have been provided for collaborative partners following the introduction of the University's revised annual monitoring arrangements in 2007-08. Faculties also provide support to partners with ongoing support needs being considered through the Liaison Officers' Forum.

Institutional re-approval

112   The University's revised institutional re-approval process, implemented from September 2009, involves the production of an institutional re-approval report intended to be based largely on the outcomes of institutional monitoring reports over the past five years plus other relevant information. The report includes a recommendation as to whether the partner should be re-approved. Re-approval reports are considered by Academic Directorate, which, while conforming to the template in the AQSH, have at present only one year's worth of institutional monitoring reports on which to draw.

113   Institutional agreements are renewed as part of the re-approval process. The University has experienced difficulties in ensuring that all institutional agreements are signed and renewed in a timely manner and has recently instigated a new process whereby QEC receives updates on institutional agreements at least six months in advance of their date for renewal. The audit team was able to verify that the University is taking appropriate action to ensure agreements are signed in a timely fashion, including, if necessary, temporary suspension of recruitment to relevant programmes.

Termination of partnerships

114   The University's process for termination of a partnership takes appropriate account of the need to support students who are enrolled on the field being terminated. A termination agreement is also signed by the University and the partner.

Assessment, external examining and student transcripts

115   The University's processes relating to external examining apply to both on-campus and collaborative provision. For franchise provision, the same external examiner is normally used, separate examiners may be used for validated provision. If a programme is delivered and/or assessed in a language other than English, a bilingual external examiner is appointed. Any specific arrangements for a particular collaboration are detailed in the liaison document. The relevant faculty liaises with the collaborative partner in responding to external examiners reports. Staff from partners confirmed that they meet external examiners and see their reports and had contributed to responses as appropriate. Assessment boards are normally chaired by senior staff from the University.

116   Responsibility for the setting and moderation of assessments varies according to the specific partnership arrangement, with the University normally setting assessments in franchised provision and the partner, with moderation by the University, in validated

provision. The University's policy on anonymous marking of examinations applies to collaborative provision, and cross-moderation of marking takes place across partners involved in networked provision. Details regarding assessment processes are given in the liaison document. Staff from partner institutions confirmed that they were clear about the University's assessment procedures. Students were also clear about assessment criteria, were aware of plagiarism guidance and were generally content with the timeliness and usefulness of the feedback they received on their assessment tasks.

117   Samples of certificates and diploma supplements relating to collaborative partnerships showed that the name of the partner is included on the certificate and the language of delivery and/or assessment. The location of study is on the diploma supplement.

Role of students in quality assurance (including feedback from students)

118   The University recognises that collaborative partners cannot necessarily utilise all the same approaches for consulting with students as it does itself. As a minimum, the University requires partners to use module evaluation questionnaires and expects that staff student consultative committees will take place. Boards of study consider reports from these committees. Students in partner organisations confirmed that they have ample opportunity to feed into staff student consultative committees and to provide feedback through module questionnaires. In each case, they were able to give examples of action taken as a result. The ISR process considers how well student feedback is working in collaborative partners through documentation, visits and meetings with staff and students.

Learning resources (including staffing and staff development)

119   Institutional agreements set out the entitlement of collaborative partners to use University resources. Category 1 agreements confirm access to facilities and information resources of the University except where physical distance is a barrier, while under Category 2 agreements there is no access to University facilities unless otherwise specified in the financial schedule. Partner institutions provide students with local IT and library facilities, the appropriateness of these facilities being considered through the University's validation and review processes. All students make significant use of a virtual learning environment or equivalent resource. All partners receive support from the appropriate University information specialist and the University hosts an annual event for information staff in partner institutions. Library staff also provide induction and information skills sessions for students and the support received from Library staff was particularly valued by staff and students in partner institutions.

120   Collaborative partners are responsible for the appointment of their staff and for human resource policies and procedures. Scrutiny of curriculum vitaes (CVs) of staff teaching on a University award forms part of the validation process, and resources documents, including CVs, form part of the documentation for ISR. Requirements include the need for staff in partner institutions to hold a relevant teaching qualification. Executive committees approve new staff CVs, verify staff qualifications and agree any resulting staff development requirements. Staff from partner institutions confirmed they were aware of these requirements and that the process was operating in line with University requirements.

121   The University's staff development policy for collaborative provision outlines the entitlements of staff in partner institutions to University staff development opportunities depending on the type of category assigned to the institution. For example, Category 1 are entitled to enrol on the University's Postgraduate Certificate in Learning and Teaching in Higher Education and to access staff development opportunities offered by the Academic Development Centre (ADC), free of charge. The University organises specific events for

partners arising out of quality assurance processes or external reviews such as Integrated quality and enhancement review (IQER). Faculties also offer a variety of staff development workshops and events underpinned by the strong links between partner and University staff such as liaison officers and library staff.

122   Staff development plans form part of the documentation for validation and review. However, not all of the staff with whom the audit team met were aware of the opportunities available to them. Some had attended events held at the University and at their own institutions, the latter often at the partner's request. The University is clearly providing a variety of staff development opportunities for staff from partner institutions but has no means of knowing the degree of take up. The University might wish to consider if such a development would be a useful addition to its arrangements for oversight of collaborative provision.

Student support and information

123   Institutional agreements confirm that the University retains overall responsibility for admissions, although in practice this may be delegated to partners with appropriate oversight by the University. There is no mandatory University-wide training for staff in partner colleges involved in the admissions process, although they may receive support from faculties. This contributed to the desirable recommendation in relation to the involvement of staff in appropriate training in this area (see paragraph 78). Collaborative students are enrolled on the University's student administration system, although partners may also hold their own records.

124   Collaborative partners are responsible for providing the mechanisms and arrangements for student support such as academic and pastoral care and students studying in partner institutions confirmed consistently that they had access to supportive academic and pastoral care.

125   Institutional agreements set out the responsibilities of the University and its partners in relation to the information to be given to students. Student handbooks for collaborative programmes are required as part of the approval process and are checked annually as well as through the ISR process. Students from partners institutions confirmed that they had received a range of information both pre and post enrolment that they considered generally accurate and helpful. All had undergone an appropriate induction and, depending on geographical location, part of this induction had occurred at the University.

Publicity and marketing materials

126   Institutional agreements set out the responsibilities of the University and the partner in relation to publicity and marketing. Agreements confirmed that the University retains overall control of the marketing of its courses, that there is a need for a marketing strategy to be agreed and that all publicity material must be submitted to the University for approval prior to publication. Following an audit of partner websites and other marketing information in 2009, the University published a formal process for the promotion and marketing of collaborative programmes in the AQSH. Materials are checked through the liaison officer, faculty Marketing Manager and executive committees and this process was confirmed by staff from both the partner colleges and the University. The University's marketing department will continue to audit a sample of 10-15 per cent of partner publications on an annual basis.

127   The audit team concluded that confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic

standards and quality of learning opportunities in programmes delivered on its behalf by collaborative partners.

Section 6: Institutional arrangements for postgraduate research students

Research environment

128   The Strategic Plan 2008-09 targets increased postgraduate research student (PGR) numbers and completions as a success factor for the research and enterprise core area of the plan. Research student numbers have risen from 281 in 2007-08 to 379 in 2009-10 (excluding students on professional doctorates), with some 60 per cent of students studying full-time and 29 per cent being international students (including 20 studying part-time overseas). Conventional research degrees and professional doctorates are offered.

129   The University Research Degrees Committee (URDC) provides strategic direction and acts as examination board for research students. It receives annual reports from faculty research degrees committees (FRDCs), which are given thorough consideration. URDC has introduced internal review of postgraduate research student experience (paralleling Internal Subject Review 9 (ISR) for taught programmes) overseen by the Graduate Research School (GRS) and Academic Registry, and incorporating externality. Pilot implementation took place in the Faculty of Art, Design and Architecture (FADA) reporting in November 2010, and the University is currently evaluating this before committing to roll-out. The pilot report demonstrated a thorough process, with recommendations likely to enhance quality, and has the potential to be a feature of good practice.

130   Postgraduate research students are registered in faculties with approval required from the relevant head of school. The Graduate Research School (GRS) provides advice and guidance and, with the Academic Development Centre (ADC), provides training. The newly-created role of Director of GRS includes coordinating faculty activities to align with University policies.

131   University policy is to focus research strengths through formation of centres of research excellence, and information for prospective research students indicates they will benefit from a supportive research environment centred on focused research groups. The University's objective is that research students are located in a supportive research environment and research centres are integral to this. The audit team established only 43 per cent of current students are associated with research centres, the link being informal through their supervisors. However, students who met the team gave positive accounts of their research environment, were able to detail specific resources that had supported their research and had generally found the University responsive where access to additional facilities was needed. University initiatives to enhance the research environment include faculty-based research seminar/workshop programmes; dissemination of training opportunities outside students' own faculties; and faculty research fora. Students were aware of and positive about these enhancements. Dedicated Graduate Centres have been set up providing opportunities for private study, computing facilities, seminar/training areas and social space, and students valued this facility, although Knights Park campus students noted they had currently lost their centre through major building works.

132   Currently around 40 per cent of research students are part-time and the University has identified this high proportion as a factor in lowering overall completion rates. The University is proposing to increase support for part-time students through more tailored documentation, earlier confirmation of central and faculty training session dates, and

measures to promote more contact with other part-time research students, including establishing a part-time student forum. The audit team encourages the University to take this initiative forward.

133   The University has some part-time research students based overseas typically with an external overseas supervisor, although the principal supervisor is always a member of University staff. These students would also have a third supervisor. The University regards these as individual arrangements and checks on a case by case basis the appropriateness of local resources. In some instances, students are associated with an overseas institution. Although the University has provision for formal collaborative arrangements in relation to postgraduate research students, and one example of this exists in FADA with a comprehensive supporting infrastructure, the University informed the audit team that establishing such agreements with such small numbers would be disproportionate. While the team recognises that they are not on the same scale, it believes that the University's overseas research degree when linked to an external institution would benefit from the additional protection a collaborative agreement would provide.

Selection, admission and induction of students

134   The University's website provides information on application and registration for research students. Applications for admission are managed by the relevant school. Approval for registration is normally faculty-based through the faculty research degrees committees (FRDCs) and the process allows monitoring of supervisory loads and past supervisory records. Students registering for overseas-based or collaborative research degree programmes require University Research Degrees Committee (URDC) approval. Students presenting with non-standard entry requirements also need URDC approval. Students who met the audit team had encountered no difficulties with their admission.

Development of research and other skills

135   A generic induction programme for research students operates twice-yearly, followed by a compulsory programme in each year of study covering areas such as research skills, intellectual property, thesis writing and the viva. Additional optional training programmes across all years cover, among other things, personal and presentational skills, facing the media and an entrepreneurship masterclass. Faculties run programmes meeting subject training needs and providing networking opportunities. Responses in the GRS Research Student Experience Survey 2009 suggested a significant number of responding students had not attended these training programmes; those who did attend evaluated their usefulness positively. The University has responded by monitoring attendance through annual student reports and students confirmed they had completed the core training and some the optional training also. Opportunity is provided for students to develop a personal development plan and a template customised for research students is available on StudentSpace. Students confirmed they were aware of this facility, but had not engaged with it because of pressures on their time.

136   The Research Student Experience Survey 2009 showed 59 per cent of respondents had undertaken teaching. Those with University studentships are expected to undertake six hours of teaching per week, but the pattern for other students varies widely, although none felt they were being excessively burdened and many would have liked more. Unless they have prior teaching experience, research students supporting learning are required to attend the appropriate ADC training programme. Three levels of training are provided dependent on the nature and scale of teaching assignments ranging from a half-day Peer Assisted Learning programme, to a 15 credit module at level six, successful completion of which enables students to apply for recognition as an Associate of the Higher Education Academy.

Training is clearly geared to the type of teaching research students will undertake and whether they have responsibility for assessment. Students who had taught said they had all received training appropriate to their teaching duties.

137   The Research Student Experience Survey 2009 showed a significant number of students neutral or negative about career-related matters, and the briefing paper stated that the University was seeking to progress development of specialised careers inputs for research students and dedicated one-to-one support from faculty employability coordinators. Students who met the audit team were positive about the careers support, the employability coordinators, and the enterprise support, particularly in relation to the transfer of research ideas into business opportunities.

Supervision

138   Supervisory teams comprise a director of studies (principal supervisor), at least one additional supervisor and a minimum of one member having at least one supervision to successful completion. An additional supervisor external to the University may be appointed. Students confirmed these arrangements. Responsibilities of the supervisory team are clearly communicated to students and staff through the University's Code of Practice in the Research Student Handbook.

139   A formula to restrict the number of supervisions individual staff may normally undertake is in place taking account of the different roles and level of experience of director of studies and additional supervisor. There is some discretion to exceed these limits, but this must be approved by FRDCs.

140   New supervisors are required to attend the ADC one-day workshop at the first opportunity, and this can be taken either as professional development or, with submission of an assignment, for academic credit towards the MA in Learning and Teaching in Higher Education. GRS produces a Research Supervisor Handbook to support this activity. New supervisors are mentored by an experienced supervisory team member. Faculties provide development sessions for all supervisors, which allow sharing of good practice. The audit team saw examples of programmes and supporting documentation for two faculties and formed the view they provided a valuable contribution for staff undertaking supervision. External supervisors are not required to undertake the University's training for new supervisors, although they have access to the Research Supervisor Handbook and online training materials. The team did not see evidence of monitoring of the take-up of training opportunities by external supervisors, and the University might wish to review this position.

141   Postgraduate research students and their directors of studies must agree the frequency and nature of supervisory contact, which may vary according to stage and mode of study, and academic discipline. One scheduled contact a month, throughout the calendar year, is the suggested acceptable minimum for full-time students. Student experience suggests this minimum standard is usually exceeded.

142   The University requires that a record of supervisory meetings be kept, signed off by the student and member(s) of the supervisory team present at the meeting. Where frequent meetings are held, a monthly summary may be substituted. The University's briefing paper indicated it was seeking to enhance compliance with this requirement and the audit team saw evidence of progress in discussions within URDC, including the decision that supervision meeting records should be appended to annual monitoring reports, and agreement regarding a standard report template. Students confirmed the systematic reporting of their meetings with supervisors and the introduction of the new standard template to replace local faculty practices.

143   The GRS Research Student Experience Survey 2009 indicated good levels of satisfaction with supervisory arrangements. Students the audit team met were also positive about their experience of supervision.

Progress and review arrangements

144   Doctoral students have initial provisional registration, with their progress reviewed at the end of their first year (second year for part-time students). This is a robust process, requiring completion of the initial monitoring report, progress reporting by the student and director of studies, a research report of 3,000-6,000 words, a viva, and confirmation that training has been undertaken. If successful, FRDC confirms registration for the PhD. An annual monitoring report is completed at the end of each subsequent year of study by the student and director of studies and this goes forward to the FRDC for confirmation.

Feedback mechanisms

145   Research students can provide feedback in a number of ways, on an individual basis through annual monitoring reports; anonymously through a Postgraduate Student Survey (2008) and the GRS Research Student Survey (2009). Outcomes of both were considered by URDC, which noted a problem in disaggregating results for research students in the Postgraduate Student Survey. The briefing paper stated the University's intention to participate in the Higher Education Academy Postgraduate Research Experience Survey (PRES) from 2011.

146   The University noted a poor response rate in the current surveys and the audit team heard that PRES would become the focus for future student feedback because it enabled the University to benchmark itself against other universities, but that research students will still be included in the internal Postgraduate Student Survey. An exit survey for graduating research students is also being introduced. The team could see the advantage of the exit survey, which provided feedback from a different constituency (graduated students), but formed the view that the University might wish to consider whether it would be best served by ceasing to include research students in other internal surveys to ease questionnaire fatigue.

Assessment, representations and appeals

147   The University sets minimum, normal and maximum periods of registration for doctoral programmes for full and part-time students. There is a University award descriptor for PhD awards based on the FHEQ descriptor for doctoral awards. There is also a statement of assessment criteria for PhDs and other research degree programmes. Professional doctorates come under the postgraduate assessment regulations for their taught elements and the doctoral regulations for the research element.

148   Arrangements for assessment, including names of internal and external examiners (the assessment panel), are submitted to the FRDC for approval. There are clear rules governing the composition and experience of assessment panels. Members of supervisory teams cannot be appointed as examiners and, where candidates are members of University staff, two externals must be appointed, regulatory changes that were introduced as a response to the QAA Review of research degree programmes (2006). FRDC appoints an independent chair for the assessment panel, and submits the examination arrangements, including CVs of the proposed internal and external examiners, to URDC for ratification. Members of the assessment panel receive an examiner information pack, which includes the Academic Regulations and assessment criteria for research degrees, guidance notes for

examiners and a feedback questionnaire. The audit team considered these arrangements to be robust and effective. Knowledge of assessment procedures varied amongst students who met the team, but the Research Student Handbook contained a clear statement and level of knowledge reflected how close students were to completion.

149   All external examiners' reports are read by a sub-group of URDC, which reports back and recommends acceptance or otherwise of the assessment panel's recommendation relating to the award of a degree. FRDCs monitor examiners' reports for any issues requiring attention and the audit team saw evidence of this in FRDC minutes. GRS produces a summary of feedback comments from examiners for discussion by URDC.

150   The University's generic policies on student complaints apply also to research students and are communicated through the Research Students Handbook, with information and procedures detailed on StudentSpace. Students are encouraged to use the informal complaints procedure in the first instance, after which the formal three-stage procedure may be invoked. Students are also advised of their right to seek redress through the Office of the Independent Adjudicator. The University has specific regulations relating to appeals by research degree students. For both complaints and appeals, the audit team found the arrangements and the way they are communicated to students are effective.

151   The audit team concluded that the University's arrangements for maintaining academic standards and quality of provision of its postgraduate research programmes was appropriate, and was aligned with the precepts of the *Code of practice, Section 1: Postgraduate research programmes.*

Section 7: Published information

152   Overall responsibility for information provided to prospective students is the responsibility of the Director of Communications, while information for current students is the responsibility of the University's academic and support departments. Material published on the University's website is subject to a staged approval process, which ensures the currency and accuracy of information. The main University website is supplemented by a parents' microsite; an applicants' microsite 'Getting Ready'; and a facility to generate a personalised prospectus in addition to other interactive features. Students commented positively about the utility of the pre-arrival information on the University's website, in particular the 'Getting Ready' pages.

153   The student written submission was largely favourable about the fairness and honesty of the information published by the University, although it raised concerns about the monitoring of information provided by overseas agents. Through further discussion with the Students' Union and from evidence provided, the audit team confirmed that there were no deficiencies in this regard.

154   Students confirmed that the information they received prior to application, at induction and throughout their courses, was accurate and sufficient for their needs. Student handbooks, StudySpace, StudentSpace and email were seen as key sources of information. Student handbooks form part of the evidence submitted to Internal Subject Reviews (ISRs), providing a further opportunity for institutional oversight. The University also monitors students' perceptions of its published information using surveys, the outcomes of which are considered by the Student Experience Group.

155   The audit team concluded that overall, reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards. The team also confirmed that

the University was fulfilling its responsibilities in relation to the requirement of HEFCE 06/45 for public information.