University of Gloucestershire

February 2010

Annex to the report

Contents

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of Gloucestershire (the University) from 22 February to 26 February 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 the University of Gloucestershire is that:

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

In addition to the two judgements above, the audit team also produced commentaries on the University's arrangements for quality enhancement, collaborative provision, postgraduate research students and published information. These can be found in the report.

Institutional approach to quality enhancement

The team agreed that a more overt approach was needed to timely decision making, communication and wide dissemination of the outcomes of enhancement initiatives and features of good practice, with systematic evaluation of their effectiveness to augment the enhancement of the student experience.

Institutional arrangements for postgraduate research students

In the absence of performance indicators or targets, associated with the lack of transparent data on completion rates within and across the University, the audit team formed the view that currently the University was failing to monitor the performance of its research degree programmes adequately, thereby not reflecting the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*.

Published information

Notwithstanding the need for regular updating of websites and live links and the need for transparent and timely communication of plans and developments, the audit team concluded that reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards.

Features of good practice

The audit team identified the following areas of good practice:

- the Admissions Digest, which brings together the principles and processes for considering applications, promotes a standardised approach across all faculties and comprehensively links to a number of sections of the *Code of practice* (paragraph 85)

- the Helpzones, which provide an effective one stop shop facility and enhance the access and level of support provided to students (paragraph 88).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- establish and formalise processes to ensure that the quality of learning opportunities for continuing students continues to be maintained once the proposed unified academic award regulations incorporating new assessment regulations are introduced (paragraph 42)

- implement and fully operate procedures for the rigorous monitoring of the success of postgraduate research programmes against internal and/or external indicators and targets (paragraph 143)

- establish clearly defined mechanisms for formal progress reviews of postgraduate research students (paragraph 152).

Recommendations for action that the team considers desirable:

- introduce a systematic mechanism for monitoring minor changes on programmes between periodic reviews (paragraph 27)

- clarify to students and staff the communication channels available to students to bring forward their views and be involved in quality management processes (paragraphs 67 and 169)

- develop a clearer communication, evaluation and dissemination strategy in approaching change and developments (paragraphs 61 and 109).

Section 1: Introduction and background

The University and its mission

1   The University's mission is 'To pursue the three fundamental principles of the Academy: Learning – the creation and dissemination of knowledge; Community – the gathering together of teachers and learners to support each other in the pursuit of that knowledge; and Service – the pursuit of a human and whole society'. The University reviewed its Strategic Plan in 2008-09 and from this, four key strategic priorities were derived: Achieving Inspirational Learning, Transforming Students' Lives, Delivering Research Excellence and Creating a Sustainable University.

The information base for the audit

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

3   The Students' Union produced a student written submission 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.

4   In addition, the audit team had access to:

- the report of the previous Institutional audit of 2005

- the Review of research degree programmes 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 and regulatory bodies (PSRBs))

- the report on the mid-cycle follow up to Institutional audit

- the University's internal documents

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

Developments since the previous audit

5   The period since 2005 has seen a number of changes. As a result of the University's new Strategic Plan, academic and strategic planning has introduced an Academic Development Committee, the first five-year Academic Plan alongside the Learning, Teaching and Assessment Strategic Framework and the Research Development Strategy. Quality assurance processes have moved from a continuous process to an events-based process with revision of the processes and changes within the Undergraduate Modular Scheme from fields to course groups.

6   The report of QAA's previous audit of the University in 2005 included an overall judgement of broad confidence in the institution's management of the quality of its academic programmes and the security of its awards, and the report recognised nine features of good practice. The outcome was qualified by seven recommendations, five of which were deemed to be advisable and two to be desirable. The University submitted action plans in response to the findings of the 2005 audit in August 2006.

7   The first advisable recommendation concerned achieving a fully effective academic counselling system for all students and the close monitoring of its implementation and operation. The University has responded by establishing Helpzones on each of the four campuses. The audit team enquired of students and saw the review of Helpzones which were found to be effective and positively rated, and concluded this was a feature of good practice (see paragraph 88).

8   The second advisable recommendation was on the effectiveness of the University's approach to managing large-scale change and how the University ensures actions for this change management are carried through with timely evaluation of their effectiveness. The University's response to this has been that the Deputy Vice-Chancellor (Academic) (DVC) has undertaken an examination of an aspect of the University's devolved structures and systems in order to inform current approaches to large-scale change, particularly the changes to the structure of the academic year and to student support systems.

9   The audit team also noted that in a number of areas change was not always progressed in a timely fashion: the final decision on implementation of changes in the Undergraduate and Postgraduate Modular Schemes had not yet been activated, although the decision to phase these out had been taken some time ago, and implementation of changes to the Teaching and Learning Strategic Framework had not been completed over the past two years as this was being processed through validation rather than through a specific action plan. Furthermore, the communication of changes, potential changes and developments was not always good and there was little emphasis on, or evidence of, evaluation of the effectiveness of these changes or that this was recognised by senior staff in the University.

10   The audit team formed the view that while some progress had been made in managing change through consultation, the University had not developed a strategic approach to this and needed to develop a clearer communication, evaluation and dissemination strategy in approaching change and developments.

11   The third advisable recommendation was to ensure that, in all collaborative provision review, external peers are drawn from the full breadth of the higher education sector and that there should be more direct university-level monitoring of partnership links and discussion of measures to assist partner institutional development prior to their implementation. The University's response has been to set up a central University Collaborative Provision Committee (COPC) having oversight of all collaborative arrangements. In assisting partner institutional development the University has established a collaborative partners' conference, the Student Representation and Experience Coordinator to visit partners and assist with training and support of student representatives, and access to University of Gloucestershire staff development

12   The fourth advisable recommendation was on the monitoring of changes to annual review arrangements to ensure that the curriculum is effectively refreshed and academic standards secured. The University's response has been that new Annual Monitoring and Periodic Review processes have been introduced across all the University's provision (internal and collaborative). The audit team found that the Academic Development Committee is responsible for regularly reviewing and refreshing the academic portfolio and that market research is conducted for new programmes, that monitoring of external examiners ensures a spread of external institution input and that external advisers inform preparation for PSRB accreditation.

13   The fifth advisable recommendation concerned how the University could ensure that outcomes of external reviews might benefit from more penetrating consideration at University level. The University's response has been for the DVC (Academic) to hold a register of all external bodies accrediting University provision, and for all Faculty Academic Standards and Quality Committees (FASQCs) to receive all reports on accreditation visits and report to the University Academic Standards and Quality Committee (ASQC) in matters meriting note or requiring action. The audit team found that external examiner comments are reviewed at university level and that comments noted at the ASQCs go to ASQC, and minutes with recommendations are passed up to Academic Board for consideration.

14   The first desirable recommendation was for provision of training opportunities for academic and other staff when appointed to senior management roles. The University responded that newly appointed managers would attend an appropriate Leadership Foundation course, have a management training needs analysis with their line manger and personnel and agree a tailored programme, and for existing managers an analysis of ongoing training needs and a tailored programme agreed.

15   The second desirable recommendation was that the University should consider how it might ensure better communications with student representatives, including those serving on senior institutional committees. The University has responded by making major revisions to the way in which student representation operates. The audit team found that the University had instituted Staff Student Liaison Committees in which students had charge and chaired the meetings.

16   The audit team formed the view that good progress had been made in meeting advisable recommendations one, three, four and five and desirable recommendation one. However, further attention is required to advisable number two on managing change and desirable number two on communications with student representatives, both of which feature in the desirable recommendations in this audit.

17   The audit team found that a number of changes had been made to the features of good practice from 2005 including some positive developments. A Review of research degrees was undertaken by a QAA review team in 2006.

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

18   The University's Strategic Plan is supported by a range of policy and strategy documents, including the five-year Academic Plan which was developed alongside the Learning, Teaching and Assessment Strategic Framework and the Research Development Strategy.

19   Academic Board is the University's highest academic authority with quality assurance functions and reports to Council. Although ultimate responsibility for academic quality and standards rests with Academic Board, this has been delegated through a devolved structure at university, faculty and course level. At university level this includes Academic Development Committee (ADC), Teaching, Learning and Assessment Committee (TLAC), Collaborative Provision Committee (COPC), University Academic Standards and Quality Committee (ASQC), which plays a central role in managing academic quality, University Research Development Group (URDG), Foundation Degree Scheme Board of Studies, Postgraduate Modular Scheme Board of Studies (PMS) and Undergraduate Modular Scheme Board of Studies (UMS) and the recently formed Department of All-Age and Vocational Education (DAVE), which takes responsibility for work based learning.

20   Faculty Academic Standards and Quality Committees (FASQCs) are responsible for academic standards and quality assurance processes in the Faculty in conjunction with the ASQC and Faculty Board. In addition, FASQCs ensure that the Quality Assurance Agency's Academic Infrastructure, and in particular the relevant sections of the Code of practice, are appropriately reflected in the University's processes and procedures. Faculty Boards are responsible for academic programmes in the Faculty including the performance and academic standards of the programmes for which the Faculty has responsibility and monitor the implementation of the University's teaching and learning strategies and their effectiveness. At course level this includes Course Boards. The audit team noted that although fields had been replaced by courses, the terminology used in committee terms of reference and the Assessment Handbook did not necessarily reflect this change.

21   The ASQC performs a central role in managing academic quality. The University's approach to the management of academic quality is supported by a framework of regulation and guidance described in a number of handbooks including the Quality Assurance Handbook, and a Learning, Teaching and Assessment Strategic Framework, which is currently being revised. TLAC advises Academic Board on teaching, learning and assessment; continuing professional development and quality enhancement among other things. Specific staff within the Academic Registry have responsibility for academic policy and quality support and for quality assurance.

22   In addition to annual or periodic reviews, the University has other review processes. Internal Quality Audit has replaced Thematic Review, which was a feature of good practice in the 2005 Institutional audit report, to specifically focus on the University's quality processes. Closure or phasing out of courses is authorised by the Policy, Planning and Resources Committee (PPRC) and monitored by FASQCs to safeguard the student experience. Minor changes to provision are done by the Programme Change Approval Process (PCAP) after discussion at Course Boards of Studies and after consultation with students and external examiners (see paragraph 27).

23   The audit team formed the view that the University's framework for managing standards and the quality of learning opportunities is effective and fit for purpose.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

24   There is a comprehensive statement of University procedures for the management of academic standards in the University's Quality Assurance Handbook.

25   Initial approval for new course developments is through Academic Development Committee. Faculties normally generate new course proposals in line with University and Faculty plans, and deans present these for both on-campus and collaborative developments using a standard form covering academic and resourcing aspects.

26   Validation is normally centrally managed through an 'event-based' approach. There is provision for faculty-managed validations for small-scale developments, but panel requirements and approval procedures remain the same. Validation panels are approved by Academic Standards and Quality Committee (ASQC), have a chair from a neutral faculty, and a cross-faculty internal member and at least one external member. Approval documentation includes programme specifications. Summary validation reports incorporating conditions go forward to ASQC and then to Academic Board for final approval. Academic Registry (Quality) monitors fulfilment of approval conditions, which are signed off by the panel chair, and informs ASQC when conditions have been fulfilled. In 2008-09, ASQC received a paper listing validation events with outcomes including conditions, recommendations, or commendations (though not the normal overview report and evaluation of validations) and concluded no generic issues were apparent.

27   The annual Programme Change Approval Process (PCAP) allows course teams to propose amendments to modules and course award requirements. The University did not use metrics to determine the level of change permissible, but chairs of FASQCs advised course teams. There is student and external examiner consultation, the former through discussion at Course Boards, though this may have been compromised by uncertainties over student attendance at boards. Approval is via Faculty PCAP Panels, to which directors of study present their proposals. Monitoring cumulative effects of minor programme changes between periodic reviews relied on PCAP Panels having knowledge of prior changes, and referring to minutes from earlier panel meetings. The audit team's view was that a more formalised process would be beneficial, and it was desirable that the University introduce a systematic mechanism for monitoring minor changes to programmes between periodic reviews.

28   A new approach to annual monitoring and periodic review was introduced from 2008-09. Monitoring now places emphasis on action planning. Annual Monitoring Reports (AMRs) are normally prepared for groups of courses by directors of studies using a standard pro forma (but not in the year when Periodic Review and Revalidation (PRR) is scheduled). Principal elements are updating the previous year's action plan and setting a new action plan for the current year. AMRs are submitted in November after approval by the Course Board including student representatives, and are referenced to external examiner reports, course statistics on student performance, and student feedback (including the National Student Survey (NSS)) and Staff Student Liaison Committees (SSLCs).

29   Monitoring takes place through annual monitoring panels, which report to Faculty Academic Standards and Quality Committees, and include appropriate student representation and cross-institutional membership. First and second readers are allocated to each AMR and report using a standard template. Based on the readers' reports a confidence judgement is made on the academic health of the course, and the Chair of a Faculty Academic Standards and Quality Committee monitoring panel prepares an annual report for the Faculty Academic Standards and Quality Committee. The reports are amended/approved by Faculty Academic Standards and Quality Committee on the basis of notes of the panel meeting and subsequent discussion at Faculty Academic Standards and Quality Committee. At university level, Academic Standards and Quality Committee receives summary reports of annual monitoring from each Faculty Academic Standards and Quality Committee identifying whether all programmes have been monitored and summarising monitoring outcomes, including judgements of confidence.

30   The audit team found that the University's procedures for course approval, annual monitoring and periodic review were effective, with sound mechanisms for identifying issues and good practice and for making judgements on the academic health of courses. There was a sufficiency of detail in upwards reporting to enable ASQC and Academic Board to be assured of the quality and standards of courses and that appropriate action planning was being undertaken.

External examiners

31   The University's two-tier examination board system is reflected in its external examining arrangements, with subject externals responsible for a group of modules attending course examination boards, and award board chief external examiners (one for the Postgraduate Modular Scheme (PMS) and a chief and deputy chief for the Undergraduate Modular Scheme (UMS)). The University's move to devolve responsibility to faculties, but with the same two-tier arrangement of boards, will entail creation of award board external examiners for each faculty.

32   Recommendations for appointment of externals are made to ASQC by FASQCs against set criteria, which include avoidance of too many appointments from the same University and reciprocal external examining arrangements, and limitations on the number of external examinerships an individual should hold. External examiners receive a comprehensive briefing pack from Academic Registry (Quality), and a standard checklist prompts course leaders to provide course-specific documentation and a detailed briefing. Newly appointed externals are invited to a centrally-organised induction event which is well attended. It incorporates both generic inputs on quality assurance and assessment policies, and course-specific inputs provided by faculties. New appointees unable to attend the central induction receive an individual induction by faculty-based staff. However, no additional briefing is provided for external examiners on collaborative provision programmes although they do meet Link Tutors and the Head of Collaborative Provision (see also paragraph 124). Appointees without previous external examining experience are mentored by a more experienced external examiner, and the audit team saw evidence of these arrangements being agreed at the time of appointment.

33   Course-level externals comment on standards of academic achievement and their appropriateness in relation to level and comparability with awards in other institutions. They have the right to be consulted regarding the form and content of all forms of assessment, to see agreed samples of student assessed work, and to be consulted about proposed changes to module assessment and the curriculum. Scheme-level external examiners report on the effectiveness of the examination board process, scheme administration, procedures for assessing students and (where applicable) matters of serious concern with potential to put standards at risk. Reports are distributed and read widely within the University, with copies going to collaborative partners. Students see external examiner reports through Course Boards, but uncertainties about student attendance at these over the last year meant only one student with whom the audit team met said they had seen external examiner reports. Responses form part of the Annual Monitoring Report (AMR) and are incorporated in the action plan. The Dean of Academic Frameworks considers any implications for the modular schemes, and the Dean of Student Experience and Quality Enhancement (SEQE) (a recently vacated post at the time of the audit) considers any other general issues. They collectively agree a response on generic matters, which is circulated to all external examiners.

34   The audit team formed the view that the University is making strong and scrupulous use of independent external examining arrangements, which are effective in securing the academic standards of its awards.

Academic Infrastructure and other external reference points

35   The University maps its awards against the FHEQ and, in preparing approval documentation; course teams should demonstrate consideration of appropriate subject benchmark statements. The audit team saw evidence of this requirement being met. Each course has a Programme Specification, with separate specifications for single and joint awards. These are made available to students through course handbooks and the University website. Course Boards have been encouraged to undertake annual updating of Programme Specifications. However, the University proposes to delete this requirement from Annual Monitoring Reports (AMRs), and for revisions to be approved annually through the PCAP panels and periodically through Periodic Review and Revalidation (PRR). As part of PRR, course teams are asked to ensure the provision adheres to the most recent version of the subject benchmark statement and any other relevant external reference points, while documentation prepared by course teams includes full Programme Specifications with cross-referencing to the appropriate subject benchmark statement, the FHEQ and professional, statutory and regulatory bodies (PSRB) requirements where appropriate.

36   Reports from external accrediting bodies are received by the relevant Faculty Academic Standards and Quality Committee (FASQC), but reported only by exception to Academic Standards and Quality Committee (ASQC). The University may wish to consider whether this provides sufficient oversight of the health of its relationships with PSRBs. Monitoring is now forward-looking, emphasising action planning, while periodic review provides retrospective evaluation to inform, and provides an opportunity to propose, changes for the future.

37   In preparing validation documentation, course teams are asked to provide evidence of appropriate external consultation, together with a summary of the course development team's response to the external advice received.

38   The University does not routinely issue students with a Diploma Supplement on graduation but students can request one. The University is a pilot University for the national Higher Education Achievement Report (HEAR) initiative.

39   Overall, the audit team formed the view that the University was generally making effective use of the Academic Infrastructure and other external reference points, although some further work is required (see paragraph 152).

Assessment policies and regulations

40   The University's Assessment Handbook covers all assessment processes, and provides a comprehensive and detailed statement of the principles of assessment, regulations for assessment and assessment procedures. Supplementary appendices provide detailed guidance on setting, marking and moderation of assessments, staff responsibilities and arrangements for dealing with academic offences. Staff access the Handbook through the University's website. Assessment regulations are communicated to students through the Undergraduate or Postgraduate Modular Scheme Handbooks and the website.

41   The University has operated two-tier examination boards, with Course Boards considering module results and the UMS or PMS boards making progression and award decisions. Examination boards operated within the framework of UMS and PMS regulations. Some provision existed outside the UMS and PMS frameworks, and operated unitary examinations boards with course-specific assessment regulations. The University is devolving conduct of boards to faculties, while retaining the same two-tier arrangement of course and award boards. In 2008-09 devolution was piloted, with single-award boards operating at faculty level, but university-level modular boards retaining responsibility for joint awards. From 2009-10, faculties are taking full responsibility for both course and award boards. The transition has been supported by a university-level 'Task and Finish Group'.

42   The University is also moving to a single set of academic award incorporating new assessment regulations governing all University award-bearing programmes, and which would replace the current UMS, PMS and non-modular scheme regulations. Subject to Academic Board approval, the unified academic award incorporating new assessment regulations would be introduced from 2010-11 for all students, continuing and new, and for students on franchised (but not validated) collaborative provision. Variations would be possible to meet PSRB requirements. While the University believed the change would be beneficial for most students, it had recognised that some continuing students might be disadvantaged. The audit team asked whether the University had undertaken a review of the impact of the new academic award regulations on continuing students across the full range of University award-bearing courses. The University believed the impact would not be significant, but was unable to demonstrate that a detailed review relating to continuing students had been undertaken. The team read that Boards of Examiners would exercise discretion in cases where continuing students were found to be disadvantaged relative to their original academic award regulations. The team viewed it as important for the University to identify where continuing students would be disadvantaged in advance of introducing the new regulations, to decide what action it would take rather than relying on retrospective examination board discretion, and to communicate this to those students who would be disadvantaged. Therefore, the team regarded it as advisable that the University, in advance of their introduction, establish and formalise processes to ensure that the quality of learning opportunities for continuing students continues to be maintained once the proposed unified academic award incorporating new assessment regulations are introduced.

43   Faculty Assessment Offences Boards of Examiners have been established to consider first and subsequent offences, and report to the main Boards of Examiners. The University believed this promoted parity of treatment, and it has been commended by external examiners. The audit team reviewed minutes from these boards and also annual reports relating to the working of the boards. It formed the view that the process was working well, and was supporting the University's objective of promoting parity of treatment.

44   Students are expected to submit coursework by published deadlines and to attend examinations on the due date. Coursework (but not resit work) submitted up to seven days late is marked but cannot exceed 40 per cent, and beyond seven days late receives a mark of 0 per cent. Students may claim mitigating circumstances for both coursework and examinations, normally prior to the deadline or examination date. A recent review of mitigating circumstances concluded procedures were fit for purpose, though recommended introducing a central panel to

deal with more complex and extended claims. Students submit claims through the relevant Student Helpzone and, if successful, receive an extended deadline or permission to take the examination at the next sitting as a first attempt. Helpzone Advisers may approve some claims, with the more complex going to Senior Tutors for a decision.

45   A facility exists for students to seek a 48-hour coursework extension to cover a minor problem without need to provide supporting evidence. This may only be used once during the year for one coursework, with some types (for example group work) specifically excluded. The University believes its university-wide system for considering and approving mitigating circumstances claims achieves a consistent and prompt response and the audit team found evidence to support this view. Operation is overseen through the bi-monthly Academic Advice Forum, in which there was evidence of the sharing of practice and experience. Though most students with whom the team met had not used mitigating circumstances procedures, they knew about them, how to access them through the Helpzones, and believed they operated effectively and fairly. A University Code of Practice for students with disabilities allows agreement of alternative forms of assessment of learning outcomes. Claims by students are submitted through the University Disability Adviser.

46   Staff receive guidance on providing assessment feedback. Most students agreed they had sufficient information to understand the mark they received and how the work might be improved. Distance-learning students mentioned feedback grids linking comments to specific assessment criteria. On-campus students said feedback was generally full and helpful, though they also mentioned instances where feedback was minimal and unhelpful. Students knew the University standard of four weeks for feedback on coursework and believed this was generally met, but identified instances of significant variation, with distance-learning students praising very rapid turnaround but other students mentioning longer periods for the return of some work. Students in some subject areas had received specific feedback on examination assessments. Students were clear that, should they require more feedback on their assessments, they could approach staff. Students were also aware how to make an academic appeal.

47   The audit team was satisfied that the University's arrangements for assessment were effective in maintaining academic standards.

Management information – statistics

48   The Institutional audit in 2005 commended as good practice the University's design of its management information systems, which enabled it to produce reports to support quality and academic standards management. The University continues to provide an effective student management information system which supports both on-campus and franchised collaborative provision. Validated collaborative provision also utilises local systems in the partner institution.

49   Directors of studies and course leaders receive annual standard data sets from the Department of Finance and Planning. These are provided as interactive Excel spreadsheets incorporating appropriate graphical representations, and the data can be used as supplied or subject to further manipulation. Data provided covers modules, degree class profiles, retention and progression, and also comparative data at faculty and university levels. Areas where performance is significantly out of alignment are identified, for example modules with abnormally high or low levels of student performance, and AMRs are expected to address such anomalies. A planned future development will provide comparisons of performance on franchised and on-campus versions of the same course.

50   The audit team saw a demonstration of the functionality of the system and concluded the University was generating statistical reports which facilitated effective internal monitoring and review of its provision, and which would also underpin strategies and polices relating to the management of academic standards. The University indicated it had earmarked a budget to support adaptation of the student management information system to meet the requirements of

the new unified academic award incorporating new assessment regulations scheduled to be introduced in 2010-11. However, while the system produced statistical reports to support the University's widening participation policy, the team were not able to establish that course teams or faculties routinely received reports which enabled analysis of the relationship between student performance and student profile data (notably gender, ethnicity, and age). The University may wish to provide such reports in the future to enhance its understanding of the relative performance of different student groups, and to support polices such as widening participation.

51   The audit team agreed that confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of the awards that it offers.

Section 3: Institutional management of learning opportunities

Academic Infrastructure and other external reference points

52   Overall responsibility for ensuring that the University's regulations and policies for undergraduate and taught master's programmes are aligned with the Academic Infrastructure is delegated to the Academic Standards and Quality Committee (ASQC) by Academic Board. The audit team examined a wide range of procedures and practice relating to student learning opportunities and found a large number of examples where the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* published by QAA is used explicitly and effectively.

53   In particular, the Admissions Digest was found to be a commendable exemplar which explicitly references several related sections of the *Code of practice*. Another notable example was the Quality Assurance Handbook's effective use of the *Code of practice, Section 7: Programme design, approval, monitoring and review,* relating to arrangements for programme design, approval, monitoring and review. Here the established procedures for annual monitoring and periodic review and the use of external participation at key stages for approval and review of programmes are clearly aligned with precept 3. A further example, this time relating to collaborative provision, was found in the International Learning Partnership Programme (ILPP) contract with Reliance College, where the obligations of the collaborative partner with respect to the *Code of practice* were explicitly specified.

54   ASQC also ensures that revisions to the *Code of practice* are considered appropriately by the body they most directly concern and the briefing paper detailed the routes for consideration of each section. One example of how this worked in practice that was examined by the audit team concerned the relatively recent revision to the *Code of practice, Section 5: Academic appeals and student complaints on academic matters*. This was initially considered by the Academic Registrar who subsequently presented a summary report to ASQC. This, in turn, was reported to Academic Board. A further noteworthy example concerned the revision of the *Code of practice, Section 9: Placement learning,* where it was reported that, although University processes were properly aligned with the revised version of the *Code*, there were potentially additional issues that might be considered to enhance the provision of learning opportunities surrounding work-based learning and placements. The team also saw evidence that the University was ready to anticipate changes to the *Code* in order to be prepared in advance for their introduction.

55   Overall, the team found that the University was generally making extensive and effective use of the *Code*, although some further work is required (see paragraph 152).

Approval, monitoring and review of programmes

56   ASQC receives summary reports of annual monitoring in each faculty identifying whether all programmes have been monitored and summarising monitoring outcomes including judgements of confidence. ASQC discusses these reports and produces the Overview Report for Academic Board, which is synoptic and identifies general trends and any exceptions or anomalies. The University evaluated its new approach after the first year, and only minor changes have been introduced for monitoring 2009-10.

57   The normal unit of review is a course or a 'course group', with the review led and documentation prepared by the Director of Studies. Course teams assess continuing currency, academic coherence and alignment with QAA subject benchmarks. Also reviewed is the cumulative effect of incremental changes since the previous periodic review. Data relating to student recruitment, progression and achievement is evaluated, as is how staff and physical resources impact on effective operation of the provision. The Programme Review and Revalidation (PRR) uses a similar panel approach to validation with both internal and external members. Student membership of panels is an aspiration but has not yet been achieved. Panels meet staff and students as well as reviewing documentation.

58   PRR normally results in revalidation for five years, possibly with recommendations to be addressed in Annual Monitoring Reports (AMRs) but not conditions, since the provision is already being delivered. Exceptionally, revalidation may be for only one further year where there are serious concerns. Summary reports covering the judgement (confidence in the academic soundness of the programme), and identifying good practice and recommendations for action go forward to Faculty, Academic Standards and Quality Committees (FASQCs) and to ASQC. Full reports go to ASQC where there is a limited confidence judgement, and it recommends Academic Board approval for one year only with a further PRR at the end of that year. A second limited confidence judgement may trigger suspension of the provision.

Management information - feedback from students

59   The University gains feedback from a number of external surveys of student opinion, most notably the National Student Survey (NSS) but also the Postgraduate Research Experience Survey and, for the first time in 2009, the Postgraduate Taught Experience Survey. With internal feedback, individual module evaluation is required, but the University does not prescribe a standard format, though it does require that 'core topics' be covered and that Learning Enhancement & Technology Support (LETS) provide exemplars of good practice. An Internal Quality Audit of the University's approach to module evaluation is taking place during 2009-10 but the results of this were not available at the time of the audit visit. The University also introduced the Gloucestershire Student Survey (GSS) on a pilot basis in 2008-09, with full roll out during 2009-10. The GSS is conducted online, utilises the same questions as the NSS and is administered to Year 1 and Year 2 undergraduate students. The objective is to ascertain student views about their course and the University, and to familiarise students with the NSS questions and format ahead of them completing it in Year 3. In addition, support areas collect feedback from student users, and this informs the Review of Professional Departments.

60   It was evident the University took seriously both student participation in and the outcomes from the NSS. There is an NSS Steering group with staff (academic and administrative) and student representation. It has oversight of the implementation of the survey and analysis of NSS results. The University uses a number of promotional tools to encourage student engagement, and guidance on completion of the NSS is provided on the University website. Analytical reports are prepared for all subject areas, discussed at faculty level and at Academic Board, which approves an action plan to address major points identified by the survey and disseminates good practice. Annual course monitoring reports routinely consider subject-level outcomes.

61   Mechanisms for student feedback are communicated to students in the Modular Scheme Handbooks and on the website. Students with whom the audit team met confirmed the operation of feedback mechanisms within the University. The University does have arrangements for feeding back to students on action it proposes to take in response to their comments. However, students with whom the team met were somewhat critical of 'loop closing' by the University. For example, they indicated the University put much emphasis on completion of the NSS questionnaires by students, but did not always communicate to students how it intended to respond to areas of criticism or low scores. During 2009, students were critical of the communication of major decisions likely to have an impact on their learning experiences, including the proposed closure of a campus and staff changes. The University conceded there had been a dislocation to communication with students on some important issues, but considered that communication links were now more effective.

62   The University had taken a proactive approach to assisting the Students' Union with the training of student representatives. It had co-financed the creation of a new post, the Student Representation and Experience Co-ordinator (SREC), designed to assist with identification and training of student representatives, and to assist in raising awareness of the representational system among students and facilitating more effective communication between students and their representatives. Both the University and Students' Union agreed this had been a very effective innovation in enhancing the student representational system within the University. However, the post of SREC was vacant at the time of the audit visit, and there was some doubt as to how the post would be replaced (see also paragraph 68).

63   Overall the audit team judged that the University's arrangements for collecting feedback from students contributed effectively to maintaining the quality of student learning opportunities.

Role of students in quality assurance

64   The briefing paper states and the audit team verified that the University undertook a comprehensive review of the student representation system, following which a number of changes were introduced in 2008-09 to enhance student involvement.

65   At University level, a smaller, more focused and effective Student Affairs Committee, chaired by the Deputy Vice-Chancellor (Academic), with the Students' Union President as Vice-Chair, has been established. At faculty level, Staff Student Liaison Committees (SSLCs) have been introduced and designed so that students, both chair and are in the majority at the committee. The agenda is determined by students, with support being provided by a senior member of academic staff within the faculty. The audit team found evidence that student representatives continue to be welcome 'in attendance' at Course Boards, although they are no longer formal members of these boards. Students are also represented at University and Faculty Academic Standards and Quality Committees. The team noted that the new representation arrangements had been communicated to students.

66   The audit team confirmed that minutes from SSLCs are received by Course Boards, Faculty Boards, and by the Student Affairs Committee, ensuring that matters receive an appropriate level of response. The team verified that students were now of the view that communication and action in relation to local issues has improved. Attendance at SSLCs is variable; however, attendance at Course Boards has improved in some instances since the new arrangements were introduced.

67   The audit team formed the view that there remained some confusion among staff and students regarding staff roles and responsibilities and the type of issue to be raised by students at both the SSLCs and at the Course Boards. Some Course Guides continue to inform students that student representatives are full members of Course Boards. The University is taking steps to address the situation and provide clarity for all concerned. Meanwhile the students reported to the team that if in doubt they raised issues for discussion regardless of the forum. The team

concluded that it is desirable for the University to clarify to students and staff the communication channels available to students to bring forward their views and be involved in quality management processes.

68   The impact of the SREC post was evident in 2008-09 as both the timeliness of recruitment and uptake of training for student representatives were improved. The audit team observed that the role holder had improved communication between the University and the Students' Union. The briefing paper states that the University has taken steps to promote student involvement in course development, approval and review. The team noted that the students were not yet familiar with course review activity beyond Students' Union officer involvement.

69   The student voice is being promoted in other ways, as students have been involved in the development of the Learning, Teaching and Assessment Strategic Framework by contributing to a Special Interest Group organised by the Students' Union to generate student feedback and by participating in focus groups. In summary, the audit team found evidence of effective student participation in quality management processes through student representation on University committees and boards. The new arrangements have been evaluated by the University and were found to have improved the profile of student representation and the response to students' feedback about the quality of learning opportunities.

Links between research or scholarly activity and learning opportunities

70   The University states that it aims to foster, manage and support the relationship between the taught curriculum and research. The importance of sustaining research activity of at least national standing across all subject areas covered by its portfolio of courses is explicit in the University's Strategic Plan.

71   The Programme Review and Revalidation (PRRs) process encourages course teams to consider and reflect on recent research and pedagogic practice which is relevant to their subject areas and provide an indication of the research and scholarly activity base that underpins the teaching and delivery of the course.

72   The audit team heard and read about a range of initiatives which assist in the linking of research and scholarly activity and learning opportunities. Among these were the Centre for Active Learning (CeAL), the annual Learning and Teaching Conference, the Teaching and Learning Innovation Unit, the Pedagogic Research and Scholarship Institute and Professional Development Groups, all of which play significant roles in supporting the development of research-informed teaching across the University. The team found examples of staff feeding their pedagogic research, scholarship and professional practice into the curriculum in order to maintain its currency.

73   The audit team verified that staffing policies including the annual requirement for staff to engage in a development review with their line manager provided specific opportunities to explore the links staff were making between research and teaching activity. A number of internal and national teaching fellowships were awarded annually, providing opportunities for staff to engage in research-informed teaching and act as role models.

Other modes of study

74   The briefing paper claimed, and the audit team observed, that the University operates a very small amount of distance-learning provision and has no immediate plans to increase its activity in this area. The team noted the University's intention that technology-enhanced and blended learning would play an increasingly valuable and significant part in the University's courses. The team explored the use of e-learning and found that it varied between the faculties; however, an Information and Communications Technology Strategy Group has now been established. The team found evidence that through the use of digital storytelling, and a number of externally

funded projects, staff have diversified assessment, improved students' IT and communication skills and enabled non-traditional learners to document evidence for experiential learning.

75   The audit team noted that the University has an established track record of offering vocationally-oriented courses with effective systems and processes to support flexibility. The Gloucestershire Framework, validated in June 2009, is a flexible shell framework which enables accreditation of employer-responsive provision ranging from 'bite-sized chunks' of continuing professional development through to whole awards. The University places an emphasis on the need to provide demand-led, sustainable, employer-responsive programmes.

76   The University's commitment to increasing flexibility of learning opportunities is also demonstrated by its development of fast-track (two-year) programmes.

77   The audit team sought evidence of the University supporting students while on placements and found that, although there was some variability, on the whole students were well supported.

78   To support staff, LETS provides development and support in the use of technology which is specifically learning-related. In addition, the University provides a bi-annual online e-moderating course for all staff, including staff from collaborative partners. This course is compulsory for University staff participating in the Postgraduate Certificate in Higher Education (PGCHE).

79   The audit team formed the view that staff have taken all appropriate steps to ensure the security of the University's assessment processes for other modes of learning.

Resources for learning

80   The University confirmed that learning resources are provided and supported by three departments; namely, the Learning and Information Services (LIS), Information and Communications Technology Services (ICT Services) and the LETS provision. The audit team found evidence that representatives of all these services are members of key University committees and participate in Course Boards, curriculum planning, validation and annual monitoring and periodic review and thereby ensure an integrated approach to learning resources across the University, including collaborative provision.

81   LIS provide an integrated cross-campus service for students and staff through Learning Centres located on the four teaching campuses. The audit team found that students were mainly complementary about the services provided, although there is on occasion a perceived lack of resources in terms of core reading texts available and access to computers.

82   The briefing paper states and the audit team found that the University regularly seeks and responds to feedback from students regarding learning resources through surveys and comment cards as well as standing agenda items on Course Boards and SSLCs. The University has responded positively to recent demand from students for additional access to Information Technology facilities including printing and photocopying, although this remains an enduring issue for students.

83   The audit team considered the University's approach to the prioritisation and allocation of resources and found that a financial plan is produced annually and resources are to be allocated using a comprehensive resource allocation model that is defined for the period from 2010-11 onwards. In response to feedback from students and staff, resources for learning will be ring-fenced for 2010-11 to protect the student experience. The team agreed that the University makes appropriate use of external benchmarks in determining budgets.

Admissions policy

84   A number of arrangements are in place to manage the admissions function across the faculties. The audit team confirmed that staff from the Student Recruitment Unit are largely responsible for the admission of UK and EU applicants to both undergraduate and taught postgraduate programmes. The International Development Office processes applications from international students, while admissions to postgraduate research provision are managed by individual departments in consultation with the Research Office.

85   The University has developed an Admissions Digest, which brings together the principles and processes for considering applications, promotes a standardised approach across all faculties and comprehensively links to a number of sections of the *Code of practice*. The audit team found that the Admissions Digest, which links to the widening participation policy, is also used to prepare admissions tutors for their role. The team agreed that the Admissions Digest which brings together the principles and processes for considering applications, promotes a standardised approach across all faculties and comprehensively links to a number of sections of the *Code of practice,* is a feature of good practice.

86   The University operates a responsive Accreditation of Prior and Experiential Learning (AP(E)L) system to allow entry for students as single applicants, and also keeps a register of approved qualifications, which allows groups or cohorts of students to progress to University awards. The audit team confirmed that the AP(E)L policy was revised in 2008 and mapped to the QAA Guidelines for accreditation of prior learning.

Student support

87   The audit team found evidence that an overview of the academic advice function is taken by the Academic Advice Forum. This forum provides an opportunity to review or recommend regulations and procedures and to share good practice, and reports to the Scheme Boards.

88   The briefing paper states that the University has recently streamlined the structures and processes aimed at supporting students. A number of arrangements are now in place to support students, including Department or Faculty Senior Tutors, Module Tutors, Course Leaders and Student Helpzones. The briefing paper claims and the audit team found evidence that the main source of personal academic support, including personal development planning, for students on the Undergraduate Modular Scheme is their Academic Review Tutor. The team found that all categories of students were generally very positive about the support they received from the Academic Review Tutors and lecturers in general. The team concluded that the Helpzones, which provide an effective one stop shop facility and enhance the access and level of support provided to students, are a feature of good practice.

89   Scheme and course handbooks, supplemented by the University website, provide the main vehicles for communicating information about support for learning to students.

90   Further support is provided by the Centre for Academic Writing and Numeracy Skills (CAWNS), delivered through the Learning Centres on each campus and via an interactive tutorial. International students have access to language support.

91   The audit team found evidence that the University's Career Education, Information, Advice and Guidance provision (CEIAG) is effective in supporting students in the management of their own career development. Career education sessions are also delivered within the curriculum.

Staff support (including staff development)

92   The audit team considered the University's approach to staff development and reward in the light of the University's claims that it is committed to supporting the personal and professional development of all staff at all levels as an essential prerequisite for the enhancement and management of student learning opportunities. The team found evidence of policies and

procedures that underpin staff development and reward. A guide to assist in the development of new research supervisors and the updating of existing supervisors is being developed.

93   Staff Development and Review (SDR), an annual discussion between staff and their line manager, arranged locally and monitored centrally, is the main vehicle used by the University to identify staff development needs and opportunities.

94   A range of development opportunities is provided by staff within Human Resources as well as information about access to external events and courses. All newly appointed academic staff who do not possess a teaching qualification are required to follow the in-house PGCHE.

95   The University's Review of Professional Practice (RPP) is designed to enable staff to enhance their teaching and receive feedback from colleagues. Professional Development Group Schemes, informed by action learning theory, are in place and can be accessed by all staff. Both schemes are supported by the Teaching and Learning Innovation team, who provide funding and, in addition to line managers, maintain records of staff participating in the schemes.

96   The University awards annual internally-funded learning and teaching fellowships and also operates a scheme of Excellence Awards which is evolving. Promotion criteria for academic staff are transparent and cover a range of areas including research, teaching and professional activity.

97   While the team found that the University's arrangements for staff support and development were effective, it was noted that a review to examine the continuing professional development of all staff is underway with a view to developing a University Continuing Personal Development Framework whereby staff development activities can be verified and, or accredited by the Higher Education Academy.

98   The audit team agreed that confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students.

Section 4: Institutional approach to quality enhancement

Management information - quality enhancement

99   The University has chosen not to have a separate Quality Enhancement Strategy preferring to seek continuous improvement in student learning opportunities through its learning-related policies and processes and cross-University initiatives. Notwithstanding this, of the four key strategic priorities in the revised Strategic Plan, two relate to enhancement outcomes: Achieving Inspirational Learning and Transforming Students' Lives. Moreover, the Quality Assurance Handbook provides a definition of quality enhancement and states that the University takes steps to ensure that its quality assurance processes lead to quality enhancement wherever possible.

100   This approach is supported by the way the terms of reference of the main quality assurance and teaching, learning and assessment committees have been drawn up, since all include an enhancement remit. It is primarily the Teaching, Learning and Assessment Committee which has oversight of enhancement initiatives. There is cross-committee membership with the University Academic Standards and Quality Committee (ASQC) in order to ensure the co-ordination of quality assurance and quality enhancement processes. The Academic Development Committee ensures that the University's academic portfolio is regularly reviewed and refreshed in the light of targeted market research and other indicators and the audit team was able to confirm that this does happen.

101   The Teaching, Learning and Assessment Committee (TLAC) advises the Academic Board on strategic planning and policy in relation to teaching, learning and assessment; academic continuing professional development; and quality enhancement. TLAC was dissolved and replaced in 2008 by the Teaching, Learning and Assessment Forum, however Academic Board

agreed to its reinstatement in May 2009. Since then it has met twice, and changes emanating from the revised comprehensive Learning, Teaching and Assessment Strategic Framework, which was developed through extensive consultation and to which Academic Board required revisions in Nov 2007, had not been implemented over the past two years as this was being processed through validation rather than through a specific action plan. Thus, one of the key documents in relation to the student experience appears to have been slow to be comprehensively implemented during this time. It is therefore unclear what institutional lead was given to taking deliberate steps to ensure that quality enhancement progressed during this time. However, the University informed the team that at the recent meeting of TLAC it had been agreed that a review of the Strategic Framework would be starting shortly

Good practice

102   ASQC works in conjunction with the Teaching, Learning and Assessment Committee to introduce, identify and disseminate practice which enhances the quality of the student learning experience in the widest sense. The audit team noted that the terms of reference for the ASQC still refer to TLAC as the Teaching and Learning Forum although this was dissolved in May 2009, and encourages, the University to ensure it has systems in place to update and communicate changes on its website and in other media. ASQC also works with Faculty Academic Standards and Quality Committee (FASQC) and the Collaborative Provision Committee (COPC) to develop and disseminate good practice in relation to quality and standards processes within and between Faculties, and with collaborative partners. ASQC also takes note of, and where necessary recommends action in relation to developments in the external environment with implications for quality assurance and/or standards.

103   At faculty level, the FASQCs work with the University Academic Standards and Quality Committee, the Academic Registry, and the Academic Standards and Quality Committees of other Faculties in the development and dissemination of effective practice in relation to quality assurance processes and, working in conjunction with the Teaching, Learning and Assessment Co-ordinators, introduce, identify and disseminate practice which enhances the quality of the student learning experience in the widest sense, and this was confirmed by the audit team. The Faculty Boards, among other things, monitor the faculty-level implementation of the University's teaching and learning strategies and policies and their effectiveness and also monitor the experience of the students in the Faculty, and the effectiveness of the systems for pastoral and academic support and advice.

104   The Collaborative Provision Committee cooperates with the University Academic Standards and Quality Committee, the Academic Development Unit, the Academic Registry, and the Faculty Academic Standards and Quality Committees in the dissemination of good practice in relation to quality assurance processes.

105   The University's Centre for Excellence in Teaching and Learning (CETL), called the Centre for Active Learning (CeAL), supports the implementation of the University Teaching Learning and Assessment Strategic Framework and conducts development and research projects and holds an annual conference. The Pedagogic Research and Scholarship Institute (PRSI) promotes and develops capacity in research-informed teaching through pedagogic and institutional research, engaging staff in research and cross-University discussion on key educational issues as well as holding an annual conference. Quality Support Team visits cover all departments on a three-year rolling programme. The outcomes of the visits include identifying good practice, disseminating this and making recommendations on any actions required to enhance quality. The Quality Support Team reports are received by ASQC and then reported to Academic Board, with a number of features for wider dissemination. The University's e-JoLT, electronic learning and teaching publication, provides a depository for staff to access on teaching and learning. However, the information available to staff on the University's website about a number of these initiatives was in need of updating.

106   A project to support new entrants, Simplifying Learner Administration Processes (SLAP), was also cited by the University as an example of enhancement and as a reinforcement of a culture of continuous improvement in relation to the University business processes and systems. The students that the audit team met confirmed that the enrolment process had been clear and straightforward. Furthermore, the role of student representatives is valued in enhancement, students having participated in the development of the Learning, Teaching and Assessment Strategic Framework and in facilitating a plenary session at the Teaching and Learning Conference.

Staff development and reward

107   In addition to this structurally embedded approach to quality enhancement, the University was able to quote in the briefing paper a number of initiatives it has undertaken to enhance the quality of learning opportunities. In relation to learning, teaching and assessment, an extensive variety of courses are offered in staff development and review, as well as written guidance on peer review of professional practice. Learning, Enhancement and Teaching Support (LETS) also has guidance on action learning sets, which informs the professional development group scheme, and there are faculty symposia. In relation to student support and guidance, the introduction of Student Helpzones has been evaluated as having a positive impact and a second phase of work is ongoing with the introduction of student e-files. As shown above with the terms of reference for key committees, the University was able to provide a range of examples from the Annual Monitoring Report process where examples of good practice were identified. However, the team noted that it was not clear to all FASQCs how to best disseminate features of good practice.

108   The audit team observed that while there were a number of initiatives taking place to enhance the student experience, including the University's own award of Teaching Fellow, with a criterion being enhancement of the student learning experience, and much good practice was recorded in committee minutes and passed up the University, including staff achievements and Excellence Awards, it was not clear how these were built on or what action was taken. Indeed, the team read in several minutes of different committees, including FASQCs, that staff queried how dissemination of features of good practice identified through annual monitoring took place, although a web link was proposed to achieve this for collaborative partners. In addition, the team was not able to identify deliberate steps taken to enhance the quality of the University's educational provision for postgraduate research students.

109   The team agreed that a more overt approach was needed to timely decision making, communication and wide dissemination of the outcomes of these enhancement initiatives and features of good practice, with systematic evaluation of their effectiveness. The team agreed that this would help to augment the enhancement of the student experience. Furthermore, without a clearly expressed strategy, the team concluded that it may be difficult for staff to direct, disseminate and evaluate their efforts in enhancement. The audit team agreed that it is desirable that the University develop a clearer communication, evaluation and dissemination strategy in approaching change and developments.

Section 5: Collaborative arrangements

110   The University has increased its collaborative provision significantly since the previous Institutional audit in 2005.

111   The University has also recognised this increase and the possible effects it has had on the University, commissioning an internal audit report into collaborative provision that resulted in twelve key recommendations for the University to consider. The University also commissioned external auditors to examine its collaborative provision in 2009.

112   The Vice-Chancellor's Advisory Group and University Council have together set out three key objectives in order to achieve an increased number of international students, one of which is to increase the University's number of international partnerships. However, the University now states that it is in a period of consolidation, mainly due to student numbers being capped for home students, and international collaborations becoming curtailed. The University is also engaged with private sector organisations that help to achieve this aim by allowing international students' progression from these organisations onto University awards.

113   The number of UK partnerships has increased, which is aligned with the University's agenda on widening participation and to develop additional progression routes to its courses.

114   The University separates all its collaborative provision partners into three types: firstly, that of a 'partner college/association', which is the basic level of partner; secondly, that of 'associate college', whereby the University is the preferred validating University; and thirdly the 'Associate Faculty' partner, which as of 2010 has only ever been attributed to one local partner, where the University is the sole validating body.

115   The University now has a total of 34 collaborative partners running a total of 79 courses with a total of 1602 students on these courses.

116   The process by which the partnership evolves is set out in the Collaborative Provision Handbook, and often depends on the type of collaboration proposed. The University separates its collaborative provision into three major types: those where the University validates a complete course that has been designed by a partner ('validated'); those where the University designs and sometimes assesses a programme, but it is delivered by a partner ('franchised'); and those where a complete course is designed by the University, but is delivered elsewhere ('off-campus delivery').

117   Initial academic and business proposals for the establishment of a collaborative partnership are sent directly to the Policy, Planning and Resources Committee (PPRC), or via the International Development Group if international partnerships are involved. PPRC then commissions a report on the proposal, including due diligence checks, in liaison with the Department of Finance and Planning. The report is sent to the Academic Development Committee (ADC) where validated provision is involved. This report is the product of the usual institutional approval process (see Section 2) but also takes into consideration the academic compatibility of the two institutions, and includes a formal Institutional Approval Visit (IAV). Upon approval here, the final approval takes place at Academic Board, after it has passed through Academic Standards and Quality Committee (ASQC), as with all other course approvals: it is also noted by Collaborative Provision Committee (COPC).

118   The University also conducts 'location of delivery' approval visits for off-campus delivery collaborative provision.

119   Following approval from the PPRC and ASQC, the Deputy Vice-Chancellor (Academic) usually sends a 'Statement of Intent' letter to the proposed partner, and always in countries where this is required by law. The University will then sign a Memorandum of Cooperation, which lays out the relationship between the partner and the University, and then following this a Memorandum of Agreement, which lays out the responsibilities of the respective departments/faculties involved and specifies the courses to be delivered.

120   The audit team concluded that the process for the approval of collaborative partnerships is sound and assures academic standards and the quality of learning opportunities.

121   The University appoints a Link Tutor in the relevant department of the University to oversee the relationship with any partner organisation. Often this will be a member of staff involved in the original approval process. The Link Tutor is the main communication conduit for both the University and the partner, and provides an annual report to the University as part of the annual monitoring process, is involved with the induction of new external examiners, and approves publicity issued by the partner (see Section 7).

122   The role of the Link Tutor is set out clearly by the Academic Board and is facilitated by the biannual 'Link Tutors' Fora'. However, the Link Tutors describe how they would appreciate greater levels of training and support from the centre as provision at faculty level is currently inconsistent. The audit team considered it would be useful for the outcomes of the Link Tutors' Fora to be reported at COPC or ASQC.

123   In addition to these concerns, the Link Tutors' Fora and several minutes in the COPC describe how time-consuming the role can be and how disparate the role is across faculties. In the light of these concerns the audit team suggests that the University carefully considers the workload involved in the role of Link Tutor.

124   The Link Tutor also attends the Examination Boards with the external examiner for the particular programme. The University has similar processes for external examiners in collaborative provision as it does for internal ones (see Section 2). However, the University is still not in a position where the same external examiner is responsible for the programme in all its locations of delivery and no additional briefing is provided for external examiners on collaborative provision programmes, although they do meet Link Tutors and the Head of Collaborative Provision (see also paragraph 32). The audit team would encourage the University to continue to respond to this situation as soon as possible.

125   However, the audit team was generally satisfied that arrangements for external examiners in collaborative provision were sound. The team also noted that new external examiners were given mentors, as with external examiners for home provision (see Section 2).

126   A Collaborative Partners Conference is held annually to help senior managers of the University disseminate information on institutional developments to partners (both local and international) and vice versa. The audit team considered that this could be good practice in the making, and recommends that the University consider encouraging partners to engage more readily with this conference.

127   Many of the collaborative provision processes involved in quality assurance are similar to those used across the University. Any changes to a validated collaborative provision programme will be addressed by Collaborative Provision Committee on behalf of ASQC. Modifications to modules or programmes are also addressed at Collaborative Provision Committee.

128   Every collaboration is reviewed at least every three years in a method similar to that of both the initial validation process, and the University's Programme Review and Revalidation (PRR) process (see Section 2). The review can take place outside of this cycle if there is significant cause for concern, or if a major change in the programme necessitates. For those partners who are more established, the University may increase the usual three-year revalidation timeline to five years. In addition to individual courses being revalidated the individual institutions are reviewed, also on a three-yearly cycle.

129   The International Learning Partnership Programme (ILPP) is a franchise collaborative provision arrangement between the University and five international partners, involving approximately 170 students across east and south-east Asia. Students study courses that have been designed and quality-assured by the University, yet are delivered by collaborative partners abroad. These courses are also taught at the universities by the relevant university's staff. The University delegates all marketing, recruitment, admissions and teaching responsibilities to the partner university, but retains the role of marking all assessments.

130   As part of the audit, the team met with students who were studying for a University award in a partner college. It was clear to the audit team that the students were generally well supported throughout their degree programme and they were happy with the standard of education they received through the partner. The students did not feel as though they were a part of the University of Gloucestershire, but stated more affinity to their college.

131   It was difficult for the audit team to investigate parity regarding differing experiences between home and collaborative provision students, as students, with whom the team met were not involved in franchise partnerships. However, it was clear to the team that the University attended to issues of parity at least occasionally at the ASQC as well as the Collaborative Provision Committee, although the team encourages the University to investigate these issues annually at the minimum.

132   The University allows collaborative partners varying entitlements for students and staff dependant on their type of collaborative relationship (see paragraph 116). Students and staff at the Associate Faculty are treated with almost complete parity with their counterparts at the University, including having access to electronic resources, learning centres, counselling, careers advice and training for staff.

133   The University has also attempted to receive feedback on its collaborative provision courses through the National Student Survey (NSS), but low participation rates have meant that the statistical returns are less valid. However, it is clear that collaborative provision students can raise their concerns or desires through the collaborative partner representatives, or Link Tutors at the Collaborative Provision Committee.

134   Student complaints are dealt with by the partner where possible, although are ultimately the responsibility of the University. Student representation is also the responsibility of the partner, and all partners must have representation in place. The audit team also commended the University in that the Student Representation and Experience Coordinator has helped to implement representation systems in partner institutions in the UK.

135   The audit team considered that there were areas where the University could improve its quality assurance procedures in relation to collaborative provision, but concluded that the University utilises and engages with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* in formulating its approach to collaborative provision.

Section 6: Institutional arrangements for postgraduate research students

136   The University offers a variety of research degree programmes (RDPs) including those leading to Master of Research, MPhil and PhD degrees. Most recently two professional doctorates have been introduced, the Doctor of Education (EdD) and the Doctorate in Business Administration (DBA). The University has a population of just under 200 research students, of whom approximately half are studying part-time.

137   The University made submissions in 12 Units of Assessment in the 2008 RAE, and all academic areas were subsequently judged to include internationally recognised work. In 2006 the post of Associate Dean (Research) was introduced for all four faculties to provide appropriate oversight of research on each campus and lead new Faculty Research Development Groups (FRDGs).

138   The University publishes on its website a Handbook of Regulations and Procedures which sets out the regulations and procedures relating to all research degrees. The audit team found this to be readily accessible and comprehensive. The team was informed in meetings with staff that this formal document was usually supplemented by a Student Handbook and Code of Practice, but that this had not been made available to students in the 2009-10 academic year. On request to the University, the team received and then examined a version of this document dated January 2007. The team found that this more informal Code of Practice appeared to form a useful complement to the formal Handbook and would, therefore, encourage the University to continue to make updated versions available to both staff and students.

139   Responsibility for policy, procedures and practices relating to research degrees is devolved from the Academic Board to the University Research Degrees Committee (URDC). The URDC has the initial responsibility for ensuring that the University's procedures are aligned with the *Code of practice, Section 1: Postgraduate research programmes*. It is also responsible for scrutinising and approving all paperwork relating to changes of supervisor, extensions, de-registrations, examination arrangements and examination reports. Within each Faculty there is a Faculty Research Degrees Committee (FRDC), each of which is a sub-committee of the URDC and has some quality assurance responsibilities and duties delegated to it. Each FRDC is chaired by the Faculty Research Director (FRD). The Research Ethics Sub-Committee of URDC acts as a policy advisory body and is responsible for approval, referral or disapproval of staff and student research projects in accordance with the University's *Handbook of Principles and Procedures* for ethical research. There are student representatives, elected by the student body, on both URDC and FRDCs, although these committees operate a system of reserved business which requires student representatives to withdraw when matters relating to individual students are discussed.

140   The Postgraduate Research Centre (PRC) is part of the Research Office. Its remit includes the administrative management of research degrees both at university and at faculty level in conjunction with each Faculty's Research Degree Tutor or FRD. This includes all aspects of admissions, enrolment, induction, registration, progress monitoring and examinations. It is also responsible for monitoring the research environment for students.

141   The audit team considered these overall institutional arrangements to be satisfactory, apart from the fact that the terms of reference of the URDC specifies that its chair is the Head of PRC. In conjunction with this, it was noted that at the time of the 2006 QAA Review of research degree programmes (RRDP) the relevant committee then was chaired by the Dean of Research. The team observed that the revised arrangement could potentially lead to a conflict of interests. In meetings with relevant staff of the University the team was told that any potential conflicts could be dealt with appropriately on an individual basis. The team noted, however, that the URDC is also responsible for approving and monitoring various aspects of the work of PRC including, for example, the scrutiny of forms relating to extensions, changes of supervisor and examinations. Given this, the team agreed that this was not the most robust arrangement and it strongly encourages the University to review accordingly the terms of reference of the URDC relating to the chair.

142   In the absence of a statement on completion rates in the briefing paper, the audit team looked for evidence that appropriate monitoring and analysis of the performance of RDPs was being carried out by the University. The terms of reference of the URDC state that it is responsible for the monitoring of submission, pass, withdrawal, referral, completion and fail rates. The team examined several minutes of meetings of the URDC and the FRDCs and, additionally, asked the University to provide supplementary information relating to the monitoring of the success of RDPs. The additional information provided by the University charted the number of research degree completions each year per full-time equivalent member of staff and compared these against those of several other similar universities. While this can be seen to provide one measure of the level of RDP activity it nevertheless failed to provide information on targets or completion rates. In response to a further request for additional evidence of the steps being taken to monitor RDP performance, in particular statistical data concerning completion rates, the team was provided with a hard copy of data generated by HEFCE deriving from Higher Education Statistics Agency (HESA) data. In subsequent meetings with relevant staff of the University the team asked how the various committees related to research study monitored the success of the University's RDP programmes. The team was informed that the committees, both at faculty and university level, did not produce an overall picture of completion rates and that monitoring of success took place instead on a student-by-student basis.

143   In the absence of any further statements on performance indicators or targets, associated with the lack of transparent data on completion rates within and across the University, the audit team formed the view that currently the University was failing to monitor the performance of its RDPs adequately. In conclusion, the team judged that standards and the quality of learning opportunities relating to research degree programmes are potentially at risk and considers it advisable that the University implement and fully operate procedures for the rigorous monitoring of the success of postgraduate research programmes against internal and/or external indicators and targets.

144   All candidates are interviewed by at least two members of staff, one of whom will usually be a potential supervisor. This was confirmed to the audit team by students during the audit visit. The FRD normally chairs interviews in order to provide consistency and experience. A confidential equal opportunities form accompanies all applications for admission and these are subsequently collated for monitoring purposes.

145   An initial Training Needs Analysis (TNA) is undertaken at interview and the responsibilities and entitlements of a student are outlined. On acceptance, the attention of the student is drawn to their responsibilities as set out in the Handbook of Regulations and Procedures. A further TNA is carried out during the formal student induction process, which also includes an introduction to various procedures and regulations. The audit team was satisfied that these procedures were in alignment with the *Code of practice, Section 10: Admissions to higher education.*

146   All research students have a team of at least two supervisors and there must be experience of at least one successful research degree completion at the appropriate level within the team. Supervisors new to research supervision are generally attached to a supervisory panel with an experienced supervisor and are required to undertake the core modules from the University's Research Supervisors' Support Programme. Continuing and experienced supervisors are also expected to attend some sessions from this programme. In addition to the supervisory team, an adviser may be appointed to bring further specialist, professional or methodological expertise on a more ad hoc basis.

147   The team noted that the SRRDP recommended that the University may wish to consider putting a limit on the number of students that a member of staff can supervise. The University stated in its briefing paper that they had responded to this recommendation through guidance stipulating that supervisors should not normally supervise more than six research students. The audit team was, however, unable to find any formal statement of this position in the Research Degree Handbook or elsewhere. The briefing paper also stated that, to ensure that supervisors are not overloaded with supervision, the University relies on using a 'balance of duties allowance per student'. This latter approach to monitoring the supervisory load was later confirmed by University staff, who also expressed the view that they thought there was no formal limit.

148   The audit team considers that the current arrangement, although apparently creating no cause for concern at present, is unsustainable and strongly encourages the University to introduce a formal statement of a maximum supervisory load, which should only be exceeded in exceptional circumstances and with the permission of Academic Board.

149   Details of progression and review procedures are included in the Handbook of Regulations and Procedures. Research Degree (RD) forms are used to monitor research student progression and are intended to be completed by students and supervisors together in a student-led process. The forms are subsequently read by the appropriate FRD.

150   From an examination of the minutes of URDC meetings, the audit team noted that the rates of return of annual monitoring forms were generally low. Considering that these forms constitute the only means for monitoring both individual student progress and overall progress rates, the team was unable to agree with the assessment that a return rate of 62 per cent was 'good'. It was also noted that in one faculty the return rate was less than 50 per cent on two consecutive occasions.

151   The issue of this informal system of progress monitoring was raised by the audit team at meetings with relevant staff of the University. The team was informed that the University had recently moved from a bi-annual to an annual reporting process in an attempt to increase the rate of return of forms by students and supervisors. This change may account for the contradictory statements on the frequency of monitoring contained in the briefing paper. University staff also informed the team that monitoring is a student-led process and that they were currently considering assimilating the supervisory record system into it. In reply to the team's concern as to how the University could track the progress of a student if no form was returned, staff replied that the student would be 'chased for the form.'

152   The audit team also noted that there were no formal reviews of student progress other than those involved in the upgrade of registration from MPhil to PhD. This upgrade process involves the student in preparing a written report for and an interview with a transfer panel comprising the supervisors, the FRD and an independent assessor. While this transfer procedure appears rigorous, the team formed the view that the overall arrangements for monitoring the progress of research students are inadequate and that consequently standards and the quality of learning opportunities are potentially at risk. In conclusion, the team advises the University to establish clearly defined mechanisms for formal progress reviews of postgraduate research students in alignment with precept 16 of the *Code of practice, Section 1: Postgraduate research programmes*.

153   An annual TNA is scheduled to be undertaken by each student in conjunction with their supervisor and a programme of research student training is provided across the University. A module on the PGCHE is available to research students undertaking teaching duties.

154   At meetings with research students, the audit team also learned of an annual Summer School. This was praised by students and appeared to provide a good opportunity for research students to present their work in a semi-formal setting. The team encourages the University to continue and develop this initiative.

155   Research students also expressed their concern to the audit team over the lack of opportunities for developing teaching skills and that they had expected some to be available when they had applied to the University for research study. The feedback from research students presented in Section 10 of the 2009 Postgraduate Research Experience Survey (PRES) also appears to support this concern. The team did note, however, that the University had recognised this as an issue to be addressed when considering the PRES results. Considering the importance of the development of teaching skills to some research students, the team strongly encourages the University to explore ways in which more teaching opportunities could be made available to postgraduate research students as part of the wider personal and professional development provision.

156   In connection with this matter, the audit team did note that the University advertises on that part of its website aimed at prospective research students that many of its Schools provide opportunities for paid part-time lecturing and tutorial work, 'if appropriate'. The team suggests that the University review this promotional material to reflect the current situation accurately in order to avoid giving a misleading impression to prospective applicants.

157   In addition to providing a means to report on their academic progress, the annual progress report is also designed to provide students with an opportunity to give feedback on various issues, such as the adequate provision of learning and information resources and training needs provision. However, as already noted above, the rates of return of these reports are low. Research students may also provide feedback to the University through their representatives on the URDC and FRDCs. It was reported in various meetings by the audit team with staff and students that student representation on these committees was active.

158   Another form of central University monitoring of the research student experience listed in the briefing paper is the Annual Report of the Research Student Advocate. The audit team had noted that the appointment of the Research Student Advocate had been selected by the SRRDP

as a point of good practice. In order to pursue any subsequent developments to this role, the team requested that the current Research Student Advocate attend one of the audit visit meetings with the team along with other University staff. In the event, it was unfortunate that the Advocate was unable to attend. Subsequently, the team requested examples of the Research Student Advocate's annual reports to URDC and was provided with that for the academic year 2006-07. The team found that, while this gives an account of the advisory aspect of the role, there was no mention of the quality of the student experience or learning opportunities as suggested by the briefing paper.

159   The audit team recognises that the University is aware of the noticeable lack of feedback they are gaining from research students and that it is attempting to remedy the problem. The team supports the University in its efforts in this regard and encourages them to explore yet more ways in which to generate and act on feedback.

160   Normally there are at least two examiners and one examiner must be external to the University. Students have clearly defined routes of appeal in the case of complaints or grievances and the Research Student Advocate can also serve as an adviser for research students, independent of the supervisory system. The audit team was satisfied that the assessment procedures for Research Degree Programmes as described in the Handbook of Regulations and Procedures are aligned with the *Code of practice, Section 6: Assessment of students*.

Section 7: Published information

161   The University has appropriate procedures for assuring the accuracy of all published information, including that produced by collaborative partners. The central marketing department produces a document showing the flow chart for publications to ensure accuracy. Responsibility for the accuracy of course-specific and student service material resides with the relevant head of department and is signed off by the relevant senior manager. The audit team learned that this may be a departmental staff member reporting to the Dean. With collaborative partners, the Link Tutor is responsible for prior approval of marketing materials and that they comply with University and QAA guidance and are subject to approval by central Marketing.

162   Guidance on the production of materials is given by central Marketing for publicity, promotional and course information and additionally by the Disability Services on accessibility of student materials. Learning Enhancement and Technology Support offers advice on communication to diverse audiences as needed and this is available on the intranet for staff, with information about written materials.

163   Although the briefing paper states that the University has been awarded the Crystal Plain English mark, the audit team learned that this was not so and that this award remained an aspiration. However, the University states in its briefing paper that the text is screened for unnecessary jargon. In addition, the University has taken care to improve availability and ease of access of online information for students and staff with the Simplifying Learner Administration Processes project.

164   The University has produced an Admissions Digest which closely aligns to the *Code of practice, Section 10: Admissions to higher education* and is mapped against the precepts.

165   A devolved model for the development of communication material operates, with certain staff having web authoring access after training and freedom to generate material within corporate guidelines. The audit team queried why there was out of date information found on the University's website in relation to an MA which had been validated but was shown as still being subject to validation. The team was informed by the marketing department that the website was subject to regular review and updating and that the University's student records system, on which student course and module information resides, was also updated regularly by Registry. However, the frequency of updating and checking was not known. Furthermore,

the team noted that other pages of the University's website for staff also need updating to ensure that features of good practice and other enhancement initiatives are current, for example the latest Pedagogic Research and Scholarship Institute (PSRI) pages are now at least a year old.

166   The audit team urges the University to clearly identify the cycle of time when checks and updating should take place and in particular when changes and developments occur in the University which affect published information on the website, to ensure this is updated promptly. Furthermore, it may be important for the accuracy of information on collaborative partner websites to be explicitly included in the Collaborative Provision Handbook and for this to be subject to the same regular scrutiny by the University.

167   The University states in the Briefing Paper that it takes care to ensure it meets the requirements of HEFCE Circular 06/45 in its provision of public institutions. The audit team found that the TQI/Unistats site complies in general with the HEFCE circular, although the institutional commentary on the data is missing. On the UCAS website, the team found that in general the information required was present, although the link to accommodation was no longer live at the time of the audit visit. The University's own website has, in general, the information required, although results of any internal student surveys were missing, waiting on the outcome of the Gloucestershire Student Survey when completed.

168   The audit team was able to verify that the University provides in general the type of information required by Annex F of HEFCE Circular 06/45 and that, in general, the information placed on the Unistats and UCAS website and on their own University of Gloucestershire website is accurate. However, it urges the University to ensure that links are live and student survey results are posted as soon as possible.

169   Some of the students that the audit team met and the views expressed in the students' written submission varied on the extent of accuracy of all the published information and the speed with which the University updated information that was relevant to their experience. This related both to the information about the student experience they could expect, such as opportunities for teaching for postgraduate research students, which is stated on the website, and also to changes in their experience since they arrived, such as cuts to the University bus without forewarning, relocation of a campus, changes to cleaning and bursaries, or some placement visits which had not taken place. Other students, however, reported that all the information they had had in advance had met their expectations and the student written submission reported that course and module information was accurate. However, the student written submission expressed concern about the poor level of communication from the University regarding large-scale changes (see also paragraphs 61, 67 and 109).

170   Students were aware of the complaints and appeals procedures, though none reported having used these, knew where to locate information about them and reported they had been drawn to their attention at induction.

171   The audit team noted that a number of internal documents lacked dates, making it difficult for staff to know how current the document was.

172   Notwithstanding the comments on regular updating of websites and live links in paragraph 167 and the need for transparent and timely communication of plans and developments, the audit team concluded that reliance could reasonably be placed on the accuracy and completeness of the information that the University publishes about the quality of its educational provision and the standards of its awards.