Middlesex University

JUNE 2005

Preface

The Quality Assurance Agency for Higher Education (QAA) exists to safeguard the public interest in sound standards of higher education (HE) qualifications and to encourage continuous improvement in the management of the quality of HE.

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales. For institutions that have large and complex provision offered through partnerships, QAA conducts collaborative provision audits in addition to institutional audits.

The purpose of collaborative provision audit

Collaborative provision audit shares the aims of institutional audit: to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard, and

- exercising their legal powers to award degrees in a proper manner.

Judgements

Collaborative provision audit results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the academic standards of its awards made through collaborative arrangements

- the confidence that can reasonably be placed in the present and likely future capacity of the awarding institution to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements; and

- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, (or authorises to be published) about the quality of its programmes offered through collaborative provision that lead to its awards and the standards of those awards.

These judgements are expressed as either **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

Nationally agreed standards

Collaborative provision audit uses a set of nationally agreed reference points, known as the 'Academic Infrastructure', to consider an institution's standards and quality. These are published by QAA and consist of:

- *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), which includes descriptions of different HE qualifications

- The *Code of practice for the assurance of academic quality and standards in higher education*

- subject benchmark statements, which describe the characteristics of degrees in different subjects

- guidelines for preparing programme specifications, which are descriptions of the what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

The audit process

Collaborative provision audits are carried out by teams of academics who review the way in which institutions oversee their academic quality and standards. Because they are evaluating their equals, the process is called 'peer review'.

The main elements of collaborative provision audit are:

- a preliminary visit by QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team six weeks before the audit visit
- visits to up to six partner institutions by members of the audit team
- the audit visit, which lasts five days
- the publication of a report on the audit team's judgements and findings 22 weeks after the audit visit.

The evidence for the audit

In order to obtain the evidence for its judgement, the audit team carries out a number of activities, including:

- reviewing the institution's own internal procedures and documents, such as regulations, policy statements, codes of practice, recruitment publications and minutes of relevant meetings, as well as the self-evaluation document itself
- reviewing the written submission from students
- asking questions of relevant staff from the institution and from partners
- talking to students from partner institutions about their experiences
- exploring how the institution uses the Academic Infrastructure.

The audit team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work through visits to partners. In addition, the audit team may focus on a particular theme that runs throughout the institution's management of its standards and quality. This is known as a 'thematic enquiry'.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews how institutions are working towards this requirement.

All QAA's publications are available on our website www.qaa.ac.uk

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Summary

Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Middlesex University (the University) from 6 to 10 June 2005 to carry out an audit of the collaborative provision offered by the University. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements.

To arrive at its conclusions the audit team spoke to members of staff of the University, and read a wide range of documents relating to the way the University manages the academic aspects of its collaborative provision. As part of the audit process, the team met with five of the University's collaborative partners, where it spoke to students on the University's collaborative programmes and to members of staff of the partner institution.

The words 'academic standards' are used to describe the level of achievement that a student has to reach to gain an award (for example, a degree). It should be at a similar level across the UK.

Academic quality is a way of describing how well the learning opportunities available to students help them to achieve their award. It is about making sure that appropriate teaching, support, assessment and learning opportunities are provided for them.

The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' (*Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning* (*including e-learning*), 2004, paragraph 13, published by QAA).

In an audit of collaborative provision both academic standards and academic quality are reviewed.

Outcome of the collaborative provision audit

As a result of its investigations the audit team's view of the University is that:

- broad confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards of its awards made through collaborative arrangements

- broad confidence can reasonably be placed in the present and likely future capacity of the University to satisfy itself that the learning opportunities offered to students through its collaborative arrangements are managed effectively and meet its requirements.

Features of good practice

The audit team identified the following areas as being good practice:

- the widespread commitment and support given to partners in the design, development and delivery of programmes

- the contribution that collaborative provision makes to the University's strategy for widening participation

- the establishment of the regional offices and the way in which they are used to support collaborative provision

- the section of the Procedures Handbook on collaborative provision that helps to engender a shared understanding of the University's requirements.

Recommendations for action

The audit team also recommends that the University should consider further action in a number of areas to ensure that the academic quality of programmes and standards of the awards it offers through collaborative arrangements are maintained. The team considers it advisable that the University:

- reviews its structures for communication and decision-making in order to strengthen its formal institutional oversight of collaborative provision

- reviews its approach to the award of credit achieved through external courses to ensure that this is underpinned by quality assurance procedures equivalent to those applied to other credit-bearing provision of the University

and considers it desirable that the University:

- makes more explicit, in all its procedures and guidance, the mechanisms by which it ensures that the standards of its awards are maintained

- continues to develop the use of data, better to inform the management of quality and standards of collaborative provision

- develops further a mechanism for providing an institutional overview of each partner to enable emerging themes to be identified.

National reference points

To provide further evidence to support its findings, the audit team also investigated the use made by the University of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The audit found that the University was making effective use of the Academic Infrastructure in the context of its collaborative provision.

In due course, the audit process will include a check on the reliability of the teaching quality information (TQI) published by institutions in the format recommended in the Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance.* The audit team was satisfied that the information the University and its partners are publishing currently about the quality of its collaborative programmes and the standards of its awards is reliable, and that the University is

making adequate progress to providing TQI data for its collaborative provision.

Main report

Main report

1   An audit of the collaborative provision (CP) offered by Middlesex University (the University) was undertaken during the period 6 to 10 June 2005. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements.

2   CP audit supplements the institutional audit of the University's own provision. The process of collaborative provision audit has been developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with higher education institutions (HEIs) in England. It provides a means for scrutinising the collaborative provision of an HEI with degree-awarding powers (awarding institution) where the collaborative provision was too large or complex to have been included in the institutional audit of the awarding institution. The term 'collaborative provision' is taken to mean 'educational provision leading to an award, or to specific credit toward an award, of an awarding institution delivered and/or supported and/or assessed through an arrangement with a partner organisation' (*Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*), *Section 2: Collaborative provision and flexible and distributed learning* (*including e-learning*), 2004, paragraph 13, published by QAA).

3   The CP audit checked the effectiveness of the University's procedures for establishing and maintaining the standards of academic awards through collaborative arrangements; for reviewing and enhancing the quality of the programmes of study offered through collaborative arrangements that lead to those awards; for publishing reliable information about its CP; and for the discharge of its responsibility as an awarding body. As part of the collaborative audit process, the audit team visited five of the University's collaborative partners.

Section 1: Introduction

The institution and its mission as it relates to collaborative provision

4   In 1973 the Middlesex Polytechnic was created from local colleges which included colleges of technology, colleges of education, and colleges of art, speech and drama. The Polytechnic was granted University status in 1992. The majority of its provision is concerned with taught undergraduate and postgraduate programmes with an additional portfolio of research degrees, professional doctorates and work-based learning qualifications. The University has a history of providing learning opportunities for regionally based students who may have studied at one of the local University consortium or associated colleges prior to their progression to the University. The University describes how the theme of designing, developing and delivering applied programmes of study that will encourage the wider participation of a broad student base is a hallmark of the University. The University operates from six campuses known as Archway and Hospitals, Cat Hill, Enfield, Tottenham, Hendon and Trent Park. All are located in North London and are linked to broad areas of subject discipline. The University is divided into five schools: Arts; Business; Computing Science; Health and Social Sciences; and Lifelong Learning and Education.

5   The University currently has nearly 31,000 students compared with some 22,000 at the time of the QAA institutional audit in 2003. The student population, including those studying on collaborative programmes both within the UK and overseas, comprises 23,538 undergraduate and 7,259 postgraduate students with 8,650 of the total studying part-time.

The CP represents 31 per cent of the student population spread across subject areas as follows:	
Management and Business	1,274
Mental Health, Psychology and Social Science	2,116
Health	958
Arts	2,924
Humanities	1,074
Computing	730
Life Long Learning and Education	270
Funded Students not pursuing University Awards	307
Aggregate	9,653
The type of programme being pursued by CP students is as follows:	
UK undergraduate	3,277
UK postgraduate	1,471
Overseas Undergraduate	4,451
Overseas Postgraduate	454
Aggregate	9,653

6   The University CP has grown from its origins in the mid-1980s to include currently 62 partners from the UK and 29 international partners operating in 22 different countries.

7   The University's strategic aim is to be:

'a global University committed to meeting the needs and ambitions of a culturally and internationally diverse range of students by providing challenging academic programmes underpinned by innovative research and scholarship and professional practice'.

8   The partnership with UK and overseas organisations is seen as aiding the University to fulfil this strategy by extending study opportunities to a broader student population who may not be able to attend the University. This theme of broadening participation is presented in the Strategic Statement of the University:

'Middlesex University recognises that it can pursue its mission more effectively by combining its own effort with educational institutions which share our aims. The University will work in partnership to deliver its academic programme, widen access and develop research, consultancy and professional practice in the UK and overseas as a multi-cultural University'.

Background information

9   The published information available for this audit included the following recent documents:

● the report of the institutional audit conducted by QAA dated March 2003

● the major review of healthcare programmes conducted by QAA, dated June 2004

● the review of Foundation Degrees 2002-03, the University and College of North East London, Housing Studies, conducted by QAA

● the report of the University and Regional Information Technology Institute, Cairo, Overseas Partnership Audit conducted by QAA, published March 2001.

10   The University provided QAA with a series of documents and information including:

● an institutional CP self-evaluation document (CPSED) with appendices, titled Collaborative Provision Audit, dated January 2005

● the Procedures Handbook 2004-05

● undergraduate and postgraduate prospectuses

● access to the University intranet

- documentation relating to the partner institutions visited by the audit team.

11 During the briefing and audit visits, the audit team was given ready access to a range of the University's internal documents. The team identified a number of partnership arrangements that illustrated further aspects of the University's provision, and additional documentation was provided for the team during the audit visit. The team was grateful for the prompt and helpful responses to its requests for information.

The collaborative provision audit process

12 Following a preliminary meeting at the University in July 2004 between a QAA officer and representatives of the University and students, QAA confirmed in September 2004 that five partner visits would be conducted between the briefing and audit visits. The University provided its CPSED in January 2005. The University provided QAA with briefing documentation in April 2005 for each of the selected partner institutions.

13 The students of the University were invited, through the Middlesex University Students' Union (MUSU), to contribute to the CP audit process in a way that reflected the current capacity of the MUSU to reflect the views of students studying for MU awards through collaborative partners. Officers from MUSU contributed to the development of the CPSED and the audit team was able to meet an officer of MUSU at the briefing visit. The team is grateful to the officers of MUSU for their engagement with the process.

14 The audit team visited the University from 19 to 21 April 2005 for the purposes of exploring with senior members of staff of the University, senior representatives from partner institutions, and student representatives from MUSU and partner institutions, matters relating to the management of quality and academic standards in CP raised by the University's CPSED and other documentation, and of ensuring that the team had a clear understanding of the University's approach to collaborative

arrangements. At the close of the briefing visit, a programme of meetings for the audit was agreed with the University. Additionally, it was also agreed that certain document audit trails would be followed relating to five partner institutions (PIs) representing validated, joint, franchised and accredited relationships.

15 During the visits to partners, members of the team met senior staff, teaching staff and student representatives of the PIs. The team is grateful to the staff of the PIs for their help in gaining an understanding of the University's arrangements for managing its collaborative arrangements.

16 The audit visit took place from 6 to 10 June 2005, and included further meetings with staff and students of the University. The audit team is grateful to all those staff and students, both of the University and its partners, who participated in meetings.

17 The audit team comprised Professor M Broadbent, Professor M Carswell, Dr R Haggarty, Dr S Hargreaves and Mr A Hunt. The audit secretary was Mr C Crean. The audit was coordinated for QAA by Ms N J Channon, Head of Operations, Reviews Group.

Developments since the institutional audit of the awarding institution

18 The findings of the institutional audit report (March 2003) highlighted a number of points which were relevant to the audit of the University's CP. In the CPSED the University provided the audit team with a summary of its response to the audit report.

19 There were a number of features of good practice noted in the report which generally related to matters more relevant to the provision considered within the scope of the institutional audit.

20 In the audit report the University was advised to ensure more effective use is made of the deliberative and executive structures at all levels to maintain central and consistent oversight of delegated responsibility for quality assurance. In response, the University explained

that it has strengthened the oversight of external examiners appointments and that complexity has been reduced by increased standardisation of committee structures within Schools and with standardisation of report formats to Academic Board.

21   The University was also advised to give priority to the implementation of appropriate and prioritised risk management procedures to improve the effectiveness of its quality management; to take measures to achieve consistency and enhancement through the effective sharing of good practice; and to implement plans to improve the collection, interrogation and analysis of data about students in order to better inform decision-making within the University. In response the University has continued with the development of its risk management procedures; set up a University task group to consider the dissemination of good practice which has been further commissioned to provide recommendations for action; and has put in place the student management system (MISIS), which the University considers provides an opportunity for the presentation of information for better-informed decision-making (see below paragraph 106).

22   In considering the University's response to the institutional audit report, the audit team formed the view that most of the recommendations had been effectively addressed. The team considered that the complexity and oversight issues had been satisfactorily resolved by a series of actions including the standardisation of the programme annual monitoring report (AMR) processes, the standardisation of the school committee structures and their responsibilities and the use of prescribed templates for reporting procedures. The relationship between senior committees with responsibility for quality management, and their related working parties/steering groups/informal groupings raised some further questions for the team which are addressed more generally in this report.

Section 2: The collaborative audit investigations: the awarding institution's processes for quality management in collaborative provision

The awarding institution's strategic approach to collaborative provision

23   The CPSED explained that the University believes that 'partnership with UK and overseas organisations is crucial to the fulfilment of its strategic aim as it is only through partnership that the University can make available an academic programme that meets the needs of a student constituency that may not choose, or be able, to attend the University'. This clear widening participation agenda which the University aims to pursue, in part, through the further development of its CP, provided a context within which the academic standards and quality of provision could be considered by the audit team.

24   The University has developed criteria for partnership which include:

● compatibility of the mission and ethos of partners with that of the University

● confidence in the potential partner to offer successful HE programmes

● a judgement that there is a manageable level of risk in progressing the collaboration

● the financial standing of the proposed partner and financial viability of the collaborative programme(s) proposed

● the extent to which partner provision would complement that of the University and therefore support the University in meeting its goals (for example, widening participation) or extending the range of subjects that can be offered

● compatibility with existing University partnership(s) in which both partners are already involved, and

● the value that the collaborative programme would bring to both partners, particularly in the context of the University's Strategic Statement.

25   The University considers that it has taken a progressive approach to the development of CP, and the CPSED described how the supporting University infrastructure has grown to include nine regional offices; the Collaborative Provision Office (CPO) in the Academic Registry to deal with administrative matters arising from collaborative partnerships; increased support from the Quality Assurance and Audit Service (QAAS); increased support from the schools that have significant levels of collaborative partnerships; and the appointment of a Director of International Educational Partnerships (DIEP).

26   The University's approach to securing the standards of academic awards and assuring and enhancing the quality of the student experience is described as being:

●   underpinned by academic/quality policies and strategies

●   characterised by an emphasis on external inputs to the process and the importance of students' involvement

●   based on a model of devolution of responsibility for standards and quality to schools and partners

●   overseen centrally via University committees

●   managed at university level by the Vice-Chancellor, supported by the deputy vice-chancellors (DVCs).

27   The University classifies its collaborative arrangements into the following categories:

●   joint. A University programme, or part thereof, leading to a qualification of the University, developed, delivered and assessed jointly with a PI(s) and quality assured by the University.

●   validated/Validated Funded. A programme developed, delivered and assessed by a partner approved by the University, awarded by and quality assured by the University. In the case of validated programmes, the University's approved partner receives the funding, in the case of validated funded programmes, the University receives the funding on behalf of the partner by way of a formal funding arrangements (for example, a consortium).

●   Franchised. A University programme and qualification, designed, assessed and quality assured by the University but delivered at and by a partner approved by the University.

●   Accredited. Programmes run by institutions accredited by the University, without their own degree awarding powers, which offer programmes leading to University awards. The partner designs, validates, delivers, monitors, assesses, reviews and generally assures the quality of the programme. At the time of the audit there were two accredited partners.

●   Funded. A programme designed, delivered and assessed by a partner and quality assured and awarded by a third party (for example, Edexel or other HEI). The University receives the funding for the partner normally within consortium or other arrangements. This type of provision is not included in this audit as the awards are not those of the University.

28   The number and type of programmes offered by the University through collaborative partners at the time of the audit was as follows:

Validated/Funded	22
Validated	246
Joint	50
Funded	21
Franchised	32
Accredited	15
Aggregate	386

29   The University, in liaison with its PIs, is in a process of phasing out the Higher National Diploma and Certificate programmes and replacing them with Foundation Degree programmes which have a greater emphasis on work-based learning, but still offer the same potential for progression into honours degree level studies as their predecessors.

The awarding institution's framework for managing the quality of the students' experience and academic standards in collaborative provision

30   In its CPSED the University described its approach to CP as one based on devolution to schools and partners of responsibility for academic standards and quality of provision with central monitoring at university level. Schools operate within common academic and procedural frameworks. The Vice-Chancellor of the University is ultimately responsible for the academic standards of all the University awards and the quality of the programmes leading to those awards. In the case of CP this responsibility has been delegated to the Deputy Vice-Chancellor and Director, Middlesex UK (DVC DMUK) and to the Deputy Vice-Chancellor and Director, Middlesex International (DVC DMI). During the academic year of the audit, a transitional arrangement was in place whereby the responsibility for the international CP will be transferred from the DVC DMUK, who was responsible for all CP, to the DVC DMI. At the time of the audit the DVC DMUK was about to retire, his successor had been appointed and transitional arrangements were in place for the transfer of responsibilities.

31   Committee oversight is provided at university level by the Academic Board and its subcommittees, with the Academic Standards and Quality Committee (ASQC) bearing prime responsibility for quality and standards. The University has no central or school-level committees whose sole remit is CP, and so central oversight of CP is subsumed into the work of the subcommittees of Academic Board. Accreditation of prior and experiential learning (APEL) is handled by university and school level accreditation boards with decisions reported ultimately to ASQC. Committee oversight of CP focuses predominantly on the quality of programmes and the academic standards of their awards as evidenced through annual monitoring reports emanating from PIs and schools. Monitoring of individual PIs relies more heavily on informal information exchange which the audit team considered might present consequent risks of lack of clarity in decision-making.

32   To enable schools to fulfil their responsibilities for the quality and academic standards of collaborative programmes offered by the University and its partners, each school has a mandatory executive and a representative school board. The dean of school bears ultimate responsibility for programme quality and the standards of awards and delegates that responsibility to a director of curriculum, learning and quality (DCLQ). DCLQs work closely with QAAS, the University service that monitors and reports on the local implementation of delegated procedures. Exceptionally, a partner can be given accredited status in which case QAAS takes direct responsibility for the quality and academic standards of collaborative programmes offered in this way.

33   Procedures are well-documented and are revised on an annual basis. The Procedures Handbook provides a comprehensive set of procedures, guidance and standard templates governing the approval and review of CP. Assessment procedures and regulations are detailed in the Guide and Regulations and procedures for the accreditation of external courses and APEL for individuals are described in the Accreditation Handbook.

34   The University made it clear that it has sought to achieve an effective balance between central oversight and devolved responsibilities while recognising the additional risks involved in collaborative arrangements. Distribution of responsibility for quality assurance between the University and a partner organisation is codified in a Memorandum of Co-operation (MoC), agreed and signed on behalf of the University by the DVC DMUK and on behalf of the partner by the Principal (or equivalent). The MoC is a formal agreement which, together with financial and administrative annexes, lays down the rights and responsibilities of both parties. A number of standard templates are in use reflecting the different categories of collaborative relationships. The MoC is reviewed every six years in line with the periodic review of the programmes covered by the agreement, and interim revisions must be formally agreed and appropriate addendums signed by both parties.

35   A University link tutor (ULT) is appointed by the DCLQ for each collaborative programme (or group of programmes) to be the key point of contact between the University and the partner. Each ULT works with an institutional link tutor (ILT) or programme leader appointed by the partner organisation in maintaining the quality and standards of the associated collaborative programme(s). For an accredited institution, a University accreditation tutor acts as the link tutor. University-level support is provided for partners by the Academic Registry which gives guidance on assessment boards, regulations and awards, and on legal and financial matters through the CPO, and by QAAS which gives guidance on the quality procedures and training in quality related matters.

36   Further support is provided for international partners by an extensive network of regional offices throughout the world. In its meetings in relation to international CP and through its partner visits and paper trails, the audit team formed the view that the regional offices were highly regarded by partners, University staff and students, (see below, paragraph 47).

37   In its CPSED the University stated that it 'seeks to ensure that the experience of collaborative students is equivalent to that of students studying on identical or similar programmes at the University'. The University explained that the framework for ensuring that standards and the student experience are common to both University and CP and are underpinned by a strong procedural framework including those procedures detailed in the annual editions of the 'Procedures Handbook' and 'Guide and Regulations'. While those elements of CP that have a direct bearing on the student experience (recruitment and admissions, teaching, learner support and guidance, and learning resources) are mainly provided by partners, the University has sought to make its expectations clear, in part, through the initial appraisal of prospective partners, followed by the formal processes of institutional approval/re-approval and programme approval/review or, in the case of accredited institutions, through the accreditation and re-accreditation processes.

38   The student experience is monitored through annual monitoring (see below, paragraph 59) with AMRs produced for each collaborative programme. The University has been working through the ULTs to improve the quality of partner AMRs and encourage greater reflection and the inclusion of supporting 'quality evidence'. All collaborative programmes are required to have a board of study to seek and respond to student comments and further student feedback is encouraged using feedback forms that are the same as, or equivalent to, the University's own questionnaires. The ULT attends boards of study and the outcomes are reported in the AMR.

39   Through visits to partners and paper trails of selected partnership links, the audit team was able to confirm that the University's expectations in respect of the equivalence of the student experience were clearly understood by partners. Student representation through boards of study had been established and appeared to be working well in many partnerships and reporting on student feedback was evident in partner AMRs. The team talked to students on a range of collaborative programmes and found that, in general, students were happy with their overall experience.

40   In matters of assessment in CP, the University stated in its CPSED that its assessment processes for CP are 'either identical or equivalent' to those used for in-house provision. Assessment in joint and franchised programmes is governed by the University's assessment regulations as set down in the Guide and Regulations. For validated programmes, the partners' assessment regulations are approved at validation, and in many cases, are modelled on University regulations.

41   Assessment of students on joint and franchised programmes is considered by University assessment boards. For validated programmes, assessment boards are organised by the partner with the finalist board being chaired by a senior member of the University. ULTs and external examiners are always members of the boards.

42   The 2003 institutional audit found that the University had taken appropriate steps to address the precepts of the *Code of practice*, published by QAA, and in preparation for the current CP audit, the University has reviewed its procedures in the light of the revised *Section 2: Collaborative provision and flexible and distance learning (including e-learning)*. As a consequence, refinements have been made to procedures and relevant changes incorporated in the current edition of the Procedures Handbook.

43   Overall, the audit team formed the view that the University's framework for managing the quality of the students' experience and the academic standards in CP is characterised by the devolution of substantial responsibility to schools, services and partners. Decision-making draws on information generated by the University's processes of institutional and programme approval and through the University's monitoring systems. Upward reporting through formal committees and downward auditing by QAAS are used to monitor the manner in which schools are discharging their devolved responsibilities. Remedial actions are taken when and where necessary, and the team found that the requirements laid down in the Procedures Handbook were being followed at university and school levels. In the view of the team the clarity and comprehensive nature of Procedures Handbook is a feature of good practice. However, the team considered that, particularly in view of the emphasis on devolution, the importance of standards was not as overt as might be expected in some of the documentation, including policy statements on assessment. In the view of the team a greater distinction in the guidance and documentation between quality and standards would reinforce the importance of standards.

44   The audit team heard that decision-making was also informed by discussions taking place in less formal groups. For example, DCLQs charged with synthesising partner AMRs into school collaborative AMRs for presentation to ASQC, have regular informal meetings. However, formal processes focus mainly on individual programmes offered through collaborative arrangements rather than specific partnerships and the University's structures for communicating information about CP are relatively complex. While this approach enables the University to maintain an effective overview of students' experience and achievement at the programme level, there is more limited overview of individual partners particularly where they are offering a number of different programmes, and a consequent loss of opportunities to identify emerging themes across the wide range of CP. As a consequence the University's ability to maintain clear oversight of the quality and standards of its CP could be compromised by the lack of a clear, formal focus for the oversight of PIs as opposed to individual programmes (see below, paragraphs 60 and 69).

The awarding institution's intentions for enhancing the management of its collaborative provision

45   In the CPSED the University signalled its intentions to enhance its CP by continuing to develop a 'risk-based' approach to quality management, and to build collaborative research activities with PIs. The University explained that it intends to develop the management of its partnership activities, including the use of its network of regional offices across the world; to extend the range and quality of its CP, including the provision of HE qualifications in new and developing subject areas; and to make further use of its systems for the recognition of learning in the workplace, and the effective delivery of distance learning.

46   During the visit the audit team found evidence that the University was engaged, to a greater or lesser extent, in all the areas that it had identified for enhancement of its CP. The risk-based strategy for quality management is still at an early stage of development. In proposing this strategy, the University emphasises 'cost-effectiveness' and a 'shift [of] emphasis from quality assurance to quality enhancement'; however, it has also recognised a need to ensure that its quality assurance systems work effectively and consistently at all levels before it applies them selectively. The team heard that the new risk-management approach will be firmly

established and secured in its campus-based provision before it is implemented in CP. DCLQs and ULTs have pivotal roles in all aspects of quality assurance; since these will underpin any future development of a risk-based approach, the team would encourage the University to ensure they are appropriately resourced for any associated increase in responsibilities.

47   Regional offices have established the University's presence in a range of countries and regions. They inform and support the development of partnerships, the institutional approval and programme validation processes, and ULT visits; and they guide students progressing from PIs to the University. The Global Campus electronic learning network in the School of Computing Science is successfully supporting distance learning in several collaborative partnerships, and has potential for wider application. The audit team noted that the University had been awarded Centre for Excellence in Teaching abd Learning funding to develop work-based learning enabling it to capitalise upon the success of its National Centre for Work-Based Learning Partnerships (NCWBLP). Other enhancements include the institution's continuous development and updating of the Procedures Handbook as a comprehensive and evidently much-used source of information and guidance for the management of CP.

48   The University recognises that the development of research with PIs will be a very substantial challenge, particularly in terms of funding. However, opportunities are emerging: for example, the University is facilitating the development of a growing network of PIs specialising in religious studies. The audit team also noted other ways in which the University works with PIs to enhance its CP. Examples include the annual Partner Quality Forum, run by QAAS, which provides information and updates on national frameworks and developments such is the Academic Infrastructure. The forum is attended mainly by representatives from PIs within the London area, and the University might wish to consider how to extend the range of subject matter, and to involve a wider

audience. The team saw other examples of University staff providing support for PIs in developing learning materials and methods of teaching, learning and assessment.

49   The audit team concluded that the University's intentions for the enhancement of quality in its CP are generally appropriate within the context of its mission and timely in view of its increasing scale of operations. The University will, no doubt, appreciate the importance of ensuring that its visions and plans for enhancement are communicated and owned at all appropriate levels in the institution and among its PIs. In view of the growing range and scale of its CP the University will wish to continue to take a measured and cautious approach to the development and implementation of risk-based quality management.

The awarding institution's internal approval, monitoring and review arrangements for collaborative provision leading to its awards

Approval

50   The University distinguishes between institutional approval of partners and the subsequent approval of collaborative programmes offered with or by the partner. Initial approaches either by a prospective partner to the University or by the University to a potential partner are referred initially to the DVC DMUK or the DVC DMI as appropriate. The DVCs consider these proposals making use of standard criteria which include compatibility of mission and ethos, the ability to deliver HE programmes, manageable risk, the financial standing of the partner, the extent to which the collaboration complements or extends the University's existing provision and the likely mutual benefit to both parties. In reaching a decision the DVCs consult with schools likely to be involved in the partnership link and, for prospective international partners, with the relevant regional directors. Following further independent enquiries the relevant DVC decides whether or not to proceed to the formal process of institutional approval.

51   Institutional approval is managed by QAAS and in most cases involves the submission by the partner of a standard set of documentation and a visit to the partner by a small University panel. Visits can be waived for partners with degree awarding powers and proven systems for quality assurance although, in such cases, an institutional report must be prepared by the DCLQ(s) of the proposed link schools. Institutional approval can only be granted by the DVC DMUK, and is subject to standard conditions of approval and to any specific conditions determined by the approval panel. Institutional approval, which is now time-limited (six years), permits the partner and link schools to bring forward specific programmes for approval (validation). When the PI plans to deliver programmes at several satellite sites these are separately approved following a visit to each centre by a small University panel. In relation to one of the PIs visited by the audit team, there was documentary evidence of such visits taking place, together with reports on the suitability of the proposed delivery centres prepared by the ULT; recent visits had included an external assessor.

52   The process of validation (programme approval) is devolved to schools and is modelled on in-house procedures which operate within the centrally agreed framework laid down in the Procedures Handbook. Planning approval is required at school/university levels and a panel event is held, usually at the partner site(s). The validation panel includes a chair and a University representative independent of the school and, except for franchised programmes, at least two assessors external to the University. Where possible, the University encourages the participation of external assessors with an industrial or organisational background, representatives of professional, statutory and regulatory bodies (PSRBs) and partner representatives independent of the subjects to be validated. The draft MoC is considered by the panel, and if approval is granted, and once conditions of validation are met, the MoC is signed by both parties. Any additional campus to be used for programme delivery requires an additional resource assessment visit, and approved centres are listed in an amended MoC.

53   In rare cases, an institution can seek and be awarded accredited status. In such cases, the processes of institutional and programme approval are replaced by an accreditation process. Accredited status can only be conferred by ASQC following the submission of extensive documentation and an accreditation visit by a University panel chaired by a senior member of the University and including an external assessor with experience of CP. Accredited partners carry out validations (and reviews) under procedures agreed through the accreditation process. Such links are underpinned by a signed Instrument of Accreditation and a signed Accreditation MoC. Accredited status is time limited to a maximum of six years after which a re-accreditation process is invoked. At the time of the audit, the University had two accredited partners and the audit team saw evidence of the University's procedures being implemented effectively.

54   In its CPSED the University expressed confidence in the robustness of its arrangements for the approval of partnerships and has mapped its procedures against the *Code of practice*. The initial appraisal process utilises a preliminary risk categorisation and is considered by the University to be successful in identifying prospective partners: the audit team saw evidence of many prospective partners being rejected at this stage and the majority of those proceeding to institutional approval are successful in securing that approval. The CPSED also cited examples of feedback from partners that the process of institutional approval has been of particular benefit in assisting them in evaluating and further developing their own quality assurance processes. The team saw evidence both of the University rejecting partnerships in subject areas not within its current portfolio, but also of the University finding creative and innovative ways to support partners developing new subject areas that are allied to its own existing provision. This strategy appeared to the team to be in line with the strategy of widening participation by offering opportunities to students to enter HE in developing and challenging disciplines.

55   Subject benchmarks statements are used in the design of collaborative programmes and in the generation of programme specifications, and awards have been aligned with *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). The University views the validation process as effective and well-understood as a means of setting standards and states that partners find the process developmental and that it adds value to the programmes delivered. The audit team considered, however, that where a PI wishes to use assessment regulations other than those of the University a more formalised check on the proposed regulations could be provided by Registry to help the validation panel ensure consistent standards. The University's Academic Policy Statement on Assessment states that 'the most important part of the Learning Unit Narrative is the specification of the learning to be achieved, which is expressed as learning outcomes' but for accreditation of programmes offered by PIs which result in the award of certificates of credit, there was some evidence that documented learning outcomes did not fully reflect the level of learning to be achieved and at face value suggested a lower level of credit than that awarded. The University had identified this as a matter requiring action and there was positive evidence that more recent applications for approval have been treated more robustly with learning outcomes being required to be rewritten. The team considered it important for participants that the documented learning outcomes fully reflect the level of learning to be achieved particularly in view of the anticipated portability of the credit awarded.

56   Through its visits to partners and by reading a number of institutional approval reports, the audit team was able to confirm that the centrally managed process of institutional approval was robust and fit for purpose.

57   Consideration of validation reports and discussions with staff in partner organisations also led the audit team to concur with the University's view that the validation process conducted at school level was effective. In general, it appeared to the team that the

devolution of responsibility to schools has fostered ownership of the process by schools and partners, a view supported by representatives of partner institutions who met the team.

Monitoring

58   QAAS has the responsibility for monitoring the use made of external assessors on validation panels and the meeting of panel-imposed conditions and reports on the outcome to ASQC. The audit team saw evidence of the way in which this responsibility was conscientiously fulfilled, and concluded that the regular reporting to ASQC enabled the University to maintain an effective overview of the conduct and outcomes of programme approval.

59   Programme AMRs are prepared by link tutors for all joint, franchised and validated provision using standard templates, and ULTs are instrumental in providing advice and guidance to PIs on the University's requirements and timetable for their production. Programme AMRs are submitted to the relevant link school(s) for evaluation and the DCLQ synthesises reports from all of the school's links into a school collaborative AMR. Both programme and school collaborative AMRs are required to specify actions, issues and items of good practice in respect of the provision being monitored. School collaborative AMRs are then used to produce a University collaborative AMR for presentation to ASQC to enable the identification of university-level actions. Accredited partners also produce AMRs using the standard template and these are submitted directly to QAAS and feed into the University's collaborative AMR. The monitoring of the accredited link is also supported by the work of the Accreditation Tutor and, in the case of the University's accredited partner, by the attendance of University staff at the institutions' validation and review meetings, examination and academic boards, and the college council or equivalent groups.

60   In addition to the annual monitoring of programmes, the University has recently introduced a process of institutional monitoring to replace a (periodic) institutional review procedure that was introduced in 2002-03. Institutional monitoring draws on evidence from

normal monitoring activities such as external examiners' reports, link tutor reports, school collaborative AMRs and student number and financial data: if serious quality concerns emerge, a special case review can be held. Additional support has been provided in QAAS to assist the new process of institutional monitoring.

61   The University regards annual monitoring as a 'key quality process' and, following an internal audit in 2004, concluded that 'broad confidence' could be placed in the system. Nevertheless, efforts continue to be made to improve the quality of the programme AMRs received from partners and more guidance and training has been provided for ULTs. The CPSED cited several examples of quality enhancements at the programme level arising from annual monitoring. Further audits of annual monitoring and link tutor activities are planned.

62   Through its meetings with partners and reading of documentation the audit team concluded that the view expressed in the 2003 QAA institutional audit that, in general, annual monitoring was achieving its stated purpose, could, by extension be applied to the University's monitoring of collaborative programmes. Programme AMRs have improved in quality over recent years and have been material in triggering actions and enhancing the quality and standards of collaborative programmes. This improvement, allied with the University's programme of internal audits and reports to ASQC gave the team broad confidence that the University had an appropriate overview of the quality of its collaborative programmes and the academic standards of its awards.

63   The audit team considered that it was too early to judge whether or not the recently introduced process of institutional monitoring enabled the University to secure a consistent overview of partnership arrangements. In the team's view the process, as currently formulated, relies heavily on the quality and consistency of programme AMRs, and the team would urge the University to develop further its institutional overview of each partner in order to enable the identification of emerging themes across its wide range of collaborative arrangements.

Review

64   In the same way as its approval processes the University makes a distinction between the periodic review of collaborative programmes and the periodic review of partnership arrangements. Periodic reviews of collaborative programmes take place on a six-year cycle and are modelled on the validation process. As with its in-house programmes, there is an additional focus on change over time, taking into account student opinion, historical data and past internal and external reports on the provision under review. It is accompanied by a revision of the MoC. Review panels are required to include external assessors and, as with validation reports, review reports are scrutinised by QAAS and outcomes are reported to ASQC and to the DVC DMUK.

65   The University introduced a formal process of (periodic) institutional review in 2002-03. As mentioned above, routine institutional review has been replaced by an internal process of institutional monitoring. However, a full institutional review can be implemented if the University has 'significant quality concerns' arising from this new monitoring process. An institutional review requires the partner to produce a self-evaluation document accompanied by a substantial set of supporting documentation as specified in the Procedures Handbook. The review visit is conducted by a small panel chaired by the Head of QAAS, or a nominee, accompanied by an officer and a representative from a school not directly involved in the partnership link. The report of the visit contains a recommendation about whether or not institutional re-approval should be granted. Institutional approval lasts for six years (but lapses after two years if no programmes run) and re-approval is granted (or not) in writing by the DVC DMUK.

66   Periodic review of accredited institutions takes place every six years or earlier depending on the findings of annual monitoring, external examiner reports and reports from the University Accreditation Tutor. As with institutional review, a self-evaluation document and supporting documentation is required and a re-accreditation panel visits the partner. The panel is chaired by

the DVC, and includes an external member with substantial experience of CP. If re-accreditation is approved, a revised Instrument of Accreditation and a new MoC are signed by both parties.

67   The University has modelled its periodic review of programmes on the programme validation process and subjects collaborative programmes to the same level of scrutiny that it applies to in-house programmes. It expresses confidence that its requirements are in line with the section of the *Code of practice, Section 7: Programme approval, monitoring and review* and that elements of the Academic Infrastructure are well embedded.

68   In the view of the audit team the University's procedures for the periodic review of collaborative programmes are robust. The team saw evidence of actions arising from review reports being acted on in a timely manner and considered that ASQC is kept well-informed of the outcomes of programme reviews through annual overview reports produced by QAAS. The team also formed the views that good use is made of external assessors, and that the manner in which schools discharge their devolved responsibilities is appropriately and consistently tracked.

69   ASQC also receives an annual overview report on the conduct and outcomes of institutional approval/review and accreditation/re-accreditation activity. Reports are mainly factual and although they contain university-level actions aimed at improving overall procedures, there is little evaluation of partnership links or identification of emerging themes. At the time of the audit visit, ASQC had just received the first overview report of the outcomes of the new process of institutional monitoring conducted by QAAS. The report highlighted particular concerns with a limited number of partners although the team noted that none of these was deemed sufficient to initiate a full institutional review. In the team's view the report represented a welcome first step towards providing the University with an overview of each partner, and the identification of more general themes relating to partnership arrangements.

External participation in internal review processes for collaborative provision

70   In its CPSED, the University stated that 'external inputs' are a key characteristic of the University's approach to 'securing the standards of academic awards and assuring and enhancing the quality of the student experience'. External assessors (academic or industrial) are appointed by the dean of the link school to sit on (programme) validation and review panels, and criteria for their selection are given in the Procedures Handbook. The participation of PSRB representatives and partner representatives independent of the subject(s) under consideration are both encouraged.

71   Validation and review reports seen by the audit team confirmed that appropriate use was made of external assessors. At least two external subject experts are included in many panels, the exception being panels considering the franchise of previously approved programmes where one external expert is deemed sufficient. The use of external assessors is closely monitored by QAAS which reports its findings to ASQC. The team concluded that the University was making strong and scrupulous use of external persons in the approval and periodic review of the collaborative programmes offered through PIs.

72   In respect of the initial institutional approval of partners, there is no University requirement that an external person is included in the institutional visit. However, the accreditation panel visiting a prospective accredited partner is required to include an external assessor with the appropriate experience (nationally or internationally) of quality assurance processes for CP.

External examiners and their reports in collaborative provision

73   The University CPSED stated that 'external examiners play a fundamental role in assuring academic standards by providing an external perspective on the curriculum and student performance, so as to ensure comparability of standards, and by having an oversight of the assessment process'.

74   The University has retained central control of the appointment of external examiners to CP and external examiner appointments are made by QAAS on behalf of ASQC. In response to the recommendation in the QAA institutional audit report relating to ASQC's input to the approval of external examiner appointments, an annual audit of the appointment process will in future be produced for ASQC. The procedure for the appointment of external examiners to CP is essentially the same as for in-house provision except for accredited partner institutions.

75   The ULT works with the PI to ensure that its procedures for identifying and appointing external examiners are understood, and this process is supported by the Procedures Handbook. In addition, link tutor workshops are held regularly, attended by ULTs and ILTs, at which the procedures for appointment and the roles and responsibilities of external examiners are outlined and discussed; however, attendance at these by overseas partners was reported as being limited. For these overseas partners there is therefore greater emphasis on the role of the ULT in ensuring the PI fully understands the external examiner arrangements and the University is encouraged to ensure that this requirement is embedded in the role of the ULT.

76   In the case of accredited institutions, nominations are screened and approved by QAAS and the accredited institution is given authority to appoint and oversee the terms of appointment in line with University procedures. However, the University is currently tightening its control of external examiner arrangements for accredited institutions so that the responsibility for external examiners lies clearly with the University.

77   Franchised and joint collaborative programmes have common external examiners who moderate modules for the University and the PIs and who attend a joint Middlesex-based assessment board. For validated programmes the PI identifies a suitable external examiner and the appointment process is then identical to the in-house provision with the external examiner being appointed by, and reporting to, QAAS on behalf of ASQC. Assessment boards for validated programmes are held at the PI, with the University being represented by the ULT to ensure equivalence of process, and chaired by the school DCLQ or nominee. The University has recently amended its procedures to make it clear that all external examiners appointed from 2004-05 must have knowledge and experience of UK HE. This requirement has presented some challenges, for example, in those programmes based on subjects which have a small HE academic base and where potential external examiners with both HE experience and discipline expertise are limited. The University has responded by developing criteria for the appointment of a chief external examiner to work with one or more other examiners to ensure sufficient expertise. The changing of the criteria resulted in three PIs being required to appoint a new or an additional external examiner. In the view of the audit team this development has been a helpful move and has enabled the University to achieve greater consistency within teams of external examiners.

78   The CPSED stated that 'the University will normally expect, in any collaborative provision, that the language of teaching and assessment will be English'. It has been phasing out some business provision assessed in a language other than English but is continuing to validate a number of programmes where 'the majority of tuition and/or assessment would be independent of Language e.g. Art and Design'. In these circumstances, in addition to the University requiring external examiners to be conversant in English and in the language of assessment, all documentation must be provided in English.

79   UK-based collaborative external examiners are invited to attend the same induction workshops as external examiners appointed to in-house programmes. For external examiners based overseas the ULT must ensure they are inducted in the University's procedures with verification that the process has taken place being required by QAAS. As attendance at induction events has been variable, the University is investigating the development of an on-line interactive induction process. Induction for external examiners appointed by accredited institutions is currently the responsibility of the partner.

80   All external examiners' reports, which include a template for the Higher Education and Research Opportunities (HERO) website and a full report for internal purposes, are submitted directly to QAAS. They are then circulated widely across the University in line with normal in-house practice and to link tutors, programme leaders and principals in the PIs. External examiners' reports are a standard item on the agenda of the assessment boards, where a response to any issues raised is recorded; they are discussed in programme AMRs and included as an appendix. For external examiners' reports that require immediate action, collaborative programme leaders and link tutors are required to liaise and formulate a written response to send to QAAS for onward transmission to the external examiner, after approval by the DCLQ.

81   An annual review of external examiners reports is produced by QAAS for ASQC. CP issues and commendations are reported in separate action tables and this focus is being extended through the addition of a section dedicated to CP. In response to a recommendation in the 2001 report of QAA's audit of the University's partnership link with the Regional Information Technology Institute, Cairo, external examiners are now asked to comment specifically in their reports on collaborative links.

82   The University undertakes a significant amount of accreditation of programmes offered by PIs which result in the award of certificates of credit to successful participants. Twenty eight such schemes were approved in 2003-04. Credit awarded can be used towards the University's work-based learning awards at undergraduate and postgraduate level. Decisions in respect of credit are made by school accreditation boards, chaired by the school DCLQ, or by the University Accreditation Board, chaired by the Director of the NCWBLP.

83   A University representative acts as 'external examiner to the Client's assessment team' and agrees a recommended pass list with the client (PI), which is then ratified by the Accreditation Board. The University Accreditation Board membership includes a single external examiner who oversees and comments on the overall process. The procedures allow for the external examiner to be consulted if agreement is not reached between the University representative and the client but there is no requirement for student work to be sampled, nor is there a range of examiners with expertise in the different disciplines being assessed. Minutes of the University's Accreditation Board showed that the typical attendance at meetings was the Chair, a further member of the NCWBLP team (who was the University representative for presented pass lists) and the external examiner, together with the Secretary. The audit team was told that external examiners do sample work for some school-based schemes but this is not a requirement within the University's accreditation procedures. In the view of the team the award of credit achieved through external courses is covered by the definition of CP as expressed in the revised Section 2 of the *Code of practice*, as students achieve a University certificated statement of credit, and the team considered that the University should therefore work towards achieving a position where 'External examining procedures for programmes offered through collaborative arrangements should be consistent with the awarding institution's normal practices'.

84   The University has assessed its arrangements for working with external examiners against the precepts of the *Code of practice, Section 4: External examining* and has judged that it satisfies those precepts. For franchised, joint and validated programmes the audit team found processes and procedures for external examining which appeared to be consistent with the University's in-house provision and in line with the *Code*. While the team recognised the University's commitment to the award of credit for external courses, it noted that the process for awarding such credit did not include an equivalent level of externality.

The use made of external reference points in collaborative provision

85   The University has concluded that it is largely operating in accordance with the *Code of practice* and this was confirmed in the QAA

institutional audit report in 2003 which observed that 'overall, the academic infrastructure relating to the *Code of practice,* the FHEQ, subject benchmark statements and use of programme specifications is being appropriately addressed'. In its CPSED the University explained that it reviews its policies and procedures in light of the Academic Infrastructure on a regular basis. The staff with primary responsibility for this activity are clearly identified and information is provided on the QAAS website as to how the University conforms with the Infrastructure. As new or revised sections of the *Code* are published the University convenes a task group to review each section in detail with a gap analysis conducted to consider practice against *Code* precepts. In a few cases, where some disparity has been found, action plans have been developed and implementation of these plans has been monitored and confirmed.

86   Of specific relevance to this audit the University has undertaken an assessment of those precepts in the *Code of practice* which are of particular relevance to CP and the revised *Section 2: Collaborative provision and flexible and distributed learning (including e-learning).* The recently updated *External examining* and *Postgraduate research programmes* sections of the *Code* and the QAA *Guidelines on the accreditation of prior learning in England, Wales and Northern Ireland* have also been reviewed. Changes such as an explicit requirement that serial franchising is not permitted, and the precise requirements for transcripts (including language of assessment), are now included in the Procedures Handbook. The University has concluded that in most cases its procedures are in accordance with the *Code's* precepts and has made a number of refinements to its Procedures Handbook for 2004-05 to ensure full coverage.

87   The University requires that subject benchmark statements are appropriately considered as part of the validation and review process, and that they are used to inform programme specifications. The expectation is that programme specifications are produced for all the University's programmes, including those delivered by collaborative partners. The

application of this approach and use of the wider Academic Infrastructure was evident to the audit team in CP validation and review reports, although programme specifications are not required for external courses which are accredited and lead to the award of credit. Standard conditions applied to PI approval are reviewed on an annual basis in relation to the context of the Academic Infrastructure. Meetings by the team with PIs confirmed that the University provides significant support and guidance to them on the importance and use of the Academic Infrastructure.

88   The audit team considered that the University had taken a thorough approach to the use of the Academic Infrastructure and, in the main, concurred with the University's view that it was conforming with the *Code of practice*, although further work would be required to ensure that the external examining arrangements for the award of credit met the expectations of the *Code* (see above, paragraph 84).

Review and accreditation by external agencies of programmes leading to the awarding institution's awards offered through collaborative provision

89   In its CPSED the University detailed its responses to QAA overseas reports on its links with partners in Egypt and Israel. In common with its responses to other QAA reports involving the University and its partner colleges, action plans were drawn up and presented to ASQC. ASQC has tracked actions, and the annual monitoring process has provided an additional check that recommendations have been acted upon.

90   As noted in the institutional audit, the University has a significant number of programmes accredited by external agencies. In respect of its CP, partners and link schools have been encouraged to seek professional recognition of the collaborative programmes offered. The audit team would concur with University's view that such accreditation and recognition adds value and provides a further external perspective on quality and standards.

The outcomes of accreditation visits are reported to ASQC and Academic Board for the identification of university-level issues and actions, and ASQC receives an annual overview paper of all PSRB accreditations. The team concluded that the University had engaged positively with reports from external agencies, and that the findings were used to good effect in enhancing the quality and standards of CP.

Student representation in collaborative provision

91   The University stated in the CPSED that student representation and feedback are 'essential to the enhancement of its academic provision', and it 'actively seeks student opinions' about the quality of its programmes. Student representatives are members of committees at all levels from programme boards of study to the University's Academic Board and its committees. All PIs are required to have boards of study for all programmes leading to the University's award, with some organisational variations between different types of partnership. Boards of study work on a pattern set out in the Procedures Handbook.

92   The University provided the audit team with evidence from staff and students in a number of PIs to demonstrate the effectiveness of its mechanisms for student representation. Students met by the team confirmed that their views were heard, mainly through boards of study as well as through informal contacts with their PI staff and, in some cases, with ULTs. In some cases the students felt that representation was particularly strong. For some students the board of study was a tangible and valued link with the University. However, others felt that representation was almost entirely effected through PIs, and many reported little or no interaction between students and the awarding institution. Some students spoke appreciatively of strong staff-student relationships which enabled them to give feedback continuously by more informal means.

93   In the view of the audit team, boards of study are generally well established and

effective. In most cases seen by the team there was evidence of active student participation. In one PI, student participation had been somewhat muted when boards of study were first established, but with encouragement from the ULT, and with increasing confidence, they rapidly became more vocal and active in the quality assurance of their programmes. In some PIs, minutes of boards of study are published on websites. The Middlesex University Students' Union (MUSU) offers training for student representatives, but take-up depends on close proximity to the University's campuses.

94   While boards of study generally work as intended, in some joint programmes where the collaborative element is small, it appeared that discussion of CP at boards of study is minimal. In one case an attempt has been made to establish a virtual board of study using the University's virtual learning environment (VLE). The audit team considered that this was a commendable idea in principle, but it also noted that another experiment of this kind, by a different school, had not been successful, and a conventional board of study had been restored. The University will doubtless wish to monitor developments in this area closely, with a view to ensuring effectiveness and spreading good practice.

95   The CPSED stated that students on joint programmes are represented on campus forums, which were described in the 2003 institutional audit report as an 'effective mechanism for gaining student feedback on non-academic issues'. Students on joint programmes in PIs are informed of this representation in the standard Programme Student Handbook. The audit team found that student attendance at these forums was very variable. Minutes of the business of the forums contained very few references to collaborative partnership centres operating joint programmes and, in most cases, it was impossible to identify attendees representing joint programmes. It was not clear that this channel of representation conferred any significant benefit on students undertaking joint programmes, and the University may wish to review it in this light.

96   MUSU represents all students, including those in CP, on the Board of Governors, Academic Board and other senior committees at institutional level and has recently extended its associate membership to include all students on collaborative programmes. CP students are invited to express their views to MUSU, but it was acknowledged that awareness of this channel of communication and representation was not yet familiar to most students in PIs. Students on validated and franchised programmes are normally represented on committees at institution-level in partner colleges. The University has begun to include representatives of MUSU on panels for the periodic review of programmes; the Union considered that this was an effective way of bringing students' views to bear in the development of programmes and enhancement of their quality.

97   Overall, the audit team formed the view that the University is strongly committed to student representation in its quality management of CP, and has sound and generally effective procedures for this. The University has recognised the particular challenges of securing the representation of part-time, Global Campus and other distance-learning students, and the team would encourage it to continue its efforts to develop and spread good practice in these areas. The increasing involvement of MUSU in the representation of CP students, and particularly through participation in the periodic review of programmes, was felt to be a helpful development, and the University and the Union will no doubt wish to continue working together to extend the impact of this representation beyond the PIs in closer geographical proximity to the University. The University should also continue to bear in mind that, as the institutional audit report noted, effective participation in quality management of CP will make heavy demands on the resources of MUSU. In the view of the team the University is making strenuous and largely successful efforts to hear the student voice through its representation mechanisms, and to act upon the messages it receives.

Feedback from students, graduates and employers

98   In its CPSED the University stated that it requires the collection of student feedback for franchised and joint programmes and modules through the use of its own standard questionnaires. Results of these surveys are analysed by schools and reported in AMRs. PIs offering validated programmes are required to use the University's feedback forms, or equivalent questionnaires; they analyse their own data and report results in AMRs. For all types of programmes, PIs are expected to report significant issues to boards of study. The University receives overview reports at its Teaching and Learning Committee. Accredited institutions use their own student feedback questionnaires, but in practice they reflect the University's models.

99   The University believes that its arrangements for obtaining feedback in its CP are effective, particularly since some initial software problems have been resolved. It notes that staff at PIs have affirmed the value of these questionnaires, and students who discussed these matters with the audit team almost universally felt that their feedback was noted and acted upon. Evidence seen by the team indicated that the procedures were sound and well documented, and generally worked effectively. The team saw good examples of analysis of the questionnaires and subsequent response by schools. However, in some joint programmes the boards of study did not appear to identify student feedback from PIs, or to compare it with feedback from students at the University.

100 Student feedback may also be obtained through meetings with students held by ULTs, and may be reported through a standard link tutor visit report form. The audit team found a number of cases where ULTs had held such meetings and reported student feedback through the normal processes, although in a few ULT reports seen by the team there was no evidence of this feedback. The University will no doubt wish to ensure that this aspect of good practice in reporting on student feedback through the ULTs is adopted for all its CP.

101 The audit team found that schools monitor the gathering and use of student feedback in CP, and report this monitoring through school AMRs for CP. From the evidence seen by the team this monitoring is generally consistent across schools. In some cases, methods of gathering and using student feedback in PIs are critically evaluated through this monitoring process; good practice is also identified, and areas requiring improvement are noted and addressed in action plans. The team found that schools monitored and approved the use of PIs' student feedback questionnaires for validated programmes, and that the University has monitored the use of student feedback in CP through its University AMR for CP. The University has reported the identification of good practice, but has also recognised that analysis and interpretation of student feedback is inconsistent, and it notes that improved guidelines and staff development are required to address such issues.

102 In the view of the audit team the University has sound procedures for the collection and use of student feedback in CP. Through its schools, and especially through the efforts of the DCLQs and ULTs, it is making substantial efforts to ensure that student feedback is obtained and used consistently and effectively for the management and enhancement of quality in its CP. There is evidence of widespread effectiveness and continuing improvement in this area.

103 The CPSED stated that feedback from graduates and employers is received through a variety of means: for example, employers may be members of programme teams, or may meet with them. Examples from the University's range of CP were provided to the audit team in the CPSED. However, evidence seen by the team in their reading of validation and review reports, and AMRs, suggested that engagement with graduates and employers in CP is uneven. School AMRs for CP did not mention feedback from graduates or employers, nor did the University AMR for CP. It was reported that some PIs get feedback from alumni and the University may wish to monitor this as potential good

practice, and disseminate it accordingly. Few examples of the involvement of employers in the design or redesign of programmes were noted. However, it was clear that some specialist PIs with strong professional or vocational links have close contacts with employers. Some feedback from employers is obtained through working with them in the development and delivery of Foundation Degrees. Views of employers may also be gathered by engaging with them in accreditation of work-based learning, although there was no evidence that such information is captured and used systematically in the quality management of programmes. The team would encourage the University to consider how to extend and formalise the collection of feedback from employers, particularly in the context of its Foundation Degree provision at PIs.

Student admission, progression, completion and assessment information for collaborative provision

104 The 2003 institutional audit report recommended that the University 'implement plans to improve the collection, interrogation and analysis of data about students in order to better inform decision-making within the University'. In response to this recommendation the University created a Data and Information Group which reports to ASQC on all aspects of data provision by the University, both internally and externally. This has enabled improved central monitoring and evaluation of the effectiveness of data provision. A new Data and Information team has been established within Academic Registry to provide more useful and usable central data sets within the University, and also to take responsibility for the provision of teaching quality information (TQI) data. A survey of users across schools in September 2004 confirmed that this approach has improved the quality, and usefulness of data as well as the support available to users.

105 For data used for student progression and achievement, the format and the ways in which they are to be used are approved by the Assessment and Academic Regulations

Committee; for data related to the annual monitoring process, approval is by ASQC; and for data related to the University's progression and retention strategy, approval is by the Teaching and Learning Committee. The University recognises that confusion may arise from the use of different formats so efforts have been made to ensure a more common approach.

106 The first phase of the new student management system, MISIS, was introduced in 2004 and plans are in place to develop further the provision of data and its reporting capability. This system is tailored to the University's data needs, and now provides all franchised and joint programme student data that are used for quality processes. The level of data seen by the audit team and provided on student admission, progression and achievement in programme and school AMRs confirmed the progress made in this area since the 2003 institutional audit, as did the annual reports on assessment considered at the November 2004 ASQC (see below).

107 However, in the view of the audit team there was significant variation in the degree of analysis and interpretation of the data. The team considered that further sharing of good practice would be beneficial. Three Annual Reports on Assessment were produced - Middlesex Campuses & Joint Programmes; Joint & Franchise Programmes; and Validated & Validated Funded Programmes. These reports had been considered by Academic Board and remitted to the Teaching and Learning Committee to be considered in depth. The Committee then noted that schools would be considering the data and reporting back. Academic Board also agreed to establish a Working Group to consider the future structure, form and content of the reports. Comparison of undergraduate achievement data across the three reports showed a significant difference in degree classification which was not commented on in any of the meeting minutes. It was reported that some of the data presented to Academic Board was incorrect and a comparison of the corrected data showed no such anomaly. The team would encourage the

Working Group to ensure a form of presentation which more explicitly compares the achievement of students on in-house and CP programmes, in order to ensure this information is given appropriate consideration by schools and by Academic Board.

108 For franchised and joint programmes distributions of grades for each module are considered at subject boards to allow comparability of standards to be determined. In the case of validated programmes and accredited partners, the use of data by assessment boards is broadly similar but varies depending upon the academic regulations in force and the data sets provided by the partner. A standard definition for progression data was determined for the first time in 2004 and PIs are required to submit annual monitoring data in this form. The University recognises that further improvement is needed and is currently consulting with partners with a view to defining and obtaining other standard data from next academic year. It is also planning to incorporate within MISIS the student performance data from validated programmes. The audit team would encourage the University to this end as it will facilitate improved analysis of comparative performance on the different routes to the University's awards. The team considered that improved collection and comparisons of entry data would also assist the University in providing evidence to support its claims for success in widening participation.

109 Although further improvement in the production of data is still needed, and despite significant variation being evident in the degree of analysis and interpretation of the data, the audit team considered that the improvements made in presentation, scope and accuracy indicated a positive move forward.

Assurance of the quality of teaching staff in collaborative provision; appointment, appraisal, support and development

110 The University's role in staffing support for its CP has two elements. The first relates to PI staff, including teaching staff and the ILT, and

the second to the University's own staff, the school DCLQs and the ULTs, whose responsibilities cover quality assurance and the effective operation of the collaborative link at programme level. The CPSED described the formal processes in place for monitoring PI staff appointment and staff development, comprising institutional approval, programme validation, annual monitoring, programme review and institutional review. The audit team was able to explore the detail and operation of these formal mechanisms both through documentary evidence and in meetings. Similarly, meetings with staff both at the PIs and at the University allowed the team to clarify the roles of the DCLQs and the ULTs. In relation to the latter, the team was interested to determine the operational scope and effectiveness in practice of the ULT role in the light of its formal definition, set out in the Procedures Handbook. The CPSED expressed the University's general confidence in the soundness of its arrangements in all these areas.

111 Information about the recruitment and monitoring of PI staff, staff development, appraisal and teaching observation is required as part of the Institutional Approval process. Examples of formal reports of approval events seen by the audit team were contained, broadly, within the University's Institutional Approval report template and included information on staffing. While the extent of the detail reported could be variable the team noted, in particular, the effectiveness of scrutiny in instances in which approval had been made subject to conditions relating to staffing or staff development. Overall, the team considered that PI staffing matters were being sufficiently addressed at the Institutional Approval stage.

112 Programme approval, whether for validated, franchised or joint programmes, provides a further opportunity for the University to scrutinise the various aspects of PI staffing, including appropriate appraisal mechanisms which, although not required by the University, are encouraged. The audit team heard from University staff that these matters are discussed with partners informally pre-approval. The

University requires PI staff curricula vitae (CVs) to be provided in advance of the approval event and the University's guidance for validation, covering both in-house and CP, prompts chairs and panel members to consider staff skills and staff development relating to learning and teaching, as well as to subject expertise. The presence of external panel members at these events provides additional checks. Instances in which programme approval has been made subject to conditions on staffing, or has been withheld altogether on account of issues relating in part to staff development, provide evidence of soundness of process, a conclusion confirmed generally by the approval reports viewed by the team.

113 Ongoing staffing changes and staff development activity at PIs are monitored both formally through annual programme monitoring, as required by the University's annual monitoring template, and informally by ULTs. The University's MoC for all modes of collaboration require PIs to inform the University immediately of any changes in staffing which 'might endanger the threshold quality of the programme'. Staff knew of no instances where this had occurred but were confident that, while the requirement for immediate reporting was subject to interpretation by PIs, ULTs have sufficient awareness of developments within PIs to be able to act swiftly should such circumstances arise. In this respect, the University might consider it useful to facilitate the cross-school dissemination of the 'Process for vetting and approving Collaborative Partner staff' developed by the School of Computing Science. Extending beyond the scope of the University's requirements, this provides, for instance, for the pre-approval of PI staff appointments, using the University's CV template.

114 While the Procedures Handbook does not set out an express staff development remit for ULTs, there is a responsibility for providing advice and guidance to PIs on all aspects of quality assurance and enhancement. It was clear to the audit team from documentation and from discussions with both University and

PI staff that, in practice, ULTs generally see staff development at the PI as part of their role. This is clearly more readily achievable where partners are in close geographical proximity to the University, but there were instances of this kind of activity in more distant, overseas PIs. Similarly, attendance by PI staff at University staff development events is more practicable for staff at nearby PIs. There was some evidence of lack of clarity as to precise PI entitlements to staff development, which varies according to the collaboration mode, and the University had already started to address this matter. Staff development is available through the University for joint and franchised programmes only and includes remission of fees for PhD study and for the Postgraduate Certificate in Higher Education programme. The University does respond to specific requests for support from validated programmes, although on occasions a fee is charged. Link tutor workshops are offered at university level and link tutors are invited to the Partner Institutions Quality Forum. In addition, many schools hold Link Tutor Forums and similar events, although attendance is in practice largely confined to UK-based link tutors. PI staff met by the team greatly valued the effective liaison achieved through the partnership link, and the team considered that the University's widespread commitment and support given to partners in the design, development and delivery of programmes is a feature of good practice.

115 At programme level, the ULTs and their relationship with the ILTs are pivotal to the partnership links. Link tutor responsibilities are clearly listed in the Procedures Handbook, in addition, the University template for ULT reporting, introduced for 2004-05, provides guidance on the University's expectations of the role. The criteria for appointment of ULTs by the school DCLQ include experience of quality assurance and subject or 'domain' knowledge. The accounts given to the audit team by individual ULTs, describing their own knowledge and experience, supported the team's conclusion that suitably experienced and qualified individuals were being appointed to this important role. The induction of ULTs is the responsibility of DCLQs

within schools and, in addition, training workshops are offered by QAAS. Further support is given by the regional offices to ULTs with an overseas remit. ULTs told the audit team of staff development activity and sharing of good practice, informally and formally, within and across schools. The University's invitation to PIs to comment on the draft CPSED identified some issues relating to the fulfilment of duties by ULTs, for example, the provision of feedback to PIs on collaborative programme AMRs. The University took steps to address these through training and guidance and through the introduction of a standard time allowance for ULTs. ULT activity will be the subject of internal audit this year and the University intends that this will become an annual event.

116 On the basis of the evidence available, the audit team concluded that the University was ensuring that effective measures existed to review the proficiency of staff engaged with collaborative programmes, in alignment with the *Code of practice*. In particular, the team noted that the section of the Procedures Handbook on CP helps engender a shared understanding of the University's requirements, supporting both University and PI staff in the effective fulfilment of their respective roles.

Assurance of the quality of distributed and distance methods delivered through an arrangement with a partner

117 The University's CP includes delivery by distributed and distance methods through PIs, both in paper-based and electronic form. The audit team was able to explore these arrangements in relation to a small sample of collaborative links by means of documentation and meetings with some of the relevant staff. As in other areas of the University's CP, the Procedures Handbook sets out clear guidelines for the quality assurance of distance education, which apply to both in-house and CP. The guidelines are wide-ranging, covering all aspects of quality, including student support, learning and teaching, resources, curricula and assessment, staffing, staff development and

standards. In addition, the Procedures Handbook provides a detailed and extensive 'Guide to good practice in designing and approving distance education programmes or modules'. Two collaborative modes involving distance education were considered by the team, the franchised arrangement provided through the University's electronic Global Campus provision and a joint collaboration.

118 In relation to the academic standards of awards gained through distance education, the University ensures that these are comparable with those of qualifications delivered by the University in other ways. For the Global Campus franchised programmes, as for all other franchised collaborations, the University undertakes marking and moderation of examinations and moderation of coursework. The University's regulations are applied to external examining procedures. For joint collaborations, the University is responsible for the moderation of examinations and coursework and, again, external examining procedures are subject to the University's regulations.

119 The Procedures Handbook states that University representatives and chairs of approval events should have received training appropriate to distance education from the Centre for Learning Development. The audit team noted that several members of staff from across schools and services had received training since 2003-04, and others were recorded as distance education experts and either the University's requirement relating to their presence at approval events was being satisfied, or approval panels included an external distance education expert. The University requires an exemplar of at least one complete module of learning materials to be provided to the panel. The team saw evidence of one instance where this had not occurred, resulting in approval being made conditional upon the satisfaction of the requirement. Programme approval reports available to the team confirmed that approval panels undertake appropriate scrutiny of the adequacy of the PI's provision for staffing, staff development, resources, student support and student information and annual monitoring tracks ongoing provision.

120 With respect to the collaborative distance education programmes considered by the audit team, support from the University was found to be significant. For the joint collaborative programme, the ULT had written a Module Tutor Guide, and was also the Curriculum Leader for the subject area and the Module Supervisor for the two modules delivered by the PI. PI staff described the development of the modules as an iterative process with the University. The Global Campus was developed initially by the School of Computing Science, supported by the Centre for Learning Development, and comprises a package which includes comprehensive e-learning guides for students and for tutors. Currently six PIs deliver through the franchised Global Campus mode. External recognition of the pilot programme, MSc Business Information Technology, has been achieved through accreditation by the British Computer Society and through KYSATS approval in Cyprus.

121 On the basis of the available documentation and discussions with relevant staff, the audit team found that that the University had sufficient and appropriate arrangements in place to assure the quality of distributed and distance programmes delivered through its PIs.

Learning support resources for students in collaborative provision

122 In the CPSED the University explained that the learning resources provided in its PIs must be 'commensurate with those provided for University-based students'. The audit team was told that this was defined in terms of fitness for purpose, and that resources must be sufficient to enable students to fulfil the requirements of their programmes. The learning infrastructure of a PI, including its provision of learning resources, is checked at institutional approval. Responsibilities for the provision of learning resources, and the entitlements of students, are defined in MoC. Resources for individual programmes are specified, and their provision is checked and confirmed, along with the learning infrastructure, through the institution's validation and periodic review procedures. In both cases conditions of approval may include

improvement of the provision of learning resources. In some PIs, through specific arrangements recorded in the MoC, students have access to the University's learning resources, including on-line information.

123 The University considers that its management and monitoring of learning resource provision in CP is generally successful. The views of students heard by the audit team confirmed that they had acceptable access to appropriate resources, including those covered by specific arrangements for their use of the University's libraries and other facilities. The students also felt that the University was able to identify and remedy deficiencies. Those studying in PIs close to the University's campuses are able to make use of the University libraries. For distance-learning programmes, essential reading is provided in module 'packs'. The University's VLE is used by students and staff of PIs, but the extent of this use varies considerably.

124 From the evidence available to it, the audit team formed the view that the University's procedures for institutional approval, and programme validation and review, are used effectively to ensure the provision of suitable learning resources. Where appropriate and possible, arrangements are made for student access to local libraries. ULT visits, and visit reports, are used to confirm that conditions of programme validation have been met, and to monitor the development of learning resources. This monitoring appears generally to be effective, although the team noted instances where visit reports dealt with learning resources superficially or not at all. Boards of study receive student feedback about learning resources; in some cases boards have noted needs for improvement, and action has been taken, although in a minority of cases these responses appeared to lack urgency. In some instances the team noted close and helpful liaison between librarians at the University and in the PIs.

125 AMRs are used to monitor learning resources in CP at school level, and the audit team found that this monitoring of resources was generally effective, although the monitoring was addressed more systematically and thoroughly in

some reports than in others. Where resource issues were identified, action for improvement was either noted or planned. The most recent University AMR for CP provides a brief and general assurance to the University that resources issues are being addressed by PIs and monitored by ULTs, with matters of student access to University resources being specifically noted. The team observed, however, that some of this brief section repeated the text of a school AMR for CP. The University will wish to ensure that all these AMRs, as essential instruments of school monitoring and institutional oversight, consistently address all aspects of learning infrastructures in CP with appropriate thoroughness, so that it can reinforce its confidence in the effectiveness of the school's monitoring of provision for students in PIs.

126 In the view of the audit team, the quality assurance of learning resources in CP is generally effective. Students' views of these resources are heard and addressed, and enhancements are taking place in many PIs. The University manages this aspect of its CP appropriately, but it recognises its heavy dependence on consistent and thorough monitoring by ULTs and boards of study, and it should continue to audit and develop these functions to maximise consistency and effectiveness.

Academic guidance and personal support for students in collaborative provision

127 The University requires PIs to provide academic guidance and personal support for students on programmes leading to its awards, although it shares this responsibility with the partner in joint programmes. Arrangements for guidance and support in CP are established through the University's procedures for institutional approval and validation of programmes, and they are reviewed through the periodic review of programmes. In the period between validation and periodic review they are monitored through student feedback, boards of study, and ULT visits. Results of these monitoring measures are reported in AMRs at programme, school and institutional levels.

128 The University considers that academic guidance and support for students in its PIs are generally satisfactory. It is supported in this view by the findings of external reviews which have commended aspects of support, including personal tutoring, peer support and diagnostic testing, in the University's CP. The views of students heard by the audit team generally expressed satisfaction with the level of guidance and support provided; indeed, in some cases they were very complimentary. Some students make use of careers guidance offered by the University on its own campuses, although this inevitably depended on geographical proximity. Students who had progressed to the University from programmes in PIs said that the support they had received had enabled them to make a successful transition to a more independent learning culture and style. Orientation and language support is provided for international students making this transition. Additionally, in one country a regional office of the University organised an event to advise, support and encourage students about to progress to University programmes.

129 The audit team formed the view that students in the University's CP receive appropriate guidance and support, and considered that in some cases this guidance and support is outstanding. The University's management and monitoring of this aspect of CP is broadly sound and effective. Its procedures for validation of programmes at PIs carefully consider the provision of academic guidance and personal support for students, including those on distance-learning programmes. The team also noted examples of explicit and effective monitoring of academic guidance and personal support for students in CP. However, in the case of learning resources, the monitoring of guidance and support is variable. Some ULTs evidently consider this aspect of provision in their visits to PIs, but this was not evident in all visit reports. School AMRs for CP monitor and report on guidance and support facilities, although where they review matters of support together with learning resources they tend to give more attention to

the latter. Nevertheless, issues of guidance and support are clearly identified and actions are specified or recorded as completed. Monitoring of this area at university level was less transparent. The University's AMR for CP in 2003-04 did not reflect specifically on academic guidance and personal support for students in its overview of school monitoring of CP. While there is no evidence to suggest that the monitoring of guidance and support in CP is significantly deficient, the University may wish to consider how to make this monitoring at school level as transparent and consistent as possible within its established procedures.

Section 3: The audit investigations: published information

The experience of students in collaborative provision of the published information available to them

130 Information published by the University and PIs on the CP comprises publicity and promotional material, information for students published internally by the University and the PIs, including programme handbooks and other information, the University websites 24-7 and MISIS and PI websites. The audit team was able to view information across this range and its accuracy, reliability and helpfulness was discussed in meetings with students.

131 The University's ongoing process of monitoring of PI information begins at an early stage, with proposed advertising and publicity material being reviewed in some cases in advance of institutional approval. The CPSED drew attention to the benefits of this early scrutiny of publicity material, citing one instance of non-progression to approval stage in the case of a prospective partner which had advertised the University's programmes without consent. A draft of any promotional material must be included in programme approval documentation.

132 The Procedures Handbook sets out the University's procedures relating to the continued monitoring of publicity and

promotional material, as well as requirements relating to content, such as the detailed description of programmes, the nature of the relationship with the University and the use of the University's signature and crest. Additionally, under the University's standard MoC, the University retains the right to approve and monitor all advertising and publicity material and programme handbooks and to require changes to be made. The school DCLQ ensures that PIs' publicity and promotional material has been approved before the start of the academic year and the Collaborative Programmes Office conducts spot checks of PI websites. The University's ASQC receives formal reports providing an overview of the accuracy of PI websites. In order to facilitate the monitoring process, the University is developing a collaborative partner internet website. In meetings with the audit team, students confirmed that the information they had accessed before they enrolled was accurate and reliable and their expectations of their programmes were met.

133 The University has produced three templates for programme handbooks, specific to franchised, joint and validated programmes respectively. The CPSED stated that these are 'usually' followed. The audit team viewed a range of programme handbooks which adopted the template or whose format was similar or equivalent, and noted that school DCLQs may agree equivalent handbooks where PIs do not use the University template. Programme handbooks must be submitted at programme approval and review. Validation reports viewed by the team confirmed that this requirement was being met. Schools conduct annual checks on programme handbooks, usually through the ULT.

134 Students who met the audit team generally expressed satisfaction with the quality and accuracy of information provided in programme handbooks and said that they knew what was expected of them. Information about the specific issue of academic offences was clear and, while they were unsure as to the detail of procedures relating to complaints and appeals,

students were confident that they knew where to look or whom to ask for information. Students with access to the University's websites, on joint and franchised programmes, regarded these as a valuable resource.

135 Overall, the audit team concluded that the University had sound procedures for ensuring the appropriateness and accuracy of published information on its CP, and that students were satisfied with the reliability of information to which they had access.

Reliability, accuracy and completeness of published information on collaborative provision leading to the awarding institution's awards

136 The CPSED gave an account of the University's progress in relation to the TQI requirements. A template for programme specifications was introduced in 2000-01, with the expectation that programme specifications would be used for all programmes, including collaborative programmes. These are collected within the Academic Registry and, as an interim measure, were to be loaded onto the University website during 2004-05 and linked to the HERO website. At the date of the audit, the audit team heard that programme specifications already loaded onto the University website had yet to be linked to the HERO portal.

137 The CPSED indicated that, at the time it was written, the reports of individual external examiners of collaborative programmes were being loaded onto the HERO website, and that the outcomes of periodic programme reviews were being loaded onto the website as and when the events took place. At the time of the audit visit, the University confirmed that it had uploaded all TQI requirements to date, including all external examiners' reports and periodic review reports that had been received.

138 On the basis of the available evidence, the audit team found the University's currently published information on its CP to be accurate and reliable. At the time of the audit visit, the University was alert to the requirements of the

Higher Education Funding Council for England's document 03/51, *Information on quality and standards in higher education: Final guidance,* and was moving in an appropriate manner to fulfil its responsibilities in this respect.

Findings

Findings of the collaborative provision audit

139 An audit of the collaborative provision (CP) offered by Middlesex University (the University) was undertaken during the period 6 to 10 June 2005. The purpose of the audit was to provide public information on the quality of the programmes of study offered by the University through arrangements with collaborative partners, and on the discharge of the University's responsibility as an awarding body in assuring the academic standard of its awards made through collaborative arrangements. As part of the collaborative audit process, the audit team visited five of the University's collaborative partners. This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged during the audit, and making recommendations to the University for action to enhance current practice in its collaborative arrangements.

The effectiveness of the implementation of the awarding institution's approach to managing its collaborative provision

140 The University sees the development of CP as helping to achieve its widening participation strategy. This is exercised in various ways through the partner institutions (PIs) including:

- the provision of programmes at Foundation Degree level with opportunities for progression to an honours degree

- the development of a higher education (HE) structure for non-traditional areas of vocational expertise

- the opportunity for overseas based students to acquire qualifications not available in their domestic education provision

- the opportunity for work based learning to be recognised as a route into HE

- the motivation and ability of individuals to support the development, design and delivery of education programmes in both potential PIs and existing PIs who wish to extend their activities.

141 The audit team considered that the University has devised its widening participation agenda within CP to offer opportunities at a personal level for the individual student, to offer opportunities to PIs at programme level through formalisation of non-traditional provision, and to offer opportunities at sector level as some non-traditional institutions through supporting their engagement with UK HE. The team saw evidence that the strategy was achieving its aim in all these categories and that guidance and support was provided to students and partners to encourage them into HE.

142 The commitment to the strategy of widening participation through CP was apparent to the audit team from senior staff and from University staff who have immediate contact with the PIs. This enthusiasm is balanced by a sense of the economic reality of CP displayed by the resource managers who met the team. The University has effective processes for ensuring that each partnership has to be soundly based by the requirement for the financial scrutiny of the PI at institutional approval, subsequent ongoing monitoring and the University central oversight of the operations to ensure academic standards and quality of provision.

143 Academic standards of awards and quality of provision in CP are managed within a framework which includes commonality between CP and the University's own provision in the adoption of the Procedures Handbook, the role of the external examiner, the use of assessment boards and the representation of students on boards of studies. The AMR processes for PIs operates in parallel with those for the University provision, with information being distilled for actions at different levels through the activities of the University link tutor (ULT), school directors of curriculum, learning and quality (DCLQs) and others. In the view of the audit team, the inclusion of CP within the University's framework, with certain amendments to recognise the diversity of

provision, recognises the differences between CP and the University's own provision but also ensures that the standards are common and that the quality framework provides a consistency of treatment. There is no intention to create separate processes for CP even though it represents nearly one-third of the student population. While the audit team understood the reasons for the University's wish to include the oversight of collaborative programmes within its existing procedures, and recognised the benefits of this approach, it also formed the view that the approach could lead to a lack of institutional oversight of individual PIs. The team would encourage the University to identify a formal mechanism for identifying themes emerging from individual PIs particularly where provision may be spread across several schools.

144 The framework for the management of the quality of the students' experience of the learning opportunities offered through CP is also generally the same as that for the University's own provision. All PIs are required to operate with the board of studies arrangements, or an equivalent body, for student representation and are required to provide opportunities for module and programme feedback. The issues raised by students in the board of studies are acted upon by the PI, the link tutor, the school or the University depending on the particular nature of the issue, the time horizon needed to take action and its structural nature.

The effectiveness of the awarding institution's procedures for assuring the quality of educational provision in its collaborative provision

145 The University makes a clear distinction between the approval of a PI as one suitable to offer programmes validated by the University, and the subsequent approval of programmes. The deputy vice-chancellors (DVCs) consider initial approaches using standard criteria following which a centrally managed process of 'institutional approval' is carried out by QAAS culminating in an approval report. The partner is

normally visited, although exceptionally such a visit may be waived, in which case very detailed supporting evidence must be provided to demonstrate that the PI meets the University's criteria. The audit team saw evidence of the procedure for waiving an approval visit and considered that it was a demanding and robust process. In all cases, final approval is granted by the DVC Director, Middlesex UK, and is limited to a maximum of six years. The University also has the facility to award accredited status to a PI. An accredited partner enjoys substantial responsibility for quality assurance and the status is rarely conferred; at the time of the audit there were two accredited institutions. Re-accreditation of accredited partners follows a similar process to the original accreditation approval. The University views the initial appraisal of prospective partners as a successful feature of its approach to CP and expresses confidence that arrangements for the approval of partnership links is robust and fit for purpose, and the team saw sufficient evidence to support this statement.

146 The validation (approval) of programmes to be offered by an institutionally approved PI is devolved to schools and is modelled on in-house processes following formal procedures as laid down in the Procedures Handbook. A panel event is held, usually at the partner site(s). It is a University requirement that all validation panels include external assessors. Once any conditions of validation have been met, a Memorandum of Co-operation (MoC) is signed by senior staff at both institutions. The MoC defines the respective rights and responsibilities of the awarding institution and partner, and the institutional approval report and further administrative and financial annexes are appended. Any further campuses/delivery centres require additional resource assessment visits. Periodic programme reviews (including revision of MoCs) take place on a six-year cycle and are modelled on the validation process. The University claims that the devolution to schools of responsibility for the validation and review of collaborative programme has fostered ownership of the process, which is 'effective and well-understood' by PIs. From its meetings with staff of the University and PIs, the audit

team would concur with this view. Accredited partners carry out validations and reviews under procedures agreed through the institutional approval/accreditation process.

147 All collaborative programmes are subject to annual monitoring. Programme annual monitoring reports (AMRs) are prepared by link tutors using standard university templates that feed into the (responsible) school's AMR for CP, and then into a University CP report presented to the Academic Standards and Quality Committee (ASQC). Accredited partners report directly to QAAS. Action lists form part of the AMRs at each level, and ASQC tracks their implementation with the annual monitoring process providing a further check that recommendations have been satisfactorily acted upon. Annual monitoring is regarded as an important process and through regular internal audits the University has, in the light of the institutional audit report 2003, sought to improve the quality of AMRs. There has been an improvement over time with recent reports demonstrating greater self-reflection and evaluation. The process of annual monitoring has to a great extent achieved its aims of contributing to the maintenance of standards and to enhancement of the student experience.

148 The University has recently introduced a process for institutional monitoring, based on evidence arising from AMRs, external examiner reports and reports from link tutors. The first report to ASQC on institutional monitoring referenced all PIs with multiple programmes but only required actions for a minority of PIs. In the audit team's view it is too early to judge the effectiveness of the process as a robust mechanism for the re-approval of existing partner institutions and for the identification of emerging themes. As a consequence the University has at present a limited mechanism for securing an overview of all individual partners.

149 Validation and review reports show that robust use is made of external assessors in the process of programme approval and periodic review. Scrutiny of reports by ASQC and internal audits of the programme approval process enable the University to maintain

effective overview of the quality and academic standards of the collaborative programmes offered by partners and of the manner in which schools and partners discharge their delegated responsibilities for validation and review.

150 The University regards student representation and feedback as essential to the enhancement of its academic provision and has extended its standard approach to collecting feedback from students on in-house programmes to its CP. Feedback is collected using standard forms in the case of joint/franchised provision with similar forms in use for validated provision. All PIs are required to hold boards of study. Student representatives sit on boards of study as do the ULT and institutional link tutor. Minutes are made available to students and outcomes are included in AMRs and reported back through boards of study. For joint programmes, student representatives sit on school/University committees and attend campus forums. For validated/franchised programmes representation on the partner's committees and groups varies depending on the PI's arrangements for governance and programme management. Feedback from graduates and employers is less systematic. Where possible, employers are represented on programme management teams and on validation and review panels.

151 The audit team considered the University's procedures for ensuring a sufficient level of staffing support in its CP. Such procedures relate both to PI staffing, including teaching staff and the PI link tutors and ULTs who, with the DCLQs, are responsible for the quality assurance and effective operation of the collaborative link at programme level. Information about PI staff, staff development, appraisal and teaching observation is required for institutional approval, programme approval, annual monitoring, programme review and institutional review. Documentary evidence and accounts given by staff in meetings confirmed that these processes were generally effective in ensuring sufficient staffing support at PIs. Link tutor responsibilities are listed in the University's Procedures Handbook and include a clear

statement of the responsibility of ULTs for providing advice to partners on all aspects of quality assurance and enhancement. It was clear that ULTs generally also saw staff development at the PI as part of their role, and there was evidence of this activity both at UK-based and overseas PIs. Staff at PIs greatly valued the effective liaison and support provided through the partnership link. The audit team explored the appointment, induction and training of ULTs and concluded that suitably experienced and qualified individuals were being appointed to this key role and had access to induction, guidance and appropriate training. On the basis of the available evidence, the team found that the University was ensuring that effective procedures existed to review the suitability of staff engaged with collaborative programmes.

152 Overall, the audit team concluded that broad confidence can be placed in the University's current procedures for assuring the quality of its collaborative programmes. Nevertheless, the devolution of responsibility for the quality assurance of CP to schools, services and partners focuses mainly on programmes. Decision-making is based on information arising from the University's approval and monitoring systems and a plethora of working parties, steering groups and informal meetings. While formal processes are generally sound, the University's structures for communicating information about CP are relatively complex. As a consequence the University is urged to review its structures for communication and decision-making in order to strengthen its formal institutional oversight.

The effectiveness of the awarding institution's procedures for safeguarding the standards of its awards gained through collaborative provision

153 The University describes its approach to securing the standards of academic awards as based on a model of devolution of responsibility to schools and partners together with associated central monitoring and evaluation. This is underpinned by policies and strategies as described in the quality procedures, academic regulations or accreditation handbook. The University's approach to ensuring standards for CP includes the selection and approval of PIs; the validation of programmes; the assessment process, including external examination; annual monitoring and review; and periodic review. The audit team considered that, particularly in view of the emphasis on devolution, the importance of standards was not as overt as might be expected in some of the documentation, including policy statements on assessment. The team considered that a greater distinction in the guidance and documentation between quality and standards would reinforce the importance of standards.

154 In the main, the audit team found that the processes for selection and approval of partners and for programme validation and approval were robust. The audit team considered, however, that where a PI wishes to use assessment regulations other than those of the University, a more formalised check on the proposed regulations could be provided by Registry to help the validation panel ensure consistent standards.

155 For accreditation of programmes offered by PIs which result in the award of certificates of credit, there was some evidence that documented learning outcomes did not fully reflect the level of learning to be achieved and at face value suggested a lower level of credit than that awarded. The University had identified that this was a matter requiring action and there was positive evidence that more recent applications for approval have been treated more robustly with learning outcomes being required to be rewritten. The audit team considered it important for participants that the documented learning outcomes reflect fully the level of learning to be achieved, particularly in view of the anticipated portability of the credit awarded and would encourage the University to continue to monitor this matter.

156 All franchised and joint programmes have the same external examiners as the University's own related programmes and who are, therefore, able to provide oversight across the different partner provision. For validated

programmes and in accredited institutions the University is represented on Assessment Boards. The external examiners are all appointed by the University. From 2004-05 all external examiners appointed must have knowledge and experience of UK HE and, where the language of assessment is in a language other than English as on a small range of arts-based validated programmes, appropriate procedures are in place including bilingual examiners.

157 The Accreditation Handbook states that 'all Middlesex University credit must be assessed with equal rigour'. In the view of the audit team, the level of externality applied to assessment associated with programmes offered by PIs, which are approved by the University, and which result in the award of University certificates of credit, was not comparable with that for other credit-bearing provision. While the team appreciated the benefits of the University's commitment to the award of credit for work-based learning, it recommends that the University reviews its approach to the certification of the award of credit achieved through external courses to ensure that this is underpinned by quality assurance procedures equivalent to those applied to other credit-bearing provision of the University.

158 The audit team concluded that appropriate use is made of external examiners for franchised, validated and joint programmes. It agreed with the University's statement in the collaborative provision self-evaluation document (CPSED) that 'the External Examiner system is one of the principal means whereby the University maintains central oversight of the ongoing maintenance of programme standards'. The team considers, however, that greater use should be made of external examiners for accredited schemes where students are awarded University credits.

159 The 2003 institutional audit report noted that the use of statistical data was improving, and that comparisons were starting to be made at school and university level of different types of provision. Statistical analysis is included in programme and school AMRs but the audit team noted significant variation in the degree of

analysis and interpretation of the data, and formed the view that further sharing of good practice would be beneficial. Annual Reports on Assessment were produced for Academic Board which included data on CP, and a Working Group was established to consider the future structure, form and content of the reports. The team would encourage the Working Group to ensure a form of presentation which more explicitly compares the achievement of students on in-house and CP programmes. It would also encourage the University to report on, and analyse more explicitly, comparative data on academic offences across the different types of provision.

160 Distributions of grades for each module are considered at assessment boards to allow comparability of standards to be determined. The new student management system, MISIS, will be extended to include the student performance data from validated programmes. This is to be encouraged as it will facilitate improved analysis of comparative performance on the different routes to University awards. The team considered that the improvements made in presentation, scope and accuracy indicated a positive move forward. It is recommended that the University continue to develop the use of data better to inform the management of quality and standards of CP.

161 The audit team would recommend that the University should make more explicit, in its procedures and guidance, the mechanisms by which it ensures the standards of its awards are maintained. Overall, the team considered that the University has effective mechanisms for managing the standards of its awards.

The awarding institution's use of the Academic Infrastructure in the context of its collaborative provision

162 The University reviews the various aspects of the Academic Infrastructure on a regular basis. Staff with primary responsibility for such reviews are clearly identified and information is provided on the QAAS website about how the University has addressed the Infrastructure. The University has concluded that it was largely operating in accordance with the *Code of*

practice for the assurance of academic quality and standards in higher education (*Code of practice*), published by QAA, and this was confirmed in the 2003 institutional audit report, which observed that 'overall, the academic infrastructure relating to the *Code of practice*, FHEQ [*The framework for higher education qualifications in England, Wales and Northern Ireland*], subject benchmark statements and use of programme specifications is being appropriately addressed'.

163 In addition, the University has undertaken an assessment of those precepts in the *Code of practice* which are of particular relevance to CP and the revised *Section 2: Collaborative provision and flexible and distributed learning* (*including e-learning*). The recently updated *External examining* and *Postgraduate research programmes* sections of the *Code* and the QAA *Guidelines on the accreditation of prior learning in England, Wales and Northern Ireland* have also been reviewed. The University has concluded that in most cases its procedures are in accordance with the *Code's* precepts and has made a number of refinements to its Procedures Handbook for 2004-05 to ensure full coverage.

164 The University requires that subject benchmark statements are appropriately considered as part of the validation and review process and inform programme specifications. The expectation is that programme specifications are produced for all the University's programmes, including those delivered by collaborative partners. The application of this approach and use of the wider Academic Infrastructure was evident in CP validation and review reports, although programme specifications are not required for external courses which are accredited and lead to the award of credit. Standard conditions applied to PI approval are reviewed on an annual basis in relation to the QAA Academic Infrastructure requirements. Meetings with PIs confirmed that the University provides significant support and guidance to them on the importance and use of the Academic Infrastructure.

165 The audit team considered that the University was making effective use of the Academic Infrastructure and, in the main, concurred with the University's view that it was conforming with the *Code of practice*. In relation to the award of credit achieved through external courses, the team came to the conclusion that this is covered by the definition of CP as expressed in the revised Section 2 of the *Code* and that the University should therefore work towards a position where 'External examining procedures for programmes offered through collaborative arrangements should be consistent with the awarding institution's normal practices' (see above). The audit team was satisfied that the University has addressed the Academic Infrastructure in the context of CP in an appropriate way.

Commentary on the institution's intentions for the enhancement of its management of quality and academic standards in its collaborative provision

166 The University has expressed a strong commitment to the enhancement of its CP and is committed to a range of developments, in 'risk-based' quality management, collaborative research activities, the use of its regional offices, work-based learning, and distance learning. These intentions are congruent with its explicitly expansionist approach to CP, which is a key part of the University's vision and strategy. Reviewing these and other areas, the audit team concluded that the University is justified in claiming that it progressively enhances the quality of its CP. Staff at all levels are committed to enhancement, and the contributions made by DCLQs and ULTs are particularly noteworthy. Some PIs have told the University that their profiles and reputations have been raised as a result of working together, and in discussions with the team it was clear that the University takes pride and pleasure in the success of its partners.

167 The University's quality assurance procedures, when applied consistently, enable it to identify areas for further development and improvement, and evaluate the impact of enhancements. Consistent and effective use of

these quality assurance systems will be a prerequisite of success in any future risk-based management strategy. The University's explicitly cautious approach to development in this area sustains confidence in its capacity to enhance, as well as to grow, its CP while firmly exercising its responsibilities for standards and quality. The findings of this audit are made in the light of evidence that the University has both the desire to enhance its CP further and the ability to do so.

The utility of the CPSED as an illustration of the awarding institution's capacity to reflect upon its own strengths and limitations in collaborative provision, and to act on these to enhance quality and safeguard academic standards

168 The University had prepared the CPSED in full collaboration with the PIs and the diverse student body, and the audit team considered that this was representative of the way in which the University worked with its partners. The team considered the CPSED to be clear, generally comprehensive, appropriately themed and adequately referenced to supporting documentation. Additionally, it provided a critical evaluation of the outcomes of the 2003 institutional audit embedded in the narrative and also provided contextual examples which aided the understanding of the team prior to the audit visit.

169 The CPSED was an essential and useful introduction to the values, structure and functioning of the CP. Overall, the document demonstrated the willingness and ability of the University to reflect in a self-critical manner on past experience. The CPSED provided an honest account demonstrating both frankness and candour, however, the audit team considered it was modest about the scale and embedded nature of the CP activities. The CPSED described the formal processes and procedures within the University although it did not extend its account to include the more ad hoc arrangements regarding the decision-making frameworks of the University which were explained at the audit visit.

Reliability of information provided by the awarding institution on its collaborative provision

170 At the audit visit, the University provided a current account of its progress in relation to teaching quality information (TQI) and of developments since the completion of the CPSED. The University reported that it had uploaded all TQI requirements to date, including all external examiner reports and periodic review reports which had been received, and was in the process of uploading programme specifications. At the time of completing the CPSED, the University was consulting with QAA and partners regarding the publication of programme specifications in the case of private and overseas partners. The audit team concluded that the University was taking appropriate steps to fulfil its responsibilities in relation to TQI. At the time of the audit, the University was alert to the requirements of the Higher Education Funding Council's document 03/51, *Information on quality and standards in higher education: Final guidance*, and was moving in an appropriate manner to fulfil its responsibilities in this respect.

Features of good practice

171 Of the features of good practice noted in the course of the collaborative provision audit, the audit team noted in particular:

i the contribution that collaborative provision makes to the University's strategy for widening participation (passim)

ii the section of the Procedures Handbook on collaborative provision that helps to engender a shared understanding of the University's requirements (paragraphs 43, 49, 116, 117, 132)

iii the effective role of the regional offices and the way in which they are used to support collaborative provision (paragraphs 47, 115, 128)

iv the widespread commitment and support given to partners in the design, development and delivery of programmes (paragraphs 48, 87, 114, 124).

Recommendations

172 The University is advised to:

i review its structures for communication and decision-making in order to strengthen its formal institutional oversight of collaborative provision (paragraphs 31, 44, 69)

ii review its approach to the award of credit achieved through external courses to ensure that this is underpinned by quality assurance procedures equivalent to those applied to other credit-bearing provision of the University (paragraphs 83, 84).

In addition, the University may wish to consider the desirability of enhancing its quality management arrangements by:

iii making more explicit, in all its procedures and guidance, the mechanisms by which it ensures that the standards of its awards are maintained (paragraph 43)

iv developing further a mechanism for providing an institutional overview of each partner to enable emerging themes to be identified (paragraphs 44, 63, 69)

v continuing to develop the use of data, better to inform the management of quality and standards of collaborative provision (paragraphs 107, 108).

Appendix

Middlesex University's response to the collaborative provision audit

The audit was conducted in a professional and courteous manner, and the report is felt to be a fair and accurate reflection of provision. The University welcomes the judgement of broad confidence in the quality and academic standards of its qualifications delivered in partnership. In response to the recommendations of the report, the University will:

- review and report to the Academic Standards and Quality Committee on the manner in which the University maintains formal institutional oversight of collaborative provision;

- review and report to the Academic Standards and Quality Committee on the University's approach to the award of credit achieved through external courses;

- review and report to the Academic Standards and Quality Committee on the extent to which University policies, procedures and guidance make clear how the standards of its awards are maintained;

- further develop the University's analysis of grade, progression and achievement data of both Middlesex-based, and collaborative programmes, and the manner in which this analysis is centrally reported. The enhanced processes for data analysis will be reported to the Assessment and Academic Regulations Committee; and

- review and strengthen the process for institutional monitoring so as to identify trends and themes relating to individual collaborative partnerships. A report on proposed changes to institutional monitoring will be made to the Academic Standards and Quality Committee.