



**University of Worcester**

**Institutional audit**

**March 2011**

**Annex to the report**

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## Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of Worcester (the University) from 14 to 18 March 2011 to carry out an Institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards the University offers.

## Outcomes of the Institutional audit

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

- **confidence** can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers
- **confidence** can reasonably be placed in the soundness of the institution's present and likely future management of the quality of the learning opportunities available to students.

## Institutional approach to quality enhancement

The University's integrated approach to quality enhancement emphasises a management process of continuous and systematic improvement and a culture of critical self-evaluation of evidence and reflection. The audit team found the University's commitment and approach to enhancement to be a feature of good practice.

## Institutional arrangements for postgraduate research students

The University has recently been granted research degree awarding powers (September 2010) and has been developing its own processes and procedures for awarding its own degrees. The audit team concluded that the University's arrangements for its postgraduate research students met the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 1: Postgraduate research programmes*.

## Published information

The audit team found that reliance could reasonably be placed on the accuracy and completeness of the information the University publishes about the quality of its educational provision and the standards of its awards, with just one exception around information on arrangements for students progressing from partner institutions to top-up programmes at the University.

## Features of good practice

The audit team identified the following areas of good practice:

- the comprehensiveness of the Student On-Line Environment (SOLE), which is tailored to the individual (paragraph 53)
- the Student Academic Representatives (StARs) initiative, which enhances student representation (paragraphs 70 to 74)
- the wide range of opportunities afforded to students to enhance their employability (paragraphs 85 to 92)

- the proactive approach which supports the student experience for disabled students (paragraph 111)
- the institution's commitment to enhancement, exemplified by its reflective and self-critical approach (paragraph 136)
- development of the Link Tutor role and establishment of a Link Tutor Forum to share good practice across the institution (paragraph 152)
- the inclusive approach of the university in working with its collaborative partners (paragraph 166).

## **Recommendations for action**

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

Recommendations for action that the team considers advisable:

- to review the course approval process to ensure that all approval decisions are fully informed and have appropriate externality (paragraphs 30 to 33)
- to ensure that external examiners and the chief external examiners comply fully with, and have sufficient data to fulfil, the requirements of their roles (paragraphs 43 and 44)
- to review the University's admission requirements, and preparation of students, for entry to top-up programmes in line with the QAA *Code of practice* and to ensure that these are clearly communicated to current and prospective students, and ensure that all Foundation Degrees programmes specify top-up programmes and bridging provision at the point of approval (paragraphs 50, 158 and 195).

Recommendations for action that the team considers desirable:

- to include in the future review of the new periodic review process the adequacy of reporting on the effect of changes to programmes, including those which are cumulative (paragraph 37)
- to evaluate the effectiveness of the operation of the new arrangements for partnership monitoring and review (paragraph 150).

## **Section 1: Introduction and background**

### **The institution and its mission**

1 The University originated as a teacher training college in 1947 before diversifying and developing into the Worcester College of Higher Education by the 1970s. The University was granted taught degree awarding powers in 1997, university title in 2005, and research degree awarding powers in 2010. The University has an ambitious programme of physical development and has grown to two campuses in the city of Worcester and will include a joint University/Public Library and History Centre to open in 2012 as part of a collaborative project with Worcester County Council.

2 The University has grown significantly in student numbers since the last audit. In 2009-10 there were 7,695 undergraduate full-time equivalent students and 1,757 taught postgraduates students. There are 93 research postgraduates. At the time of the audit the University had 41 formally approved UK partnerships and two active international partnerships. In total there are some 2,500 students following University awards through collaborative arrangements. As the only higher education institution in Herefordshire and Worcestershire, the University takes a leading role in contributing to the regional skills and widening participation agendas, as reflected in its leadership of the then Herefordshire and Worcestershire LLN and collaborative activity with each of the further education colleges in the two counties.

3 The University's Strategic Plan (2007-12) sets out the institution's vision and aims which are to build on their 'fine reputation for providing excellent, inclusive higher education' to drive social, economic and cultural development in the region, and to promote opportunity in an inclusive way. In addition to this, the key ambitions of the University are to:

- provide first-class student care and outstanding opportunities for learning
- produce highly employable, innovative, professional and entrepreneurial alumni
- promote first-class scholarship, research and knowledge transfer
- play an outstanding part in the economic development of the region
- be an excellent employer
- be a very well managed, financially secure institution.

4 The academic structure of the University comprises six institutes: the Institutes of Education; Health and Society; Humanities and Creative Arts; Science and the Environment; Sport and Exercise Science; and the Worcester Business School.

### **The information base for the audit**

5 The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the sampling trails selected by the team. The footnotes to the Briefing Paper were referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team had access to these, and other, documents via the institution's intranet.

6 The Students' Union produced a student written submission setting out the students' views on a number of areas: learning facilities; teaching; timetabling; assessment and feedback; the personal tutor system; and the student voice. The written submission drew on the results of the most recent National Student Survey as well as a number of other existing surveys and questionnaires undertaken by the University and the Students' Union.

7 In addition, the audit team had access to:

- the report of the previous Institutional audit (November 2005)
- the QAA review of research degree programmes (July 2006)
- Integrated quality and enhancement review reports published by QAA since the previous Institutional audit
- the Institutional Assessors' Final Report for the application for research degree awarding powers (March 2010)
- reports produced by other relevant bodies (the General Social Care Council, the Nursing and Midwifery Council, Ofsted, and the Royal College of Veterinary Surgeons)
- the report on the mid-cycle follow up to Institutional audit (2008)
- the institution's internal documents
- the notes of audit team meetings with staff and students.

## **Developments since the last audit**

8 The previous institutional audit took place in November 2005 and concluded that broad confidence could be placed in the institution's management of both the quality of its programmes and the security of its awards. A number of features of good practice were identified and the present audit team found that these were continuing and being built upon.

9 Recommendations for action considered in the last audit to be advisable were to:

- review the procedures for writing and approving reports from internal subject reviews to ensure summary reports placed on the Teaching Quality Information website are an accurate reflection of the conclusions of the full reports to which they refer
- review procedures for updating and approving programme specifications to ensure that they are complete, accurate and current
- implement procedures for ensuring that all information made available to students concerning assessment and progression, including that in programme specifications and student handbooks, clearly and accurately reflects current University regulations.

10 In terms of the first recommendation, the removal of the requirement for higher education institutions to publish summaries of periodic review reports on the Teaching Quality Information website in 2006 has meant that no action has been necessary.

11 In addressing the second recommendation, programme validation since 2008-09 has been based on the production of a student handbook and programme specification for which there are standard templates. Programme specifications are updated as part of the minor modification process. It is the responsibility of the head of each institute to ensure that the up-to-date version of the course handbook is uploaded to the website each academic year. Institute Quality Committees (IQCs) take a primary role in ensuring their accuracy and this is an agenda item for IQC meetings and, in some cases, a scrutineer is used to comment on accuracy.

12 To address the third advisable recommendation, standardised text for assessment regulations was developed to be used in the Academic Regulations, programme specifications and the course student handbook. Programme specifications and course handbooks are available on the Student On-Line Environment (SOLE). The audit team was able to verify that the Head of Collaborative Programmes briefs Link Tutors and higher

education managers on regulatory matters, and on the preparation of handbooks which is monitored by the institute from which the course emanates.

13 Matters from the last audit where the University might benefit from taking further action were to:

- expedite the proposed review of the effectiveness of Departmental Quality Assurance Committees, and to
- complete the Undergraduate Modular Scheme review that was under way at the time and proceed to a standard set of undergraduate regulations across the University.

14 At the time of the current audit, the 2005-06 thematic audit of departmental (now institute) quality committees had been completed and the recommendations implemented. A key development was that all institutes have both quality and learning and teaching representatives on the Academic Standards and Quality Enhancement Committee (ASQEC). The relationship between the Academic Quality Unit (AQU) and IQCs has been strengthened; members of AQU are linked to specific institutes, may attend IQC meetings and provide support to IQC chairs. The review of the Undergraduate Modular Scheme was completed and resulted in a common set of regulations which have been applied since 2007-08.

15 The audit team concluded that the University had responded effectively to the recommendations of the previous audit.

16 The University has had several recent external reviews since the last audit. The most recent Ofsted engagement in 2010, Health engagement and National Youth Agency reports were positive. The review of the FdSc in Veterinary Nursing and Animal Behaviour delivered through a collaborative partnership, by the Royal College of Veterinary Science resulted in an unsatisfactory judgement in relation to the management of placements. The issues raised in the report were addressed through the implementation of a detailed action plan and the most recent report from the Royal College of Veterinary Science had no remaining issues of concern.

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

17 The University's framework for managing academic standards and quality of learning opportunities, including deliberative and management structures, is set out in a formal document which is the Framework for the Management of Quality Assurance and Enhancement. It sets out the principles, structures, executive roles and operational documentation for the management of quality assurance. The principles include both internal peer review, external peer review, student engagement through representation and feedback, an evidence-based approach to enhancement-led quality assurance, risk awareness, and evaluation which includes the management and operation of the processes themselves.

18 Academic Board is responsible for the oversight of academic standards and quality matters and is responsible for advising the Vice-Chancellor and the Board of Governors on these matters. Its responsibilities include advising the Vice-Chancellor on the principles underlying and informing the academic regulatory framework. Academic Board delegates authority for policy and procedural development and review through a number of committees. The Academic Portfolio Committee is responsible for scrutinising initial proposals for the development of new courses. The Committee ensures they are consistent

with University strategy and policy, and that there is an appropriate assessment of resource needs. ASQEC takes primary responsibility for matters of quality and standards. It has three subcommittees: the Learning, Teaching and Student Experience Committee, which makes recommendations on learning teaching and assessment; the Audit and Review Committee, which reports on the effectiveness of the University's academic quality assurance systems; and the Externally Provided Programmes Subcommittee which takes oversight of matters associated with collaborative provision. The Research Degrees Board, a subcommittee of Academic Board, is responsible for the approval of research degree courses and monitoring of research student progress.

19 The Vice-Chancellor's Advisory Group advises the Vice-Chancellor on the strategic direction of the University and comprises the Vice-Chancellor, the Deputy Vice-Chancellor, the Registrar and Secretary, the Pro Vice-Chancellor (Resources), directors and Head of the Vice-Chancellor's Office. Part of the remit of this executive group is to ensure an integrated approach to the quality of the University's educational provision. There is also a Board of Executive Managers which includes all the heads of institutes.

20 Each institute has a board and a quality committee (IQC) which is responsible for implementing the quality assurance and enhancement policies and procedures. The University regards the institutes as the key structures through which quality and standards of its provision are supported and realised. The heads of institutes all report to the Deputy Vice-Chancellor and, along with the Director of Quality and Educational Development, meet as a group to develop a coherent approach.

21 Devolution of responsibility to institutes is balanced by representation on Academic Board and also on the Board's subcommittees, particularly ASQEC and the Learning, Teaching and Student Experience Committee. Furthermore, all IQC Chairs sit on the Audit and Review Committee. The institutes are given support by the centre with representatives of central services attending institute IQCs and learning and teaching committees.

22 The Academic Governance Committee requires each committee to carry out biannual reviews of its own effectiveness and itself carries out three-year effectiveness reviews. The audit team noted the comprehensive implementation and operation of these effectiveness reviews and the recommendations made, and encourages the University to extend the principle of externality to these reviews to provide an impartial and objective viewpoint.

23 Executive responsibility at institutional level for standards and quality matters are jointly the responsibility of the Registrar and the Director of Quality and Educational Development. Other key officers responsible for quality and standards are the Head of Quality Assurance and Enhancement and the Head of Academic Development and Practice who together with the Director are responsible for developing and maintaining quality assurance and enhancement strategy including the Learning, Teaching and Assessment Strategy. The Head of Collaborative Programmes oversees and manages the processes associated with collaborative provision while the Graduate School Manager reports to the Research Degrees Board.

24 The Academic Regulations, comprising the Undergraduate Regulatory Framework, the Postgraduate Regulatory Framework and the University Assessment Policy, provide a framework for the operation of all courses and programmes of study offered by the University. The maintenance and application of the academic regulations are the responsibility of the Registrar and Head of Registry Services. The Quality Assurance Handbook brings together procedures relating to the assurance and enhancement of quality and standards across the whole University. Programme specifications and course



handbooks, which are the definitive reference points for programmes, are provided on the AQU web pages.

25 The AQU manages the processes associated with programme approval, review, annual evaluation and external examiners for both on-campus and collaborative provision. The Academic Development and Practice Unit supports staff in approaches to and developments in learning, teaching and assessment.

26 The audit team concluded that the University's framework for managing academic standards and the quality of the learning opportunities was effective.

## **Section 2: Institutional management of academic standards**

27 Academic Board discharges the responsibility for the security of standards through the Academic Standards and Quality Enhancement Committee (ASQEC), the Audit and Review Committee (ARC) and Examination Boards at course and Scheme levels and through the processes for the design, approval and re-approval of curricula and the management of assessment, including the arrangements for external examiners and Chief External Examiners. Postgraduate and undergraduate regulatory frameworks establish requirements for admissions, registration, progression, completion and classification. Course management committees, examination boards and Institute Quality Committees have explicit responsibility for assuring standards through monitoring and evaluation cycles for all programmes including those at collaborative partners.

### **Approval, monitoring and review of award standards**

28 A more traditional validation approach to course approval, based around a formal validation event, was replaced in 2008-09 with a course planning and approval process based on a consultancy model. In this process the proposer (and course team where available) develop provision in conjunction with external advisers whose role is to assure the University of the standards and academic quality of the provision. A student course handbook defines the proposed programme and module specifications, and arrangements for managing the course. Templates ensure that academic standards of the award are specified for: admission requirements, aims and learning outcomes, teaching, learning and assessment methods and the regulation of assessment. The programme specifications require a statement on the use of external reference points.

29 There is an initial meeting between the course proposers and the Academic Quality Unit to discuss process, followed by a meeting with external advisers to consider the draft programme specification and to discuss relevant aspects of the course proposal. In some cases there may be a second meeting with the external advisers, or discussions based on documentation may take place via email. External advisers are proposed by the course team and approved by the Director of Quality and Educational Development. An enhanced process operates for collaborative provision. The audit team heard that at the heart of the process is the student handbook; this places more emphasis on the quality of the student learning experience. The Head of Institute signs a form to confirm criteria relating to the handbook have been met and this goes forward to ARC. Once the design process is concluded, ARC usually allocates proposals among their membership who review the programme specification, a statement from the Head of Institute on the efficacy of the student handbook and the reports from the two external advisers.

30 ARC considers the proposal, including the resources required to run the programme. Course proposals are approved by ARC for a definite period of up to five years. The audit team scrutinised the process in operation. In one example, the course proposer developed the documentation solely in conjunction with the two external advisers who provided ARC with reports at the culmination of their part in the process. The team heard that the external advisers collaborate with the academic member of staff to develop and shape the final programme specification; this left the team unclear as to the extent of the independent view of the programme design provided at the point of approval. In some instances, proposals were approved by chair's action and one proposal was approved with just one external adviser report. ARC does not review the student handbook so confines itself to the programme specification and accompanying reports. In most cases where proposals are approved, they are subject to conditions based on the information submitted to ARC, which means that conditions are often confined to modification of the programme specification. Where changes to programme specifications are made, the Academic Quality Unit ensures that these are reflected in the Course Handbook. Proposals are considered alongside other committee business such as periodic reviews, reports from Institute Quality Committees and external examination nominations. In one meeting of ARC, 15 course approvals were considered alongside a busy agenda. External adviser reports vary in quality and substance, in some cases comprising just five sentences.

31 Approval decisions are sometimes taken by chair's action, sometimes taken on limited external advisers' comments, often when advisers are part of the design team, as part of a busy agenda, without sight of the full student handbook. It can be the case that the minutes do not make clear how or when conditions are met. In one example reviewed by the audit team the chair of ARC identified a large number of significant issues in the documentation submitted for approval leading the team to query the rigour of the new consultative process of course approval.

32 The University undertook a review of this new process for course approval in October 2009 and identified concerns including that relating to the timing of course approvals. During the course of the audit, the audit team heard that this concern has yet to be resolved.

33 In conclusion, the audit team advises the University to review the course approval process to ensure that all approval decisions are fully informed and have appropriate externality.

### **Annual monitoring**

34 A process of annual evaluation takes place at programme, institute and university level. At the heart of the evidence base is the external examiner report and statistical data. The Institute Quality Committees review programme reports and action plans. In addition, the Director of Quality and Educational Development produces an annual report which reviews all available external examiner reports. In some cases, the evidence base causes the programme to be identified as being at 'higher risk'; such programmes are subject to additional support and monitoring. An annual report on academic standards and quality, including a summary of the external examiner report, is produced by ASQEC and presented both to Academic Board and the Board of Governors. The audit team reviewed a sample of annual reports across a range of institutes and a range of provision and found the process to be generally effective in identifying and responding to issues relating to academic standards.

## Periodic review

35 The changes introduced by the University to the course approval process in 2008-09 prompted a review of the Periodic Review process. Recommendations were presented to ARC in May 2010 and resulted in a revised process from 2010-11. The key revision to the new periodic review process is the removal of validation/revalidation. The audit team noted that the new process would be evaluated at the end of the first year of operation.

36 The audit team scrutinised documentation from periodic reviews, which included revalidation prior to the introduction of the revised process, and found that the process to be rigorous, thorough and in line with the *Code of practice, Section 7: Programme design, approval, monitoring and review*, published by QAA. Changes to programmes are made on a continuous basis under the scrutiny of the Institute Quality Committees. The team sampled a large number of module and programme changes and found the process at institute level to be fair and scrupulous.

37 The audit team also reviewed several reports from recent periodic reviews. It was not clear from the documentation provided how effectively the new process is in providing sufficient evidence to the ARC of the effect of changes to programmes and modules, including those which are cumulative and those made over time, to the design and operation of the programme. The team considered it desirable for the future review of the new periodic review process to include the adequacy of reporting on the effect of changes to programmes, including those which are cumulative.

## External examining

38 Proposals for appointing external examiners are made by institutes, with ARC taking responsibility for final scrutiny of the nominations. The University generally appoints external examiners in the year prior to appointment. The audit team considered the process of induction for, and mentoring of, external examiners to be sound. The roles and responsibilities of external examiners and chief external examiners are clearly laid out in the External Examiners' Handbook.

39 The University Assessment Policy sets out minimum requirements to be seen by the external examiner together with details of external moderation. External examiners are expected to attend Boards of Examiners or, if they are unable to attend, to confirm the standards of marks and to send written comments for communication to the Board.

40 External examiner reports are copied to the relevant Head of Institute and other relevant staff. Responses are included in course annual evaluation reports. External examiners are asked to confirm that they have received a response to their report.

41 Where common issues or areas of concern arise from external examiner reports, for example concerns over resources and contact hours, appropriateness of marking standards and student performance, these matters are considered seriously and action taken.

42 The Director of Quality and Educational Development produces an overview of all external examiner reports for ASQEC. This highlights good practice, identifies any concerns about quality or standards, and identifies institutional issues and actions to be taken. The most recent report stated the University position that external examiners should attend all Boards (paragraph 44). In general, the audit team is of the view that this report and its consideration through the deliberative structures, contributes effectively to the management of academic standards.

43 A Chief External Examiner (CEE) is appointed for the undergraduate modular programmes board and for the individual programme boards for Foundation Degrees and HNDs. The exact number of programmes boards and consequently CEEs is under review. The audit team reviewed the reports which were available from the chief external examiners for the last three years and noted the very different interpretation of the role by each CEE. Reports in some cases appeared to repeat other University processes and to add little to existing assurance practices.

44 An appropriately designed report template frames the external examiners' feedback. The report is required to cover, among other items, the overall performance of the students in relation to: the award under consideration, their peers on comparable courses, peers in previous years; the strengths and weaknesses of the students as a group; the quality of teaching and learning as indicated by student performances; and the conduct and operation of the Board of Examiners. The audit team read a number of reports to evaluate the comments from external examiners relating to this latter issue and found that a significant number (almost 25 per cent) of external examiners did not attend the Boards of Examiner meetings in summer 2010. The team also noted that external examiners requested better management information to enable them to fulfil their role. The CEE for the Undergraduate Modular Scheme also expressed a concern for improved management data, and that required data was not available, stating that a commitment by the University to resolving management data issues remained crucial. Consequently, the team advises the University to ensure that the external examiners and chief external examiners comply fully with, and have sufficient data to fulfil, the requirements of their roles.

## **Academic Infrastructure and other external reference points**

45 The University states in its Briefing Paper that all awards reference the Academic Infrastructure in the design of new and the review of existing courses through reference to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), subject benchmark statements as well as standards of professional, statutory and regulatory bodies as appropriate. The University recently aligned their short courses to the FHEQ. The audit team saw evidence of systematic reference to the *Code of practice* published by QAA, in policy documents and committee deliberations.

46 The audit team reviewed the template in use in course design approval, evaluation and review processes and noted the appropriate references to the Academic Infrastructure, for example, reports from external advisers in the course approval process and the scrutiny of programme specifications at ARC. The *Code of practice* is addressed and is embedded in regulations and procedures, and there was evidence of extensive mapping. Staff that the audit team met showed good awareness of the expectations of the Academic Infrastructure. However, the audit team did have reservations about the appropriate referencing of elements of the Academic Infrastructure in relation to Foundation Degree programmes (see paragraph 50).

47 The audit team confirms that, on the whole, the University engages appropriately with the Academic Infrastructure and external reference points with respect to undergraduate and postgraduate provision.

## **Assessment policies and regulations**

48 The University's undergraduate and postgraduate regulatory frameworks and Assessment Policy create the framework within which assessment matters are managed. This framework sets the requirements for passing modules, classification of awards, mitigation, academic misconduct and plagiarism, and guidelines on the conduct of Course

and Scheme Boards of Examiners. The audit team, having reviewed the relevant documentation, confirms that these procedures are in place and appropriately administered.

49 The University operates a '20 point letter grading system' for undergraduate programmes and a percentage system for postgraduate taught programmes. The audit team was interested to hear from students of their perceptions of this system and to read comments from external examiners. Taught postgraduate students clearly understood the grading and classification system, less so the undergraduates who expressed confusion over the relationship between the suite of letter grades and degree classifications or the final mark for a group of component marks. The team noted that external examiners comment upon aspects of operation of the undergraduate grading system, and are occasionally uneasy about the 20 point system. The team read of concerns over numerical marks being converted to literal marks which were then converted for undergraduate classification purposes. The University carried out an informal review of the undergraduate grading system and how it compares with grading systems operated by other institutions. The University concluded that there were no grounds for changing the system particularly as it was well embedded and understood across the University but that enhanced guidance was required. The audit team concurs with the University's view in relation to providing enhanced guidance.

50 In discussions with relevant students including several Foundation Degree and HND students with varying experiences of applying for top-up programmes and from the student written submission, the audit team learnt of concerns over the different levels of preparedness of students who join level 6 cohorts as top-up students. The team reviewed the process of course approval for Foundation Degrees and the extent to which the process adheres to the FHEQ and expectations of the *Foundation Degree qualification benchmark*, the programme specifications of approved Foundation Degrees, and a sample of public information relating to progression routes from Foundation Degrees. The team looked specifically for clear routes for successful progression to bachelor's degrees, including 'bridging' arrangements, established during the approval process. In some cases no progression route was approved or stated in the programme specification at the point of validation and the team learnt that progression agreements, rather than universally being established at validation, were sometimes developed once students were recruited. This led to student confusion over progression requirements, differing arrangements for admissions including availability of bridging programmes, and incomplete, late or inconsistent information available to students. In conclusion, the team advises the University to review the admissions requirements, and preparation of students, for entry to top-up programmes in line with the *QAA Code of practice* and to ensure that these are clearly communicated to current and prospective students, and ensure that all Foundation Degrees programmes specify top-up programmes and bridging provision at the point of approval.

## **Management information - statistics**

51 A key principle of the University's Framework for the Management of Quality Assurance and Enhancement is that quality assurance processes should be evidence based. The University's Registry Services are responsible for the operation of the University's Student Records Systems and the Data Management Unit is responsible for maintaining the Student Records Systems system. University departments are provided with annual management information statistics in August which is updated in October. The audit team scrutinised the statistical information provided to staff on progression and attainment and found that detailed data sets and analysis were provided to the institutes.

52 The audit team noted that some staff found the data provided unsatisfactory, however the team were informed that staff can make requests to the Registry Services for

specific data sets and that work is being carried out to further improve both the quality and access to data. The team reviewed the data sets provided over the last three years and found the quality of data had improved significantly.

53 Students' main access to information is through the Student On-Line Environment (SOLE). Students can use SOLE to enrol, re-enrol, make module choices, update personal information, access course and student handbooks, and access details of their Student Academic Representative (StAR) and personal tutor. SOLE is available to all students including those on placements and those on collaborative provision arrangements. The students met during the audit spoke highly of SOLE. The audit team was informed by staff that personal tutors have access to information on their tutees, including attainment and progression statistics. Furthermore through SOLE students are able to access the Student Handbook and individual course handbooks, timetables and assessment schedules, information on appeals and complaints and access the University's e-learning resources. The audit team considered the comprehensiveness of SOLE, which is tailored to the individual, to be a feature of good practice.

54 Annual evaluation data sets are provided by the Data Management Unit to course leaders to support the Annual Evaluation process. Data is flagged to assist course leaders in identifying areas on which to comment within the Annual Evaluation report. Course leaders are provided with guidance to using statistical reporting information in their annual evaluation and the annual evaluation template contains a section specifically for comment on statistics. The audit team reviewed a sample of annual evaluations and confirmed the systematic use of statistical reporting within the annual evaluation process.

55 The audit team additionally reviewed the statistical data sets provided for the periodic review process and found that the Data Management Unit provides a detailed information digest to the periodic review panel. The University has in recent years identified a trend of high withdrawal rates. The Student Achievement Officer now reports annually on progression, retention and attainment. The audit team found evidence that the University and institutes make use of the data provided through action plans which are reported to ARC. Retention at the University has increased in the previous two years to the institutional audit and the team encourages the continued use of management statistics and action planning to improve retention further.

### **Section 3: Institutional management of learning opportunities**

56 The Academic Standards and Quality Enhancement Committee (ASQEC) and the Learning, Teaching and Student Experience Committee (LTSEC) are key committees within the deliberative structures for advising the Academic Board on matters relating to the assurance and enhancement of the student learning opportunities. The University deploys 'standing' and 'task and finish' groups to support the work of the committees. Two notable examples reviewed by the audit team are the Student Employability and Enterprise Group which developed the University's strategy for employability, and the Student Inclusion and Diversity Group which has promoted a number of enhancements to the experience of disabled students.

## **Academic Infrastructure and other external reference points**

57 The use of the Academic Infrastructure and other external reference points in relation to the management of learning opportunities are dealt with in Section 2 (paragraphs 45 to 47).

## **Approval, monitoring and review of programmes**

58 The University manages learning opportunities through course approval, annual evaluation and review processes. The revised process for course approval places greater focus on the student handbook to give more emphasis on the student learning experience. Annual evaluation considers the evidence available, including external examiner reports, and reviews the student learning experience, reporting to the Institute Quality Committees.

59 New course proposals are submitted to the Academic Portfolio Committee for initial approval; part of the submission is a statement of resources to support the new programmes. Continuous approval for programme resourcing involves senior management and the heads of institute, though it was not clear how the initial resource approval relates to the continuous commitment by institutes.

60 External examiners readily comment upon staff and resource matters in support of the quality of the students' learning experience. Comments seen by the audit team related to examiner concerns over staffing levels. Concern has also been expressed over changes in course management, the part-time status of course leaders and administrative support.

61 External examiners also comment upon access to specialist resources; where concern is expressed, such issues are reported to Academic Board. However, it was not clear in all cases to the audit team how Academic Board subsequently satisfied itself with the responses to these concerns regarding resourcing or how the Academic Portfolio Committee recognised such resourcing matters.

## **Management information - feedback from students**

62 The University's arrangements for student feedback on modules are set out in the 'Policy on Student Evaluation of Modules'. The policy states that the main purpose of gathering student feedback and evaluating modules is to enhance the student learning experience in order to make continuous improvements. The module evaluations obtain quantitative and qualitative data and are supplemented through the student representation system and focus groups. The audit team was informed that student feedback through course committees and student staff liaison committees (SSLCs) was reviewed as part of the thematic audit on the way students are involved in the quality management of courses in 2010.

63 End of module evaluations have standard institution-wide questions which may be supplemented by additional questions by the institute. The policy on student evaluation of modules encourages staff to make use of mid-module evaluations as well. The audit team met with undergraduate and postgraduate students who stated that the University, institutes and departments responded well to student feedback collected through surveys, SSLC and course management committees. Students referenced the 'You said... We did...' campaign which highlights University responses to feedback (paragraph 67) and the new facilities at the City Campus. Students additionally confirmed that module evaluations were completed on programmes and results discussed at course meetings. The audit team learnt that changes made as a result of module evaluations were included in the following year's course handbook to inform students of department responses to feedback.

64 According to the Briefing Paper, 'the University makes extensive use of the National Student Survey (NSS), with outcomes, responses and action plans considered in detail by central committees and by institutes'. The audit team found comprehensive, systematic use of NSS findings through institutional analysis and action plans. The team found clear evidence of individual institutes reviewing, commenting and implementing on NSS data through the institute annual evaluation process.

65 The audit team examined the University's process of collection, analysis and consideration of student feedback and saw evidence of consistent use of module questionnaires across the University's institutes with appropriate analysis and dissemination of actions. A response template was introduced in 2010-11 in order to assist module tutors in the analysis and reporting of module evaluation results.

66 In order to collect student feedback on wider issues affecting the student experience the University is piloting the University Student Experience Survey in 2011 which is modelled on the National Survey of Student Engagement.

67 The University disseminates actions taken at an institutional level in response to the results from the NSS through a 'You said... We did...' campaign which includes a web page and physical posters around campus. This campaign communicates to the wider student body the actions taken to improve the student experience.

68 According to the Briefing Paper, several service departments within the University make use of surveys and focus groups to obtain feedback. This is explored in more detail in the student support and resources for learning sections of this report.

69 Overall, the audit team formed the view that student feedback was obtained effectively from students across the University. The results of student feedback inform module, programme and institute evaluation.

## **Role of students in quality assurance**

70 According to the Briefing Paper, student engagement in quality assurance and enhancement is achieved through representation systems and student involvement in working groups, committees, focus groups and module feedback. Student representation can be found at all deliberative levels of the institution, with the President and Vice-President Education and Welfare as members of the Board of Governors, Academic Board and its subcommittees. Students are represented by their Student Academic Representative (StAR) who are members of SSLCs and course management committees. Additionally institutes are expected to include student representatives on institute boards, although the University has identified that some institutes have had more success in achieving this expectation than others.

71 A thematic audit was carried out in 2009-10 which led to the introduction of the StARs system in September 2010 in order to standardise the approach to student representation. StARs are elected into their positions on each programme or cluster of smaller programmes, with the Students' Union taking responsibility for providing training, guidance and support for StARs. The Students' Union has introduced two institute representatives per institute to support the StARs system, who sit on institute level boards and committees.

72 Students are provided with details on who their StAR is through the Student On-Line Environment (SOLE) system, and the Students' Union has access to identify



programmes without a StAR in order to encourage the institute or course leader to rectify this. Institutes are provided with minimum requirements in relation to the recruitment and numbers of StARs, together with clear guidelines on the function and operation of course management committees. Institutes have a named individual whose role includes promotion and coordination of the StAR system within the institute. There are now over 500 StARs who are registered with the Students' Union. The student written submission stated that 'from a student perspective, since its introduction in September 2010, the StAR system is now considered an important aspect of the student learning experience.'

73 The audit team met with students on taught postgraduate programmes and on programmes at partner colleges and they confirmed that they had access to student representation through the StARs system and that they knew who their StAR was.

74 The audit team was encouraged by the University's identification of areas for improvement with its student representation system through its thematic audit and considered the StARs initiative, which enhances student representation, to be a feature of good practice.

75 Students confirmed that they met external examiners to discuss their modules and programmes, although the students the audit team met had not seen external examiner reports. This point was reiterated in the thematic audit. While it was generally the case that external examiner reports were shared by course committees, this practice was not yet universal, and the thematic audit also highlighted that students did not always see the reports because they sometimes did not attend the meetings. The audit team would encourage the University in its endeavours to rectify this position. Students confirmed to the audit team that they met members of periodic review panels, however students are not currently members of periodic review panels, although staff considered this to be 'a logical next step'.

76 The audit team reached the view that, overall, the arrangements for student involvement in quality management processes are effective, and the way in which the University engages with students makes a valuable contribution to the management of the quality of learning opportunities.

## **Links between research or scholarly activity and learning opportunities**

77 A key theme of the University's Learning, Teaching and Assessment Strategy is to provide students with opportunities through which they can be introduced to communities of research, scholarship, and professional practice. The University was granted research degree awarding powers in 2010 and its commitments to learning and teaching are linked to and underpinned by research and embedded in the Research and Knowledge Transfer Strategy.

78 The University's Academic Development and Practice Unit (ADPU) produces a guide to research-related teaching which articulates the University's broad view of the ways in which staff can ensure learning, teaching and research are linked. The audit team sampled a list of examples of how research and scholarly activity has fed into teaching in each institute and found the guide to be applied consistently across the University. Students whom the audit team met spoke positively of how research conducted by staff had enhanced their learning experiences.

79 The University produces a biannual in-house peer-reviewed Worcester Journal of Learning and Teaching and runs an annual learning and teaching conference. Staff that the

audit team met spoke highly of the Journal. The University operated a programme of workshops in 2009-10 which considered how to undertake pedagogic research, resulting in successful funding bids for a number of learning and teaching research projects.

## Other modes of study

80 The University does not operate any wholly distance or flexible learning programmes, but provides a number of blended learning programmes which are supported through the University's virtual learning environment.

81 The University ensures standard and consistent practice through a set of quality standards for flexible and distributed learning as well as work-based and placement learning. One of the main purposes for these frameworks is to 'embed the precepts of the QAA *Code of practice, Section 2: Collaborative provision and flexible and distributed learning in UW processes and practices*'.

82 The Briefing Paper stated that the majority of modules make use of the virtual learning environment and other educational technologies. The audit team spoke to students regarding the University's use of e-learning who were positive in their comments, citing examples of the virtual learning environment and e-portfolio.

83 The University has drafted an e-learning strategy which was presented to the LTSEC, however, the University took the decision not to formally adopt an explicit strategy at the moment as it considered e-learning as 'a tool amongst others'. The audit team was satisfied with the University's approach to e-learning.

84 For students on placement or work-based learning, the University requires the course team to produce a student guide. This guide contains information on the placement/work-based learning, requirements and support services available to students. The audit team explored with students the support available to them while on placement. Work placements are seen as valuable and significant support is provided by the University. The team was informed that placement and flexible learning students have full access to the University's e-learning, SOLE and student support services. Postgraduate students who had been on placements felt they had been well supported, with a meeting between the University, student and employer to ensure the project was suitable and followed up by monitoring meetings

85 The University places importance on student employability, work-based learning and salaried Graduate Internships as well as seeing itself as making contribution to the economic development of the region. It sits high in the league table for graduate employment. Employability, particularly placements, was cited by students as one of the reasons to choose the University. The importance with which the University regards employability and developing links with employers is illustrated by the attention it receives in periodic review reports and reports to Academic Board.

86 Students have access to a variety of ways in which they can enhance their employability both within and outside the curriculum. The Learning, Teaching and Assessment (LTA) Strategy is a pivotal document in this respect with a substantial section devoted to an Employability Statement (paragraph 133).

87 Within the curriculum, in both the Institutes of Health and Society, and Education, employability is embedded in the programmes, with employers sitting on validation panels. For other programmes, institutes work with employers for placements. In addition, there is provision for personal development planning (PDP), including, in some courses, a dedicated

module, which students found beneficial. There is an Employability Week, a Personal Development Planning and Employability Conference, an Enterprise Calendar of opportunities and events, and specific opportunities such as the Graduate Internships Scheme are promoted internally.

88 The University has an 'employability contact' in each institute who sits on the University's Employability and Enterprise Group and champions this function in the institute. The contact has responsibility for looking at the University's Student Employability Supporting Statement of the LTA Strategy and how the institutes can implement it. Employability champions in the institutes are supported by the Employability Development Officer. The audit team heard that there was good linkage between the Employability Development Officer and institutes. Success in employability is measured by Destinations of Leavers from Higher Education Survey (DLHE) statistics and student perceptions.

89 Taught postgraduate students that the audit team met were not as aware of employability initiatives as the undergraduate students.

90 The University offers an 'Earn while you learn' scheme with opportunities for students to work in paid jobs during their time at university including working as ambassadors for the University both with international students on campus and school children, assisting dyslexic and disabled students, acting as mentors in a placement, and sports coaching at children's clubs.

91 The Worcester Award, which has been recently introduced, has been designed to contribute towards students' future employability by recognising a range of activities and experiences both within and outside the assessed curriculum. The Award was piloted last year with four different strands - volunteering, work experience, service to the community and employability skills. This award will be recognised on the degree transcript, and it is reported to be popular with students. Opening the scheme to students in collaborative provision is being considered.

92 The audit team considered the University's approach to enhancing employability, through the Student Employability Supporting Statement to the new LTA Strategy, and the relationships between the centre and the institutes to support initiatives and student employability development, to be systematic and comprehensive. The wide range of opportunities afforded to students to enhance their employability was considered to be a feature of good practice.

## **Resources for learning**

93 According to the Briefing Paper, since the last institutional audit the University has embarked on a period of rapid growth in student numbers coupled with an expanding estate including a new city campus and a joint University/Public Library and History Centre.

94 The University has identified that the rapid increase in student numbers has had an impact on the student experience which has been evident through recent NSS results. The audit team was informed that significant investment and improvements have taken place both in response to the NSS results and already existing measures. These included providing more computer and laptop space, the introduction of social learning spaces and increased expenditure on electronic reading materials and journals.

95 The Briefing Paper stated that 'Learning resources at the University are managed through a converged structure'. Information Learning Services (ILS) is the lead department with responsibility for learning resources, and the University maintains oversight of this

department through the Director of ILS who is a member of the Vice-Chancellor's Advisory Group (VCAG) and Board of Executive Managers.

96 ILS ensures that its priorities for provision and allocation of learning resources are informed through communication with the institutes, student feedback, institutional strategic priorities, curriculum development and innovation in learning and teaching. Within ILS there is an academic liaison team who sit on course management committees and liaise between institutes and ILS on learning resources. University departments and institutes produce an annual planning statement in order to assist ILS in its annual allocation of resources and in the production of the ILS annual development plan.

97 The University monitors user satisfaction of the ILS department through a variety of user feedback mechanisms. The academic liaison team are members of course management committees which includes student representation, and there are additional meetings with Students' Union officers. In 2010 ILS completed a 'post-it' feedback survey aimed at eliciting student views on learning resource provision. The audit team was informed that ILS makes use of NSS, internal service user surveys and focus group results.

98 External examiners have raised concerns about the ability of some students in partner institutions to access learning resources, and have also noted the importance of developing students' academic and writing skills. In response the University is furthering the use of e-books and other electronic and online resources, as well as encouraging external examiners to comment on student performance across different partners.

99 In discussions with students the audit team found that generally students were satisfied with the resources for learning made available to them and acknowledged that the University was investing in more electronic materials. Students highlighted SOLE (paragraph 53) and e-learning as particularly positive in their experience of learning resources. Students were content with access to library facilities and were looking forward to the opening of the new library on the city campus.

100 On the basis of the information provided and meetings with staff and students, the audit team found that the University's arrangements for the provision, allocation and management of learning resources were effective in maintaining the quality of the student learning opportunities.

## **Admissions policy**

101 Institutional oversight of admissions at the University is shared between ASQEC, Academic Board, VCAG and the Board of Governors. ASQEC is responsible for the implementation of the University Admissions Policy and procedures and devolves operational responsibility to the Admissions Office which is part of Registry Services. The University admissions policy was reviewed in 2010 in line with the *Code of practice, Section 10: Admissions to higher education*, published by QAA, and makes reference to relevant precepts. VCAG sets the broad parameters for recruitment, and individual targets are agreed with institutes. Admissions and widening participation are monitored regularly by VCAG and Board of Governors.

102 The Admissions policy states that the University makes available admissions profiles for each academic course. The policy also states the criteria against which decisions on admissions will be made including non-typical academic entry requirements. The University website and prospectus include entry requirements for each programme offered.

103 All applications are submitted through the admissions office which distributes them to individual admissions tutors for review and decision. Minimum academic requirements for acceptance onto a University programme are set by Academic Board. This information is contained within the admissions profile. If a particular programme wishes to deviate from the minimum requirements it must do so through the approval process to amend the programme specification.

104 The audit team spoke to staff involved in admissions and found that the University provides training to all staff involved in the process through the admissions forum, briefing notes, institute staff meetings and through the University staff development programme.

## **Student support**

105 Central to the University's student support is the Student Services department which offers information, guidance and support to students. Student Services has clear objectives and service standards set out in its service charter, and it produces an annual plan which measures achievement against its stated aims, and actions to be completed. The department provides various support services to students including chaplaincy, counselling, disability and dyslexia service, and welfare and financial advice. Additional support is provided to international students by the International Office.

106 The University provides clear information and guidance on student support services both to staff and students. All students are sent an induction plan before they arrive at the University which informs them of their induction activities both within their programme and institute. Pre-induction orientation programmes are offered to international, disabled and mature students.

107 The University operates a careers advisory service which is part of the Student Services. Careers advisers link their work with employability champions within institutes. The service is moving increasingly to working with students through the curriculum in skills development, and working with course teams to develop the curriculum in ways that support employability and careers education.

108 All students are allocated a personal tutor, and personal tutors are supported by an online personal tutor toolkit and training offered by Student Services. Students are provided with details of their personal tutor through their SOLE pages. The audit team spoke to students who gave an inconsistent picture of the expectations and realities of the personal tutor system across all institutes, though students in partner institutions told the team that they received effective personal and academic support. The Briefing Paper stated that a review of personal tutor provision will be taking place in 2011 and the team encourages that this addresses the concerns raised by students over inconsistent approaches and expectations.

109 Student entitlement to support and guidance is clearly communicated to students through the Student Handbook, course handbooks, welcome week inductions, Student Services' web pages and SOLE. Following the Matrix quality assessment, which praised Student Services overall, efforts have been made to improve further the services available to students.

110 Students confirmed they were aware of where to access information on complaints and appeals and commonly this was through the SOLE pages or the Students' Union.

111 The audit team reviewed the support provided to disabled students at the University. The Briefing Paper stated that the University has developed a 'strong reputation'

for good practice in supporting disabled students. The team saw evidence to support this and was particularly impressed with the University's Centre for Inclusive Learning Support and its embedded Strategies for Creating Inclusive Programme of Study. The University has inclusive practice projects in sport, art and drama. In 2009-10, the University conducted an online survey of disabled students' experiences to identify areas of improvement. The team was able to confirm high levels of student satisfaction and clear University responses to issues raised by students. The audit team considered the University's proactive approach which supports the student experience for disabled students to be a feature of good practice.

112 The audit team scrutinised the integration of University support arrangements and institutional oversights. The team heard from staff who expressed satisfaction with communication lines between departments and joint projects. Oversight of student support is via LTSEC which receives annual reports from key service departments. Notwithstanding students' inconsistent experiences of the personal tutor system, the audit team concluded that the University's arrangements for student support were effective and maintained the quality of students' learning opportunities.

### **Staff support (including staff development)**

113 The University has a framework for staff development which is integrated with the University's Strategic Plan 2007-12. Progress on the implementation of this framework has been reviewed and actions taken to improve meeting its objectives. There are policies and processes for staff appointment, induction, appraisal, reward and promotion and extensive opportunities for staff development.

114 New staff, including hourly paid staff, are assessed for development needs and have a mentor allocated with induction managed both centrally and locally. Newly appointed staff with less than three years' teaching experience must complete the Postgraduate Certificate in Learning and Teaching in Higher Education. Observation of teaching is done by the mentor and others as part of the Postgraduate Certificate and new staff are able to observe others within the institute. The Postgraduate Certificate has been developed to offer the first module online, and to deliver modules at partner organisations where there is demand. A large proportion of current University staff have completed the programme.

115 The Peer Learning through Observation Scheme is being implemented in the institutes and all staff are required to participate. Implementation of the scheme is monitored by LTSEC. The audit team noted that uptake by the institutes is variable.

116 ADPU supports the preparation of staff for new roles including course leaders and those new to teaching and to the University. Written guidance is available for the personal tutor role although training is not compulsory. Students reported variability in the tutor role which has been noted by the University and the University is encouraged by the audit team to address this (paragraph 108).

117 Pedagogic and practice-based action research is promoted by ADPU through an annual Learning and Teaching Conference, and practitioner reflection. The audit team noted the emphasis on developing reflective practice to enhance teaching performance, as well as other aspects of the student experience.

118 The audit team considered the staff programme 'What is Inspirational Teaching?' run by the Institute of Education as noteworthy. The programme focuses on practitioner professional development and includes staff developments by external speakers. In evaluating the programme, the University may wish to consider its relative impact on both students and staff. Nevertheless, data presented by the student written submission found

students rated teaching quality positively in contrast to a recent decline in NSS results. Some students that the audit team met felt they had experienced inspirational teaching.

119 A new annual award was started in 2010 for a student nominated module that contributes most to inspirational learning. 180 nominations were received from students indicating strong support for their learning experience. The University plans to make the student nominated module scheme more student led than in its first year and will be judging its impact over time, but sees it as adding to student confidence and motivation.

120 The appraisal process is seen as a cornerstone of staff development and an important process of reflection and discussion with managers. The University is looking to improve the appraisal process in the light of the new staff development framework. The appraisal process is regarded as part of quality enhancement through the process of reflection. Information coming out of appraisal is used in staff development for example on workload, funding for conferences or peer observation. The same development opportunities are available for part-time staff and hourly paid lecturers as for full-time staff. ADPU has developed support material for hourly paid staff and works with institute learning and teaching coordinators and institute staff leading on development initiatives such as employability, to provide staff development. Key staff in collaborative partnerships are said to embrace staff development opportunities, attend development events and cascade the learning out to their colleagues. In some institutes there are staff development activities which explicitly focus on sharing good practice.

121 Applicants for promotion must demonstrate strength in two of the three areas of teaching, research and management. The audit team was able to verify that promotion recognising the criterion of teaching is strong. Although the Research and Knowledge Transfer Strategy 2009-13 indicates that it is a University objective to increase the visibility of the research activity of staff, the University retains a commitment to placing a high value on the quality of teaching.

122 Senior teaching fellowships are awarded to those whose achievements in learning and teaching are at a national level, while those who are outstanding institutionally can apply for teaching fellowships. The University now has nineteen teaching fellows and senior teaching fellows and five national teaching fellows.

123 The effectiveness of staff support, development and reward is evaluated both through annual appraisal and through student feedback on their experience. The audit team concluded that the University's arrangements and procedures for academic staff support and development were effective.

## **Section 4: Institutional approach to quality enhancement**

124 The University stated that it is committed to a culture of continuous improvement across all its activities as they relate to the student experience, where the Learning, Teaching and Assessment Strategy is key. Rather than defining a specific strategy for quality enhancement, the approach has been to promote a culture to embed enhancement-oriented action. The overview of enhancement is held by the University Registrar, the Director of Quality and Educational Development, the Deputy Vice-Chancellor and Board of Executive Managers. Drivers for enhancement are the National Student Survey, the retention of students and the philosophy of working in partnership with students.

125 The University considers the use of thematic audits as a key component of its systematic approach to quality enhancement. The purpose of these audits is to assess current practice and make recommendations that aim to maximise effectiveness in

contributing to a high quality student experience. One or two themes are identified by the Academic Standards and Quality Enhancement Committee (ASQEC) each year, and the audits are undertaken by a small group which reports back to ASQEC. The audits' themes have included the Link Tutor role, course committees and student representation, and the role and purpose of independent studies in honours degree programmes. The audit team noted examples of substantive changes in procedures and practices which had come about as a result of these audits, including the strengthening of the Link Tutor role (paragraph 152), the Student Academic Representative (StAR) system and strengthening of the partnering approach with students in the management of courses (paragraph 71 and 72), and revision of the independent study module in undergraduate degree programmes to provide a more flexible approach. The team was able to confirm that the University's thematic audits were deliberate and systematic steps to enhance quality.

126 As the University's approach to quality management is to integrate assurance and enhancement processes, there has been a move to embed at institute level a culture of continuous improvement based on critical self-evaluation of evidence and peer review. In order to embed this culture, the terms of reference of Institute Quality Committees now include quality enhancement as an agenda item, and routinely discuss good practice and the student experience and promote the involvement of student representatives. The University has moved to strengthen systems for annual evaluation by emphasising a more explicit process of self-evaluation oriented to quality enhancement. Critical self-evaluation and reflection is also embodied within the staff development and appraisal processes which the University regards as part of enhancement (paragraph 120).

127 Currently the University is focusing on student engagement with a philosophy of the students as partners in learning. The University has taken a number of specific steps to realise this, most importantly through a review of the Learning, Teaching and Assessment Strategy. The student written submission recognised examples of partnering, such as the recent Staff Conference which involved students, and the Personal Development Planning (PDP) conference at which the Students Union was asked to speak. The audit team heard from students that they felt a real sense of community and membership of the University. Students do see the University supporting them in their engagement with the University and in working together in partnership on developments such as the StAR system. The University, through ASQEC, is now taking forward the issue of more effective student engagement by looking at ways to involve students in course approval and review processes. Indeed, the students felt that the integration of staff and students as a community of equals was one of the best aspects of being at the University.

128 Effective leadership and management in quality enhancement and student engagement is seen as key to this process and is led strategically by specific roles in the University. These roles include the Director of Quality and Educational Development, the Head of Quality Assurance and Enhancement and the Academic Development and Practice Unit, who meet regularly with institute quality chairs and learning and teaching coordinators.

129 Sharing and dissemination of good practice is encouraged at University level from the recommendations of thematic audits and external examiner reports. At institute level good practice is identified from annual evaluation, annual monitoring, periodic review and Learning and Teaching Reports which are discussed in institute committees. However, in the sample of Institute Quality Committee minutes and institute Learning, Teaching and Assessment (LTA) reports checked by the audit team, it was not possible to identify specific examples of good practice. Therefore, the team encourages the University to be more explicit in documenting and disseminating these features of good practice. The Deputy Vice-Chancellor uses external examiner overview reports in discussions with heads of institutes. ASQEC sees the overview of external examiner reports and the summary of good practice which could be considered by other courses. Institutes are asked to identify good



practice worthy of dissemination which are collated by the Academic Quality Unit. The Academic Development and Practice Unit (ADPU) draws on these features of good practice and has set up an 'Interesting Practice' blog which the audit team was led to understand has been widely accessed.

130 Staff are encouraged to share good practice through seminars and benchmarking against external measures and ADPU may be approached to put on a presentation to disseminate good practice. The annual learning and teaching conference, cross-university conferences, the Personal Development Planning and Employability Conference, Work Based Learning Symposium and Research Supervisors Forum, were all ways this took place. The inspirational teaching programme is a further way in which good practice is shared, based on feedback from participants. In addition, the Externally Provided Programmes Committee and the HE Partners' Forum disseminate good practice. Examples of good practice are also published electronically on the website in the Worcester Journal of Learning and Teaching.

131 The University acknowledges that the impact of these measures on students is difficult to quantify although increased use of student focus groups is planned. Notwithstanding these measures, the institutes recognise that more needs to be done to take deliberate steps to share good practice and ways in which this can be done. Examples of how the University is addressing this is the proposal for a university-wide conference to share good practice across partnerships, and the proposal that course leaders should contribute the examples of good practice highlighted in external examiners' reports to the Interesting Practice blog.

132 The University's Learning, Teaching and Assessment Strategy, as a key driver for quality enhancement of the student experience, was evaluated positively by the University in 2009. However, the University wished to focus more on the qualities and attributes to be achieved by graduates and the approaches to make this happen, and a new Strategy for 2010-11 to 2015-16 was approved at the time of the Institutional Audit. The University has a multifaceted approach to implementation of the new Strategy, building capacity at institute level and through funded initiatives. Institute Learning and Teaching Committees, which are attended by representatives of service departments, are expected to engage with the Strategy. The audit team heard that the institute student representatives on the Learning, Teaching and Student Experience Committees were involved in the development of the institute LTA Strategies. Student representatives had recently attended a staff student conference on the student learning experience, reinforcing the partnership approach of the University.

133 One theme in the Learning, Teaching and Assessment Strategy is student employability which is seen as an example of systematic steps taken by the University to enhance student learning. The Student Employability Supporting Statement to the LTA Strategy contains a breakdown of areas of responsibility with deliberate steps that the institutes, course teams, Academic Quality Unit, Careers Service and other units of the University should take in order to implement the Strategy and enhance student employability. The concept of the Employable Worcester (Post)Graduate and what s/he should be able to do is developed at every level of study through to doctoral level.

134 The University is measuring its success in quality enhancement through its retention, progression and achievement and student satisfaction statistics. The ADPU is seen as having an important role in facilitating the sharing of effective practice in relation to student retention and has instituted measures to improve these. A task and finish group on student retention and progression, a staff conference, debate about regulations, attendance monitoring and assignment alerts, ASQEC systematic monitoring of student progression and achievement and module evaluation, are all ways in which the University is maintaining

oversight on the student experience and producing initiatives to improve student success rates.

135 The University's commitment to improvement and quality enhancement through 'dedication to improvement' is recognised by external agencies, including the Nursing and Midwifery Council, General Social Care Council and Strategic Health Authorities.

136 In conclusion, the audit team found evidence to substantiate the University's commitment to continuous and systematic improvement across all its activities and processes as they relate to the student experience. The team saw evidence of high quality and self-reflective documentation, including the Briefing Paper, and evidence of a proactive approach to continual reflection and improvement, for example, through the use of thematic audits. The team also saw evidence of the University's moves to embed a culture of continuous improvement at institute level on the basis of critical self-evaluation of evidence and peer review. In the view of the team, the University demonstrated that it encouraged, supported and disseminated good practice and identified opportunities for enhancement. The audit team considered the University's commitment to enhancement, exemplified by its reflective and self-critical approach, to be a feature of good practice. Notwithstanding this, the audit team would encourage the University to take some further deliberate steps to disseminate explicitly good practice arising from institute evaluations.

## **Section 5: Collaborative arrangements**

### **Strategy and rationale**

137 The University's Strategic Plan sees 'high achieving work with partner institutions' broadly as a means of enhancing 'regional education, social and cultural development' and more specifically as contributing to its widening participation and inclusion agendas. This approach was enshrined in Academic Board's approval in 2008 of a Partnerships and Collaborative Academic Provision Policy and Strategy statement which sets out the typology of partnerships, the criteria for the selection of partners, the principles governing the relationships with partners and the strategy for the development of collaborative academic provision. An Addendum to this statement was prepared in 2009 to cover matters relating to the principles underpinning the quality of academic provision with partners, volume and sustainability, and the strategic fit of a potential partner with the University.

138 Within this strategy, the University's approach has been to develop arrangements with a range of providers - further education colleges, other education providers, the health sector and private trainers - in specialist niches. The University has developed UK partnerships beyond its local region where it 'has relevant expertise and provision can meet a clear market need', including a number of specialist agreements with overseas partners. Collaborative activity encompasses a number of types of relationships: progression and articulation arrangements; the development of dual or joint awards (although currently the University has no programmes of this type); the franchise of existing University provision; and the approval or credit rating of a partner's courses. The University maintains a comprehensive list and details of collaborative activities. The University has continued to apply the principle of close working relationships to all partners, irrespective of student numbers, the funding mechanisms, and the number of programmes involved. As the numbers of students studying through collaborative arrangements and the number of partners has increased, so the University has acknowledged the higher risk implicit in collaborative activities in its management arrangements.

139 At the time of the audit visit, the University was considering a 'new strategy for partnerships...fit for purpose for the new HE environment'. This would primarily focus on

'widening access and enhancing progression into higher education', embracing a continuation of course-based collaborations and other initiatives aimed at increasing access to higher education. The consultation paper outlining the new strategy has been broadly welcomed by the University's partners. The consultation is ongoing and its outcomes will contribute to the development of a new post-2012 Strategic Plan for the University, an early stage of which will include a forum for a representative of each of the University's partners.

## **Organisation of and responsibilities for collaborative provision**

140 The Externally Provided Programmes Committee (EPPSC) has responsibility for the institutional oversight on collaborative matters, although the operational management of collaborative activities is vested in the institutes. Strategic oversight of collaborative activities and responsibility for advising the Vice-Chancellor's Advisory Group and Board of Executive Managers on the appropriateness of new partners lies with the Director of Regional Engagement. The institutes and partners are in turn supported by the Head of Collaborative Programmes, and the Senior Quality Officer (Collaborative) to 'provide leadership, advice and guidance and ensure that (collaborative) processes and procedures are kept under review'. Institutes and the Head of Collaborative Programmes report on partnership matters to EPPSC which in turn reports and makes recommendations to Academic Board through the Academic Standards and Quality Enhancement Committee (ASQEC).

## **Selection, approval and review of partnerships**

141 The typology of partnerships, the criteria for the selection of partners and the partnership approval processes are clearly set out in the Partnerships and Collaborative Provision Policy and Strategy document. The main criteria for the selection of partners relate to the compatibility of the educational objectives of the proposed partner and those of the University, the potential for a long term relationship in terms of widening participation and progression, and the standing, sustainability and environment of the partner.

142 The approval and review processes are explained fully and in outline and additionally provide helpful guidance notes for both University and partner staff. The approval process involves early stage informal discussions at senior level once the Director of Regional Engagement and head of the relevant institute have agreed in principle that the proposed arrangement should be explored. Formal approval to proceed to Partnership Approval rests with Board of Executive Managers on the basis of outcomes of the informal meetings and a risk assessment. Approval at this stage triggers the establishment of a formal panel, again comprising senior University staff, to visit the partner with a full report of the visit being presented to ASQEC for consideration and recommendation to Academic Board for approval.

143 The resulting Partnership Agreement, valid for a period of five years, is very comprehensive in its coverage and clearly indicates that there will be separate course agreements. Staff whom the audit team met were aware of the rigour of the partner approval process, and the sample agreement trails seen by the team confirmed the University's adherence to its formal policies and arrangements.

144 The University currently operates two procedures for Partnership Review: full partnership review, and small partnership review, the latter restricted to partnerships whereby the partner is delivering less than 120 credits. The main difference between these relates to the scale of the review activity and the incorporation of course, as well as partnership re-approval in the case of the small reviews. However, the distinction between these is currently being removed as the University adopts a more flexible approach to partnership reviews in the light of feedback to consultation.

145 Partnership review is intended to be consultative, self-critical and collaborative, the purpose being to review the operation of the partnership in terms of the formal Partnership Agreement, with a view to securing a further five years' approval and noting areas of both good practice and for development. Review panels, who meet with students wherever possible and certainly seek students' views, have been chaired by a senior member of the University staff and include an external representative with experience of collaborative provision. A report with an action plan is considered by EPPSC which recommends via minutes to ASQEC and on to Academic Board for formal authority to continue the Agreement for a further period. The audit team noted the thoroughness with which partner reviews were carried out and the comprehensive nature of the reports presented to EPPSC. A particular feature of the review process has been the preparation of overview reports, of both small partnership reviews and the main reviews, for EPPSC; which draw to the Committee's attention a generic summary of themes emerging from the previous year's partnership review activity.

## **Programme approval and review**

146 According to the Briefing Paper, the University's arrangements for the approval, monitoring and review of programmes offered by partners are essentially the same as that for University-based programmes, involving institute support and the Academic Portfolio Committee recommending approval to Academic Board. Additionally, institutes are required to demonstrate how the proposed programme fits with its partnership strategy, while the Head of Collaborative Programmes supports the institute in ensuring that all aspects of the collaboration, including the approval of partner institution's staff as teachers on the programme, are considered prior to the preparation of a formal course agreement. This is confirmed by signing-off a collaborative approval pro forma.

147 The audit team noted the care taken by the Academic Portfolio Committee in considering partner course proposals, from both home and overseas including the relationship of the proposal to University and institute strategic plans, its rationale, target market and demand. Additionally, the Audit and Review Committee in approving a collaborative course arrangement receives reports from external advisers, a detailed course handbook and the programme specification. Further commentary was offered by the Head of Collaborative Programmes who confirmed that the details had been checked by the Senior Quality Officer. In recognition of the greater risks associated with off-campus provision, the University has strengthened its arrangements to ensure agreed course documentation is signed ahead of the commencement of the approved course.

## **Monitoring**

148 Partnership monitoring operates through the normal arrangements for programme monitoring through institute processes and additionally through the establishment of Strategic Partnership Planning Groups (SPPGs) and the work of link tutors. SPPGs meet two or three times per year and both monitor the partnership and keep a strategic oversight on its development. The audit team viewed SPPG minutes which confirmed discussions on a variety of topics, including student admissions, programme management, possible new programmes, information on strategic and operational matters from the University and communications issues.

149 However, in keeping its collaborative strategy and arrangements 'under close and constant review' over the last three years, the University decided in 2010-11 to abolish the SPPGs. The University has recently agreed to put into place 'more flexible and differentiated arrangements suited to the current and developing nature of each partnership' and which include at least an 'annual strategic meeting between senior staff'. The audit team noted that

the new arrangements reflected the more focused, emerging institutional strategy for partnerships and which at the same time acknowledged that the variety in the purposes, scale, geographical proximity of existing and possibly new partnerships, and the University's developing experience in the management of partnerships. In the team's view this justified the greater flexibility of the new monitoring arrangements.

150 The University will convene an annual meeting between University and partner senior staff, normally in the spring, with a standard agenda that will consider recruitment, progression, a general quality health check, quality enhancement initiatives and strategic planning. For Colleges with a large number of courses and students, there will be an option for two or possibly three meetings per year. In all cases, the Head of Collaborative Partnerships will provide regular reports of these meetings to EPPSC. As the University has agreed to adopt a more flexible approach also to the arrangements for partnership review, the audit team recommends that it would be desirable for the University to evaluate the effectiveness of the operation of the new arrangements for partnership monitoring and review.

151 Indeed, the audit team saw as an example of good practice, ASQEC's approval of more flexible arrangements proposed by EPPSC in the light of the currently developing strategy which recognised the diversity of partnerships in terms of longevity, complexity and volume of activity. The strategy is increasingly likely to emphasise progression to as well as the delivery of University programmes and require a more strategic approach.

152 At more local level, the partnership is overseen by a course leader or higher education manager from the partner and a University Link Tutor, for whom there is a role description, guidance pack and mandatory training. The audit team noted that there was a wide range of expectations from partners of the role of the Link Tutor, and that the operational roles of the link tutors varied among the institutes. The University undertook a thematic audit of the Link Tutor's role in 2010 which led to the introduction of a number of measures to strengthen the effectiveness of the role and formal linkages with the institutes. Link tutors whom the team met expressed their satisfaction with these developments, and heads of institute confirmed the inclusion of collaborative matters on the agendas of Institute Quality Committees and the identification of a senior member of the institute to whom link tutors would report. The team recognised as a feature of good practice the University's development of the Link Tutor role and the establishment of the Link Tutors' Forum to share good practice across the University.

## **External examining**

153 The Briefing Paper noted that the arrangements for securing the academic standards of University awards 'apply equally to collaborative programmes', with established University and institute procedures being applied to the appointment of and responses to external examiners, irrespective of the location of delivery.

154 The audit team confirmed that the appointment of external examiners to collaborative programmes and the consideration of their reports reflected the procedures relating to University courses. The team noted the University's view that it would wish all external examiners to comment specifically on performance at each site and its intentions to provide greater statistical data to support externals in this function although the External Examiners' Handbook appeared to be silent on such matters. The team viewed examples of external examining reports addressing specific matters relating directly to the provision delivered by the partner, and concluded that, on the whole, external examiners acknowledged collaborative activity in their reporting and often offered specific comments on matters relating to the partners. However, the team encourages the University to persuade

all external examiners involved with collaborative provision to ensure that they comment specifically on consistent or variable performances between students at specific partners and those at the University. The team noted appropriate references to external examiner reports on partner courses in the ASQEC overview of external examiner reports.

155 Similarly, the audit team noted that the Thematic Audit on the management, organisation and effectiveness of examination boards in collaborative partners had identified variable practice in the operation of some aspects of the assessment procedures and the conduct of examination boards. The team encourages the University to review the success of the arrangements agreed by ASQEC to ensure more guidance and effective communications with the partners to secure a greater standardisation of the arrangements for all examination boards, irrespective of delivery site.

## **Academic Infrastructure and other external reference points**

156 The University reviews its application of *Section 2* of the *Code of practice* via ASQEC and EPPSC, and, at the time of the audit, EPPSC was in the process of considering its arrangements in the light of QAA's recently published *Amplified Section 2*. The role of the Head of Collaborative Programmes in advising partners of the key elements of the *Code of practice* provides the University with additional assurance of its alignment with the various elements of the Academic Infrastructure and on the use of external examiners in partnership programmes. The audit team thus shared the University's view that the institution's oversight of collaborative activity was broadly aligned to the *Code of practice*, *Section 2*.

## **Support for students**

157 In general the expectation is that the partner is responsible for the provision of learning resources and personal and academic guidance, though students on indirectly funded programmes may additionally access University facilities. Course agreements with partners set out the extent to which students at partner institutions have access to University resources and services. The audit team learned that many students from the more local partner organisations accessed Student Services' support facilities in person. Following the validation/approval of courses at partner institutions, the Link Tutor has primary responsibility for advising the appropriate institute that student support arrangements at the partner continued to be appropriate and the team learned of examples where deficiencies had been resolved either directly by the Link Tutor or through the Link Tutor raising the issue at an appropriate level within the institute. The team learned that the courses at partner institutions reflected the aspirations of the Employable Worcester (Post)Graduate and that students had access to the University's careers service, although they are currently ineligible for the Worcester Award.

158 Those students from partner colleges whom the audit team met confirmed that they had understood that they had registered on University programmes and had full access to University facilities, both online (especially the Student On-Line Environment) and, when feasible, at the University campus. They confirmed that their induction programmes related to both college and University facilities and processes. Both college and University staff briefed students on the transition to the University year of study, although some students indicated that they had been unaware at the outset of their course of the need to meet certain levels of pass and/or be interviewed before progressing to a university top-up programme. As a consequence, the team advises the University to review the admissions requirements, and preparation of students, for entry to top-up programmes in line with the QAA *Code of practice* and to ensure that these are clearly communicated to current and prospective students, and ensure that all Foundation Degrees programmes specify top-up programmes and bridging provision at the point of approval.

159 The audit team learned that students at partner colleges had the same representational arrangements as those studying at the Worcester campus, and that the Students' Union Vice-President in Education and Welfare had facilitated a number of training sessions for partner college Student Academic Representatives (StARs).

## Support for staff

160 Staff teaching on University courses in partner institutions are required to register as a Registered Lecturer (RL) of the University. Since 2005, there has been an expectation that 'staff should normally hold qualifications at least equivalent to the level at which they are teaching'. However, in the light of the development of the University's own staff development framework, the developing UK Professional Standards Framework, and detailed consultation with both institute and partner organisation staff, the University has recently approved revised criteria for appointment of RLs following consultation with partners. In addition to the expectation that staff would normally be qualified at the levels of their teaching, the new criteria include the requirement to hold (or to follow a course leading to) an appropriate teaching qualification, and to demonstrate engagement with relevant research and/or scholarly activity. Exceptionally, staff may qualify for Registered Lecturer (RL) Status if, in the absence of the appropriate level of qualification, they demonstrate significant relevant industrial and/or professional experience. All applications for RL Status, whether at course approval or subsequently, are approved by the relevant Head of Institute (or nominee). The Academic Quality Unit maintains a database of RLs and will allocate to each a staff number obtained from the university's Personnel Department. The audit team was made aware of the detailed operation of this process and of cases of RL applications not being approved within the relevant institute. The team identified as an example of good practice the widespread consultation with partner organisations on the revised criteria for appointment to RL Status.

161 Besides being a requirement for teaching on University courses, RL Status offers partner institution staff the opportunity to access the University's staff development activities, including a 50 per cent fee discount for registering on University courses and participation at no charge in the Postgraduate Certificate Learning and Teaching in HE. The audit team learned of professional development activities being led by University staff within partners and of partner staff attending staff development events in Worcester. It was reported that some 15 per cent of the participants on the Postgraduate Certificate programme were drawn from partner staff.

## Transcripts

162 The formal certificates and transcripts viewed by the audit team were signed at appropriate senior levels within the University, and conformed fully to the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* clearly indicating the award, the University as the awarding body and the identity of the teaching institution.

## Public information

163 Responsibility for and the scope of the approval of public information produced by partners in relation to university courses is governed by a policy statement approved by EPPSC in November 2010, which is in the process of being rolled out to all partners. Before this, arrangements were less formal (see Section 7).

164 The standard University template for the production of student handbooks is applied to handbooks produced for students at partner colleges (paragraph 28) and their accuracy is monitored through standard institute processes (Section 7).

## **Conclusion**

165 The arrangements for the management of standards and learning opportunities of courses offered by the University in partnership with other organisations adhere to the various elements of the Academic Infrastructure through the direct application of the University's quality assurance arrangements for all programmes and through the additional arrangements in place for the approval, monitoring and review of the partnerships.

166 Examples of the collaborative and consultative approach of the University towards its partnership arrangements included: the approach to the revision of the Partnership Strategy; the support provided by senior University staff; the involvement of staff in the revision of its staff development framework; the relationships between link tutors and partner contacts; and the access afforded to partner institution staff to University staff development opportunities. This inclusive approach of the University in working with its collaborative partners was considered by the audit team to be a feature of good practice.

167 Overall, the audit team confirms that confidence can reasonably be placed in the soundness of the University's present and likely future management of the academic standards and quality of programmes delivered on its behalf by collaborative partners.

## **Section 6: Institutional arrangements for postgraduate research students**

### **Institutional arrangements**

168 The University has very recently been through the process of successfully applying for research degree awarding powers (RDAP). These came into effect from September 2010. Prior to this the University was operating research degree programmes accredited by Coventry University. Very largely, however, the institutional arrangements since gaining RDAP have remained the same. The audit team had access to and examined both the University's Application for RDAP and the final report of the QAA scrutiny team.

169 The University has a small population of research students most of whom are part-time. The University has research degree programmes leading to the awards of MPhil and PhD. Following the granting of research degree awarding powers the University is looking to expand further its research degree portfolio to include the MRes and professional doctorates.

170 Responsibility for the quality of standards and learning opportunities relating to research degrees rests with the Research Degrees Board (RDB), on behalf of Academic Board. Since 2010-11 the RDB has reported directly to Academic Board. The Chair of the RDB is appointed by Academic Board on a three-year rotation. Other members include nominated staff from each institute, the Research Training Co-ordinator and up to two external, co-opted members. No member of staff who is undertaking a research degree programme at the University is allowed to be a member of the RDB. Under its terms of reference, the RDB is responsible, on behalf of Academic Board, for approving research degree proposals from students, monitoring the progress of students and determining awards following examinations. It is also responsible for monitoring the overall success rate of research degree programmes which, given the current number of students, is currently



managed appropriately through its consideration of students on an individual basis. If student numbers increase, the audit team suggests that the University may wish to consider more formal monitoring arrangements.

171 The Graduate Research School (GRS) is responsible for the detailed management of research degree programmes and the general support of research students. The GRS manager reports to the Registrar and Secretary and the Research Support and Development Manager reports to the Deputy Vice-Chancellor.

172 The University's Research and Knowledge Transfer Committee (RKTC) governs matters relating to research and knowledge transfer and is responsible for the Research and Knowledge Transfer Strategy. Each institute has its own corresponding RKTC although these are not necessarily directly responsible for research students but rather with implementing the University's RKT strategy and with the general management of research. There are no student representatives on the RDB or the RKTC. However, there are representatives on the GRS Steering Group and institute RKTCs.

173 All research degree programmes operate within the new Research Degrees Regulatory Framework which was approved by Academic Board in October 2010. This framework is now applicable to all research degree students admitted since September 2010. A number of sessions describing the changes to the regulations were made available to supervisors. The framework document defines a range of procedures and policies including those governing the admission and registration of students, supervisory arrangements and examinations. The audit team found this framework document to be clear and comprehensive.

174 The GRS also issues a handbook intended to give a range of practical advice to students and supervisors. The audit team found the handbook to be a comprehensive document which contains general information about research at the University as well as a guide to the research degree process including examinations. Also included is a Code of Practice which clearly lays out the responsibilities of both research students and their supervisors. The handbook is updated annually and is supplemented by a range of further information concerning research conduct that is published electronically. Similarly, all the forms necessary for the administration of research degree programmes are readily available electronically on the GRS website.

## **The research environment**

175 The RKT Strategy 2009-13 sets out a range of objectives aimed at strengthening the research environment along with the plans to achieve them. In particular, the strategy includes objectives and performance targets to increase the visible research activity of staff and this was seen by the audit team to be mirrored in several institute RKT strategies. The audit team heard from staff representing the GRS and one institute that they were aware of the challenge of the targets and, in their view, reasonable progress was being made towards meeting them. Staff were also able to tell the team that systematic efforts were being made to measure the progress. The audit team was able to confirm these efforts were taking place both centrally and within institutes through an inspection of the Annual Research Report 2009-10 and the minutes of the special meeting discussing annual institute RKT reports.

176 Information Learning Services has a dedicated service aimed at research students as part of their overall support for researchers. Overall, research students that the audit team met with were satisfied with the library and computing resources as well as the general

support available to them. This confirmed the overall results of the Higher Education Academy's Postgraduate Research Experience Survey PRES 2009.

## **Selection, admission and induction of students**

177 The University website provides information to prospective research students on the application process. Applications are initially handled by the GRS which then passes them to the appropriate institute. Suitable candidates are interviewed by a panel of at least two members of staff. Training for this is provided by the Personnel Department and all staff involved in admissions are required to undertake the course. Final registration takes place when the student's research proposal is approved by the RDB. These arrangements were confirmed to the audit team at meetings with students and staff.

178 The induction process is described in the handbook and consists of a half-day followed by a series of workshops across the first week. This is followed by a further programme after acceptance on to a research degree.

## **Supervision**

179 All students have a supervisory team consisting of at least two members of staff. One of these is the Director of Studies who has primary responsibility for supervision. There are arrangements to ensure that the team as a whole has previously successfully supervised at least three students and that all supervisors have been approved. The proposed arrangements for each individual student, along with other aspects of the research environment, are scrutinised for their suitability both by the relevant RKTC and the RDB. The audit team considered that it may be difficult to sustain this approach if the numbers of research students increase as planned.

180 Regulations and guidance on supervisory workload are detailed in the Code of Practice section of the Handbook for Research Students and Research Degree Supervisors. A Research Supervisors Forum, which meets twice a year, exists to support supervisors and give them the opportunity to provide feedback.

## **Progress and review**

181 Under the current arrangements the only formal progress point during research degree programmes after formal registration is the upgrading process from MPhil to PhD. This transfer process is described in the handbook and involves assessment by a panel with an independent chair. No completed forms were available to the audit team as, at the time of the audit visit, no students had been through the revised upgrading process since RDAP became effective in September 2010.

182 Apart from the upgrading process, all students are required to participate in an annual monitoring process. This involves the submission to the RDB of a report by both student and supervisor using a standard form. The audit team examined a number of examples of these completed forms and they were all found to be completed fully and contained a good account of the student's progress. Under the current procedures, all students also attend an interview, in some cases with personnel from the GRS. While the audit team considered this procedure to work satisfactorily with the current, relatively modest number of research students, it is unlikely to be sustainable if the intended growth in numbers comes about. The audit team suggests, therefore, that this process is kept under review.

183 The handbook advises, and offers strong encouragement to, students to keep a formal record of all supervisory meetings. The audit team noted that this advice had been reviewed by the University following the QAA Special Review of Research Degree Programmes held in July 2006. However, the team heard from the students they met that they did not in fact keep records and it was confirmed by staff that this practice was not compulsory. The audit team suggests that the University may like to consider again whether some advantage could be gained from making record keeping compulsory, especially as both students and supervisors are required to provide details of supervisory meetings during the annual monitoring process.

## **Development of research and other skills**

184 The GRS plays a central role in providing research training. The Research Training Programme includes two compulsory modules, one of which is generic and the other specific to the student's field of study, usually drawn from a master's programme. A further optional module with a particular emphasis on the dissemination of research can lead to the award of the Postgraduate Certificate in Research Methods. The programme is supported by a comprehensive course handbook. The programme underwent periodic review in 2009 and the audit team noted that an appropriate action plan was drawn up in response to the four recommendations of the panel. The one-year follow-up action plan was submitted to and approved by the Audit and Review Committee at the appropriate time and demonstrated that appropriate responses to the recommendations were continuing to be made.

185 New research students are required to complete a formal Training Needs Analysis in consultation with their Director of Studies. This is reviewed on an annual basis and both students and staff confirmed to the audit team that this was the standard practice. There are also separate opportunities and assistance to engage in Personal Development Planning (PDP) although this is optional. The audit team noted from the Periodic Review of the Postgraduate Certificate in Research Methods and the subsequent action plans that the Training Needs Analysis process and its relationship to PDP are currently under review and development with a view to implementing a new framework in the next academic year. The audit team supports this development with a view to clarifying and strengthening the two processes.

186 The audit team heard in meetings with students that there was a range of opportunities to assist in teaching at undergraduate level. All the students who had been engaged in teaching confirmed to the team that they had received appropriate training for the tasks they had undertaken.

## **Feedback mechanisms**

187 There is a wide range of mechanisms available for students to provide feedback on their programmes of study. In the context of the Postgraduate Certificate in Research Methods module and course exit questionnaires are used routinely. There is also now a formal course committee with student representatives which was established by the University in response to the periodic review. While the University highlights in its Briefing Paper the Research Student Forum and the GRS Steering Group, students that the audit team met were unaware of these, although other routes for feedback were identified instead.

188 The University has participated in all the HEA PRES exercises since 2007 and intends to take part in the 2011 survey. They have provided a significant set of data and the results of these surveys are available on the GRS website. The audit team heard and saw evidence that the results of the surveys had been analysed by the GRS Manager and

discussed and responded to appropriately by the GRS Steering Group and Research Student Forum.

## Assessment

189 Minimum and maximum periods of registration for research degrees are specified in the regulatory framework. The student's Director of Studies is responsible for proposing an examination panel for approval by the RDB. The panel consists of at least two examiners, one of whom must be external to the University. In addition, the RDB appoints an independent chair for the viva voce examination. Following the examination, the examiners present a joint report including their decision of the award to be made. Examiners are also offered a feedback form to provide their experience of the examination process.

## Representations, complaints and appeals

190 Appeals are allowed on grounds as set out in the regulatory framework and must be submitted and considered in accordance with the general student academic appeals procedure as detailed on the University Registry web pages. Complaint procedures are also detailed in the handbook and on the Student On-Line Environment web pages. The audit team regarded these as satisfactory.

## Conclusion

191 Overall, the audit team concluded that the University's management of its research degree provision met the expectations of the *Code of practice, Section 1: Postgraduate research programmes*. The audit team considered the present arrangements for the management of research degree programmes to be appropriate to the current scale of operation although, in the light of the intention to increase the number of research students, the team suggests that University should keep this under review.

## Section 7: Published information

192 The University publishes a large amount of information, both in hard copy and on its website. This includes prospectuses, induction and registration information, the Student Handbook, course guides and programme specifications. The University stated in its Briefing Paper that responsibility for checking both the accuracy and currency of published information rests with the originating department although some additional checking is provided centrally. A strong commitment to this responsibility was confirmed to the audit team by relevant staff from the institutes. Course leaders update their course handbooks annually and the Institute Quality Committee then undertakes subsequent checks for accuracy and completeness. Scrutineers are sometimes employed to ensure consistency of the regulatory aspects. The detailed procedure for checking prospectus information that begins with course leaders and ends with a sign-off by the Vice-Chancellor was provided to the audit team. This describes a comprehensive system, coordinated and managed by the Communications and Development team.

193 There is an extra level of scrutiny outside each institute for checking the accuracy of information relating to collaborative provision. This is described in the University policy document specifying the responsibilities and processes for approving and making use of 'partner generated' marketing and public information. A representative from a partner institution confirmed that this procedure was being used routinely.

194 The audit team reviewed a wide range of institutional-level information, in both hard copy and electronic form. This included the main University prospectus and some sample course handbooks and programme specifications. A similar range of material published by partners was also scrutinised by the team. Overall, this information appeared accurate and complete, although the team found that the information in publicity material for some Foundation Degrees published by partners did not give a clear account of the access they provided to a top-up year on a bachelor's programme.

195 The audit team heard evidence from students that they had generally found the information provided to them in prospectuses and at induction was accurate and useful. This experience was echoed with respect to course handbooks. However, some students did express the opinion that the rules for progression from Foundation Degrees and HNDs to level 6 top-up programmes were not clear.

196 The University provided the audit team with a short demonstration of the Student On-Line Environment, the information system for students. This showed that students have access to a very full range of up-to-date and personalised information across the University and involving their own study programme. Students told the team that they found that the Student On-Line Environment system was particularly effective at providing them with the information they needed and were complementary about the ease of use of the system.

197 The University claimed in its Briefing Paper that it makes available all information required by HEFCE 2006/45, Review of the Quality Assurance Framework: Phase two outcomes. The audit team was able to confirm this claim from its review of the available materials, with the exception of all external examiners' reports being shared with student representatives (paragraph 75).

198 The audit team found that, overall, reliance can reasonably be placed on the accuracy and completeness of the information the University publishes about the quality of its educational provision and the standards of its awards. The team did have some concerns about the accuracy of information provided in publicity materials for some partner institutions offering Foundation Degrees in relation to the access they provide to top-up level 6 programmes which is reflected in the team's advisable recommendation (paragraph 50).

RG 775a 08/11

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ISBN 978 1 84979 347 6

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Registered charity numbers 1062746 and SC037786