Leeds Metropolitan University

Audit of collaborative provision

June 2011

Annex to the report

Contents

Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Audit of collaborative provision at Leeds Metropolitan University (the University) from 13 to 17 June 2011. The purpose of the audit was to provide public information on the quality of the institution's management of the academic standards of its awards and the quality of learning opportunities available to students through collaborative arrangements.

Outcomes of the Audit of collaborative provision

As a result of its investigations, the audit team's view of Leeds Metropolitan University is that in the context of its collaborative provision:

- limited 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
- limited 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 enhances the learning opportunities for its students studying at partner institutions by identifying examples of good practice and using various mechanisms to disseminate them across its collaborative provision.

Institutional arrangements for postgraduate research students studying through collaborative arrangements

The University has put in place procedures for the management of its research programmes that broadly meet the expectations of the *Code of practice, Section 1: Postgraduate research programmes*.

Published information

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

Features of good practice

The audit team identified the following areas of good practice:

- the contribution of the Regional University Network (RUN) fora to supporting new developments, the sharing of practice and collaborative working across institutions (paragraphs 95, 105 and 118)
- the systematic sharing across collaborative partners of the Skills for Learning resource and the effectiveness of this resource in supporting student learning (paragraph 102).

Recommendations for action

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

The team considers it essential that the University:

- review its arrangements for the management of its collaborative provision to ensure that Academic Board and its committees exercise full and effective oversight of all its collaborative programmes (paragraphs 27, 36, 47, 50, 61, 63, 69, 90, and 92)
- ensure that approval and review panels consistently implement the University's requirements to secure the participation of members who are external to and independent of the University and its partners (paragraphs 33, 40, 41, 50, 51 and 90).

The team advises the University to:

- ensure that there is appropriate engagement with the elements of the Academic Infrastructure and other external reference points (paragraphs 50, 51, 53, 56, 92, 93, 101 and 120)
- make consistent use of relevant management information in order to improve its oversight of collaborative provision (paragraphs 62, 71, 76 and 98)
- ensure that students who enter with advanced standing have sufficient credit for the intended exit award in line with the University's regulations (paragraphs 100 and 128)
- ensure that staff teaching university programmes in collaborative partners are approved by the University prior to the commencement of their duties (paragraph 103).

It would be desirable for the University to:

- consider ways to ensure that students are more actively involved in programme-level decision-making processes in collaborative partners (paragraph 87)
- make clear for all collaborative provision students their entitlement to access the University's learning resources (paragraph 96)
- clarify and clearly communicate the entitlements of staff in collaborative partners to associate staff status (paragraph 106)
- explore how the Quality Enhancement Committee might routinely consider how the items on its agenda apply to collaborative provision (paragraph 118).

Section 1: Introduction and background

The institution and its mission

1   The roots of Leeds Metropolitan University can be traced to a number of precursor institutes and colleges that date back to 1824. Leeds Polytechnic, formed through an amalgamation of several institutions, came into existence in 1970 as a constituent part of the Leeds Local Education Authority, until it became an independent higher education corporation in 1989. In September 1992, Leeds Polytechnic was redesignated as a university, and became Leeds Metropolitan University, with the power to confer its own degrees and other awards.

2   At the time of the audit, the University had just under 3,000 staff delivering courses to approximately 30,000 full and part-time students with campuses in the centre of Leeds

and Headingley. In addition, it had over 15,000 full and part-time students enrolled on its awards with its collaborative partners, distributed between the UK (13,706) and overseas (1,679). The awards include: certificates and diplomas; foundation, honours and master's degrees, and research degrees. In June 2011, the University had 43 collaborative partners in the UK and 19 overseas.

3   The Strategic Plan 2010-15: Quality, Relevance and Sustainability sets out the University's strategic priorities and various supporting strategies. The University works in partnership with business and the community and other education providers to widen participation and it has well established links throughout and beyond the region. The University sees its overseas provision as a means of giving international students access to UK higher education.

4   The University distinguishes between partnerships and collaborative provision. Partnerships, which include articulation agreements, are described as low risk 'agreements not directly involving delivery of University awards'. Collaborative provision is defined as '…educational provision leading to an award, or to specific credit toward an award, of the University delivered and/or supported and/or assessed through an agreement with a collaborating body'.

5   The University's taxonomy distinguishes seven main types of collaborative provision: off-site delivery; joint delivery; validated delivery; accreditation; research supervision; transnational education; and dual and joint awards. Off-site and joint delivery entail, respectively, the entire or partial delivery by university staff in an outside location. The term validated delivery refers to courses or modules taught and assessed by a body other than the University, while accreditation is the provision of a course by another institution which may then be used toward university credit or an award. Transnational education is a term used by the University to describe three ways in which courses or modules may be delivered outside the UK: by university staff (called off-site, premises-only transnational education); jointly delivered, or validated delivery by the partner alone. In June 2011, the University had no joint or dual awards, and none of its collaborative programmes was taught or assessed in a language other than English.

6   In 2005, the University established the Regional University Network (RUN) of further education college partners, located mainly in the North of England but also in Belfast, Glasgow and London. At the time of the audit, there were 28 member colleges of RUN in 24 college groups. Within these, the University validates 650 awards, on which 12,416 students were enrolled. Of these students, 12,147 were directly funded. Provision within the RUN 'operates under a common framework to develop and deliver University-validated awards'. The RUN is developed and managed by an Associate Dean reporting to the Deputy Vice-Chancellor Strategic Development and supported by a team of nine academic and administrative staff that constitutes the RUN Office.

The information base for the audit

7   The University provided the audit team with a Briefing Paper and supporting documentation, including that related to the partner link visits selected by the team. The index to the Briefing Paper was referenced to sources of evidence to illustrate the institution's approach to managing the security of the academic standards of its awards and the quality of its educational provision. The team was provided with a hard copy of all documents referenced in the Briefing Paper; in addition, the team had electronic access to a number of documents and the University's intranet.

8   The Students' Union produced a student written submission, which set out the students' views on the accuracy of the information provided to them, the experience of students as learners and their role in quality management.

9   In addition, the audit team had access to:

- the report of the latest Institutional audit in May 2009
- Integrated quality and enhancement review reports published by QAA since the latest Institutional audit
- the report of an Overseas quality audit with a partner based in China, April 2006
- the report on the mid-cycle follow-up to the Institutional audit in 2009
- the institution's internal documents
- the notes of audit team meetings with staff and students at the University and at partners visited by the team.

Developments since the last audit

10   The most recent Institutional audit of the University took place in 2009 and considered on-campus provision only. It resulted in an overall judgement of limited confidence in the University's management of the academic standards of its awards and confidence in the University's management of the quality of the learning opportunities available to students. The Institutional audit Action Plan was signed off by QAA in May 2010. While the 2009 audit did not focus on collaborative provision specifically, the limited confidence judgement drew attention to a number of factors that apply to collaborative provision, including periodic review, institutional oversight and academic regulations and procedures. The Vice-Chancellor indicated that the Institutional audit had stimulated much fresh thinking about quality assurance, and not just about regulations and processes. According to senior staff, the emphasis following the audit had been on risk mitigation and securing back university control and oversight.

11   The University developed an action plan to track activities and report on outcomes in relation to audit follow-up and continued to use this model in 2010-11, with regular reports on progress to the Corporate Management Team, governors and appropriate boards and committees. In considering the University's arrangements for the management of collaborative provision, this report will refer to aspects of implementation of the action plan that relate to collaborative provision.

12   Following the arrival of the new Vice-Chancellor in January 2010, a review of the University's faculty and corporate services structures led to a realignment of faculties. In 2010-11 the University moved from having six to four faculties, each of which is involved in collaborative arrangements. During 2010, the University made appointments to three new Deputy Vice-Chancellor (DVC) positions. The primary responsibilities are for Student Experience, Research and Enterprise, and Strategic Development. Overall responsibility for collaborative provision rests with the DVC Strategic Development.

13   The audit team learned that the University intends to review in 2011-12 its strategy for UK collaborations in the context of the new strategic plan. This would follow a review of the undergraduate curriculum in 2011-12. There would be a review of international partnerships in the subsequent year, 2012-13. The team was told that there had previously been no formal collaborative partnership strategy. In the future, the portfolio would be smaller, more focused, streamlined and more strategically aligned. A franchise model would predominate in overseas courses. The team was told that, over time, the University will want to apply its new risk analysis procedure to collaborative provision. The University acknowledged the risk presented by the range of partnerships and their complexity,

compartmentalisation, and potential separation from the University's core academic business. The University also cited the risk that further education colleges might seek to acquire their own degree awarding powers.

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

14   The University distinguishes between provision within the UK according to how that provision is funded. 'College-enrolled' provision is funded directly to the college by HEFCE, or other funding body, while 'university-enrolled' provision is indirectly funded through the University to the college. The university-enrolled provision comprises programmes that have been developed by the University itself, whereas the college-enrolled provision consists of programmes that have primarily been developed by the colleges concerned.

15   The majority of the college-enrolled provision is located within the RUN and university-enrolled provision is placed outside it. It appeared to the audit team, however, that there were no clear criteria for determining whether or not colleges join RUN and which part of their provision is included, which led to inconsistencies in the management of quality. Staff who met the team confirmed this view. For example, the team found that one college, with 143 college-enrolled students, lay outwith the RUN, while another college, which had 173 college-enrolled students and 33 university-enrolled students inside the RUN, also had 18 university-enrolled students outside. The team concluded that this lack of clarity contributed to several problems that it identified (see paragraphs 27, 96 and 104).

16   The team was informed that the funding base is the key distinction in determining the quality management arrangements governing the University's collaborative provision. In broad terms, the balance of responsibility between the University and its partners varies according to the distinction between university-enrolled and college-enrolled provision.

17   In the case of college-enrolled provision, the Briefing Paper indicated that partner organisations are responsible for the recruitment and admission of students; the provision of learning resources; the handling of student complaints, and 'the oversight of student learning opportunities'. Colleges are also responsible for the nomination of external examiners, and they have delegated responsibilities for annual review; the management of student representation; the production of management information; the setting of assessments, and the chairing of boards of examiners, although the latter responsibility has largely been taken back by the University (see paragraph 60).

18   For university-enrolled provision, the University is responsible for the promotion of courses; the setting of the entry tariff; the enrolment and registration of students; and for ensuring that students have exactly the same access to facilities and resources as for courses delivered at the campuses of the University. The audit team was informed that the quality assurance arrangements for university-enrolled provision are exactly the same as for on-site delivery at the University. With respect to the RUN, the Briefing Paper suggests, however, that the University delegates certain responsibilities for the periodic review and revalidation of programmes to colleges within the RUN, irrespective of the funding arrangement (see paragraph 48).

19   The RUN Office, not the faculties, had until 2010-11 been the primary point of contact between the University and its partners within the network, with the RUN Office retaining responsibility for a range of academic matters, including the academic approval of minor modifications. The Vice-Chancellor told the audit team that the RUN had formerly distinguished between further education colleges that had well established procedures and those that did not, but that the University had moved away from this distinction.

20   The Briefing Paper refers to a recent 'improvement to practice' resulting in faculties taking increased responsibility for the management of the RUN partnership awards. The measures taken include the appointment of collaborative delivery coordinators (CDCs, see paragraph 21), the strengthening of communications between partners and the University through the CDC role, and the decision that approval and review events should be chaired by university staff. University staff described a significant strengthening of faculty engagement with partners, extending to include the college-enrolled provision following the creation of the CDC role. The work of the RUN Office is now complemented by the role of the faculties. Faculties now have full responsibility for quality management while the RUN Office remains responsible for 'relationship management' (liaising, for example, with scheme leaders and promoting inter-partner relationships) and has strategic oversight of RUN activity.

21   CDCs were introduced at the beginning of the academic year 2011-12. The audit team concurred with the view of senior university staff, who described CDCs as being critically important. The CDC role is intended to be both developmental and supportive, while CDCs are also expected to 'police' compliance with the University's quality assurance requirements. Staff told the team that CDCs were fulfilling an audit function for the time being, but that greater emphasis on enhancement is expected in the future. A forthcoming review of the CDC role at the end of 2010-11 will determine the balance between audit and enhancement and will also consider the sustainability of the arrangements in terms of the workload of faculty academic staff. The University acknowledged that there was a possible tension between the audit function and the enhancement function but assured the team that, as the arrangements matured, enhancement would become more important.

22   The audit team was informed that, in future, the remit of the Collaborative and Partnerships Group (part of the Registrar and Secretary's Office) will be extended across all partnerships to provide overarching institutional oversight and relationship management, with contacts at the institutional level. It will complement faculty/CDC liaison and play an enhancement role in supporting partner organisations. The responsibility for providing authoritative advice on quality assurance procedures lies with the Collaborative and Partnerships Group. Liaison with professional services for RUN partners is through the RUN Office. As the revisions to the management of collaborative provision were still being implemented at the time of the audit, the team was only able to focus upon the operation of earlier processes, through which the extant portfolio of partnerships had been approved and monitored.

23   Academic Board, together with its committees, is responsible for overseeing the management of standards and quality across the University's provision. A key development following the 2009 Institutional audit was a change to the committee structure. This change was intended to achieve a clearer division of responsibility between committees for the management of standards and quality and for managing the University's collaborative provision. Several of the University's central academic committees that report to Academic Board have a quality and standards remit that includes collaborative provision: the Quality, Standards and Regulations Committee (QSRC), the Quality Enhancement Committee (QEC, see paragraph 110) and the Partnerships and Collaborative Provision Committee (PCPC). A Joint Academic Scrutiny Sub-Committee (JASSC), a subcommittee of QSRC, performs an auditing role.

24   The audit team noted that there was a lack of clarity in practice about the division of responsibility for the quality management of collaborative provision between QSRC and PCPC. The relationship between PCPC and QEC was also unclear. The terms of reference for PCPC state that it monitors 'the performance of academic partnerships and collaborations at an institutional level'. Staff described PCPC as the key committee and

confirmed that its work centred on 'the more strategic issues' and policy and procedural matters. PCPC was described as exercising oversight on behalf of Academic Board. No reference was made by staff to QSRC in discussing the annual monitoring of the quality assurance of collaborative provision. QSRC considers reports only for on-campus provision, although its terms of reference include a responsibility for all provision, while PCPC considers reports for collaborative provision. QSRC, through its subcommittee, JASSC, does review reports of collaborative provision validation and review, although it does not take any action as a result (see paragraphs 33, 36 and 50). Staff confirmed that QEC had not, at the time of the audit, considered collaborative provision.

25   The Vice-Chancellor and senior staff recognised the possibility of overlapping responsibility between QSRC and PCPC. Problems arising from overlapping responsibilities of PCPC and QSRC were said to be obviated by the sharing of minutes and cross-membership. The two were also said to be brought together by Academic Board, although the Board's minutes do not provide evidence of it taking an active interest in these reports. The audit team was told that the University may review relationships between the committees in the future, although senior staff said that they are currently comfortable with the overlap. It was clear to the team, from its examination of terms of reference and discussions with staff, that none of these committees had lead responsibility for the management of collaborative provision within the deliberative structure.

26   Quality management at the faculty level is primarily performed by faculty quality and standards committees (FQSCs) reporting to faculty academic boards and upwards to Academic Board itself. The constitution of FQSCs suggests that faculties hold significant devolved responsibilities. They, together with the RUN Office, are the routine recipients and processors of information relating to the academic operation of partnerships. The University, through the Registrar and Secretary's Office, is responsible for contracts and regulations and for maintaining and enhancing the University's overall quality assurance framework.

27   The audit team recognised that many elements of the University's framework for managing quality and standards in its collaborative provision were relatively new and not fully embedded at the time of the audit. However, as noted in the preceding paragraphs, there are overlaps in the location of responsibility for collaborative provision, which are managed in a way that does not support the effective discharge of the Academic Board's responsibilities for quality and standards. Although the funding model is supposed to determine how standards and quality are managed (see paragraph 16), the team found a lack of clarity and inconsistencies across the provision, which in turn leads to uncertainty with respect to responsibility and oversight (see paragraphs 36, 47, 50, 61, 63, 69, 90 and 92 for examples). The team found that there was an undue emphasis upon procedural compliance rather than on the timely and effective consideration of, and action on, substantive issues. Consequently, the team concluded that it is essential that the University review its arrangements for the management of its collaborative provision to ensure that Academic Board and its committees exercise full and effective oversight of all its collaborative programmes.

Selecting and approving a partner organisation or agent

28   There are four discrete stages for the approval of partner organisations. Once a proposal has been approved at faculty level, Initial Institutional Approval is conferred by the Corporate Management Team, and this is then followed by Strategic Planning Approval and Institutional Recognition. The purpose of Initial Institutional Approval is to ensure the sustainability of the proposal and its alignment with the University's vision, values and strategic plan. Strategic Planning Approval is also designed to provide an assurance that the proposal is 'consistent with the strategic direction of academic provision within the

University'. The approval process is completed by an Institutional Recognition event for the purpose of ensuring the organisation's suitability as a collaborating partner of the University.

29   The completion of a due diligence checklist is required for any activity that involves a partner or collaborating body, and this is the key document for both faculty and Initial Institutional Approval. The University had recently amended its regulations to allow variation in its due diligence requirements on the basis of a judgement of the risk presented by the proposed type of activity. It had developed a risk assessment procedure, but this was incorporated within the due diligence process. The audit team considered that, in order to make a reliable judgement of risk to inform the decision about which due diligence procedure to follow, a risk assessment needed to be completed **before** the due diligence process.

30   In addition to its submission to the Corporate Management Team for Initial Institutional Approval, the checklist is copied to the Collaborations and Partnership Group and to the Director of Planning and Registry Services, and it is signed by the Chief Operating Officer. In the case of proposals for collaboration overseas, additional enquiries will be made by the Head of the International Office. The completed document includes details of the proposed type of collaboration, and an assurance as to the financial soundness, credibility and robustness of reputation of the proposed collaborating body.

31   The University formally requires that all proposed academic provision is subject to Strategic Planning Approval. Proposals are considered by the Strategic Planning Approval Review Group, which comprises representatives from each faculty, the Registrar and Secretary's Office, Libraries and Learning Innovation Services, Financial Services, Marketing, the International Office and the RUN Office.

32   The University's regulations require that any proposed collaborating body 'must first be recognised by the University as an institution fit for this purpose'. The criteria governing institutional recognition include the possession of 'an infrastructure and learning resources adequate to ensure that the academic standards of the University's provision and the quality of learning opportunities are maintained and enhanced'. The University's procedures state that it is preferable that recognition events be held at the institution, thus enabling the panel to 'make a reasonable judgement on the suitability of the collaborating body's premises and resources and to meet members of the collaborating body's staff'. It is possible, however, for a venue visit report to be submitted when there have been logistical difficulties for an institutional recognition event to be held on the premises of the prospective partner. Venue visit reports should also be submitted for those forms of collaboration for which institutional recognition is not required. This includes accreditation and proposals for off-site delivery or premises-only transnational education.

33   The audit team encountered one partnership which, because it had been designated initially as premises-only transnational education, had not required institutional recognition. Following its approval by the Faculty, the partnership was redesignated as 'off-shore joint delivery', a form of partnership that would normally require institutional recognition. At the time of its operational approval in March 2010, due diligence had not been applied. It was also apparent from the reports seen by the team that institutional recognition is often completed through events of short duration, in which academic approval and validation were also conferred. The team concluded, therefore, that the information upon which the University assesses the suitability of its prospective partners may be inadequate or lack the independence of judgement that would be provided by a panel visit (see paragraphs 40, 41 and 51). In reaching this conclusion, the team identified several partnerships which had proceeded to an advanced stage in the approval process in 2010 without having first obtained Strategic Planning Approval or without the due diligence checklist having been completed. These shortcomings had been noted by JASSC with the suggestion that a partnership had been approved with insufficient knowledge of the

suitability of the partner organisation. However, these problems were identified some time after the approval of the partnership and no action was taken by the committee apart from noting in one case that the delivery of the programme had not yet taken place.

Written agreements with a partner organisation or agent

34   The University's regulations state that 'appropriate written agreements will be in place which specify clearly the mutual arrangements agreed by the recognition and validation processes', and the regulations include a detailed specification of the matters to be covered by such agreements. Agreements are required for all partnerships and collaborative provision. There are five types of agreement for partnerships which, with the exception of those relating to student exchange or study abroad schemes, are non-binding. For collaborative provision, a distinction is made between awards within the RUN that are subject to a binding services agreement, and other awards which are governed by the binding contractual and financial arrangements for collaboration and memoranda of collaboration. Both the services agreements and memoranda of collaboration specify in detail the responsibilities of the University and its partner. Staff explained that it is not usual for these standard contracts to be adjusted to meet the particular needs of individual collaborative partners, and the variety of agreements is required in order to cater for the different types of collaborative arrangement maintained by the University.

35   The University's guidance documentation states that proposed written agreements should be submitted to the Vice-Chancellor for approval and signature. Although it does not specify who within the University or faculty is responsible for the submission of a proposed agreement, it assigns to the Collaborations and Partnerships Group the task of sending the signed agreement to the collaborating body for counter-signature. There is a reference to university guidance on timescales for the signing of agreements and a statement that agreements should be signed by the end of the approval process. Another part of the same publication includes a chart that describes a period of 12 weeks before a partnership is terminated on the grounds that the agreement has not been signed, although the point at which the period commences is not specified. The validation document format includes a section which requires the proposer to indicate whether an agreement has been drawn up and terms agreed. The University's procedures provide for the completion of a Final Approval Form, which is submitted to the Quality, Standards, Review and Enhancement team and which is described as the final part of the academic approval/validation process. While neither the validation document nor the Final Approval Form require confirmation that the agreement has been signed, the form should be accompanied by the signed agreements.

36   The team observed several cases in which the Final Approval Form had been submitted without the attachment of the signed agreement, or in which the agreement had been signed after the commencement of the course. In one partnership, courses had been running for several years before the binding services agreements, memoranda of collaboration and contractual and financial arrangement had been signed, which exposed both partners and students to significant risk. Staff explained that the Collaborations and Partnerships Group is responsible for ensuring that agreements are signed before the collaboration is placed on the University's register. The team concluded that the above difficulties may have arisen because of an ambiguity in the University's requirements for final approval, the fact that primary responsibility for monitoring the submission of Final Approval Forms lies with faculties and the Quality, Standards, Review and Enhancement team, and the separate role performed by the Collaborations and Partnerships Group in ensuring that agreements are signed.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

37   The Partnerships and Collaborative Provision Manual states that while responsibility for the assurance of quality and standards always rests with the University, faculties are responsible 'for ensuring that all arrangements in respect of quality assurance and enhancement take place and…are in line with University requirements'. Although the Registrar and Secretary's Office and Collaborations and Partnerships Group arrange institutional recognition and review events, the devolved responsibilities of faculties include the management and administration of programme-level approval and review events. The manual also confirms that schemes and courses delivered as collaborative provision are subject to the same quality assurance processes as those delivered at the University. The team learned that although this is the case for provision that is outwith the RUN, there are distinct quality assurance arrangements for college-enrolled provision within the RUN.

Approval

38   Course approval builds upon the four-stage process for the approval of partner organisations (see paragraphs 28-33). It comprises the two separate but related processes of academic approval and validation, and operational approval which is a variant of the validation procedure. The University defines academic approval as a 'formal process…to ensure the quality and standards of the awards', and validation as 'the process by which the University assures itself that the award(s) can be appropriately managed and delivered by a recognised institution'. Operational approval is defined as 'the process by which the University assures that the proposed location of delivery and staffing resource…are sufficient'. Operational approval includes an examination of a partner organisation's facilities and resources, and the support available to students.

39   A proposal must have received Strategic Planning Approval before it can be considered for academic approval. However, in the case of proposals from colleges within the RUN, applications for the approval of new award titles and modes of delivery are considered by faculties and the Director of Planning and Registry Services rather than the Strategic Planning Approval Review Group. This is the first of several differences between the processes for the approval of courses that are within and outside the RUN. For provision within the RUN, responsibilities are delegated to the RUN Office and, in particular, to the colleges within RUN. Thus, submission documents are signed off by the Associate Dean in the RUN Office. In negotiation with the RUN Office, colleges are responsible for arranging approval events and, while panels (with one exception) are now chaired by an approved member of the university staff, the procedures provide for the participation of two college representatives and, in the case of proposals at levels 4 to 6 of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), the secretary of the panel may be drawn from the staff of the college. The major modifications procedure for courses within RUN colleges also requires only that panels are chaired by a member of the University. The University has produced helpful information and guidance to support RUN colleges in the development of new courses and in the conduct of approval events.

40   Many events combine academic approval and validation and the audit team was supplied with the reports of a number of approval and validation events conducted by colleges within the RUN. In the majority of cases, the business of these panels was concluded through events of short duration, which led the team to conclude that this would limit the opportunity for panels to give full consideration to the proposed course and the

college's capacity to deliver it. The team identified a number of cases in which panels did not include subject specialists from the relevant university faculty and where the majority of members were drawn from the proposing college. On the basis of the evidence provided by these reports, the team considered that the composition of panels could call into question their ability to make an informed and independent judgement in recommending that the quality and standards of the proposed awards, and that the college's capacity to deliver these awards, met the University's requirements (see paragraphs 50 and 51).

41   Validation is replaced by operational approval for proposals for off-site delivery or for premises-only transnational education and accreditation. Operational approval is undertaken by faculty quality and standards committees (FQSCs), having first received a completed due diligence checklist and a venue visit report. The membership of FQSC operational approval panels is normally drawn exclusively from members of the faculty concerned. In the case of operational approval, the devolution of course approval to faculties includes a responsibility for ensuring that an impartial judgement is made by panels and by FQSCs. It was not clear to the audit team how impartiality was assured. Apart from a short entry in the University's regulations and a standard pro forma for FQSC reports, the University has not published separate guidance to support faculties in discharging their responsibilities for operational approval.

42   Some confusion over the nature and purpose of the operational approval procedure was apparent from the audit team's discussions with University staff. The team noted that a recently published section of the Quality Manual uses the term 'operational approval' as synonymous with the accreditation of provision delivered at other institutions, describing a separate process which entails elements of academic approval. The accreditation procedure itself is unclear in certain significant respects, including the need for FQSCs to obtain the involvement of a representative external to the University. The team did not find any record of this procedure having been considered by Academic Board or by one of its committees, and concluded that such consideration might have eliminated apparent ambiguities in the new procedure.

Monitoring

43   The University's Regulations require that all academic provision be reviewed annually 'to ensure that quality and standards are operating as intended and that programmes of quality enhancement are developed, implemented and evaluated'. University-enrolled collaborative provision and courses delivered at the University are subject to the same procedure for annual monitoring and review. This requires that student focus groups and course or scheme enhancement meetings are convened to inform annual monitoring and review meetings which should be attended by university members of the course team. These meetings, which are held in the November following the year being reviewed, inform the production of an annual review report. These reports have provided the basis of a hierarchical reporting structure comprising faculty quality reports which were considered in January first by a joint meeting of the FQSC and Faculty Board, then by the Quality, Standards and Regulations Committee (QSRC) in March, and Academic Board in April. Faculty reports are considered at Academic Board alongside a University Quality Report.

44   Colleges within the RUN have held delegated responsibility for annual review, subject to the expectation that the procedure is conducted in accordance with the principles of the university process. The Briefing Paper explained that in 2009-10 the University had reviewed its arrangements for annual review, leading to the introduction of 'a more consistent process for…RUN partner colleges with effect from February 2011'. In this revised process, the procedure followed by the colleges broadly replicates the University's standard process culminating in the aggregation of course or scheme annual reports into a

single partner college quality report. It is this report that is received by a review group convened by the Deputy Vice-Chancellor and which forms the basis of a RUN Quality Report that is considered by the Partnerships and Collaborative Provision Committee (PCPC).

45   The audit team explored the experience of the annual review process with staff and students in the University's partner organisations. Although the University's Quality Manual and regulations emphasise the importance of student involvement in the process, some of the students met by the team reported that they had had little contact with university staff, and that they had not seen the annual review reports produced for their courses or by their colleges. However, the recent introduction of collaborative delivery coordinators (CDCs) has resulted in a higher level of contact between the staff in university faculties and both staff and students in partner organisations. CDCs are required to undertake a site visit at least once per annum, supplemented by such other engagements as video or telephone conferences. Following each engagement with a partner organisation, the CDC is also expected to produce a report. The standard form for this engagement report comprises a comprehensive list of headings, and the completed reports are both considered by the faculty and sent to the Collaborations and Partnerships Group which prepares overview reports for PCPC. The minutes and papers of PCPC evince that the University is taking care to monitor the implementation of the new CDC arrangements.

46   Prior to 2010-11, and in addition to the composite annual quality report produced by the Associate Dean with responsibility for the RUN, the outcomes of the annual review of the remainder of the University's collaborative provision were recorded in the faculty quality reports. The audit team noted both that these reports provided little detail on issues associated with individual partnerships, and that the minutes of the meetings at which the reports were considered by QSRC and Academic Board contained no reference to the University's collaborative provision. While the visibility of this provision was enhanced by the introduction of a separate Collaborations Annual Quality Report in 2010-11, the minutes of the meeting of PCPC at which this report was considered were brief and were largely concerned with faculties' compliance with the revised annual monitoring and review process.

47   The Quality Manual defines the purposes of annual review reports as being 'to provide assurance that monitoring and review activity is taking place appropriately and to highlight issues and enhancement opportunities to those with the responsibilities for intervention and promulgation'. Having viewed the minutes of the meetings at which Academic Board, QSRC and PCPC considered annual quality reports, the audit team concluded that a significantly greater emphasis is placed on the first of these two purposes and that the considerable length of the 2009-10 Annual Collaborative Provision Quality Report might have inhibited discussion of any substantive issues that it raised. The team also noted the University's decision that PCPC should 'assume the role of QSRC' in considering the reports from faculties. This has meant that annual quality reports for collaborative provision are not considered either by QSRC or by QEC even though both committees, together with PCPC, have defined responsibility for the monitoring of the academic provision leading to the University's awards. The team concluded that the University needs to review the responsibilities and relationships between these three committees, ensuring that substantive issues and opportunities for quality enhancement in collaborative provision are given appropriate consideration at this level within its deliberative structure, as stated in paragraphs 24 and 27.

Review

48   Each of the University's approval procedures is complemented by a procedure for periodic review. In the case of the colleges within the RUN, the University delegates some of its authority for periodic review. The involvement of the colleges as partners in the academic approval and periodic review of provision is considered by the University to be an example of

good practice. College involvement includes the arrangement of periodic review events, the provision of the secretary and two college representatives for review panels. Until recently, the University's arrangements for the periodic review of courses within RUN colleges allowed them to chair their own events.

49   It is common for the periodic review of courses to be combined with the review of institutional recognition. In the recent examples seen by the audit team, officer support for these events was provided by the University. One of these examples entailed a short one-day event in which the panel reviewed and re-approved the college and its higher education scheme comprising five routes. While the confirmed reports of reviews of university-enrolled provision outside the RUN are considered by FQSCs, faculty academic boards only review the schedule of review activity and the reports are not discussed at a higher level within the committee structure.

50   The Joint Academic Scrutiny Sub-Committee (JASSC), however, receives regular reports on the conduct of review and approval events and the team noted that procedural shortcomings are frequently identified by that committee. The problems identified by JASSC included a lack of clarity with respect to the scope of reviews, the poor quality of some reports, and uncertainty as to whether panels had met students. The minutes and papers of JASSC also reveal a significant number of instances in which the composition of panels had not been consistent with university requirements. The audit team also identified several events in which there was no external member, or where the external members of panels were drawn from further education colleges or from the University's own partner organisations. The team considered that the action taken by the University to secure external participation in approval and review events was not consistent with the *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*), *Section 7: Programme design, approval, monitoring and review* because it failed to ensure the independence of external panel members and that in all cases they possess experience commensurate with the level of the provision under consideration.

51   Responsibility for convening panels lies with faculties, and the panels are empowered to make decisions on the outcomes of approval and review events without ratification by Academic Board or one of its committees. Having identified problems in the conduct of an event or in the composition of the panel, JASSC is therefore only able to comment on matters of procedural compliance some time after the event has occurred and the decision to approve or reapprove a partnership or course has been made. The audit team also observed a lack of clarity in the guidance to faculties and to colleges within the RUN on the selection of panels' external members. While the Academic Principles and Regulations express the University's requirements in general terms, emphasising the need to obtain externals from the relevant subject area, some of the guidance in the Quality Manual adds that the external panel member should not be associated with the collaborating body itself or with an associate college of the University. In the guidance on one of the University's procedures it is stated that the external panel member must be an academic peer. The team found that this did not happen consistently and therefore concluded that it is essential that the University ensure that approval and review panels consistently implement the University's requirements to secure the participation of members who are external to and independent of the University and its partners.

Academic Infrastructure and other external reference points

52   The Quality Manual states that its regulations and guidance documentation ensure that staff make appropriate use of the *Code of practice*, all awards must be referenced against the FHEQ, and staff are encouraged to engage with the relevant subject benchmark statements.

53   According to the Briefing Paper, the Quality, Standards, Review and Enhancement team maps changes to the University's regulations against the relevant sections of the *Code of practice*. A recent review of the regulatory framework had considered various, but not all, sections of the *Code of practice* and the PCPC had recently received a paper summarising changes to the *Code of practice, Section 2*. The minutes of PCPC record only that the report would be considered by QSRC at a later date, and there is no record of QSRC having discussed the more comprehensive mapping exercise that was undertaken in 2009-10.
The audit team noted that while these mapping exercises might provide an assurance that the Academic Principles and Regulations are consistent with the precepts of the *Code of practice*, they did not generally entail an evaluation of current practice within the University and in its partner organisations. The team concluded that the University might derive value from a routine discussion of these matters within the relevant committee(s) (see paragraph 56).

54   The standard format for approval and review reports includes a checklist confirming that panels have made sufficient reference to the FHEQ, subject benchmark statements, professional, statutory and regulatory body (PSRB) requirements and the University's Academic Principles and Regulations. In these reports, the audit team found that confirmation is rarely accompanied by supporting comment, and the team saw few reports that demonstrated a direct and explicit engagement of panels with the Academic Infrastructure, including the section of the *Code of practice* which deals with arrangements for the support of students. Where the *Code of practice* was considered, attention was usually confined to *Section 2*, and in the case of one Foundation Degree, reference was made to the subject benchmark statement but not to the *Foundation Degree qualification benchmark* (see paragraph 92).

55   Following the publication of the report of the 2009 Institutional audit, a working group was convened to review the University's approach to programme specifications. These were in the process of being rewritten at the time of the 2011 audit, with the intention of providing a programme specification for each distinct delivery of an award. The audit team concluded that the University is taking appropriate action in this regard and the programme specifications it had seen met the expectations of the sector.

56   The audit team concluded that the University could improve the routine evaluation of its arrangements and practices against the various sections of the *Code of practice* and should ensure that there is an active engagement on the part of approval and review panels with the appropriate subject and qualification benchmark statements, together with the full range of sections of the *Code of practice* that are relevant to the provision that is being considered. Consequently, the team advises the University to ensure that there is appropriate engagement with the elements of the Academic Infrastructure and other external reference points (see paragraphs 50, 51, 92, 93, 101 and 120).

Assessment policies and regulations

57   Courses offered in partner institutions are required to observe the University's Assessment Policies and Regulations, which are set out in the Academic Principles and Regulations that are accessible to staff and students via the university website. Although the University maintains the provision to teach and assess students in languages other than English, at the time of the audit, it did not have any such provision. Students receive relevant and detailed information regarding assessment in their course handbook as well as in module descriptors. The students the audit team met were satisfied with the information regarding assessments which was available to them.

58   Assessments for university-enrolled students are the same as for those studying on campus, while allowing for some local contextualisation. Internal marking is followed by university moderation before external moderation. This staged process sometimes results in delays in feedback to students. Assessments for college-enrolled students, which are the responsibility of the college, operate within the guidelines of the university framework. Such assessments are moderated in the college before they are moderated externally.

59   The University allows for both boards of examiners as well as examinations committees. The University requires that every course leading to its awards will have an examination board which can then establish examination committees. Examination boards have the authority to assess students, determine progression and make recommendations regarding the conferment of awards. It is within the remit of examination committees to 'determine the standard of student module assessment outcomes, note cases of unfair practice and amend cohort marks'. If the board does not establish an examination committee, the board itself will undertake the duties of that committee. While the boards of examiners for university-enrolled provision take place on-campus, those for college-enrolled provision take place at the partner institution.

60   The University chairs the examination boards and committees, however, in mature relationships, it will allow the partner to chair the board with a member of the University present. The audit team found that one partner continued to chair its own examination boards, and another partner would be permitted to commence chairing its own examination boards following a period of training. The University provides training for staff involved in examination boards and board chairs receive annual staff development. External examiners are normally present at examination boards and, when not present, measures such as providing a written submission, or being available via telephone, are taken as to ensure their feedback is taken into account.

61   Partner institutions can either set up their own Unfair Practices Board to determine penalties in cases of academic misconduct, or refer cases of academic misconduct to an appropriate board of examiners, which would then fall under the university regulations. An annual report on academic misconduct is presented to QSRC, but the report does not identify how many cases relate to university-enrolled collaborative provision, or how many cases were considered by partners' own unfair practices boards. As a result, the University is not able to compare academic misconduct in collaborative provision as a whole with that in its on-campus provision, nor can it monitor variations between partner institutions that might indicate matters for attention in the quality of provision.

62   Students are made aware of appeals procedures through the course handbook, but the audit team found that not all students were aware of this or how to appeal, and students within the RUN were confused as to whether university regulations or those of the partner institution applied to them. There also appeared to be confusion on behalf of partner staff as to which regulations should apply, as they did not seem to know what students are entitled to and, as a result, students may not be encouraged to follow appeal routes open to them. Although the Annual Report on Student Appeals (2009-10) specifically identifies appeals from RUN partners, it does not identify appeals from faculty-based collaborative provision, which would allow the University further oversight over their provision.

63   The audit team concluded that the University had appropriate assessment regulations and procedures in place for students studying at collaborative partners. However, it was unclear to the team how the University could maintain oversight of cases of unfair practice and student appeals at partner institutions.

External examiners

64   The University requires external examiners for all collaborative provision, in line with its arrangements for on-campus provision. The roles and responsibilities of external examiners are set out clearly on the University's website and in External Examiners and Advisors Regulations. External examiners may hold two concurrent external examiner appointments with the University. However, where the provision is the same as that delivered on campus, exceptions can be made to this regulation so that the external examiner is the same.

65   The University has clear arrangements for the recruitment of examiners, including extensive guidance for partners and faculties on the selection of external examiners. Colleges in the RUN are permitted to nominate external examiners through faculties. All external examiners are appointed (and can be removed) by the External Examiners Subcommittee. The audit team found that staff at partner institutions had a good level of understanding of the recruitment and approval process for external examiners.

66   New external examiners are provided with an induction session that contains information specific to collaborative provision and includes a representative from the RUN or the relevant faculty where appropriate. External examiners are provided with a handbook for their duties. The University also provides an informative website for external examiners which includes further advice, regulatory information, and relevant forms and templates.

67   There is widespread use of external examiners' reports at course level. The University has developed good mechanisms for promptly responding to external examiners' reports, which are in a standard format. The audit team followed a trail of a report to its conclusion and was satisfied by the process followed by the institution for rectification of the issues raised. The team also saw satisfactory responses to external examiners' reports from other areas across the University's collaborative provision.

68   External examiners' reports are considered as part of the annual monitoring and review process in course boards and at examination committees, where examiners are also invited to be present. There is also an expectation that the newly instituted CDCs will receive and review external examiners' reports.

69   External examiners' reports from partners are received by the appropriate faculty, and an overarching report is received by PCPC. However, the individual reports could not, at the time of the audit, be identified as specifically pertaining to collaborative provision outwith the RUN, which makes it difficult for the University to ensure the comparability of standards across its provision. The audit team noted that the University approved a new reporting template in March 2011 to rectify this shortcoming. The overview report identifies several areas of concern raised by external examiners, such as lack of research activity, which did not appear to have been followed through by PCPC.

70   Although the University publishes external examiners' reports on a website, during its meetings with students, the audit team found a low awareness of the website and little usage of external examiners' reports by students and student representatives. External examiners' reports for the RUN provision are identified on the website, however other reports on the website cannot be identified specifically as relating to collaborative provision (see paragraph 145).

71   The audit team concluded that there is, in general, strong and scrupulous use of the external examiner mechanism for ensuring the academic standards of the University's courses at collaborative partners. The University's action to differentiate external examiners'

reports for collaborative provision outwith the RUN should, in the view of the team, enhance the effectiveness of this mechanism.

Certificates and transcripts

72   The University takes responsibility for the production and issue to students of certificates, transcripts and diploma supplements for collaborative provision. The documents include all the necessary information to distinguish the nature of the relationship, including a clear indication of the place of study. The audit team reviewed a sample of certificates and transcripts, and diploma supplements from directly and indirectly-funded provision, home and overseas, and confirmed that university practice aligns with the relevant precepts of the *Code of practice*.

Management information - statistics

73   For university-enrolled provision, management information such as progression and completion statistics is used as part of the University's annual review and for the annual reporting mechanisms, and is reported in the course leader's annual report to the University. For college-enrolled provision, it is the responsibility of the partner to compile and produce relevant data, which are used in annual monitoring and review.

74   External examiners are expected to comment in their reports on the progression and completion statistics that are used by course teams as part of the annual reporting mechanism. As it is currently difficult to differentiate collaborative provision in external examiners' reports (outwith the RUN), it is not possible to form a management overview of data sets and comparisons of data against on-campus students, which has been acknowledged by PCPC. The University also does not collate separate data regarding academic misconduct happening at partner-enrolled provision, as noted in paragraph 61.

75   For 2009-10, faculties produced for the first time an annual quality report of their collaborative activities, as did the RUN. These reports include progression and completion statistics. An overall report was received by PCPC in May 2011. This report acknowledges that the use of management information is not adequate and that the data cannot be compared with those for campus-based students or used to make year-on-year comparisons.

76   In conclusion, although the University receives relevant data from a variety of sources, it does not currently make full use of them, concentrating on checking processes rather than learning from the information the data contain. Consequently, the audit team advises the University to make consistent use of relevant management information in order to improve its oversight of collaborative provision.

Overall conclusions on the management of academic standards

77   From its examination of the University's management of collaborative provision, the audit team found that standards were at risk owing to the failure to ensure sufficient externality in all its approval and monitoring processes, and owing to insufficient oversight of its collaborative provision. Consequently, the team concluded that limited confidence could be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers through collaborative provision.

Section 3: Institutional management of learning opportunities

Approval, monitoring and review of programmes

78   See paragraphs 37-51.

Academic Infrastructure and other external reference points

79   See paragraphs 52-56.

Management information - feedback from students

80   The University provides a range of opportunities for students to provide feedback on their experiences, including a formal mechanism of representation, and focus groups (see paragraphs 83-84). For university-enrolled provision, the University carries out module evaluations which are used by course committees and for college-enrolled provision, the University delegates this responsibility to the partner. Module evaluations from partners help to inform Faculty Collaborative Provision Quality Reports, which are considered at institutional level by the Partnerships and Collaborative Provision Committee (PCPC). Only limited data with respect to collaborative provision are available from the National Student Survey. The University currently does not consider results applicable to its RUN partners. For college-enrolled students, the responsibility for the National Student Survey lies with the college.

81   Since their introduction in October 2010, collaborative delivery coordinators (CDCs) have been expected to meet students annually as part of their duties. The students the audit team met were generally enthusiastic regarding the introduction of CDCs and thereby having the opportunity to give feedback to the University on their experiences (see paragraph 45).

82   The students met by the audit team reported a good relationship with their tutors, which provided a good informal mechanism for feedback. The formal feedback mechanisms for students are included in course handbooks, which are based on a university template used by the partners. However, the students that the team met were unaware of the mechanisms open to them. The team encourages the University to work with its partners to increase awareness of the mechanisms for formal feedback available to their students.

Role of students in quality assurance

83   The University has a clear policy regarding student representation in collaborative partners, which had recently been updated at the time of the Audit. Student Academic Representatives (STARs) is a joint university/Students' Union scheme for student representation encompassing recruitment, training and support. Faculty coordinators have the responsibility to ensure that the targets set for the number of representatives to be recruited per faculty are met. The university policy is that students on university-enrolled provision will have opportunities for representation in line with those for campus-based students and that college-enrolled students will be provided opportunities within the college's own processes. STARs are expected to register using an online form housed on the university website and their information is passed to the Students' Union for training and support purposes. Students' Union representatives who met the audit team reported that the lists of representatives they received from the University did not identify representatives from partner institutions and the Annual Report on recruitment of STARs does not make specific mention of recruitment of STARs in partners. It is therefore difficult for the Students' Union to

provide training or support to representatives in partner institutions, as also reported in the student written submission.

84   Students studying in overseas partner institutions are entitled to the same levels of representation as students studying on-campus. The University acknowledges that more flexible relationships are sometimes needed to engage students in overseas provision, such as student focus groups with visiting tutors from the University. The audit team found these to be effective.

85   The University's Annual Review mechanisms involve a minimum of one student focus group per semester as well as formal fora for student representatives to raise issues. The audit team found limited evidence that this was taking place across all collaborative provision. In some partners, meetings with students were ad hoc and had no decision-making powers, while in others there were no programme-level meetings or focus groups at all. The Associate President Education of the Students' Union represents students studying at collaborative partners at institutional level at PCPC.

86   The University states that, in normal practice, students will meet panels during the institutional recognition and review process and that there will be a Students' Union representative on academic approval events. As noted in paragraph 50, however, minutes of the Joint Academic Scrutiny Sub-Committee report that there are often no students present at approval and validation events and that the Students' Union was not fully aware of its role. Although the University does not require student representation on Periodic Review panels, it is working with the Students' Union to introduce this. Owing to the limited capacity of the Students' Union, these had not, at the time of the Audit, included courses running through collaborative provision.

87   Although the audit team concluded that the University does, generally, make a systematic effort to engage students studying at partner institutions, the team found that this was not always taking place at course level at the partner institutions. The University's strategic theme 1 states 'Putting students at the centre of our activities and providing a flexible and relevant curriculum with excellent teaching and learning'. In order to achieve this, the team recommends that it is desirable that the University consider ways to ensure that students are more actively involved in programme-level decision-making processes in collaborative partners.

Links between research or scholarly activity and learning opportunities

88   The links between research or scholarly activity and learning opportunities are established at validation and review through the consideration of course documentation and by the scrutiny of staff curriculum vitae and of the collaborating body's relevant procedures. Where students are university-enrolled, university staff support initial and ongoing curriculum development. Where students are college-enrolled, the collaborative partner is responsible for ensuring that research and other scholarly activity continuously enhances the quality of the learning opportunities given to students.

89   The audit team explored the effectiveness of these processes in meetings with staff and students and by reviewing the available documentation. The reports of approval events showed evidence of due consideration of the relationship between scholarship, research and the curriculum. After approval, the relationship is further strengthened through active RUN fora in some subject areas, college processes (including support for studying higher degrees), established staff links, and emerging CDC activities. Concerns regarding a lack of student research activity in the curriculum had been highlighted as an issue of concern in the

summary report on external examiners' comments provided to PCPC. However, no actions had been identified to address the concerns raised.

90   The audit team concluded that the University has procedures in place to establish that research and scholarship underpinned the curriculum and to ensure that students were introduced to appropriate research skills. However, their effectiveness could be adversely affected by the use of panel members from the RUN partner colleges as the only external members of approval and review events (see paragraphs 40 and 51). Once in operation, for university-enrolled provision, established link tutors (now replaced by CDCs) and teaching by university staff provide research and scholarship to underpin the curriculum. In college-enrolled provision, the recent introduction of CDCs has strengthened the arrangements. However, the team concluded that the University was not utilising its monitoring mechanisms to ensure that, where there were issues, these were being addressed in an effective and timely manner.

Other modes of study

91   The University offers no flexible and distance learning provision delivered through its collaborative partners. Course documents detail how full-time and part-time modes of study will be managed and their operation and alignment with University regulations, and procedures are considered through approval events and reported on through annual monitoring.

92   The audit team explored the operation of work-based and workplace learning in discussions with students and staff from the University and partner colleges and through documentation. In response to concerns from partner college staff and external examiners that the University needed to be more flexible and include work-related as well as work-based learning in its requirements for Foundation Degrees, the University had recently redefined its requirements after consultation with Sector Skills Councils, professional, statutory and regulatory bodies, and employer representatives. Previous requirements in the University's regulations for Foundation Degrees for the demonstration of learning in the workplace had been replaced by a specification that candidates must have demonstrated the achievement of work-related learning. It appeared to the team that the University's revised regulations for Foundation Degrees did not meet the *Foundation Degree qualification benchmark*'s expectation for 'authentic and innovative work-based learning' and, from the documentation made available to the team, it was not clear that the University had considered this element of the Academic Infrastructure as a reference point when revising its regulations. Academic Board had approved this change to the regulations, alongside other amendments, in the summer of 2010 but, unlike the other changes made at that time, this specific change had not been directly highlighted. Evidence from staff in partner institutions and from documentation presented to the team indicated that work-based learning had been replaced by work-related learning two years prior to the formal amendment of the regulations. The team concluded that there had not been full and effective consideration of the change by Academic Board or its subcommittees.

93   In its discussions with students, the audit team heard of varying practices in relation to support for students on work placements. Some students had been informed that they would be visited but these visits had not happened. No information was provided on the RUN website or within university quality guidelines and regulations relating to work placement visits or in relation to the precepts of the *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*)*, Section 9: Work-based and placement learning* in relation to, for example, providing students with 'appropriate and timely information, support and guidance prior to, throughout and following their work-based and placement learning'. The RUN website, while providing helpful

templates and module specifications, makes no reference to the *Foundation Degree qualification benchmark* or to appropriate sections of the *Code of practice* apart from *Section 2*. The audit team concluded that the University could do more to ensure that there is appropriate engagement with all sections of the *Code of practice* and that its expectations in relation to support for students on placements are clearly communicated to collaborative partners (see paragraph 56).

Resources for learning

94   Course documentation presented for academic approval or periodic review includes a statement of resources confirming that appropriate learning resources are in place. For university-enrolled provision, the delivering body makes available learning resources and services, and students are entitled to use the University's library facilities, including all online information resources and services, the University's virtual learning environment and services on the University's campuses. For college-enrolled provision, the college has responsibility for learning resources and services and students are provided with access rights to the University's learning resources and library services.

95   The Learning and Information Services RUN forum brings together the librarians and learning resource managers of the collaborative bodies within the RUN, chaired by the University's Director of Libraries and Learning Innovation. At the time of the Audit, Learning and Information Services was piloting an audit pro forma to ascertain the level of learning resources available within collaborative partners. The forum had been consulted on the use of the pro forma and two RUN colleges were taking part in a pilot with a view to incorporating it into future quality assurance processes. From its discussions with staff and its scrutiny of the activities of the forum, the audit team considered the contribution of the RUN fora to supporting new developments, the sharing of practice and collaborative working across institutions to be a feature of good practice (see also paragraphs 105 and 117).

96   Through the Student Written Submission and in discussions with the audit team, students reported that, generally, they had access to appropriate resources for their studies within their institution. However, some students reported that although they had repeatedly requested access to e-journals through the University's Learning Resource Centre, this had not been forthcoming, nor had any explanation been provided as to why not. In its Briefing Paper, the University stated that students studying a university-validated course at a RUN college could become members of the library by applying for a Campus Card. The template for course handbooks on the RUN website refers to students having access to a 'Carnegie card' for library access and makes no mention of the availability of the Campus Card or its entitlements. In their written submission, the students noted a significant decline in Campus Card take-up over the preceding years. Staff from partner colleges reported that lack of Campus Card access had caused considerable difficulties for them and their students. Since RUN provision may encompass both university-enrolled and college-enrolled students, some RUN students may have different rights of access to university learning resources than others. Furthermore, the team heard that access to learning resources may be restricted for students studying overseas by copyright and licensing issues. The team concluded that the different entitlements of college-enrolled and university-enrolled students and the complexity of the RUN versus non-RUN arrangements (see paragraph 15) had caused confusion and that effective communication on access to resources and entitlements was not consistently conveyed to students via course handbooks or other mechanisms. The team therefore recommends that it is desirable that the University make clear for all collaborative provision students their entitlement to access the University's learning resources.

97   The University's virtual learning environment is made available to collaborative partners, although many use their own systems to support students' learning. The provision

and content of the virtual learning environment is discussed during recognition and validation events. The University has developed guidelines on 'minimum online-ness' for all its programmes and the audit team heard of the intention to extend these to collaborative provision in the near future. From its discussions with staff, and through the scrutiny of approval and review documents, the audit team concluded that the University was making effective use of its virtual learning environment to help support collaborative partners and students and was working with its other partners to extend online support.

Admissions policy

98   For university-enrolled students, university staff are directly involved in the admission of students through approved processes. The recruitment and admission of college-enrolled students are delegated to the collaborating body with the criteria and policy for admission being approved at the time of course approval or periodic review. From the documentation provided to it and its discussions with staff, the audit team concluded that the University had appropriate mechanisms in place to ensure oversight of the admission of students, although these could be further strengthened by the routine scrutiny of the performance of students to ensure that the application of the admission criteria across collaborative partners enabled students to succeed (see paragraphs 73-76).

99   Progression from Foundation Degrees to honours degrees is identified at the strategic planning approval stage and considered and agreed at approval. The University has also developed EASE (Early Application Scheme Entry) to help RUN students to apply to the University at an earlier stage than through the UCAS route. Some students told the audit team that progression requirements from their college-based courses to other provision had not always been clear and that the performance required to progress had changed during their studies to make progression more difficult. From its wider discussions and its review of documentation, the team concluded that, generally, the University has clear progression criteria and that these are well understood by staff and students although, as the University revises its guidance on handbooks, it might consider how to ensure that progression criteria are more clearly and consistently articulated.

100   The University has a credit-rating arrangement that enables students, after assessment by the University, to gain a professional diploma after completing 45 credits at level 6. Students may then progress onto an honours degree, completing a further 75 credits of level 6 study with the University. The University's regulations permit a student to be admitted with credit to an undergraduate programme of study up to halfway through their final level of study. Admission to the professional diploma is on the basis of either the successful completion of a relevant Higher National Diploma, or through significant supervisory or management industrial experience. Applicants must demonstrate 'how their industrial experience, previous education or formal industry training meet the learning outcomes of the previous level [sic] of the degree programme' but there is no requirement for a full mapping of the 240 credits for the full first two levels of the award. The audit team reached a similar conclusion in considering the University's entry requirements for the postgraduate research degree of Doctor of Business Administration (DBA) (see paragraph 128). Consequently, the team advises the University to ensure that students who enter with advanced standing have sufficient credit for the intended exit award in line with the University's regulations.

Student support

101   Arrangements for student support are similar to those outlined in paragraphs 94-97 in relation to learning resources, with access depending on the nature of the arrangements with the collaborating partner. A written agreement specifies students' entitlements and the

responsibilities of the University and its partners. University approval and review events explore aspects of student support, and feedback from students is normally an important part of these activities. (See paragraphs 80-82.) As noted in paragraph 54, however, the support structures of new collaborative partners are not always fully scrutinised in relation to aspects of the *Code of practice* as they apply to student support. College-enrolled students told the audit team that access to university-based support was not seen as problematic, since college support mechanisms were well-developed and appropriate. However, the team concluded that the University had in place generally effective mechanisms to ensure that students had access to relevant support.

102   The University makes available to partners Skills for Learning, a web-based collection of resources to support the development of study skills that is provided on CD-ROM for installation on local intranets or virtual learning environments. Students who had used the resource told the audit team that they had found it valuable in supporting a range of study-related issues, including literacy, referencing and numeracy. It had proved particularly valuable in supporting students remote from the University. CDCs told the team that they were working to ensure that this resource was available to all students studying with collaborative partners. The team concluded that the systematic sharing across collaborative partners of the Skills for Learning resource and the effectiveness of this resource in supporting student learning was a feature of good practice.

Staffing and staff development

103   Collaborating partners' arrangements for staffing and staff development are considered as part of the Institutional Recognition and Review procedures and at the point of validation in relation to the approval of specific courses. The University makes available to partners the range of helpful support materials it provides to its own staff to support local staff development.

104   While there is an expectation that new staff appointments in collaborative partners are notified to the University, there is no formal requirement for their approval prior to the commencement of their teaching duties. Changes to staffing within university-enrolled provision are notified to the faculties with which they are associated, while those within the RUN are initially notified to the RUN office, which may then refer on to the faculties for more detailed advice. The main mechanism for the continuous review of staff resources is through the reporting of the CDCs, which may happen a considerable time after appointment and the commencement of teaching. In the view of the audit team, the current arrangements in relation to the approval of staff to teach on the University's awards represents a significant risk to the quality of learning experience of students and potentially the standards achieved. It therefore advises the University to ensure that staff teaching its programmes in collaborative partners are approved by the University prior to the commencement of their duties.

105   For university-enrolled provision, there are close links with academic staff at the University, who help support local development where appropriate. For college-enrolled provision, the relationship managers within the RUN office hold regular meetings with partner colleges to support close working, and these may identify staff development needs. In addition, the RUN fora hold regular network meetings to provide additional staff development activities for RUN college staff and university colleagues on either generic or subject-specific issues. The number and range of these activities varies depending on the interests of staff. Furthermore, the Collaborative and Partnerships Group organises a series of events for collaborative partners, including a two-day conference. In meetings with the audit team, partner staff praised these activities and RUN partner staff stated that the links

with university academic staff through the recently instigated CDCs were particularly valuable.

106   In its Briefing Paper, the University stated that staff in the RUN colleges who deliver university programmes may become associate staff members. This designation allows access to the same services and facilities as university staff, including full library services through the issuing of a Campus Card. The guidance provided to CDCs indicates that all members of staff of a collaborating body are entitled to become associate staff with no distinction between RUN and non-RUN or between whether the students they teach are college or university-enrolled. As noted earlier in relation to student access to resources (see paragraph 96), there are some restrictions which apply to staff overseas in respect of access to resources arising from licence agreements. In their meetings with the audit team, both partner and University staff were unclear about the procedure for application for associate staff status and its approval, the precise entitlements including any restrictions on access, and whether this was related to the recognition and approval status of the partner institution or of the students which the associate staff member might be teaching. The team therefore recommends that it is desirable that the University clarify and clearly communicate the entitlements of staff in collaborative partners to associate staff status.

Overall conclusion on the management of the quality of learning opportunities

107   The audit process identified a number of weaknesses in current university procedures, including a lack of clarity about entitlements of staff and students to access to learning resources across the various collaborative arrangements, limited evidence of student involvement in programme-level decision-making and of the use of the Academic Infrastructure as a reference point, and a failure to ensure that issues identified through the annual monitoring procedures are appropriately addressed. The audit team also found that quality was at risk owing to the failure to ensure sufficient externality in all its approval and monitoring processes, and owing to insufficient oversight of its collaborative provision. On this basis, the team came to the overall conclusion that limited confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students in relation to its collaborative provision.

Section 4: Institutional approach to quality enhancement in collaborative provision

108   In 2009, the Institutional audit team found extensive evidence of the University 'seeking to pursue an enhancement agenda at an institutional level' but little evidence of 'systematically monitoring the success of the various initiatives or evaluating success through feedback from staff and students', and hence encouraged the University's 'aspirations to conduct a systematic evaluation of its enhancement activities'.

109   The University does not have a separate enhancement strategy, but its Assessment, Learning and Teaching Strategy 2008-12 includes a number of aims directed towards enhancement. Of these, one refers explicitly to collaborative provision, namely enabling the RUN partners to share learning with the University in mutually supportive ways. The audit team was told that the new learning and teaching strategy will more explicitly include enhancement, but the draft presented to Academic Board in April 2011 contained no explicit reference to collaborative provision.

110   As noted in paragraph 23, after the 2009 Institutional audit the University established the Quality Enhancement Committee (QEC), chaired by the Deputy Vice-Chancellor Student Experience. Its terms of reference include: promulgating good practice and innovation in assessment, learning, and teaching (including the use of technology); overseeing the University's professional development programme for academic staff; evaluating the University's performance (including support for the student experience); and making recommendations for continuous improvement. The terms of reference do not mention collaborative provision explicitly, but QEC is expected to operate 'across the breadth of the University's academic activities'. The minutes of QEC viewed by the audit team clearly addressed these terms of reference, but made no mention of collaborative provision, and staff who met the team confirmed that, at the time of the Audit, there had been no structured process to consider enhancement in collaborative provision.

111   On the other hand, the terms of reference of the Partnerships and Collaborative Provision Committee (PCPC), while focused on oversight of the University's academic partnerships and collaborations, also include promoting good practice and consistency. Minutes of PCPC show that it did consider areas for enhancement, including learning from QAA Integrated quality and enhancement reviews of partner colleges, the collaborative provision conference, and the role of collaborative delivery coordinators (CDCs). Thus, PCPC considers at least some strategic aspects of enhancement in collaborative provision, whereas QEC might consider more operational aspects of collaborative provision, but had not yet done so at the time of the audit.

112   Faculties are responsible for enhancing their university-enrolled provision. Where such provision is delivered with a partner, the delivery team and the faculty share the responsibility. From 2010-11, the Registrar and Secretary's Office will produce a Collaborations Annual Quality Report. Faculty quality reports on collaborative provision for 2009-10 submitted for the first time under this new system clearly identify good points and areas where improvement is needed.

113   The RUN Office is responsible for identifying enhancement opportunities within the RUN, and for supporting partners in their enhancement activities. The Deputy Vice-Chancellor Strategic Development is sent the RUN Annual Quality Report and the reports from CDCs, who are expected to identify causes for concern and instances of good practice. Their reports are also considered in faculties. From the evidence available to it, the audit team found that these responsibilities were broadly being exercised as expected, though some arrangements had not been in place for a full academic year.

114   The University identifies annual monitoring of programmes as providing opportunities for enhancement, with consideration of monitoring reports expected to foster discussion and dissemination of good practice. The templates for annual monitoring (including that for the in-year enhancement and development meeting with student representatives) provide a number of prompts concerning areas for improvement, strengths and good practice. The template for the annual monitoring overview shows how faculties compile reports similarly covering strengths worth sharing and areas for improvement and review. The overview reports then feed into the university committee system. Nevertheless, the annual collaborative provision quality report to PCPC for 2009-10 noted that the faculty collaborative provision reports did not provide the opportunity to identify university-wide good practice or weaknesses from the annual review meetings. Student representatives from partner institutions who met the audit team had been asked to provide feedback on their programmes, but they had not taken part in enhancement and development meetings or any similar programme monitoring process. However, staff from partner institutions and link staff from the University confirmed that they did hold student meetings, from which the team also saw some minutes, showing clear evidence of discussions that contributed to enhancement.

115   Periodic review builds on annual monitoring and is likewise expected to register examples of good practice. The University's guidance on periodic review says that the mandatory areas for discussion with the team responsible include whether 'appropriate quality assurance and enhancement procedures' are in place, which it notes is 'especially relevant for collaborative provision'. Quality enhancement audits provide a clearly systematic approach to enhancement in areas selected each year, but have not yet focused on collaborative provision. However, during 2010-11 the newly established Collaborations and Partnerships Group has undertaken audits of three overseas collaborative arrangements for report to PCPC, with aims that include promoting quality enhancement by the identification and dissemination of good practice, and there is a schedule for further such audits over the next two years.

116   The University has produced a series of attractive and readily available good practice guides, although none is specific to collaborative provision. The University's Assessment, Teaching and Learning journal disseminates work on good practice in linking teaching and research. Two RUN colleges have similar journals. Teaching Fellows, identified every year, form a network of people expected to further excellence in assessment, learning and teaching, for example through university and faculty events that can involve staff in partner institutions at reduced cost or none at all.

117   Enhancement specific to collaborative provision includes a range of RUN fora (see paragraph 95), which serve to consider and disseminate curriculum developments and other enhancements. Staff from partner institutions confirmed that they found these fora very useful. Other staff development in RUN colleges is managed by the RUN office. A new two-day Collaborative Conference in January 2011 brought university and partner staff together to foster staff development through plenary sessions and a range of workshops, including contributions from partners. University staff who met the audit team confirmed that, although involvement in collaborative partnerships was demanding, working with partner institutions helped faculties to enhance their own practice and develop their staff, consistent with the aim in the Assessment, Learning and Teaching Strategy 2008-12 mentioned in paragraph 109.

118   Overall, the University's general mechanisms for collecting information on good practice and disseminating it cover partner institutions effectively. The University's mechanisms for enhancement specific to collaborative provision include the wide-ranging and well appreciated RUN fora, while the new Collaborative Conference has the potential to be an important mechanism for enhancement, not restricted to the RUN, that allows partners and the University to learn from one another (see paragraphs 95 and 105). At the time of the Audit, the University relied mainly on disseminating enhancements identified in individual academic units and partners rather than on identifying its own broad areas or themes for enhancement. The audit team recommends that it is desirable that the University explore how the Quality Enhancement Committee might routinely consider how the items on its agenda apply to collaborative provision.

Section 5: Institutional arrangements for postgraduate research students studying through collaborative arrangements

119   The University has two types of collaborative provision for postgraduate research students. One relates to the Doctor of Business Administration (DBA), which at the time of the Audit was offered only at one overseas partner, and the other to postgraduate research supervision agreements, at one RUN college and another overseas partner. All are

managed in the Faculty of Business and Law. The audit team did not meet any research students from a collaborative partner.

120   The DBA was first offered with the partner institution in 2009-10, hence no awards had been made at the time of the Audit. The taught components are delivered by university staff, who fly in regularly to teach and provide student support while at the partner. The partner institution's website asserts that it has an 'international reputation for excellent teaching and research' and that its teaching is research-led, as reflected in the 'contribution to international publications' by its staff. At the time of the Audit, the research page of the website was under construction. The partner institution also offers programmes in collaboration with other awarding institutions, but none is at doctoral level. The collaboration was approved after site visits in March 2008 and May 2009 to consider the suitability of the partner, but documentation for the approval used the University's standard checklists, which contained no prompt to comment on the research environment. Hence, the audit team was unable to establish that the University had ensured that the DBA students would be working in 'an environment that provides support for doing and learning about research and where high quality research is occurring' as Precept 5 of the *Code of practice for the assurance of academic quality and standards in higher education* (the *Code of practice*)*, Section 1: Postgraduate research programmes* expects.

121   PhD research supervision agreements require the partner to have adequate facilities, and suitably qualified partner staff may be appointed on part-time contracts to join the supervisory team for PhD students. At the time of the audit visit, the University had no PhD supervisors at the RUN college and no PhD students enrolled at the overseas partner. Initially the overseas partner's website implied that it did have PhD students enrolled, but this changed after the audit team queried this during the audit visit (see paragraph 140).

122   Collaborative provision for postgraduate research students is subject to the University's standard regulations for research awards. The DBA is also subject to the standard processes of programme approval, monitoring and review. The University has mapped its arrangements for postgraduate research students against the expectations of the *Code of practice, Section 1*.

123   In February 2011, the DBA regulations were modified to align with the standard regulations for postgraduate research students rather than those for taught postgraduate students. The first change was that admission will be conducted by two members of the DBA course team rather than the programme director alone, in accordance with precept 8 of the *Code of practice, Section 1*. The second was to revert to the standard regulations so that students who do not proceed to the final thesis for the DBA will be assessed for an MPhil in the same way as other students who submit for that award.

124   From its scrutiny of minutes, the audit team found that the Partnerships and Collaborative Provision Committee has not discussed any matters relating specifically to postgraduate research programmes and their oversight since it first met in late 2009.

125   Partner institutions advertise programmes and pass applications to the University. Students apply on a standard form. The faculty then selects and admits students according to standard university procedures, about which clear guidance is available. DBA students are inducted by university staff on the partner's premises during the first module, and PhD students are similarly inducted by the supervisory team. Students are provided with a comprehensive research student handbook prepared according to a standard template but augmented with material specific to the faculty.

126   Consistent with the programme specification, recruitment literature for the DBA clearly states that the duration is three years part-time, with the possibility of a fourth year to

complete the thesis, and that candidates for admission to the programme will normally hold an MPhil, MBA or other master's level award in the field of business and management or organisational studies. Candidates must also hold, or have held, a post which includes managerial responsibilities or have been in a position to be able to observe managerial and organisational practice, but there is no mention of any minimum duration of relevant professional experience. These arrangements do not directly conform to the University's regulations for research awards.

127   The University's regulation G2.11 for research awards classifies the DBA as a professional research doctorate, which under regulation G2.14 is reserved for programmes of research focused on business administration and related subjects and professional practice. Regulation A3.8.11 says that the standard of a professional research doctorate is that expected of a good honours graduate who has satisfactorily completed an approved programme of research training and contextual study to a maximum of 120 credit points at level 7. Regulation G4.1.5 specifies that admission to a professional research doctorate normally requires an appropriate honours degree and a minimum of three years of professional experience, while regulation G3.1.2 specifies the normal period of registration (including examination) for a part-time professional research doctorate as 84 months with a maximum of 96 months. Thus, students admitted to the DBA normally have a master's degree rather than an honours degree (but are not explicitly required to have the specified minimum of three years' duration prior professional experience), and they can gain the award in 36 months rather than the expected 84.

128   Reconciliation of these differences requires the master's degree to be equated to 48 months' part-time study, consistent with regulation A4.2.5(G) which specifies that 'the planned duration of a masters degree is…up to 4 years part-time'. This then corresponds to admitting students to the professional research doctorate with advanced standing by accreditation of prior certificated learning equivalent to a four-year part-time master's degree, although the University's own full-time executive and graduate MBAs require only one year and its part-time executive MBA only two years. Moreover, regulation A3.7.1 states that taught master's degrees 'are awarded for the attainment of a minimum of 180 credit points', whereas admission with credit is subject to regulation B10.2.8, which says that 'a student will not be accredited with more than 120 credits on admission to a postgraduate programme of study'. None of the documentation seen by the audit team makes it clear that students are in effect admitted to the DBA with advanced standing or that the accreditation fails to conform to the University's own regulations. The team concluded that the University should ensure that students admitted to the DBA enter with the credit necessary under its regulations (see paragraph 100).

129   DBA students are guaranteed personal research and subject guidance from the supervisory team for a total of 50 hours. PhD students are supervised by a team consisting of a director of studies from the University and at least one other person, who may, if suitably qualified, be from the partner. Supervisors are supported by a detailed handbook. Where appropriate, active or aspiring research supervisors are recommended to attend the University's staff development programme and have mentoring within the faculty.

130   The faculty research committee oversees the experience of research students and the provision of research awards in the faculty. Student progress on the DBA is monitored through their coursework assignments. PhD students and their supervisors are expected to be in contact monthly (twice monthly for part-time students), in person or by phone, videoconference, email, or internet. The student completes a research student progress form for the meeting, the director of studies comments on this and, after discussion, the two agree the work schedule and expected outcomes for the next period.

131   The DBA programme is also subject to the University's standard annual monitoring and review processes for taught programmes. Research student progress is subject to annual progression monitoring, with the student and supervisory team both reporting on standard forms. These are considered by the supervisory team and the Research Awards Coordinator prior to the faculty annual progression meeting, which also considers a detailed student activity and quality report. This annual student activity and quality report process provides effective oversight of the quality of the provision.

132   For the DBA students, research and other skills are covered within the taught modules. PhD students are expected to take part in the University's research training programme. This is designed to take account of the UK Research Councils' training requirements, and proceeds from a skills audit to a training needs analysis, supported by a module on the University's virtual learning environment. Students undertake suitable training activities combining core studies with others specific to business and management, and are required to submit a portfolio with evidence of how their skills have developed before they can submit their thesis.

133   For the DBA students, feedback is provided by the DBA cohort leader, who visits the partner twice per academic year. PhD students receive feedback through the supervisory meetings already mentioned.

134   DBA students give feedback to the University through the workshops that form part of their programme, generally preferring not to elect representatives. Students also complete a module evaluation form that contributes to annual programme monitoring. PhD students give feedback through the usual university mechanisms, including the annual progression form and meetings with supervisors. The faculty organises a research student forum, intended as a mechanism for constructive feedback and the sharing of ideas among the research student community, but this is not necessarily readily accessible to postgraduate research students at partner institutions, especially those overseas.

135   DBA students progress to the final thesis stage by passing four assignments, but no cohort had reached this stage by June 2011. PhD students progress to the thesis after satisfactory performance in annual progression monitoring. Research students are assessed on the thesis and by viva voce examinations chaired by an independent person and conducted by at least two examiners, one of whom must be external to the University and to the partner institution. The internal examiner may not normally be a member of the supervisory team. The detailed arrangements must be approved by the research examination approval panel.

136   Research students at partner institutions can raise issues through the usual university mechanisms. Procedures for appeals are specified in regulations, and there is a detailed complaints procedure. For issues that concern relations between students and supervisors, the DBA cohort leader or the faculty research awards coordinator acts as an intermediary.

137   Overall, the University's provision for postgraduate research students at partner institutions is modest in scale, and is dominated by students studying for the DBA at one overseas partner. The provision is carefully controlled, with teaching and supervision largely provided by university staff. The partner institutions must provide suitable facilities, but the audit team saw no evidence that the University had considered the broader research environment for postgraduate research students at collaborative partners. Together, the arrangements in place for postgraduate research students at partner institutions are broadly consistent with the precepts in the *Code of practice, Section 1: Postgraduate research programmes,* apart from the matters noted above.

Section 6: Published information

138   The University and its partner institutions publish a wide range of information for the use of current and prospective students, both electronically and in hard copy. Partner institutions take responsibility for the production of their own course handbooks, programme specifications and module specifications, and for promotional material.

139   The University has very recently published guidance to which partners are expected to adhere when advertising collaborative provision. The University has recognised that the practice of approval and verification varies considerably, even within a given faculty. Public information for RUN courses had hitherto been signed off by the RUN Administration Manager using a specific pro forma.

140   The evidence considered by the audit team confirmed the University's own assessment of variability of oversight and practice. However, when errors are identified, the University has in place a process for tracking their correction, which appears to work effectively in most cases. The University has an arrangement with an overseas partner institution to act as an agency to recruit students to the University's postgraduate research programmes. (See Section 5.) There is also an agreement that suitably qualified staff at the partner institution are eligible to join the supervisory team for PhD candidates. The audit team found that the partner institution's website claimed that the institution had a joint PhD programme with the University within which six persons had already started research. This was queried in one of the team's meetings with staff, who confirmed that the arrangement was currently restricted to recruitment to the University's own PhD programme. The following day, the team found that the partner institution's website had changed to reflect the University's interpretation and to add the information that students from the partner were due to enrol on a jointly supervised collaborative PhD programme in October 2011. The University had apparently been unaware of what had been said on the partner's website (which did not display the University's logo) but once it had been made aware, the University acted swiftly to ensure that the correct information was provided.

141   The audit team noted that the University is adopting a more systematic, centralised process, supported by guidance for partners, for checking the accuracy and completeness of the information that partner institutions publish about the University and its awards. The University will approve the proposed content prior to publication within the collaborating partner's prospectus or website for the following year. The new process will be overseen by the Collaborative Partnerships Group. This group will conduct periodic audits of published information of collaborative partners and will report findings to the Partnerships and Collaborative Provision Committee on a regular basis. This new process will supersede the former practice where the responsibility for oversight lay either with the RUN (for RUN partners) or with faculties. In addition, each collaborative delivery coordinator is responsible for annually reviewing, the course handbook, programme specifications, student copies of the module descriptors and the applications and recruitment information for the award. The RUN office undertakes spot checks on college publicity, marketing and online prospectus material.

142   The audit team read several student handbooks published by partner institutions. The University stated that course handbooks are updated annually and tested as part of the periodic review process. A course handbook template is provided for collaborating partners to adapt in order to meet local purposes. For partners within the RUN this handbook may be downloaded from the RUN website. From its review of the template and its use in course handbooks and from discussions with students, the team concluded that handbooks were not always issued in a timely manner and, as noted in Section 3, did not always make clear

the student support and access to learning opportunities that is available and whether this is provided by the University or by the collaborating body.

143   The University's programme specifications are used primarily as instruments for the approval, monitoring and review of award standards. The completion of accurate, contextualised programme specifications on a standard university template is an essential requirement for the academic approval, periodic review and revisions of an award with a collaborative partner. The University currently publishes programme specifications online through its Programme and Module Specification repository. However, it does not publish the programme specifications for all its collaborative provision 'although we do make clear to partners, through guidance and staff development, that the programme specification should be published'. The University provides templates and indicative content to partner institutions. From the evidence seen by the audit team it appears that the University's guidance is broadly followed. The key headings are used and any variation is in language and style rather than in key information. While programme specifications are not always available on partners' websites, they are summarised in programme handbooks and are therefore accessible to students.

144   The 2009 Institutional audit report encouraged the University to realise its intention of making the language of new programme specifications less technical and more readily accessible. The audit team noted that through the Quality Enhancement Committee, the University was giving consideration to the adoption of a revised programme specification 'style guide' for all provision, including collaborative provision, which would aim to ensure that the language used would be readily understood by students.

145   The University regulations require that external examiners' reports be made publicly available. In 2010 the University established an electronic repository to allow public access to all external examiners' reports received for the previous academic session, including those that deal with collaborative provision. However, in its recent audit of public access to external examiners' reports (February 2011), the University acknowledged that there was no evidence as to whether students were aware of the repository. One faculty reported that it was not aware that reports were published in this way, while another stated that reports for most of its collaborative provision were not routinely shared with students, and therefore, by inference, that the importance of the repository had not been recognised by the faculty. External examiners' reports were not available through the websites of partner institutions, although it was reported that some partner colleges had plans to publish reports via their virtual learning environments. As noted in paragraph 70, most students from partner institutions, in response to questions from the audit team, said that they had not seen or read external examiners' reports. The team encourages the University to take steps to raise awareness of the University's external examiners' website, both within and outside the University, to students and staff alike.

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