



University of Derby

Audit of collaborative provision

May 2011

Annex to the report

Contents

Introduction.....	1
Outcomes of the Audit of collaborative provision	1
Institutional approach to quality enhancement	1
Institutional arrangements for postgraduate research students studying through collaborative arrangements	1
Published information.....	1
Features of good practice.....	1
Recommendations for action.....	2
Section 1: Introduction and background	2
The institution and its mission	2
The information base for the Audit of collaborative provision	3
Developments since the last audit.....	4
The awarding institution's framework for the management of academic standards and the quality of learning opportunities	5
Selecting and approving a partner organisation or agent.....	7
Written agreements with a partner organisation or agent.....	8
Section 2: Institutional management of academic standards	9
Approval, monitoring and review of award standards.....	9
Academic Infrastructure and other external reference points	12
Assessment policies and regulations	14
External examiners.....	15
Certificates and transcripts.....	17
Management information - statistics.....	17

Overall conclusions on the management of academic standards	18
Section 3: Institutional management of learning opportunities	18
Approval, monitoring and review of programmes	18
Academic Infrastructure and other external reference points	20
Management information - feedback from students	20
Role of students in quality assurance	21
Links between research or scholarly activity and learning opportunities	22
Other modes of study	22
Resources for learning	23
Admissions policy	24
Student support	24
Staffing and staff development	25
Overall conclusion on the management of the quality of learning opportunities	26
Section 4: Institutional approach to quality enhancement in collaborative provision	26
Section 5: Institutional arrangements for postgraduate research students studying through collaborative arrangements	28
Section 6: Published information	28

Introduction

An audit team from the Quality Assurance Agency for Higher Education (QAA) carried out an Audit of collaborative provision at the University of Derby (the University) from 16 to 20 May 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 the University of Derby is that in the context of its collaborative provision:

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

Institutional approach to quality enhancement

The University defines enhancement as 'change leading to improvement in the quality of learning opportunities'. The close and mutual sense of partnership in collaborative provision is a key agent of quality enhancement in collaborative provision.

Institutional arrangements for postgraduate research students studying through collaborative arrangements

The University has no postgraduate research provision through collaborative partnerships.

Published information

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

Features of good practice

The audit team identified the following areas of good practice:

- the development and use of the clear and comprehensive operational manuals which act as significant documents governing the day-to-day operation of the partnerships for the parties involved in the delivery of collaborative programmes (paragraph 24)
- the annual monitoring process undertaken by the Collaborative Provision Sub-Committee which culminates in an annual Enhancement Plan and Summary of Good Practice across all collaborative provision (paragraph 91)
- the strong and constructive relationships between the University and its partners as demonstrated through frequent communication and mutual support (paragraph 113).

Audit of collaborative provision: annex

- the Annual Collaborative Provision and Learning and Teaching Conferences as means of disseminating good practice (paragraph 132)
- the establishment and role of University of Derby Corporate as an interface between the University and its employer partners (paragraph 140).

Recommendations for action

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

Recommendations for action that the team considers advisable:

- to review the clarity, completeness and accuracy of information detailed on diploma supplements and transcripts for students studying through collaborative provision arrangements regarding language of study and assessment, the involvement of partners, and the location of study (paragraph 79).

Recommendations for action that the team considers desirable:

- to continue to improve the ease and reliability of access to the University's electronic systems and learning resources for students and staff in partner institutions (paragraph 119)
- to consider how the current contribution made by the School of Flexible and Partnership Learning as an 'enhancement agent' can best be maintained through the revised structures for supporting collaborative provision following the School's planned closure (paragraph 147)
- to ensure that the programme specifications for all programmes delivered through collaborative provision arrangements are made accessible through the University's website (paragraph 156).

Section 1: Introduction and background

The institution and its mission

1 The origins of the University of Derby can be traced back to the establishment of the Diocesan Institution for the Training of School Mistresses in 1851. The Derbyshire College of Higher Education was established in 1983 following the merger of Derby College of Art and Technology with Bishop Lonsdale College of Education and the previous merger (in 1977) with Matlock College of Higher Education. The College of Higher Education gained university status in 1993. In 1998 the University merged with High Peak College of Further Education creating the framework for the present University, which now operates from three main sites within Derby and a campus in Buxton. The University offers programmes that are mainly vocational in orientation and supports research that is predominantly applied in focus.

2 In 2005 the University set out its Corporate Plan for the period up until 2009. In 2008-09 the Plan was reviewed in light of changes in the external environment and specific University developments. The University envisages no fundamental changes in its direction. However, it is recognised that in the light of new and emerging Government policies for higher education, a more fundamental review may need to take place. The current mission is 'to be the learner's first choice university for quality and opportunity'. The University sees itself as being community based, student focused and achievement driven, and states as its core values: quality, valuing people, customer focus, challenge and innovation, opportunity and openness.

3 Collaboration with other organisations is seen as integral to the University's mission and corporate objectives. The strategy for overseas partnerships is designed to enhance the University's reputation, develop a global dimension to curricula, provide opportunities for transnational research or consultancy, and generate income for reinvestment. Target areas for growth are South East Asia (including China), India, the Middle East, Libya, Nigeria and Ghana.

4 The University's collaborative provision currently comprises a total of 2,333 students with a target intake (including continuing students) of 3,182 for 2011-12. The majority of these students (72 per cent) are enrolled on programmes located overseas and this proportion is expected to increase to 88 per cent in 2011-12.

5 The profile of the University's collaborative provision within the UK has changed since the 2006 Collaborative provision audit. At that time the portfolio included eight further education colleges, but following changes in the Higher Education Funding Council for England (HEFCE) funding policy and the impact of the cap on student number growth, it was decided not to renew indirectly funded partnerships, and by the end of the current academic year this will result in a reduction in the number of further education partners to four.

6 In terms of overseas collaborative provision, the University has key strategic partnerships in Greece and Switzerland and has recently expanded into Malaysia and Botswana. Following the closure of some overseas collaborative partnerships, there was an initial reduction in the number of students enrolled with overseas partner organisations and a greater number enrolled on programmes within the UK. There has been a recent reversal of this trend with the development of new overseas partnerships and the closure of indirectly funded programmes delivered by further education colleges within the UK.

7 The University has worked to enhance the economic and academic viability of existing individual partnerships, which is reflected in a rise over the 2006-2011 period in the number of students per programme (from 30.5 to 34) and in the average number of University of Derby programmes delivered in or by a partner organisation (from 1.8 to 2.5). It is anticipated that these trends will continue with the full implementation of the University's draft Collaborative Strategy. As at 2009-10, 40 of the University's 66 collaborative programmes are franchise based with the remainder including: 12 programmes which are validated or accredited by the University; three articulation arrangements and eight programmes entailed a mix of joint development and delivery or delivered entirely by University staff.

The information base for the Audit of collaborative provision

8 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 made reference to an evidence base which was intended to illustrate the institution's approach to managing the academic standards of its awards and the quality of its educational provision. The team had access to electronic copies of all documents referenced in the briefing paper; in addition, the team had access to the institution's intranet.

9 The Students' Union produced a student written submission setting out the students' views on the accuracy of the information provided to them, the experience of students as learners and, where evident, their role in quality management. The document commented on the fact that, at the time of the Collaborative provision audit, the Students' Union structure did not reflect students studying at any of the University's collaborative

partners. The document reflected on how the Students' Union might enhance the student experience at collaborative partner institutions.

10 In addition, the audit team had access to:

- the report of the previous Institutional audit, November 2009
- the report of the previous Audit of collaborative provision, December 2006
- Integrated quality and enhancement Summative review reports published by QAA since the previous Institutional audit
- reports produced by other relevant bodies (for example, Ofsted and professional, statutory or regulatory bodies (PSRBs))
- the institution's internal documents including its Collaborative Provision Register
- the notes of audit team meetings with staff and students at the University and at the four partner link visits.

Developments since the last audit

11 The most recent QAA audit of the University's collaborative provision took place in December 2006. This audit resulted in an overall judgement of broad confidence in the University's management of its responsibilities for the quality of academic standards and learning opportunities. The most recent Institutional audit, in November 2009, concluded that confidence could be placed in the soundness of the University's management of academic standards and its management of the quality of learning opportunities available to students.

12 The 2006 audit report made four recommendations for action that were desirable. In response to this the University developed an action plan and the action taken as a result of this plan culminated in the consideration of a final comprehensive report at the April meeting of the University's Academic Quality and Standards Committee (AQSC) in April 2008.

13 The University recognises that the first and the most significant recommendation had been prompted by the fact that the School of Flexible and Partnership Learning (SFPL) had been created shortly before the audit visit. This recommendation asked the University to keep under review the effectiveness and efficiency of the recent reallocation of responsibilities for the development, administration and quality assurance of collaborative provision, given the risk of overlap in activities and replication of effort between the faculties and the central functions involved. The University acknowledges in the briefing paper the key role of the SFPL in that it 'leads the strategic development of collaborative partnerships and maintains the Collaborative Provision Register...and plays a particularly active part in the management of partnerships and makes important contributions to the enhancement and development of partners, provides advice and guidance on the development of new partnerships and provides operational administrative support for partner organisations and faculties'.

14 This conclusion by the University and the evidence given to the audit team at the visit identified that the SFPL had achieved many of the aims and objectives delegated to it in relation to the management of collaborative provision. However, during the audit visit the audit team was informed that the SFPL was being disbanded and that its functions were to be redistributed to the International department in relation to international collaborations and the Learning Enhancement and Innovation (LEI) department would take over the central functions in relation to quality and UK/home partnerships, with operational matters for home-based partners being the responsibility of faculties. The University Derby Corporate (UDC) would take a strategic oversight of employer-based programmes. As will be discussed later in this annex (see paragraph 147), it was not clear to the audit team how the current contribution made by the SFPL as an 'enhancement agent' would be maintained in

the revised structures for supporting collaborative provision following the School's planned closure.

15 The second recommendation at the audit in 2006 asked the University to adopt a broader approach to sharing with students details of the feedback they give on their experiences of collaborative programmes and reporting progress on action being taken as a result. The University has made progress to ensure that students are more involved in Programme Committees and in meetings at partner visits so that students can give and receive feedback. Students also give feedback to module and programme teams through the use of evaluation questionnaires. The audit team saw that partners employ local mechanisms to seek student views. Representation at Programme Committees is not formally extensive but students whom the audit team met during the course of the four partner link visits reported that they consider that their voice is heard and responded to by the University or the partner as appropriate.

16 Issues relating to students' access to course resources within the managed learning environment had given rise to the third recommendation of the 2006 audit. The current audit team found that there were still challenges relating to access to the University's virtual learning environment (VLE). It was reported that all courses now had a presence on the system but it was admitted that access was still an issue at times. The audit team heard from students that course teams were responsive and took action to resolve problems as quickly as possible in response to technical difficulties that may have arisen.

17 The final recommendation was for the University to ensure that promotional materials produced by partner organisations give due prominence to the University as the awarding institution to avoid any possibility that users of these materials might be misled about the nature of the awards provided under collaborative arrangements. A marketing protocol has since been developed to address this issue, and clear lines of responsibility are designated in operational manuals relating to the programmes to ensure that these protocols are adhered to between the University and its partners.

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

18 The University has in place a Corporate Plan 2009-2014. This plan identifies two key target areas for the University: internationalisation and employer engagement. The University's core strategies, including the Collaborative Strategy, underpin the Corporate Plan. The Collaborative Strategy sets out in its rationale its objectives, which are 'to provide applied and vocational education, regionally, nationally and internationally; gain a distinctive reputation as a business-facing University through the University of Derby Corporate; be community rooted and establish a sustained relationship with regional learners and partners for progression to higher education and embed internationalisation within the University'. The audit team heard that the Collaborative Strategy was officially still in draft form at the time of the visit, although it was developed and has been implemented since 2010. The audit team saw that the strategy had been considered by the Academic Development Committee (ADC) for approval in late 2010 but that this meeting had asked for further consultation at that time. Given the University's own acknowledgement of the significant changes in the external environment at this time it may be prudent for the University to proceed to formalise this draft strategy for future enhancement of its collaborative provision.

19 The University distinguishes five types of collaboration: franchising, validation, articulation, off-campus delivery and accreditation. The Collaborative Handbook sets out where responsibilities currently lie for managing collaborative partnerships. A Pro

Vice-Chancellor has executive responsibility, with the Director of the SFPL having operational responsibility for aspects of collaborative provision. The Centre for Quality has responsibility for all aspects of quality assurance and staff development relating to collaborative provision.

20 The University's Academic Board advises the Vice-Chancellor and the University Council in all aspects of academic governance, with committees of the Board each having terms of reference as set out in the Committee Handbook. The Quality Enhancement Committee (QEC) has responsibility for oversight of the maintenance of academic standards and the enhancement of student learning opportunities, with the Collaborative Provision Sub-Committee (CPSC) reporting to QEC in relation to these standards and opportunities for collaborative provision with partners. In addition, QEC plays a 'key role' in the development of collaborative provision policies and practice.

21 The ADC ensures consistency of all programme proposals with the University's Corporate Plan and operating strategies. The ADC receives all Development Approval Documents (DADs) and approves all developments with collaborative partners and the audit team saw evidence that all programmes had been approved by the CPSC.

22 Three advisory groups stand alongside the formal committee structure to further supplement the management of academic standards across the University and its partnership delivery. These advisory groups provide forums for discussion and dissemination of information and practice across faculties and departments. Building on this experience a Collaborative Working Group was established in 2010 to bring together staff with experience of working with partners. Given that this has only recently been formed, the audit team was unable to see evidence of the longer term benefits of the work of the Group but saw that, to date, it has been instrumental in providing some staff development.

23 At faculty level the Faculty Management Board has responsibility for academic development and delivery of collaborative programmes within each faculty. However, at the same time the SFPL currently also plays a major role in the operational management of collaborative partners including, for example, student enrolment and registration processes. A key partnership manager is appointed, from SFPL, where the partnership is a large one or where a number of faculties are involved with a partner.

24 A programme leader within a particular department/school has responsibility for the delivery of a University programme. The remit of individuals is set out in the operational manual where particular duties will be assigned. The manual also includes details of the role of the programme leader in the preparation of the annual monitoring report and the expectation that the programme leader and relevant programme committee work together to ensure that the partner organisation adheres to the University's quality assurance procedures at programme level. The audit team found the development and use of the clear and comprehensive operational manuals to be a feature of good practice. These significant documents govern the day-to-day operation of partnerships and collaborative programmes, and both the University and its partners find them effective and useful.

25 In 2008 the University established its 'business-to-business' operating division, University of Derby Corporate (UDC). UDC is not a provider of courses but acts as an intermediary between the University and employers. It manages all aspects of the interface with business communities. The audit team saw evidence of the role of UDC in expanding the University's higher level learning portfolio through a range of flexible higher level learning and development opportunities, short courses, accreditation of in-company training, and the recognition of prior and work-based learning. The responsibility for the delivery and quality assurance processes remain with the respective faculties and is managed within the University's established quality assurance procedures. Workforce development fellows

within UDC play a key role in the management of partnerships developed through the unit. For these programmes UDC manages student enrolment, registration of students and supports assessment boards. The audit team recognised the key role the UDC has come to play in the development and management of collaborative provision in acknowledging the different needs that may be required in dealing with a new type of partner (see paragraphs 113 and 150).

26 The audit team concluded that the University's framework for managing academic standards and the quality of learning opportunities was suitably structured, at the present time, with appropriate designated responsibilities at university, faculty, school and partnership levels.

Selecting and approving a partner organisation or agent

27 The University's approach to the selection of collaborative partners has changed significantly since the previous collaborative provision audit in relation to the character of its portfolio of partners as recognised in the University's Collaborative Strategy. In relation to overseas partners the briefing paper states that two new strategic partners have been developed (although the audit team noted that one of these was in the process of closure at the time of the audit) in line with the University's plan to grow international partnerships. In addition, where possible, the University has taken deliberate steps to increase critical mass with individual partners in order to make them more economically and academically viable. In relation to partnerships within the UK the number of further education partners has been reduced from eight to four following changes to the HEFCE funding arrangements. The establishment of UDC also provides a route by which the University selects and approves partners.

28 In the Collaborative Provision Handbook, the University acknowledges that academic collaboration is 'inherently risky'. Accordingly the University takes a 'risk-based approach' to its selection and approval of partners and takes appropriate account of the precepts of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, published by QAA, when engaging in collaborative provision. A process of due diligence is undertaken by the Director of SFPL for a new partner and a report submitted to ADC. This report identifies investigations being made and the acknowledgment of 'high' risk for the collaboration and then the process for approval is confirmed and set in motion. Although the University acknowledges in its review of risk assessments that there is a possibility of different processes being put in place for different 'risk-based' projects, the audit team did not identify any significant variability in processes for different categories of risk.

29 The DAD is central to the risk assessment of proposals. The DAD is prepared by the programme team and contains its assessment of the potential risks that might be incurred in the development of the particular collaborative proposal. The DAD is accompanied by a business plan. The Collaborative Provision handbook directs programme teams to submit these documents to the Centre for Quality for scrutiny for any unforeseen issues and suggestions for specific support that might be required for the proposal to be enhanced. The dean of faculty and the Pro Vice-Chancellor with responsibility for collaborative provision consider the DAD together with the business plan and approve (or otherwise) the development. The approved documentation is then forwarded to the next meeting of the ADC for consideration to ensure that the proposal aligns with the University's core strategies and policies. The proposal will then be approved or rejected and if approval is granted then a development team will be established within the relevant faculty or by the SFPL.

30 The process for approval of specific programmes (as discussed in Section 2 of this annex) is then dependent on a number of variables in respect of collaborative provision. If the partner is new then partner approval is also required. The criteria and the process for such approval are set out in the Collaborative Provision Handbook. Key to this stage of the process is the University Panel event which includes a visit to the partner and, if the partner operates from a number of sites, the approval visit will normally take place at the main site. Collaborative arrangements must also be approved and are dependent on a successful partner approval. Collaborative arrangements approval is to ensure that the partner has resources and staffing in place to deliver the programme. These two elements of approval - partner and collaborative arrangements - may take place simultaneously.

31 If the proposal is with an established partner, a DAD, business plan and development approval are required and approval of the programme will take place alongside the collaboration approval. A report is prepared after the events outlined above setting out any conditions and recommendations required and once these have been met CPSC will give approval on behalf of QEC and the minutes of the CPSC are received by QEC. If a particular programme is not already validated by the University then a separate and additional programme validation process will take place (as discussed in Section 2).

32 The selection of partners by UDC follows a slightly different process. For example the University allows potential employer partners to make contact with the unit through its website, effectively inviting companies or other organisations to come forward with their programmes for accreditation by the University. However, once identified these programmes are approved through the University's usual quality assurance processes and the standards are mapped against the Academic Infrastructure using the Accreditation Toolkit (see Section 3 for further discussion).

33 On reviewing the processes and documentation provided, the audit team considers that the processes reflect a 'bottom up approach', with programme teams and individuals bringing forward proposals for consideration by the University. The team saw some evidence of a more centralised implementation of the Collaborative Strategy in respect of programmes validated by the University. The team considers that the processes for selecting and approving a partner are thorough and well developed. Due consideration is given to and assessment is made of potential risk and there are appropriate review procedures in place to effect closure when the identification of a risk is assessed as being too high.

Written agreements with a partner organisation or agent

34 It is a regulatory requirement that all collaborative provision is covered by a formal written agreement. The Partnership Office, in collaboration with the Business Development Unit, is responsible for drawing up a legally-binding formal contract. Agreements are normally signed by the Vice-Chancellor or a Pro Vice-Chancellor, by the Finance Director and by their equivalents at partner organisations. In the case of UDC programmes these can be signed by the Head of UDC. The audit team reviewed a number of these contracts and found them to be clear, comprehensive and in line with the expectations of the *Code of practice, Section 2*, published by QAA. The contracts have detailed funding arrangements, target numbers and the roles and responsibilities as set out in the operational manual for the programme.

35 Within its standard contracts, the University also has in place provision for the termination of a contract. The audit team reviewed examples of documents relating to the closure of programmes which were comprehensive and involved the preparation of an action plan to allow for systematic and targeted closure. The action plan provides clear designation

of responsibilities for each phase of closure. The audit team conclude that these processes were thorough and should assure the academic standards and quality of learning opportunities for students where programmes are 'running out'.

Section 2: Institutional management of academic standards

Approval, monitoring and review of award standards

36 Programme approval, regular monitoring and periodic review contribute to the setting and management of standards in the University's collaborative provision through the scrutiny of curriculum design and delivery, assessment, and student performance. The key processes involved are programme validation and amendment, production of programme specifications, annual monitoring and visits, external examiners, and periodic review. Common to these processes is the use of management information and externally informed judgements.

37 At the University these processes are part of a wider quality assurance system which is currently undergoing change in response to both internal and external factors. A review of key processes is currently under way with changes expected to be implemented in the next academic session. These changes will affect the key quality assurance processes of programme planning approval, validation and approval of programmes, annual monitoring and periodic review. The University believes that by streamlining and decentralising these processes, they will be both more efficient and more effective. Some proposals such as delegating the approval of major awards to faculties will not directly affect the approval of validated and accredited collaborative provision, as this will remain a central decision; other changes such as the planned strengthening of periodic review processes under continuous validation will affect all provision.

38 Due to the timing of the audit visit, the audit team was unable to see the detail of the full range of proposed changes to programme approval, monitoring and review as a number of changes had yet to be agreed by key committees. The following paragraphs, therefore, relate to the system as it operated until the time of the audit visit and the stated intentions of the University at this time.

Programme approval

39 The University's processes for the approval of programmes apply to both university-based and collaborative provision. Where programmes are franchised, the approval process is often confined to the approval of collaborative arrangements as the programme to be delivered has already been approved by the University. The approval of collaborative arrangements is discussed in Section 3 as it refers primarily to factors affecting the quality of learning opportunities. Where a new programme is proposed, or a programme designed by a partner is to be validated or accredited, the University's full programme approval processes apply. These are distinct from, though may occur in parallel with, partner approval and the approval of collaborative arrangements. The University recently modified its approval processes to delegate responsibilities for validation of some programmes to faculty level: all collaborative provision continues to be validated at University level. The scope of each approval is determined by the Academic Development Committee (ADC) based on an assessment of complexity and potential level of risk.

40 Programme validation is part of a multi-stage process through which new programmes in collaborative provision move from initial idea to full approval for delivery at a

partner institution. In the earlier stage of development approval, the University considers the risks associated with the programme that could impact on its viability, quality and standards. This includes assessing factors such as the capacity of those responsible for delivery to supply sufficient expertise and scholarship to maintain standards as well as broader internal and external risks. Development Approval Documents (DADs) are prepared by faculties and considered and agreed by the ADC.

41 Development approval is followed by programme validation or accreditation which considers in detail the design, content, delivery and assessment of a proposed programme. The approval process for collaborative provision is the same as that for standard university-based provision. A development team is established at School level to progress the development of the programme and the documentation required for approval. Faculties are required to sign off the validation documentation, which includes the programme and module specifications for the proposed programme. These contain explicit reference to the Academic Infrastructure and external reference points, and allow the reviewing panel to evaluate the currency and academic coverage of the programmes.

42 Faculty approval is then followed by University approval. For major awards and collaborative programmes designed and delivered by collaborative partners this involves a University panel; minor awards are approved by a Validation Sub-Committee (VSC) Standing Panel. Both types of panel involve external members. Panel chairs are drawn from the Validation, Audit and Review Standing Panel (VARSP) and are normally from outside the faculty proposing the programme. Panels include at least one external academic with relevant subject expertise and, where appropriate, familiarity with the requirements of any public, statutory or professional body (PSRB) operating in the area.

43 Approval events are structured around themes including the design, content, assessment and delivery of the curriculum, the appropriateness of the proposed standards and their match with the award title. In relation to standards, panels are required to evaluate the aims and intended learning outcomes of the proposed programme; their match with the Academic Infrastructure, PSRB requirements and the University's regulatory framework; and the depth, breadth and balance of material included. The University's Validation and Approval Handbook provides detailed information about the topics to be discussed at approval panels. Partner institutions are involved in the development of collaborative proposals and co-present the proposals with University staff at approval events.

44 The VSC and the CPSC both receive the reports of approval panels. VSC is responsible for signing off any conditions. Processes for the approval of minor amendments to collaborative provision are the same as those for the approval of such amendments to university-based provision. Depending on the scale and impact of the proposed changes, these may be approved by the relevant committee using a panel or a paper-based process.

45 The audit team viewed documents and minutes related to the approval of franchised, validated and accredited programmes in partner institutions. The team confirmed that the processes operated as stated and saw evidence that proposals were discussed thoroughly at panel events and subsequently at VSC and CPSC. There was demonstrable evidence of attention to the definition of the standards of the proposed awards and to ensuring that the proposed delivery of the programmes supported their achievement.

Annual monitoring

46 Collaborative provision is subject to the same annual monitoring review process as university-based provision with minor variations that take account of the circumstances of collaborative provision. For example, the timing and cycle of annual reporting may be adjusted to reflect different patterns of provision in employer partners. A further difference is

the involvement of partners in the preparation of the report. As noted earlier, the University's processes are being reviewed and redeveloped. The following paragraphs describe the existing system and note the proposed direction of change.

47 Currently all collaborative programmes prepare an annual review report, known as the collaborative report, which draws upon the following evidence base: programme committee minutes, external examiner reports, assessment board reports, student statistics, visit reports, and student feedback. Reports are prepared by partners using a University template. The template requires providers to reflect on the continuing appropriateness of curriculum, teaching and assessment to achieve the expected standards of the award. A stated purpose of collaborative reports is to enable the University to be satisfied about the comparability of standards between its collaborative and non-collaborative programmes.

48 Collaborative reports for franchised provision are discussed at the relevant programme committee for the university-based programme and feed into the overarching annual monitoring report for the award as a whole. Other reports are presented to SFPL Quality Committees and all collaborative reports are discussed by CPSC. Collaborative reports contain action plans whose implementation is reviewed in the following cycle.

49 The University has identified problems with the quality of annual monitoring reports and the reports produced by some partners. In its view, reports lacked critical reflection. Similar problems with the reports for university-based provision have been addressed through staff development and proposed changes in the production of monitoring reports. Current written reports will be replaced by minutes of programme committees produced at annual monitoring meetings which review the material currently drawn on for the annual monitoring process. The audit team heard that a more collegiate approach is intended for the annual monitoring of collaborative provision; collaborative reports will be replaced with the opportunity for partner institutions to contribute to the annual meetings of university-based programmes. However, at the time of the audit, the details of the future annual monitoring system had not been finalised. In relation to collaborative provision, the University acknowledges that it may not be possible for partners to achieve the same enhancement objectives for annual monitoring that can be achieved for university-based provision because of cultural differences. Some changes to reporting visits and external examiner roles have already been made to achieve these objectives in relation to enhancing the quality of provision, as will be discussed later in Section 3.

50 As noted above, annual monitoring reports feed into school and thence to faculty annual reports. However, CPSC also receives all annual reports relating to collaborative provision and uses them as a basis for the identification of good practice and the production of an annual Enhancement Plan, details of which are discussed more fully in Sections 3 and 4.

51 On the basis of the documentation seen, and meetings with staff at both partner institutions and the University, the audit team formed the view that the University's system for monitoring its collaborative provision through annual monitoring is effective and operates as intended. The process pays due care and attention to matters relating to academic standards. The team saw examples of actions taken to address issues relating to standards either within a particular programme or more generally as a result of the annual monitoring process.

Programme review

52 The University recently revised its validation processes to provide for indefinite approval to replace the system of five-year validation followed by a revalidation process. Revalidation had involved the application of the same processes used for programme

approval on a five-year basis. In July 2010 the Academic Board granted indefinite approval to all existing programmes. In order to ensure that annual monitoring and review processes apply the same degree of rigour as the revalidation process, VSC has noted the need to keep the new approach under review.

53 Periodic review covers undergraduate and postgraduate taught provision and professional research degrees in a specific cognate subject area, both collaborative and university-based. The process is intended to provide the University with assurance about the academic standards and quality of its provision. It is also intended to be forward-looking and developmental, focusing on the strategy and plans for the subject area in the light of the internal and external environment. The core themes of the review process are academic standards, quality of learning opportunities and quality management and enhancement. With respect to academic standards, the review encompasses the following aspects: curriculum, assessment and student achievement in relation to engagement with the Academic Infrastructure and other external reference points such as professional bodies; discipline developments; developments in learning, teaching and assessment; and the outcomes of external reviews and annual monitoring.

54 The review involves the preparation of an evidence-based, evaluative briefing paper. The panel undertaking the review includes two or more external members and is chaired by a senior academic from a different faculty. There is student representation on the panel and various other internal members. The review takes place over two days, includes meetings with staff and students and results in a written report which is sent to the relevant faculty. From this an Enhancement Plan is developed which, together with the initial report, is submitted to QEC. The audit team saw an example of the periodic review of a subject area that included some franchised provision. Although forming only a limited part of the overall provision under review, the report included references to both good practice and issues related to the collaborative programmes involved.

55 At the time of the audit, changes to the periodic review process in the light of continuous validation and change in the external environment were still under consideration.

Academic Infrastructure and other external reference points

56 The Regulatory Framework Committee (RFC), a sub-committee of the Academic Board, is responsible for ensuring that the University's academic standards align with those set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ); the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG); the *Higher education credit framework for England*; and with relevant guidelines, benchmarks and PSRB requirements. To achieve this, the committee reviews the operation of the Regulatory Framework in relation to all programmes, both university-based and those delivered in partners. RFC is responsible for considering both national and European developments and their implications for the University.

57 In 2009, QEC approved a schedule of responsibilities and reporting arrangements related to the different sections of the *Code of practice*. The process is designed to provide assurance that the University's practices align with the *Code of practice*. Review and reporting is annual. Academic Board receives direct reports on alignment with the sections of the *Code of practice* related to postgraduate research students, academic appeals and complaints, and admissions. Reports on all other sections are channelled through various groups and sub-committees to QEC. The *Code of practice, Section 2* related to collaborative provision is the responsibility of the Pro Vice-Chancellor reporting to QEC via CPSC. Following the publication of a revised *Section 2*, CPSC established a sub-group to consider the implications of the changes to the document for the University. The audit team saw the

most recent annual review of the University's alignment with the *Code of practice* which confirmed that institutional processes in relation to sections of the *Code* most relevant to academic standards were appropriate.

58 The FHEQ informs and is embedded in the University's award and level descriptors. These apply equally to university-based and collaborative students. Alignment with the FHEQ is considered at validation and periodic review. The audit team saw evidence that approval documents confirmed that the levels of proposed courses were discussed critically. In order to facilitate the mapping of programmes to be delivered in employer partners, University of Derby Corporate (UDC) has developed an Accreditation Toolkit which is designed to assist specification of the proposed level and amount of learning involved in a programme during the process of validation (see paragraph 113 for further details). UDC also offers workshops targeting senior managers to explain the principles and processes of accreditation. The team noted the development and use of the Accreditation Toolkit and the workshops as examples of the positive role played by UDC as an interface between the University and its employer partners.

59 Alignment with subject benchmarks is considered at validation and programme review of all programmes. Assistant deans are notified of changes in subject benchmarks by the Quality Assurance and Secretariat Support Team within the Learning, Enhancement and Innovation department (LEI), and responses to change are expected to be reflected in subsequent annual and periodic reviews. QEC maintains oversight of this and assistant deans are required to inform the Committee as to how changes are to be addressed. External examiners are asked to comment on the extent to which programmes continue to reflect subject benchmarks. Programme specifications detail the benchmarks relevant to the award.

60 Following the 2009 Institutional audit, the University accelerated its completion of programme specifications for all existing degrees and their posting on the University's website. Programme specifications are required to be produced for proposed new degrees and form part of the documentation presented to approval panels. A template for programme specifications has been developed. Most programme specifications seen by the audit team followed the template, allowing for variation between subject areas. However, the team noted examples where programme specifications for collaborative programmes did not closely follow the University template, were not uploaded in an easily accessible way or were not uploaded at all. Programme specifications are discussed in greater detail in Section 6 of this annex.

61 The University's processes for development, approval and review of collaborative provision, as described above, make explicit use of external academic and professional expertise. Professional bodies accredit a number of degrees delivered through collaborative provision. They may be involved in either joint or separate approval and review processes, in many cases in parallel with the accreditation of university-based provision.

62 The audit team concluded that the University makes effective use of the Academic Infrastructure in its management of academic standards in relation to its collaborative provision. While the team found that more could usefully be done to develop and promulgate collaborative programme specifications, it noted the innovative work being conducted in relation to mapping and defining learning levels in employer-based collaborative provision as noted in paragraph 58.

Assessment policies and regulations

63 The University's assessment regulations apply to all students including those studying on collaborative provision: these are set out in the Rights, Responsibilities and Regulations for Students on Taught Programmes, referred to generally as the '3Rs'. The University's overall approach to assessment is further guided by its Learning, Teaching and Assessment Strategy and its Assessment Policy. These documents are made directly available to staff at the University and in partner institutions, and are the subject of staff briefings and development activities. Students are made aware of the assessment regulations covering their studies through their handbooks, and these documents, as well as the information relevant to assessment available online, are drawn to their attention during induction. Those staff and students whom the audit team met were generally well informed about the regulations covering their awards. However, as discussed later in Section 3, the information provided to some collaborative students in their handbooks regarding appeals was confusing.

64 Assessment arrangements for collaborative programmes are discussed and agreed at an early stage of programme approval by ADC and set out in the operational manual. The Manual sets out the details of who is responsible for: setting and approving coursework and exams; first marking and moderation; liaison with external examiners; and the arrangements for holding examinations and assessment boards. The distribution of responsibilities between the University and the partner varies according to the nature of the partnership and the maturity and experience of the partner. In the case of franchised provision, the role of the partner may be limited to first marking of assessments and the organisation of locally held examinations and assessment boards under the guidance of the University. In other cases, for example that of validated provision at a long standing partner, the partner may be responsible for most of the assessment processes including chairing assessment boards, with the University assuring itself of academic standards and due process through internal moderation and attendance at assessment boards.

65 The University maintains oversight of reliability and validity of assessment and levels of student performance on collaborative provision through assessment boards, internal moderation and the work of external examiners. Internal moderation by the University of assessment undertaken by staff in partner institutions is mandatory. The audit team saw examples of changes made to the University's role in, and oversight of, assessment in response to issues raised by programme leaders and external examiners. An example of this is the provision of workshops on marking to partner staff in one of the overseas partner link visits and increasing the role of the University in the grading process. Cross-moderation is undertaken on some collaborative programmes where the same programme is offered by multiple partners.

66 Partner staff are involved in assessment boards which are normally chaired by senior academic staff from the University, although in some cases chairing may be shared with partners or devolved entirely as noted above. All boards are conducted in English. Where a language other than English is used for assessment, as discussed above, translation is required (see Section 3). The University requires samples of assessments to be translated for internal moderation purposes and, if necessary, for external moderation. The University operates a system of independent checks on the quality of translation organised by the partner, and reserves the right to require changes to the translation processes used if these are found to be of poor quality.

67 Students in most collaborative provision partners are required to request extensions or the consideration of extenuating circumstances using standard University of Derby forms and procedures. While such requests are processed locally, they are reported to and

confirmed by the University Assessment Board. The University's policies on plagiarism and academic misconduct apply equally to most collaborative provision, as does the right of appeal against academic decisions of assessment boards. The exception to these arrangements occurs where there is validated provision at a long-standing higher education partner; here the local regulations for consideration of extenuating circumstances, academic misconduct and appeals are applied, having been approved by the University as appropriate.

68 On the basis of the documents seen, and discussions with staff and students at both the University and partner institutions, the audit team concluded that the institution's arrangements for the assessment of students in collaborative provision were effective in maintaining the academic standards set for its degrees.

External examiners

69 The University appoints external examiners to all collaborative programmes which lead to University awards. The regulations governing the appointment of external examiners, their roles, and their interaction with the University, are set out in the University's Academic Regulations. The procedures established in the Regulations are expanded to form one of a series of quality management handbooks for internal use and for the benefit of external examiners themselves. The University's Regulations and procedures apply equally to home-based and collaborative provision. However, in recognition of the particular nature of collaborative provision, including levels of risk and practical exigencies, the University has made some adjustments and additions to the standard procedures.

70 In relation to collaborative provision, the University has developed the role of the external moderator. These moderators work under the direction of an external examiner: they are appointed to bring expertise in specific areas, such as new academic developments, and where the provision is not in English. In the latter case external moderators are typically local academics. The process for appointment of external moderators is the same as for external examiners. Nominations are made on a standard form by faculties to the External Examining Sub-Committee (EESC) of QEC. Appointments are for four years with the possibility of a one-year extension.

71 In the case of franchised provision, where practicable, the same external examiner is appointed for both the university-based and the collaborative provision. Where this is not possible, programmes are required to provide the external for the collaborative programme with samples of work from the university-based programme and vice versa for the university-based programme external. Where there is no matching university-based programme, efforts are made to couple the appointment as external examiner for the collaborative provision with an appointment as external for a related programme based at the University in order to ensure comparability of standards.

72 Where the collaborative provision is not delivered in English, it is University policy to mark and moderate work as far as possible in the language in which it was written. Where this is not possible, a translation is used. It is expected that external examiners and moderators will have a good working knowledge of the language of provision. External examiners and moderators for non-English provision are also required to check translated copies of assignment briefs, and examination papers. Language competence is a key criterion for appointment as an external examiner for such provision. The audit team saw evidence that the University is aware of the reputational and other risks associated with collaborative provision. External examiner appointments to new and potentially high risk partnerships require nominees to have had experience of collaborative provision. All external

examiners are provided with a handbook, briefing documents, and the opportunity to participate in induction, mentoring and an annual forum.

73 The role of the external examiner in relation to collaborative provision is the same as that for university-based provision, but with certain additional duties. Visits are required for all franchised, validated and accredited provision that leads to an award of 60 credits or more. The requirements for visits are agreed as part of the collaborative arrangements according to guidelines in the University Regulations and specified in external examiner contracts. The frequency of visits varies with the type of provision: for major validated awards annual visits are expected; franchised programmes should be visited at least every four years.

74 External moderators produce reports on the work they have moderated which they send to both the University and the external examiner with whom they work. Their reports focus on student performance, feedback, internal moderation, and translation, with respect to the modules they have moderated. The external examiner includes salient points from the external moderator's report within his or her report on the provision. External examiners report annually using a standard form for all provision. They are required to comment explicitly on the design of the programme in relation to external benchmarks, standards achieved by students, assessment, and assessment processes. For franchised programmes and programmes delivered across multiple locations, they are asked to comment on the comparability of academic standards and assessment arrangements across the different locations. Following concern expressed by the EESC that not all external examiners were receiving suitable samples to make comparisons between performance in different partner locations, amendments were proposed to the Academic Regulations to address this issue. These proposals are currently under discussion by the Academic Board. The external examiner reports reviewed by the audit team were variable in the extent to which they included or omitted discrete comments on the work of students in partner institutions. However, the reports seen by the team included distinct comments on the work of students in partner institutions where this differed from the performance of home students. The team encourages the University to continue to look for ways of ensuring that external examiners are enabled to comment more comprehensively on the performance of students in different locations.

75 External examiners' reports are received centrally by the Centre for Quality and circulated to schools and faculties, and subsequently to programme leaders and partner institutions. Programme leaders, assisted by programme committees, are responsible for responding to the external examiner regarding any issues raised in their report. The reports feed into annual monitoring processes. The EESC discusses all external examiner reports and provides an overview which is considered by CPSC, QEC and the External Examiners' Forum. CPSC also discusses the annual monitoring reports for each collaborative partner and makes a specific note of any points made by external examiners as part of its own annual cycle of review and enhancement planning which feeds into the work of QEC. The audit team noted examples of improvements in the external examining system which resulted from these overarching reviews of reports.

76 The consideration of external examiners' reports is a standing item on the agendas of programme committees. These committees include student representation and are the primary means by which external examiner reports are shared with students. They also provide the forum for discussion of the report and development of responses to issues raised. However, programme committees have experienced problems in fulfilling this role. The audit team found that awareness of external examiner reports among staff and students in partner institutions is variable.

77 On the basis of the documents viewed and discussions with staff in both the University and partner institutions, the audit team concluded that the University makes strong and scrupulous use of external examiners, and that the contribution of the work of external examiners and their reports is generally effective in assuring the academic standards of programmes and awards.

Certificates and transcripts

78 All students studying on collaborative awards are entered onto the University's student records system. Responsibility for the system is located in the Student Support and Information Services Department (SSIS). The system holds data on admissions, registration, and assessment. Data entry is distributed: SFPL enters collaborative student admissions and enrolment data; grades for students in partner institutions are entered onto the system either by SFPL or programme and module leaders, depending on the nature of the partnership. Processes are in place to check the accuracy of student data uploaded onto the system. Responsibility for programme-level audits of student data for collaborative provision was recently transferred from SSIS to SFPL, which runs regular reports to identify common data errors in partner student data. Key contact staff within SFPL take action on any problems identified with partner institutions. The audit team saw samples of data audit reports undertaken by SFPL, and encourages the University to take steps to maintain this level of knowledge of data entry and problem spotting across the institution in the most appropriate manner following the disbandment of the School.

79 The University has sole responsibility for the issuance of certificates and transcripts relating to University of Derby awards and credit. Award certificates state that reference should be made to a transcript or diploma supplement for details of the language of tuition and assessment and the name and location of partners in accordance with the expectations of *Section 2* of the *Code of practice*. The audit team reviewed a sample of certificates and transcripts. The team noted that the information on some sample transcripts was ambiguous about the language of teaching and assessment, partner identity and location of study. For example, it was not always possible to discern from the diploma supplement issued to students at an overseas partner whether any or all of the instruction and examination was in English or the local language. The team also saw a sample of a transcript for an employer partner which did not clearly identify the partner and could be taken to mean that the course had been delivered at the University. In order to avoid such ambiguity, the audit team considers that it is advisable for the University to review the clarity, completeness and accuracy of information detailed on diploma supplements and transcripts for students studying through collaborative provision arrangements regarding language of study and assessment, the involvement of partners and the location of study.

Management information - statistics

80 The University's central student records system, PeopleSoft, covers all students, including those studying in collaborative partners. PeopleSoft is a multi-faceted system covering admissions, enrolment, assessment and financial data. It supports the University's registration, assessment, fees collection and award processes, as well as the production of statistical information for management purposes and government returns.

81 The University has recently implemented an Online Student Academic Information System (OASIS) which supports the production of standard reports designed for programme management and monitoring. Programme leaders and others involved in programme management at the University can access the reports directly. The University supplies selected reports to partners for annual monitoring purposes. The audit team saw samples of the reports which contain both figures and graphs; cover a number of years; and distinguish

between students studying at different locations or partners where this applies. These reports feed directly into annual monitoring and address the problems of data accuracy and consistency which had been identified previously in the 2009 Institutional audit of the University.

82 OASIS also supports the production of an annual monitoring report on student performance indicators for QEC. The report distinguishes between students in university-based and collaborative provision with respect to student profile, enrolment, retention and achievement. The data and analysis in the report feed into QEC's annual review and enhancement planning process.

83 The audit team concluded that the University makes effective use of statistical and management information in assuring the academic standards of the programmes and awards in its collaborative provision.

Overall conclusions on the management of academic standards

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

Section 3: Institutional management of learning opportunities

Approval, monitoring and review of programmes

85 Learning opportunities provided to students studying through collaborative arrangements are evaluated chiefly through the key processes of programme approval, annual monitoring and periodic review, the operation of which are explored in Section 2.

86 The specification and communication of procedures regarding approval, monitoring and review processes are clearly described and communicated to those involved with them, including staff, students and external advisors, via the University of Derby Quality Management Handbook.

87 Approval and review processes require appropriate external participation. As outlined in the University's Validation and Approval of Taught Programmes Handbook, appropriately qualified external individuals are required in the implementation of such procedures. The audit team saw a range of evidence indicating that the University adhered to its procedures in this regard.

88 Within the University's Validation and Approval of Taught Programmes Handbook and the reports of programme approval events involving collaborative partners, criteria for approval and documentary requirements are clearly specified. The audit team saw evidence that the University of Derby's programme design procedures are informed by the *Code of practice, Section 7: Programme design, approval, monitoring and review*.

89 With regard to programme approvals, the institution ensures that decisions are made independently of the academic department offering the programme. This has been facilitated in recent years by the establishment of the Validation, Audit and Review Standing Panel (VARSP), which enables the Learning Enhancement and Innovation Department to draw upon the full range of staff experiences and expertise to convene approval teams.

The audit team reviewed reports of programme approvals involving collaborative partners which confirmed high levels of internal 'externality' within such events.

90 The University employs a variety of ways of routinely monitoring the operation of its collaborative provision. In addition to the process of annual monitoring and the production of annual monitoring reports, other formal mechanisms include staff visits and visit reports, and external examiners' reports. Within the annual reports produced by collaborative partners, sources of evidence to be consulted included: programme committee minutes; external examiners' reports; assessment board minutes; student recruitment, retention and achievement data; the annual visit report and student feedback.

91 The annual monitoring reports are considered by the relevant University programme committee and, where appropriate, the annual monitoring report produced by the collaborative partner is considered in the production of the university-based programme report. The SFPL School Quality Enhancement Committee (SFPL SQEC) and CPSC consider the reports. Following the meeting of CPSC, the chair prepares a detailed report which is considered at the University's QEC. The audit team found the annual monitoring process undertaken by CPSC which culminates in an annual Enhancement Plan and Summary of Good Practice across all collaborative provision to be an instance of good practice.

92 A recent review by CPSC of the annual monitoring process identified a need (see Section 2, paragraph 49) for more critically evaluative annual monitoring reviews to be produced by some collaborative partners. Mechanisms have been put in place by the University to encourage the production of more critical and action-focused reports through provision of further staff support and development. At a recent meeting of the Quality Managers' Advisory Group (QMAG), it was proposed that programme annual monitoring should take the form of a single annual committee meeting. Programme teams will work to a set agenda which will allow examination of all relevant evidence. The minutes of the meeting will stand as the annual monitoring review report. Representatives from collaborative partners will be invited to attend the programme annual monitoring meeting. Where a collaborative arrangement exists with no official home programme, efforts will be made to locate the programme within one of the faculties to ensure that annual monitoring takes place in a similar fashion.

93 The University conducts quinquennial reviews of its academic portfolio, including its collaborative provision. The procedures relating to this are comprehensively specified in the University Handbook, section 6, 'Periodic Review'. The audit team saw evidence that the process seeks to ensure the continuing validity and relevance of the programmes offered. The SFPL SQEC receives reports of periodic reviews relevant to collaborative partners, with the University QEC undertaking oversight of the periodic review process.

94 In the event of decisions taken to discontinue programmes, detailed student-centred closure documents are devised which plot out the process of decommissioning. The audit team saw evidence of collaborative closure action plans which are produced with assistance as necessary from the Centre for Quality. The University's Collaborative Provision Handbook specifies the procedures which have to be employed relating to the closure of a partnership and details the University's responsibilities to continuing students on the programmes affected.

95 The audit team was satisfied that, in relation to maintaining the quality of students' learning opportunities, the institution's arrangements for programme approval, monitoring and review are effective.

Academic Infrastructure and other external reference points

96 An annual report is produced by the University Quality Manager relating to the *Code of practice*, indicating which committees and postholders have responsibility for reviewing the various sections of the *Code of practice*. The report is presented to the University's QEC and details the actions taken and recommendations relating to each section of the *Code*. This ensures that where revisions to the *Code of practice* are made, the institution is able to respond to those appropriately and in a timely fashion.

97 The operational manual, produced for each programme delivered at a collaborative partner organisation, is informed by the *Code of practice*, Section 2. The operational manual details how provision and delivery of programmes at a partner organisation should take place, in agreement with the University. The manual includes specific reference to work placements, personal development planning, admissions, assessment, academic appeals and student complaints, and external examiners. The University refers collaborative partner organisations to its own policies in these areas which have been informed by the *Code of practice*.

98 The audit team saw evidence that design, approval, monitoring and review of programmes at collaborative partner organisations are all undertaken under the procedures laid down in the University's handbooks, which draw upon the relevant precepts identified in the various sections of the *Code of practice*. The University maintains oversight of partner organisations' adherence to University expectations through its monitoring and review processes.

99 In addition to the *Code of practice*, other external reference points such as Training and Development Agency for Schools (TDA) requirements are applied in relation to particular programmes which have sought external accreditation and endorsement.

100 With regard to the University's collaborative provision, the audit team concluded that the University makes effective and appropriate use of the *Code of practice* and other external reference points.

Management information - feedback from students

101 The University's expectations concerning the collection of student feedback are made clear in the operational manual template which details the relationship between the institution and its collaborative partners. Specific sections of the manual are dedicated to detailing the way in which student feedback is sought.

102 A key part of the annual visit to partner organisations, which is noted in the annual visit report, is the interviewing of student representatives. This is the principal means by which direct student feedback is obtained by the University from those studying on programmes delivered at partner organisations. The University's briefing paper indicates that feedback from students at partner organisations is obtained through the use of the University's own mechanisms - through questionnaires and student representatives or through the use of partner organisations' own student feedback methods which are approved by University approval panels. Evidence considered by the audit team revealed diverse practice with regard to the routine collection of student feedback. A number of partner organisations hold student-staff meetings in order to obtain student feedback; in other institutions, student feedback is gathered through student representatives' attendance at programme committees. The extent of the student participation in such committees, as gauged through attendance levels, varied significantly. Evidence of the completion of module questionnaires was seen by the audit team.

103 Within annual reports, student feedback is routinely reported, drawn from student questionnaires, student-staff committees and programme committees, and actions identified. However, while the audit team saw evidence that students at collaborative partner organisations have the opportunity to provide feedback for inclusion in the institution's management information-gathering procedures, the ways in which this is achieved are inconsistent and the levels of student engagement and involvement in the process are variable. The team conclude that, while the institution's arrangements for student feedback in relation to maintaining the quality of students' learning opportunities in collaborative provision are broadly effective, more could be done to improve student engagement in feedback processes.

Role of students in quality assurance

104 Student representatives are members of all University committees highlighted within its structure as key to the quality management of collaborative provision, with the exception of the CPSC. As noted in paragraph 102, the audit team found evidence of variable student engagement in committees at all levels of the University's committee structure. It was unclear to the team if collaborative provision students were regularly represented above programme level within the University's committee structure. The team found that, at present, the briefing and training of student representatives operating at partner organisations was limited, but noted that the student written submission expressed a desire to provide more systematic support to student representatives at partner organisations in the future through the auspices of the Students' Union.

105 At programme level, programme committees provide opportunities for students to be involved in the work of the University and the collaborative partner. However, the audit team saw evidence in programme committee minutes to suggest variable student attendance and participation. Furthermore, the team found inconsistencies in the mechanism used by programme committees to channel information up to school quality committees (SQC) and on to faculty quality enhancement committees (FQECs). The team reviewed samples of SQC and FQEC minutes which did not reflect consistent input from their respective sub-committees. The team found examples of effective mechanisms by which students could feed information into the University's quality management structures but no systematic approach to managing this input. Such examples included staff meeting with students prior to a programme committee and then taking their views to the next committee meeting, and programme committees rotating around different collaborative partner locations. The team encourages the University to build on such positive examples of student participation and engagement, particularly given (see paragraph 74) that programme committees are a primary forum at which external examiner reports are be shared with students.

106 Operational manuals build on information produced within DADs to identify responsibility for student involvement in quality assurance from the point of approval onwards. This includes responsibilities in relation to: gaining student feedback and closing the feedback loop back to students; programme committees; and meetings conducted during visits.

107 The audit team saw evidence that visit reports consistently reflect issues raised in staff meetings with students and align with the Visit Policy. University staff visits to collaborative partners provide students with a direct line by which they can feed information back to the University as well as the collaborative partner. The audit team found such meetings with students to be both the primary and an effective mechanism of involving students in quality management. The Annual Monitoring Handbook states that visit reports should be appended to annual monitoring reports. However, the team found this practice to

be inconsistent. The team found the University's partner review process to involve students on a regular basis. Moreover, students met during the four partner link visits confirmed they were happy with the opportunities afforded to them to provide feedback.

108 The audit team found the overall arrangements for student involvement in quality management processes to be effective, but would encourage further development of involving collaborative provision students in the University's quality management process and structures.

Links between research or scholarly activity and learning opportunities

109 The University assures itself that staff teaching on collaborative programmes meet professional standards to deliver higher education provision via the application of the Accredited Lecturer Policy as part of the approval procedures. The audit team saw evidence that DADs ensure research and scholarly activity is addressed during the approval procedures and operational manuals build on this, providing information on staffing and staff development. The approval of an individual as an accredited lecturer grants access to and use of the University's learning centres. Accredited lecturers are invited to staff development events and are encouraged to undertake further professional development. This is aligned with the University's Research Operational Strategy 2010-2014, a programme for continuing professional development, in which academic practice in research is available to collaborative partner staff.

110 The audit team found several examples of engagement in research and scholarly activity undertaken by collaborative partner staff, which included staff registered on post graduate research programmes, and active engagement with the annual Collaborative and Learning and Teaching Conferences. The team also saw examples of involvement in University Research Centres and groups, which resulted in one of the overseas collaborative partners being supported by the University to start their own Research Centre. However, the team found that such examples were not systematically embedded across the University's entire portfolio of collaborative provision. In the case of collaborative provision supported through the work of the UDC, the team found evidence that this provision was well informed by employer or business based practice (see paragraph 58).

111 The audit team found that the links between research or scholarly activity, teaching and students' learning opportunities were not necessarily the major focus of the University's collaborative portfolio. The University has no postgraduate research within its collaborative provision and its main focus is on 'education for application'. Notwithstanding, the team confirmed current arrangements for links between research or scholarly activity and teaching and students' learning opportunities were adequate in relation to collaborative provision.

Other modes of study

112 The Collaborative Provision Strategy, which was in draft during the time of the audit, indicates that work-based learning and online distance learning will be an area of growth in the future for the University.

113 Work-based learning provision is overseen by the University of Derby Corporate (UDC), which is the University's employer engagement and business-to-business division. UDC has contributed to this in several ways: the development and use of the Accreditation Toolkit, which enables the University to assess the appropriate level and credit in the development of work-based learning with a business partner and makes reference to the QAA publication *Academic credit in higher education in England - an introduction* which was

published in 2009; the Certificate in Supporting Work-Based Learning which is a 30-credit level 6 staff development programme, and a requirement for staff based at work-based learning partners who do not meet the criteria to be considered as an accredited lecturer to complete; employer-focused workshops such as 'Recognising People in the Work Place'; and the role of the workforce development fellow which acts as the key partnership manager for employer and business partners, supporting employers and students who are employees, and ensuring appropriate assessment procedures are followed. The audit team found that the University has developed strong and constructive relationships with its partners with evidence of frequent communication and mutual support which it considered to be an instance of good practice.

114 The audit team found that at present there was only one programme with some technology-enhanced learning-based components across the University's entire collaborative provision portfolio, although the team recognised that this was a planned growth area for the future.

115 As mentioned earlier in this section, mapping to the *Code of practice* is overseen by the University QEC. The audit team heard that an update on practice in relation to the *Code of practice, Section 9: Work-based and placement learning* would be considered at the committee in October 2010, but it did not see evidence that this discussion had taken place as intended.

116 The audit team found that, overall, the University's arrangements for other modes of study in relation to maintaining the quality of students' learning opportunities were effective.

Resources for learning

117 The University considers learning resources for its collaborative programmes at the point of approval as indicated in the Validation and Approval, and Collaborative Provision Handbooks. The audit team saw evidence of consideration of learning resources to be a consistent focus in both partner and collaborative arrangement approval processes. The team found that operational manuals documented the responsibilities in relation to learning resources effectively and found evidence of them building on information contained within the DADs. Operational manuals documented the allocation of responsibility in relation to learning and teaching materials, how they are approved, and the provision of library and electronic resources.

118 Following the approval process, the audit team saw that the University maintains oversight of learning resources within its collaborative provision through visit reports conducted by University staff in line with the University's Visit Policy, and the University's annual monitoring process. In addition, students are able to provide feedback directly to the University through meetings that take place during visits which are reflected in the visit reports. The team found evidence that the University's review processes allowed effective oversight of learning resources for its collaborative provision.

119 Students and staff in collaborative partners have full access to electronic learning resources within the permissions of the University's licenses. This is provided through the University's virtual learning environment, UDo, and an Athens account. The audit team found considerable evidence highlighting the challenges faced by partner students and staff in relation to the ease and reliability of access to University electronic systems and learning resources. Notwithstanding considerable progress in this area since the previous audit, the team found it desirable that the University should continue to improve the ease and reliability of access to the University's electronic systems and learning resources for students and staff in partner institutions. Moreover, the team was informed that external examiner reports

would be shared with students using UDo, further increasing the need for improved access to electronic learning resources.

Admissions policy

120 The University's Admissions Policy covers all provision, including collaborative provision, and is included in the University's Rights, Responsibilities and Regulations document. This encompasses information on accreditation of prior learning and progression agreements. The distinction between progression, articulation and accreditation of prior learning has recently been clarified by the University. This was approved by the University QEC in 2008 following consideration of a paper on progression agreements.

121 The audit team saw that oversight of admissions was provided through the approval and review processes in place. This was consistent throughout the approval and review documentation viewed by the team. In particular, operational manuals approved during the approval procedures set out responsibilities between the University and collaborative partner in relation to admissions processes, and built on information from the DADs. In addition, the Programme Leaders' Handbook sets out the admissions procedures and highlights information specifically relevant to collaborative partners.

122 The Annual Monitoring Handbook prompts admissions to be considered within the student support and guidance section of a report; however, the audit team saw evidence that the annual monitoring process did not always include information on admissions.

123 The audit team found an example where students studying at a collaborative partner had been prepared for their programme through studying a bridging course before beginning their degree course and viewed this as a positive mechanism for preparing students for UK-based higher education.

124 The maturity of the relationship of a collaborative partner and the risk associated with managing admissions on to University programmes are two factors that affect the mechanism used to maintain oversight of admissions. As a collaborative relationship matures, risk is deemed to decrease and the University moves from reviewing all admissions to approving non-standard admissions, and finally to conducting admissions audits, undertaken by SFPL. The audit team viewed admissions audit documentation and found the process to be an effective means for the University to assure itself of oversight of admissions with partners. However, the team found no evidence to suggest this approach had been systematically implemented. The team found the University's oversight of admissions practice to be effective across its portfolio of collaborative provision. In relation to employer partners where students had been undertaking study 'in house' at the employer and which has since been validated by the University, a process has been developed to map the learning outcomes so that a University award can be achieved through accreditation of the proper learning with an additional requirement for further assessment.

Student support

125 The University considers support and guidance for students as part of its approval procedures. In addition, the audit team found evidence that approval panels contain a member of the Centre for Learner Support (CLS), a unit within the Learning Enhancement and Innovation department which includes the University's library service. Furthermore, partner review panels also include a member of the CLS in accordance with the Collaborative Provision Handbook. However, the audit team found slight inconsistencies in the compositions of some partner review panels. Operational manuals effectively

document the responsibility of the University and collaborative partner in relation to student support and guidance, both academic and pastoral.

126 Visit reports enable the University to maintain oversight of student support and guidance across its collaborative provision, and were found to be conducted in line with the University's Visit Policy by covering such topics. In relation to employer engagement and business-to-business collaborative provision linked with UDC, such visits are carried out by workforce development fellows. In addition, the audit team heard that the University aims to tailor support to work-based learning students by establishing an accreditation forum and by holding regular client meetings. Furthermore, the team found the University's annual monitoring process to cover student support and guidance consistently. The team also found evidence of support and guidance issues in relation to disabled students being picked up through monitoring and review processes.

127 The audit team found that the way in which programme committees are conducted throughout the University's collaborative provision portfolio is variable. However, students have representation on programme committees which affords the opportunity to raise any issues relating to their support if needed.

128 Programme handbooks provide information on both academic and personal support to students. However, the audit team found some inaccuracies of information provided in some handbooks, specifically in relation to academic appeals and complaints. The team recognised the University was aware of this issue, as the Quality Manager's Advisory Group (QMAG) had noted inconsistencies in handbooks relating to appeals and complaints. In addition, the team saw evidence to suggest that local contextualisation of programme handbooks was not always sufficiently documented. However, the collaborative provision students met during the course of the audit expressed general satisfaction with the level of support they received as University students. Nevertheless, the team would encourage the University to work to improve the consistency, accuracy and completeness of information in handbooks in line with the QMAG recommendation.

129 The audit team found the University's oversight of student support and guidance in relation to maintaining the quality of students' learning opportunities to be effective, notwithstanding a recognition that improvements should be made to ensure the accuracy of information on appeals and complaints throughout programme handbooks.

Staffing and staff development

130 The University provides substantial support mechanisms for academic staff delivering the University's programmes at partner organisations. Staff at partner organisations deemed to have appropriate experience and qualifications are awarded accredited lecturer status. The majority of such accreditation takes place at the point at which new programmes or collaborative arrangements are approved. Post-validation accredited lecturers' applications are considered and signed off at faculty level.

131 Where it is determined that staff are not sufficiently qualified to obtain accredited lecturer status, the University has recently devised a 30-credit module entitled 'Supporting Work Based Learning' aimed at staff supporting learning in the workplace. The first cohort of students is completing this module in 2010-11. The audit team heard positive feedback from a member of the first student cohort on the benefits of undertaking the programme.

132 The audit team saw evidence indicating that staff at partner organisations have been provided with the opportunity to undertake staff development within the University's faculties, and also have had the opportunity to undertake staff support and development

events tailored to the particular needs of partners and subject teams. At institutional level, two consecutive day conferences take place annually to which staff at collaborative partners are invited to participate. These comprise a university-wide Learning and Teaching Conference led by LEI, and a Collaborative Provision Conference led by the SFPL. Each year, a different theme is adopted at the Collaborative Provision Conference and staff from both the University and collaborative partnership organisations share good practice, occasionally presenting papers in partnership. High levels of attendance from partner organisations are regularly attained at such events. The audit team wishes to highlight as a feature of good practice the annual Collaborative Provision and Learning and Teaching Conferences as a means of disseminating good practice.

133 Overall, the audit team has confidence in the effectiveness of the institution's arrangements for staff support and development in relation to academic staff engaged in teaching.

Overall conclusion on the management of the quality of learning opportunities

134 The audit team concluded that confidence can reasonably be placed in the soundness of the University's present and likely future management of the quality of the learning opportunities available to students through its collaborative provision.

Section 4: Institutional approach to quality enhancement in collaborative provision

135 The University has defined enhancement as 'change leading to improvement in the quality of learning opportunities'. The briefing paper notes that the emphasis in the University's definition is on opportunities rather than the student experience and the omission of the word student are intentional and reflect Derby's commitment to staff research and academic practice.

136 The University's Enhancement Policy sets out four types of activity pertinent to an enhancement ethos: the recognition and reward of 'good practice' at an individual level; improvements in learning, teaching and assessment by ensuring effective action on annual monitoring and periodic review outcomes, and through staff development and the creation of dedicated appointments to promote improved academic practice; the promotion through investment, special projects and staff appointments of innovative practice and transformational change; interventions to develop institutional climates, structures, systems and procedures that are conducive to learning and good teaching and which encourage and promote innovative practice.

137 The 2009 Institutional audit found 'the University's commitment to enhancement of the quality of learning opportunities evident in the structures and processes of management and embedded in the inclusive, open and reflective culture of the institution'. Although more challenging to achieve and more difficult to manage across collaborative provision, it is clear that the University is committed to creating the same culture, particularly for staff, across its collaborative provision.

138 The University has developed an ethos that expects and encourages the enhancement of learning opportunities through the strong and constructive relationships between the University and its partners. This was evidenced in meetings with both University

staff and staff from partner institutions. The audit team saw examples of staff working together, including the annual Collaborative Provision Conference.

139 The audit team also heard about instances of joint working between campus-based students and students studying at partner institutions. These included exhibitions of students' work with one of the overseas partners, video conference sessions for students at Derby and at another overseas partner, and a joint induction residential. The students met during the course of the briefing visit expressed their appreciation of these opportunities although none of the students met at partner visits had experience of interacting with campus-based students.

140 The audit team found the establishment and role of University of Derby Corporate as an interface between the University and its employer partners to be a feature of good practice, in that it provides an effective mechanism for extending the mutual partnership approach of working to its employer partners. This is exemplified in by the development and application of the Accreditation Toolkit, the 30-credit module in Supporting Work-Based Learning; and employer-focused workshops, for example, Recognising Learning in the Workplace.

141 For each collaboration, the University starts to collect and analyse information about the partner's approach to quality enhancement on the DAD. Once collaborations are up and running, the University uses management information collected through annual monitoring to support quality enhancement. Opportunities for staff development are made explicit in the operational manuals, with the section on 'Staffing and Staff Development' setting out responsibilities for: partner staff induction to the University; initial staff development; identifying, planning and delivering ongoing staff development; and Observation, Monitoring and Support of Teaching (OMST) or equivalent.

142 As noted in earlier paragraphs of this annex, an annual Enhancement Plan is created on the basis of the Annual Collaborative Report. The Enhancement Plan includes a summary of strengths or good practice, with two of the nine plans reviewed identifying aspects to be disseminated, action taken to disseminate and progress. A recurring theme of the good practice identified in the enhancement plans is the strong partnership with the University.

143 From meetings with staff and review of enhancement plans, the audit team found that the institutional understanding of quality enhancement is closely aligned to its own definition and so is often described and referenced to continuous improvement. Much of the good practice captured in the enhancement plans produced by the partner institutions does not necessarily align with the QAA definition of deliberative steps taken at the institutional level. The team noted that CPSC has recommended that in future Annual Monitoring Review (AMR) reports should be produced jointly by the partner institution and the University in order to reinforce the partnership ethos. This should provide an opportunity for enhancement and good practice to be captured more meaningfully as a basis for sharing and developing good practice and a more ambitious approach to enhancement in collaboration.

144 In January each year CPSC meets for a full day to review the visit, AMR and external examiners' reports for all partner organisations, and AMRs from those University programmes that have responsibility for managing collaborative provision. From this review CPSC produces an annual Enhancement Plan and Summary of Good Practice across all collaborative provision which is subsequently reported to the University QEC (see paragraphs 54, 91 and 142).

145 In addition to annual monitoring, all subject areas are subject to periodic review and all collaborations to partnership review on a five-year rolling cycle. Periodic review is

designed to be enhancement focused and forward looking. As well as providing an opportunity for review of quality assurance, partnership review is a strategic-level review of the collaboration.

146 Outside the formal committee structure there are three advisory groups that contribute to the enhancement agenda: the Technology Enhanced Learning Advisory Group (TELAG); the Quality Manager's Advisory Group (QMAG); and the Learning, Teaching and Assessment Advisory Group (LTAG). A review of the QMAG minutes for the previous two years indicates that collaborative provision is often discussed, although with a focus on quality assurance rather than quality enhancement. Discussions in LTAG, which include representation from SFPL, are more focused on enhancement. In addition, the Collaborative Working Group was established by the University in 2010 to provide a forum for sharing knowledge and experience of working with collaborative partners. The audit team learnt that this group gave at least two presentations to partners in 2010, although it was unclear to the team how active the group had been recently.

147 The briefing paper notes that the SFPL 'has emerged as a significant "enhancement agent"'. Staff whom the audit team met at partner institutions were highly appreciative of the cohesive and dedicated support they had received from SFPL. The audit team concluded that it is desirable for the University to consider how the current contribution made by the School as an 'enhancement agent' can best be maintained in the revised structures for supporting collaborative provision following the School's planned closure.

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

148 The University has no postgraduate research provision through collaborative partnerships.

Section 6: Published information

149 The previous Collaborative provision audit of 2006 asked the University to ensure that promotional materials produced by partner organisations give due prominence to the University as the awarding institution to avoid any possibility that users of these materials might be misled about the nature of the awards provided under collaborative arrangement. Since then the University has developed a clear and comprehensive marketing protocol specifically for collaborative partner arrangements. This protocol sets out who is responsible for overseeing the publication of materials in both the partner and the University. In addition, the protocol sets out the process by which marketing material is approved. The protocol addresses the particular concerns of the 2006 audit in relation to the University's prominence on partner websites, as it requires that the specific terms of the relationship with the University are specified and that the University's logo must be given prominence. Web pages must always include a link to the University's website and the rules around the use of that logo are clearly set out. The handling of media relations is also outlined so that the University and the partner have transparent and mutual expectations of what is expected of one another in this regard.

150 Programme developers are required to complete a market intelligence framework to test the viability of a programme, and this includes addressing whether there is potential for overseas development. Then, once approved, the operations manual for a programme specifically assigns responsibility for the development of publicity materials to an individual. This could be, for example, the programme leader in the partner or a key contact in the

SFPL with a number of partners, or, in the case of the UDC, the UDC Marketing Officer. Responsibilities for the monitoring of publicity materials are also assigned in the operations manual. When materials are developed they are sent to the Web and Publications Team at the University for corporate approval, and to the academic lead at the University for accuracy of content.

151 The University's Translation Policy also recognises that if materials are to be produced in a foreign language then a translation will be required of publicity/marketing material for operational and quality assurance purposes and tested for accuracy, albeit on a sampling basis only. Material must comply with the published marketing protocol in addition to the procedures and protections built within the Translation Policy itself.

152 The audit team heard that the system for checking materials worked well on the whole and that there were clear lines of responsibility. The SFPL also monitored partner websites on a regular basis to ensure that there were no inaccuracies and that there was adherence to the protocols. Contact was maintained between academic staff and the central marketing department of the University by the SFPL, and they provided the link with partners and the University marketing department to ensure that any inaccuracies were corrected.

153 Information is provided to students at the partner colleges through individual programme handbooks which are given out at induction, and these are also made available through the University's VLE. A 'Student Guide to UDo' has been produced and this is tailored to meet the needs of students at partners. The programme handbooks are developed and approved by the programme leader with the partner, in accordance with the guidance given in the Programmes Leaders' Handbook, section 5. In some cases seen in the partner link visits, the handbooks are supplemented by local information provided by the partner. In the meetings the audit team held with students at the partners, the students were positive about the information they received and said they found it to be comprehensive and useful.

154 The audit team reviewed sample student handbooks and found that there was a degree of variation in the information provided by different partners in relation to student support. Some of the programme handbooks had links directly to the University's Regulations web page, while others set out the Regulations in detail. However, at meetings with University staff, the audit team was informed that no complaints or appeals had been received by the University from any student at any of their collaborative partners. Even though this is the case, the audit team consider that it is important that the nature of given information and/or links should have a measure of consistency and should be kept under close review so as to maintain accuracy. This is especially important in relation to the information that must be made available to students on the University's complaints and appeals procedures.

155 In its review of the handbooks, the audit team further noted that there was some variation in the information relating to extenuating circumstances and extensions. Some programme handbooks set out the form for the submission of extenuating circumstances in full, while others simply referred to the University's website. The audit team found that it was not always clear to whom the student should refer an application for extension or extenuating circumstances at a local level. The team suggests that the University gives further consideration to ensuring that the information relating to the procedures for the submission of extenuating circumstances and the granting of extensions at a local level is contained within a programme handbook.

156 At the University's Institutional audit in November 2009 the University was asked to 'accelerate implementation of the University's decision to produce readily accessible programme specifications'. For prospective students and students on programmes at

collaborative partners this facility through the University's website is a valuable source of information. The audit team noted that programme specifications were not always available by this mode of communication, and considered it desirable that the University should ensure that the programme specifications for all programmes delivered through collaborative provision arrangements are made accessible through the University's website.

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

RG 815a 10/11

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ISBN 978 1 84979 403 9

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All QAA's publications are available on our website www.qaa.ac.uk
Registered charity numbers 1062746 and SC037786