



Higher Education Review of University of Gloucestershire

April 2015

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About this review

This is a report of a Higher Education Review conducted by the Quality Assurance Agency for Higher Education (QAA) at the University of Gloucestershire. The review took place from 27 to 30 April 2015 and was conducted by a team of six reviewers, as follows:

- Dr Mark Atlay
- Professor Susan Blake
- Dr Mary Meldrum
- Professor John Baldock
- Mrs Sue Gregory
- Mr Sam Butler (student reviewer).

The main purpose of the review was to investigate the higher education provided by the University of Gloucestershire and to make judgements as to whether or not its academic standards and quality meet UK expectations. These expectations are the statements in the [UK Quality Code for Higher Education](#) (the Quality Code)¹ setting out what all UK higher education providers expect of themselves and of each other, and what the general public can therefore expect of them.

In Higher Education Review, the QAA review team:

- makes judgements on
 - the setting and maintenance of academic standards
 - the quality of student learning opportunities
 - the information provided about higher education provision
 - the enhancement of student learning opportunities
- provides a commentary on the selected theme
- makes recommendations
- identifies features of good practice
- affirms action that the provider is taking or plans to take.

A summary of the findings can be found in the section starting on page 2. [Explanations of the findings](#) are given in numbered paragraphs in the section starting on page 6.

In reviewing the University of Gloucestershire the review team has also considered a theme selected for particular focus across higher education in England and Northern Ireland.

The [themes](#) for the academic year 2014-15 are Student Involvement in Quality Assurance and Enhancement and Student Employability,² and the provider is required to select, in consultation with student representatives, one of these themes to be explored through the review process.

The QAA website gives more information [about QAA](#) and its mission.³ A dedicated section explains the method for [Higher Education Review](#)⁴ and has links to the review handbook and other informative documents. For an explanation of terms see the [glossary](#) at the end of this report.

¹ The UK Quality Code for Higher Education is published at: www.qaa.ac.uk/the-quality-code.

² Higher Education Review themes: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=106.

³ QAA website: www.qaa.ac.uk/about-us.

⁴ Higher Education Review web pages: www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/higher-education-review.

Key findings

QAA's judgements about the University of Gloucestershire

The QAA review team formed the following judgements about the higher education provision at the University of Gloucestershire.

- The setting and maintenance of the academic standards of awards **meet** UK expectations.
- The quality of student learning opportunities **meets** UK expectations.
- The quality of the information about learning opportunities **meets** UK expectations.
- The enhancement of student learning opportunities is **commended**.

Good practice

The QAA review team identified the following features of **good practice** at the University of Gloucestershire.

- The Degree*plus* scheme which provides students with a range of extracurricular opportunities and awards to support high participation in placements and internships (Expectations B4, Enhancement).
- The wide range of effective initiatives which integrate employability and sustainability into the curriculum (Expectations B4, Enhancement).
- The School representative system which strengthens student engagement in quality assurance and decision-making at senior levels (Expectations B5, Enhancement).
- The Assessment Scrutiny Process which ensures effective assessment practices through stakeholder engagement in the monitoring of module guides, assignment schedules, assessment briefs and the assessment of learning outcomes (Expectation B6).
- The strategic engagement with colleges, employers and the Local Enterprise Partnership to widen participation and support student learning opportunities and development (Enhancement).

Recommendations

The QAA review team makes the following **recommendations** to the University of Gloucestershire.

By October 2015:

- ensure that the external examining process clarifies recording and reporting by both delivery location and partner (Expectations B7 and B10)
- ensure partner staff responsible for franchise provision are fully involved in annual monitoring and periodic review and revalidation processes (Expectations B8, B10).

By April 2016:

- ensure that when an award includes more than one exit point, each exit qualification has defined learning outcomes aligned to the relevant qualification level descriptor in the *Framework for Higher Education Qualifications* (Expectations A1, A3.2)
- strengthen the processes for preventing and identifying plagiarism at all delivery locations and partners (Expectation B6)

- ensure that external examiner reports are systematically shared with all students at all delivery locations and partners (Expectations B7, B10)
- ensure that annual monitoring reports prioritise measurable actions, and strengthen the monitoring of the timely implementation of these actions (Expectations B8, B10)
- streamline the responsibilities for oversight of collaborative provision to ensure that all partners fully comply with the University's procedures and processes (Expectation B10).

Affirmation of action being taken

The QAA review team **affirms** the following actions that the University of Gloucestershire is already taking to make academic standards secure and improve the educational provision offered to its students.

- The introduction of the Continuous Improvement Monitoring process which facilitates more transparent and interactive reporting (Expectation B8).
- The recent website development which addresses issues of accuracy, reliability and accessibility of information (Expectation C).

Theme: Student Employability

One of the five major goals of the University Strategic Plan is employability. The Employability Strategy sets out how the University will increase the employability of its graduates and enhance their chances of obtaining graduate-level employment or appropriate opportunities for further study.

The University has developed a range of initiatives designed to increase student employability and support them in planning their future careers. The Degree*plus* initiative, which began in 2012, brings together a range of schemes and services that include support for placements, internships, volunteering and part-time work and has resulted in significant growth in student engagement with these opportunities. The Your Future Plan initiative, supported by a new online career hub, aligns the personal tutor scheme with personal career planning for each student. The Enhanced Student Year project has added space to the curriculum for employability and skills development activities. A strong relationship with employers through the Local Enterprise Partnership and the Growth Hub informs curriculum development.

Further explanation of the key findings can be found in the handbook available on the QAA webpage explaining [Higher Education Review](#).

About the University of Gloucestershire

The University currently operates across three main campuses in Gloucestershire, two in Cheltenham (Park and Francis Close Hall/Hardwick) and one in Gloucester (Oxstalls), with Faculties being the principal means of organising academic activities.

At the time of the review, there were 9,920 students enrolled on Level 4 to 8 programmes, including students at UK and overseas partners.

The University Strategic Plan sets out the University's vision, context and goals for the five-year period 2012-17. Multiple changes have taken place in recent years. These include: revision and updating of the Academic Strategy, the introduction of a new Continuous Improvement Monitoring (CIM) process, the development of a new Research Strategy, the implementation of a centralised admission system and the reconfiguration of the faculty structure.

The University has recently rationalised and consolidated its approach to collaborative provision. Aims and objectives in working with partners are set out in the Strategic Plan and the International Strategy 2014-17. To enhance support for and oversight of collaborative provision, a centralised management system was implemented and a full review of partnerships initiated, which led to the termination of a significant number of partnerships.

In relation to the last QAA review, an Institutional Audit in 2010, all advisable and desirable recommendations from that review have been appropriately addressed and the University is continuing to enhance in these areas.

Explanation of the findings about the University of Gloucestershire

This section explains the review findings in more detail.

Terms that may be unfamiliar to some readers have been included in a [brief glossary](#) at the end of this report. A fuller [glossary of terms](#) is available on the QAA website, and formal definitions of certain terms may be found in the operational description and handbook for the [review method](#), also on the QAA website.

1 Judgement: The setting and maintenance of the academic standards of awards

Expectation (A1): In order to secure threshold academic standards, degree-awarding bodies:

a) ensure that the requirements of *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* are met by:

- positioning their qualifications at the appropriate level of the relevant framework for higher education qualifications
- ensuring that programme learning outcomes align with the relevant qualification descriptor in the relevant framework for higher education qualifications
- naming qualifications in accordance with the titling conventions specified in the frameworks for higher education qualifications
- awarding qualifications to mark the achievement of positively defined programme learning outcomes

b) consider and take account of QAA's guidance on qualification characteristics

c) where they award UK credit, assign credit values and design programmes that align with the specifications of the relevant national credit framework

d) consider and take account of relevant Subject Benchmark Statements.

Quality Code, Chapter A1: UK and European Reference Points for Academic Standards

Findings

1.1 The framework for setting and maintaining academic standards and quality is set out in the Academic Quality and Partnerships Handbook (AQPH), which was most recently revised in 2015. This applies to on-campus provision and to all programmes franchised to or validated at partner institutions. To secure threshold standards, the University seeks to ensure through its documentation (with accompanying pro formas) that the requirements of the FHEQ are met in developing and approving courses, each qualification is positioned at the appropriate level, the naming of the qualification is appropriate, that programme learning outcomes are appropriately aligned, and that learning outcomes are appropriately defined. Relevant Subject Benchmark Statements are required to be taken into account in programme development and approval, and specifically referenced in the programme specification.

1.2 Implementation is overseen by relevant committees and panels. The body with prime responsibility for oversight of setting and maintaining standards is the Academic Board, with relevant decisions being taken by the Academic Standards and Quality Committee (ASQC), which reports to Academic Board, and the Faculty Academic Standards and Quality Committees (FASQCs). For research degrees the relevant body is the University Research Degrees Committee (URDC), and for collaborative provision it is the Collaborative Provision Committee (CPC).

1.3 Staff are supported by the Academic Quality and Partnership Office (AQPO) and by Faculty Heads of Quality and Standards.

1.4 The AQPH uses the FHEQ as a key reference point. Academic standards are set as part of programme approval, with alignment of courses with the FHEQ being a key requirement, supported by external advisers. Continued compliance with all relevant frameworks and guidance should be confirmed as part of periodic review and revalidation, in addition to being confirmed annually through annual monitoring and external examiner reports. If necessary, a periodic review can be brought forward to enable a new specification to be approved, if for example the level of change may affect any matter relevant to standards.

1.5 The University uses a modular system. The CAT credits must be recorded on the Module Descriptor, with 15 or 30 credits for most undergraduate modules, and a slightly wider range for postgraduate taught modules. The overall plan for the level and credit of each programme must be recorded on a course map template.

1.6 The regulations, policies and processes in place allow, in theory, the Expectation to be met.

1.7 The team read a range of relevant documents, including the AQPH and a range of programme approvals and periodic reviews, and met staff at senior and programme level who had been involved in designing, approving and reviewing programmes, including programmes delivered through collaborative provision.

1.8 Through reading guidance and course approval documents supplied, the team found that the AQPH and the relevant pro formas included specific provisions covering all matters that should be considered as relevant to standards, and that approval was only given for new programmes if requirements were met. The expectations of the FHEQ and the Quality Code are referenced in the AQPH and supporting documents and templates. Completed examples of programme specifications, module descriptors, course approval and review documentation seen by the review team confirm that the University's requirements are being met and that there is appropriate alignment with the FHEQ and other external reference points. Documentation for programme approval seen by the team indicated that titles, level and credit were appropriately considered, and programme learning outcomes set and aligned, with conditions or recommendations imposed, if necessary, to ensure matters such as level or programme learning outcomes were appropriately specified. Intended learning outcomes at programme and module level reviewed by the team were aligned to appropriate levels, with University Assessment Principles designed to ensure that awards should conform to achievement of those learning outcomes.

1.9 Staff members whom the team met demonstrated understanding of issues relevant to standards and the importance of compliance, and confirmed that the same processes were used for internal and collaborative provision. Staff also confirmed that, once approved, programme specifications could only be changed as part of periodic review, or through the Programme Change Approval Panel (PCAP) process for a minor change. Periodic review papers reviewed by the team showed appropriate consideration of relevant aspects of academic standards.

1.10 Overall, the team concludes, based on the evidence reviewed, that qualifications are positioned at the appropriate level, they have appropriate credit values, are named in accordance with titling conventions for higher education qualifications, and have appropriate programme learning outcomes. However, although qualifications are generally awarded to mark the achievement of positively defined programme learning outcomes, the team found that programme specifications did not always set out specifically the learning outcomes for interim awards. Mainly this was apparent at postgraduate level where Postgraduate

Certificates and Postgraduate Diploma exit points are advertised as available, but the programme specifications only prescribe learning outcomes for master's awards. The team heard in meetings that such an award could be made where a student had achieved sufficient credit from modules without meeting positively defined learning outcomes. The team **recommends** that the University ensure that when an award includes more than one exit point, each exit qualification has defined learning outcomes aligned to the relevant qualification level descriptor in the FHEQ (see also Expectation A3.2).

1.11 The team saw evidence in programme approval documentation that relevant Subject Benchmark Statements were taken into account in designing and approving programmes. Staff members whom the team met demonstrated awareness of Subject Benchmark Statements. However, the team noted that discussion of Subject Benchmark Statements was not always specifically noted in programme approval documentation.

1.12 The team concludes that the Expectation is met, and the risk is low because requirements for policy and process are clearly set out, and evidence reviewed by the team showed that such requirements were effectively followed in practice, though compliance could be made a little more explicit in the ways noted.

Expectation: Met
Level of risk: Low

Expectation (A2.1): In order to secure their academic standards, degree-awarding bodies establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications.

Quality Code, Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards

Findings

1.13 The body with primary responsibility for securing standards is the Academic Board, a deliberative body with overall responsibility for the setting and maintenance of academic standards, and the assurance and enhancement of the quality of learning opportunities across all provision. Day-to-day responsibility lies with the Academic Standards and Quality Committee (ASQC). Other core central committees which report to Academic Board are the University Research Degrees Committee with oversight of research degrees, and the Collaborative Provision Committee which oversees partnership provision (though franchised provision is overseen by the relevant school).

1.14 Other key central committees are the Academic Regulations Committee (ARC) and the Academic Portfolio Committee (APC) which has delegated authority to maintain a strategic overview of the institution's academic portfolio.

1.15 Academic activities are organised into three faculties, following reorganisation in 2014 with some further refinement in 2015: the Faculty of Applied Sciences (comprising three schools and one institute), the Faculty of Media, Arts and Technology (comprising four schools), and the Business School (comprising two schools). The Institute of Education and Public Services each has a Faculty Academic Standards and Quality Committee (FASQC) with delegated responsibility for quality, standards and enhancement.

1.16 The academic framework for managing and maintaining academic standards is set out in the Academic Quality and Partnerships Handbook (AQPH). The regulations for taught degrees are set out in the Academic Regulations for Taught Provision (ARTP), and for research degrees in the Academic Regulations for Research Degree Provision (ARRDP). These apply to on-campus provision and to all programmes franchised to or validated at partner institutions. Consistent application of principles through assessment is supported by the Assessment Principles, which are made available on the website and through Course Handbooks. The Academic Regulations are reviewed annually with reports to ASQC, which makes recommendations to Academic Board for final approval.

1.17 The Academic Quality and Partnership Office (AQPO) provides support and ensures that due processes for approving, monitoring and reviewing courses are carried out in compliance with the AQPH. A Faculty Head of Quality and Standards in each Faculty also has a role in ensuring compliance.

1.18 In design, the framework, regulations and processes in place, and the governance structure within which they operate, allow the Expectation to be met.

1.19 The team read documents relevant to the framework and regulations, and minutes of and papers for relevant committees and meetings as indicated above. The team also met staff and students who were members of the relevant University committees as part of considering the robustness of oversight.

1.20 The team finds that the governance framework of the University is designed to ensure that it can discharge its responsibility for setting and maintaining academic standards

and the quality of students' learning opportunities. It is consistent with the relevant national frameworks. The AQPH, ARTP and ARRDP provide clear frameworks and regulations for qualifications, including the award of credit and qualification names. These are supported by reasonably straightforward and transparent processes. Pro formas such as programme specifications and module descriptors include appropriate references to matters such as learning outcomes and credit.

1.21 Consideration of the minutes and papers of the Academic Board and other committees confirmed that responsibilities were being fulfilled. Academic and administrative staff whom the team met showed understanding of the framework, procedures and policies and the importance of effective implementation (including those at partner organisations). The University's academic frameworks and regulations are accessible to relevant stakeholders through its website.

1.22 The Assessment Regulations include Principles for Boards of Examiners, which state that oversight by Academic Board includes the appointment of Chairs, and make provision for the conduct of meetings at two levels, with Module Boards of Examiners (MBEs) and Award and Progression Boards of Examiners (ABEs). External examiners attend MBEs, providing further assurance that the University's standards are met. Chief external examiners are appointed at faculty level for undergraduate and postgraduate taught provision. External examiner reports available to the team did not show any significant issues relating to standards or quality being raised. The Assessment Regulations also include principles for setting and running assessments, for marking and moderation, for assessment offences and so on to support consistency. Consideration of reports relating to assessment boards from external examiners and from chief external examiners in addition to sample minutes confirmed that boards apply the University's regulations in a systematic and consistent manner.

1.23 The team concludes that the Expectation is met and the risk is low because reasonably transparent and comprehensive academic frameworks and regulations are in place, are reviewed, and are implemented with sufficient rigour to secure academic standards.

Expectation: Met
Level of risk: Low

Expectation (A2.2): Degree-awarding bodies maintain a definitive record of each programme and qualification that they approve (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

Quality Code, Chapter A2: Degree-Awarding Bodies' Reference Points for Academic Standards

Findings

1.24 Definitive information on course aims, intended learning outcomes and associated core information is given in the programme specification, module descriptors and the course map.

1.25 These key documents provide the definitive record of each qualification. The programme specification provides a record of the course aims, intended learning outcomes, learning and teaching and assessment methods and strategies, and reference to relevant Subject Benchmark Statements. Module descriptors detail the learning outcomes, and learning and teaching and assessment activities, together with level and credits. The course map summarises award and course requirements with details of level(s) and credits.

1.26 The University uses the framework and processes outlined above to produce clear approved programme and qualification documentation, with programme specifications, module descriptors and course maps being approved as part of the approval process.

1.27 Following approval, a course and module record is set up on SITS, including a programme specification, module descriptors and course map. This is maintained by AQPO and it provides a single database for all internal and franchised provision, being updated when approved changes are made. When a programme is approved for validated provision, the approved programme documents are stored on a shared drive at the University.

1.28 Once approved, a programme specification can only be changed, save for minor amendments, at Periodic Review and Revalidation (PRR.) If a number of changes are required, or more major changes made, PRR may be brought forward.

1.29 Minor amendments to modules and course maps are approved by a Programme Change Approval Panel (PCAP) at faculty level following annual reviews that identify a need for amendment. Urgent amendments may be approved by chair's action and reported to the next PCAP. An amendment to programme documentation at any time between approval and review must be made through the PCAP process to ensure that only approved change is permitted. Approved changes are recorded on the SITS database.

1.30 This database is used as the reference point for programme delivery, monitoring and review, and in relation to student records and information provided to students through Handbooks and module guides. It is used as an operational tool by FASQCs and CPC.

1.31 The frameworks, processes and documentation in place allow this Expectation to be met in theory, with definitive records provided and maintained.

1.32 The team considered relevant documentation, and met a range of academic and administrative staff with relevant responsibilities. The team also asked students about the availability to them of reliable relevant programme documentation.

1.33 The documents reviewed by the team explicitly stipulate the definitive information the University requires, and the means by which it is approved, using templates for programme specifications, course descriptors and course maps, with explicit reference to these in approval and review processes.

1.34 Staff members whom the team met demonstrated awareness of the importance of maintaining a definitive database of programme documentation, and confirmed that, once approved, a programme specification can only be changed as part of periodic review, or a more minor change made through the PCAP process. Periodic review papers consulted as evidence by the team demonstrated appropriate consideration of programme documentation. Annual monitoring paperwork showed references to changes going through the PCAP process. Partners also follow the PCAP process for changes.

1.35 Students whom the team met generally confirmed that reliable programme documentation was available to them, though a few students said that the module information available to them was not always fully up to date. While material in handbooks and on the website seen by the team generally confirmed the availability of definitive information, the team noted some variability in that while undergraduate programme specifications were available, this was not always the case for postgraduate specifications.

1.36 The team concludes that the Expectation is met and the risk is low because a clear process is in place, and definitive databases are maintained in relation to records of all courses, modules and qualifications.

Expectation: Met
Level of risk: Low

Expectation (A3.1): Degree-awarding bodies establish and consistently implement processes for the approval of taught programmes and research degrees that ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.37 The University's processes for the design and approval of taught programmes are set out in the Academic Quality and Partnerships Handbook (AQPH), in particular the Introduction (The Framework for Managing Academic Quality and Standards), Sections 1 and 11. Arrangements for research degrees are covered in Research Degrees: A Handbook of Regulations and Procedures.

1.38 The validation criteria for a new course include consideration of whether the proposed course is entirely consistent with the University's Academic Regulations for Taught Provision (ARTP), the proposed content is explicitly informed by the appropriate Subject Benchmark Statement(s) and other external requirements, and the academic level and demands of the course are appropriate for the awards to which it will lead, in accordance with the Quality Code. There is extensive external input to and evaluation of the academic content and design of courses at the development and validation stages.

1.39 The validation documentation must demonstrably map the way in which modules, through their assessment, contribute to students' achievement of the programme outcomes.

1.40 The processes are aligned with relevant sections of the Quality Code, allowing the Expectation to be met in theory.

1.41 The team reviewed the operation of the procedures, examined documentation (including examples of planning approval forms, Boards of Studies minutes, programme specifications, and reports of faculty-led and ASQC validations and related Academic Portfolio Committee and ASQC minutes) and met staff involved in the approval process at different levels, including for programmes delivered through collaborative provision.

1.42 Examples of validation panel reports provided to the team confirm that the provision complies with the University's Academic Regulations for Taught Provision. The examples seen also provide evidence of the mapping of learning outcomes across modules as part of the supporting documentation for a validation event.

1.43 There is evidence that programme approval generally includes appropriate consideration of alignment with the FHEQ and relevant Subject Benchmark Statements, leading to conditions of approval being set where there are deficiencies in this respect. The staff members whom the team met demonstrated awareness of Subject Benchmark Statements.

1.44 There is appropriate use of externality at the development and validation stages.

1.45 AQSC minutes provide evidence of effective institutional oversight of the approval process including ensuring that conditions and recommendations have been signed off (see Expectation B1). However, ASQC does not always have explicit assurance that standards are appropriately set because validation reports do not always record discussion of

engagement with Subject Benchmark Statements or other appropriate reference points (see Expectation B8).

1.46 The team concludes that approval processes ensure that academic standards are appropriately set, although documentary evidence of engagement with external reference points is variable (see Expectation B8). The Expectation is therefore met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.2): Degree-awarding bodies ensure that credit and qualifications are awarded only where:

- **the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment**
- **both UK threshold standards and their own academic standards have been satisfied.**

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.47 Academic Board has overall responsibility for the maintenance of academic standards and awards, delegating authority for the exercise of necessary powers to the ASQC. Arrangements for the design and approval of modules and programmes require the specification of learning outcomes and include scrutiny of assessment strategies (see Expectations A3.1 and B1 for further details). The relationship of assessment to relevant learning outcomes is approved as part of the validation process and confirmed for set assessment tasks as part of the Assessment Scrutiny Process (see Expectation B6). Amendments to learning outcomes are considered by a Programme Change Approval Panel (PCAP).

1.48 The University's Academic Regulations for Taught Provision (ARTP) provide the academic framework for the award of credit, progression and achievement of final awards. Regulations for research degrees are set out in the Academic Regulations for Research Degree Provision (ARRDP). The academic regulations for both taught provision and research degrees are supported and applied through the University's Assessment Principles which are included in the Academic Quality and Partnerships Handbook (AQPH). These provide a framework for the application of the regulations throughout the University's learning and teaching activities including the preparation, marking and moderation of assessments and the operation of examination boards. The Regulations are reviewed annually and updated by the Academic Regulations Committee (ARC) which reports to ASQC on proposed amendments with recommendations submitted to Academic Board for final approval.

1.49 The University has a clear and well-established academic framework for the award of credit and qualifications with regulations and policies subject to regular review. Staff are provided with written guidance, training and support for their roles in assessment. Therefore, the University has suitable structures in place to enable the Expectation to be met in theory.

1.50 The team examined documentation relating to the regulatory framework, assessment policies and practices, the approval of assessment tasks, and information for students. In meetings with staff and students, the team discussed assessment practice and how assessments related to learning and teaching activities and intended learning outcomes.

1.51 All programmes have defined learning outcomes which form part of the programme specification. Maps show how the modules at each level contribute to the overall programme outcomes, demonstrating the coherence of programme design. Consideration of learning outcomes at programme and module level together with the associated maps forms part of the validation process.

1.52 From the documentation viewed by the team, learning outcomes at module and final award level are appropriately established relative to the appropriate UK threshold standards. In some cases named interim awards such as postgraduate certificate and postgraduate diploma meet a defined subset of the programme outcomes of the higher awards of which they form a part. In other cases there is no specific definition of the learning outcomes for such awards and it is not clear that these meet the full range of outcomes of the higher award (see recommendation in Expectation A1).

1.53 The University's regulations and policies for assessment are clearly documented and readily available to staff and students. For staff, the main source of guidance is the AQPH which is available online. For students, the primary source of information is module guides which they found useful in helping them prepare for assessment.

1.54 External examiners are appointed at module and award board levels. Appropriate staff from each area under scrutiny are expected to be in attendance at Examination Boards and training and support is provided. Chairs are drawn from senior staff and there are clear procedures for the conduct and quoracy of Boards.

1.55 Reports of external examiners sampled by the team include favourable comments concerning the effectiveness of the assessment of learning outcomes and the comparability of academic standards with those across all higher education providers.

1.56 The team concludes that, although greater clarity is recommended in relation to outcomes for interim awards, the University has in place suitable frameworks to ensure that credit and qualifications are awarded appropriately and in accordance with internal and UK threshold academic standards. Thus, the Expectation is met and, because of the well-established arrangements and the clear processes for review and change, the level of associated risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.3): Degree-awarding bodies ensure that processes for the monitoring and review of programmes are implemented which explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree-awarding body are being maintained.

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.57 The University's processes for the monitoring and review of taught programmes are set out in the Academic Quality and Partnerships Handbook (AQPH), in particular Sections 4, 5 and 12.

1.58 The University is introducing a new Continuous Improvement Monitoring (CIM) process during 2014-15 with an emphasis on regular 'academic health checks' and the development of responses to information as it becomes available (see Expectation B8). The new process enables the University to evaluate students' attainment of academic standards. The previous annual monitoring process is currently retained for validated provision run by collaborative partners. The purposes of this process include ensuring that the academic standards achieved are being regularly evaluated. Student progression and attainment data and external examiners' reports are part of the required evidence base for both processes.

1.59 External examiners are asked to comment on whether standards are consistent with the FHEQ and other relevant national benchmarks, on the standards of academic achievement demonstrated by students, the appropriateness of these standards to the level of the award and the comparability of standards with those they are familiar with in other institutions.

1.60 Every course undergoes review and revalidation every five years or sooner through the Periodic Review and Revalidation Process (PRR). Student performance is a key element of the PRR data. The process allows the University to satisfy itself that its provision adheres to the Quality Code, including the most recent versions of Subject Benchmark Statements and other external reference points. The team heard that the publication of a new Subject Benchmark Statement might be a factor in bringing forward a PRR.

1.61 The University processes are aligned with relevant sections of the Quality Code, allowing the Expectation to be met in theory.

1.62 The team tested the application of the processes by scrutinising a range of documentation including examples of annual monitoring and PRR papers, FASQC and CPC annual reports, and AQSC summary reports to Academic Board. The team also met groups of staff, including course delivery staff responsible for home and partnership provision, and students.

1.63 A sample of AMR reports and FASQC and AQSC annual reports reviewed by the team provide evidence of a thorough process which allows the University to evaluate students' attainment of academic standards, albeit noting some concerns about the reliability of the central data provided (see also Expectation B8).

1.64 Examples of PRR outcome reports provided to the team confirm the academic health of the programmes and that the provision complies with the University's Academic Regulations for Taught Provision (ARTP). They provide evidence that the process draws on sources of evidence that allow the panel to confirm that academic standards continue to be

met, including progression and completion data and external examiners' reports. However, reports do not always provide explicit assurance to ASQC of continuing alignment with Subject Benchmark Statements or other appropriate external reference points (see Expectation B8).

1.65 The team concludes that monitoring and review processes at the University appropriately address UK threshold standards, that the Expectation is met and the associated risk is low.

Expectation: Met
Level of risk: Low

Expectation (A3.4): In order to be transparent and publicly accountable, degree-awarding bodies use external and independent expertise at key stages of setting and maintaining academic standards to advise on whether:

- **UK threshold academic standards are set, delivered and achieved**
- **the academic standards of the degree-awarding body are appropriately set and maintained.**

Quality Code, Chapter A3: Securing Academic Standards and an Outcomes-Based Approach to Academic Awards

Findings

1.66 The University makes use of external and independent expertise in key stages of its quality processes including the validation of programmes, Periodic Review and Revalidation (PRR), Internal Quality Audits (IQAs), Partnership Approval, and Partnership Review. The University's requirements are clearly set out in the Academic Quality and Partnerships Handbook (AQPH). The University makes use of external examiners at module and award board levels. Employers may also be involved in contributing to course design. Collectively this provides systems and processes whereby the Expectation may be fulfilled.

1.67 The team examined the appointment process for external examiners and the operation of the external examiner system, considered guidance documentation for key quality processes including the arrangements for the use of external expertise, and reviewed the records of these activities and their consideration by committees. The team discussed the appointment and use made of external advisers and their views in meetings with staff.

1.68 The University makes clear and effective use of external panel members as part of its validation and PRR processes either through their attendance at meetings or via correspondence, depending on the extent of change. Where appropriate, professional body representatives are also involved in these processes. In relation to its collaborative provision, external panel members are involved in Partnership Approval and Partnership Review. Independent external advisers are also involved in the University's Internal Quality Audits (IQAs). Staff whom the team met were able to describe the processes in place to appoint and use external expertise and showed a good understanding of external reference points.

1.69 Guidance on the use of external examiners is clear and helpful, describing the role in relation to national threshold standards and benchmarks, and providing a template for reports. This is made readily available to external examiners and staff through the staff infonet.

1.70 External examiners are involved in approving assessment tasks (see Expectation B6). External examiner reports sampled by the review team confirm that the standards set are comparable with the rest of the sector, conform to the FHEQ and other external reference points, and that there is an outcomes-based approach with appropriate and effective learning, teaching and assessment strategies.

1.71 The team concludes that there are appropriate systems in place for the provision of external and independent expertise at key stages of setting and maintaining academic standards, and that the University uses the advice provided. This provides assurance that both the University's own academic standards and UK threshold academic standards are set, delivered, achieved and maintained. Therefore, the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

The setting and maintenance of the academic standards of awards: Summary of findings

1.72 In reaching its positive judgement, the review team matched its findings against the criteria specified in Annex 2 of the published Handbook. All of the Expectations for this judgement area are met and the associated levels of risk are low. Expectation A1 contains a recommendation regarding awards which include more than one exit point needing to have defined learning outcomes aligned to the relevant qualifications level descriptor in the FHEQ. This is also cross-referenced to Expectation A3.2. This recommendation relates to the need to amend and/or add details within documentation to provide focus on all potential exit awards, rather than major change. The review team identified no features of good practice and no affirmations for this judgement area.

1.73 The review team concludes that the setting and maintenance of the academic standards of awards offered at the University **meet** UK expectations.

2 Judgement: The quality of student learning opportunities

Expectation (B1): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective processes for the design, development and approval of programmes

Quality Code, Chapter B1: Programme Design and Approval

Findings

2.1 The University's arrangements for course development, validation, approval and amendment and discontinuation are set out in the Academic Quality and Partnerships Handbook, Sections 1 and 11 (Partnership Approval). The strategic development of the academic portfolio is central to the role and remit of the Academic Portfolio Committee.

2.2 The Academic Strategy includes specific criteria for the selection of new proposals for development under Ambition 1. APC may only give approval in principle for new collaborative proposals to proceed to validation once the University Executive Committee has approved the initial business case.

2.3 The University is introducing an Annual Strategic Review of its academic portfolio from 2014-15. Central to the new strategic approach is an intention to draw the process into an annual cycle that allows it to articulate with the University's business planning processes. The aim is to move the consideration of all proposals for course development to one Academic Portfolio Review event per faculty to be held annually in May. This event will also review all current provision, drawing on the outcomes of the new Continuous Improvement Monitoring (CIM) process (see Expectation B8).

2.4 Courses are developed and considered in line with the validation criteria set out in the AQPH, including appropriate consideration of whether the academic level and demands of the course are appropriate for the awards to which it will lead, in accordance with the Quality Code, and whether the proposed course is entirely consistent with the University's Academic Regulations for Taught Provision, and explicitly informed by the appropriate Subject Benchmark Statement(s) and other external requirements.

2.5 The approach to validation of new provision is event-based and is managed centrally by the University, or locally via the relevant Faculty Academic Standards and Quality Committee (FAQSC), depending on the nature and scale of the development. Once approval conditions have been signed off, ASQC approves the validation of the course on behalf of Academic Board.

2.6 There is a risk-based approach to course development which allows for developments that are largely minor adjustments to existing courses to be considered via the Programme Change Approval Panel (PCAP) (see Expectation B8).

2.7 The development team must provide evidence of consultation with at least one appropriate external academic and it is also expected that appropriate external professionals will be consulted. Validation panels should include at least one external academic/professional member. For faculty events the Faculty Head of Quality and Standards (FHQS) and Dean of Quality and Standards (DQS) decide whether an external panel member (EPM) is required in view of the nature of the proposal and the nature and extent of external consultation that has taken place by the development team. Where an EPM is required, they are likely to be invited to operate by correspondence. The University states that EPMs are

asked to confirm that academic standards are set at the appropriate level, although this is not confirmed explicitly as part of their role in the AQPH or in the template letter that accompanies the formal documentation issued to EPMS taking part in validation and review events.

2.8 Academic validation of collaborative provision follows essentially the same process as for home provision. The approval of programmes takes place separately from the approval of the partner (see Expectation B10).

2.9 The University's procedures as set out in the AQPH allow the Expectation to be met in theory.

2.10 The team reviewed the operation of the procedures, examined documentation (including examples of Planning Approval Forms, Boards of Studies minutes, programme specifications, and reports of faculty-led and ASQC validations and related Academic Portfolio Committee and ASQC minutes) and met staff involved in the design and approval process at different levels.

2.11 From the evidence provided the team was able to confirm that the University's processes are comprehensive but flexible depending on the scale of the changes proposed to courses. There is appropriate use of externality at the development and validation stages.

2.12 There is strong oversight of the validation process by ASQC. ASQC receives all reports of validation events and monitors at each meeting whether conditions and recommendations have been signed off. In addition, ASQC receives an annual overview report and evaluation of the validations which have taken place in the preceding academic year as part of a comprehensive report to Academic Board.

2.13 The sample of programme specifications provided to the team include appropriate reference to the FHEQ, relevant Subject Benchmark Statement(s) and other external reference points, where applicable. Reports of validation events also generally provide evidence of appropriate consideration of external reference points, and the imposition of conditions, where appropriate, to ensure any deficiencies in this respect are addressed. However, ASQC does not always get explicit assurance that standards are appropriately set because validation reports do not always record discussion of engagement with Subject Benchmark Statements or other appropriate reference points (see Expectations A3.1 and B8).

2.14 The team concludes that design and approval processes are thorough and rigorous although documentary evidence of engagement with external reference points is variable (see Expectation B8). The Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B2): Recruitment, selection and admission policies and procedures adhere to the principles of fair admission. They are transparent, reliable, valid, inclusive and underpinned by appropriate organisational structures and processes. They support higher education providers in the selection of students who are able to complete their programme.

Quality Code, *Chapter B2: Recruitment, Selection and Admission*

Findings

2.15 Recruitment, selection, and admissions was recognised as a feature of good practice by the previous QAA review. The University states that it has now focused on embedding those qualities across the University.

2.16 The Recruitment and Admissions Committee has overall oversight of the process.

2.17 There is a clear focus throughout the self-evaluation document submitted by the University as part of this review and policies on widening participation. A need to consider 'applications from individuals who have followed non-standard educational routes or those who meet entry criteria through experience rather than academic qualification' is recognised.

2.18 The University has recently implemented a centralised admissions system as well as reforming the application process for postgraduate applications.

2.19 The Admissions Policy sets out the aims, transparency and responsibility of the University. The Policy, in theory, is sound with reliable and accessible information for prospective students available in the prospectus, and online in regards to entry criteria, transition to higher education, as well as appealing against admission decisions.

2.20 The team tested the understanding of the approach and policies with University staff, and asked students how they found the recruitment process when they initially joined the institution. The team also explored student recruitment and admissions at partners. Students from partners were asked how they found their recruitment experience, and how they found their registration with the University.

2.21 The team noted admission criteria for both validated and franchised provision are set by the University. The general principle is that admissions are devolved to partners who deal with student admission and registration and then students individually register with the University. This caused problems in the past as students failed to complete this second registration, which led to false data and recording of those receiving a University of Gloucestershire award. Professional services staff whom the team met confirmed they had addressed the situation by implementing the centralisation of admissions within a wider professional services department. The staff considered this was helpful in addressing data issues and allowed better communication with new students, in particular students at partners. This was corroborated with the students at partner institutions who confirmed the developments are sufficiently addressing the issues with second registrations.

2.22 Undergraduate, postgraduate and partner students reported that the induction they received was appropriate. Postgraduate students brought to the team's attention that where students had missed the formal induction, they were able to receive follow-up, one-to-one inductions.

2.23 Overall, the team concludes that the policy is applied consistently across admissions in the variety of programmes and that students receive a consistent message

throughout their application. Therefore, the Expectation is met and the associated level of risk is low.

Expectation: Met

Level of risk: Low

Expectation (B3): Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.

Quality Code, *Chapter B3: Learning and Teaching*

Findings

2.24 The University has developed and articulated distinctive policies and procedures that support teaching and student learning. These emphasise programmes of study designed to encourage independent and collaborative learning, and teaching methods and facilities which enable students to gain wider personal and employability skills that are useful in their subsequent careers. The Strategic Plan 2012-17 identifies students as the first key 'partnership' for the University. In the development and management of the curriculum and the learning environment, the University has systematically involved and consulted students, staff and other stakeholders, such as employers and professional bodies. A core objective is to provide students with 'outstanding support to learn in a community which values them as individuals'.

2.25 The Curriculum Framework Review (CRF), which was initiated in 2011 and completed in 2012, rationalised the range of modules available to undergraduates and taught postgraduates to ensure the coherence of their programmes of study. The Academic Portfolio Review, which was completed in 2013, focused on approving programmes that are delivered in forms consistent with the University's strategies and resources, and from 2014-15 an annual strategic portfolio review, conducted by the Academic Portfolio Committee (APC), will use information from individual course monitoring to evaluate support and resourcing of teaching and learning. The policies and procedures the University has in place allow it to review and systematically enhance learning opportunities, teaching practices and the learning environment while facilitating appropriate student engagement in learning.

2.26 The review team reviewed a range of policy documents describing the University's academic policies and the development of its learning and teaching strategies, together with minutes of committees accountable for the management and review of teaching practices and the development and allocation of learning resources. The team met academics and professional staff responsible for curriculum design and learning support and a sample of students including some who had participated as student representatives on committees with oversight of teaching and the learning environment.

2.27 The University supports and enhances the quality of student learning through a comprehensive range of standard activities which include: staff development, appraisal and peer review; student induction to the University and to individual courses; the provision of programme specifications, course handbooks and module guides; academic guidance and personal tutor support for students; the provision and monitoring of appropriate library and online learning materials; and regular evaluations of the sufficiency and suitability of learning spaces and equipment.

2.28 The University's virtual learning environment is the primary way in which taught students, and increasingly research students, maintain contact with their module leaders and receive written feedback on their assignments. All modules have a presence on the VLE which also provides links to resources supporting learning and teaching, including course handbooks and module guides, and those provided by the Library and Information Service such as periodicals and e-books. The University sets minimum requirements for the course

information provided on the VLE. Students met by the review team commented favourably on its use as an electronic learning environment, indicating that most used it daily, but noted that the extent to which individual members of staff used electronic resources to support their teaching varied. Teaching and course management staff confirmed the quality of the training provided by the VLE team and that it readily responded to individual requests for help. The University is planning to upgrade its VLE, increasing its capacity to be used interactively and integrating the use of text-matching software with the online submission of student work. The University is encouraged to articulate an institution-wide strategy for raising the minimum requirements for course support on the VLE.

2.29 In addition, the University is developing a number of policies and initiatives less commonly found in the sector which focus on the quality of student learning. By means of implementing the comprehensive Academic Staff Development Framework (ASDF), the University requires all teaching staff to engage in a formal programme of Reflection on Academic and Professional Practice (RAPP) together with the expectation that academic staff with fewer than three years' experience of teaching in higher education will participate in the Postgraduate Certificate in Academic Practice (PGCAP). An outcome of these requirements is that a high proportion of the University's staff has obtained Higher Education Academy Fellowship status and a large number have won National Teaching Fellowships. For research students the successful introduction of a software system, Skills Forge, allows the University to monitor and record skills needs and training among both students and supervisors and to integrate this information with the progression data.

2.30 Good practice in supporting learning is disseminated across the University using a number of methods including case studies developed by the Academic Development Unit (ADU) and, since 2012, by the reconstitution of the Faculty Learning and Teaching Committees (FLTCs) to include key staff, such as Subject Group Leaders and representatives from Library and Information Services. The CRF requires all honours degree programmes to include a compulsory element of work or community-focused learning, contributing to a high level of undergraduate participation in internships and work placements. A Learning for Sustainable Future Initiative has from 2012 provided professional development and a number of small grants for projects that integrate learning about sustainability into courses and at other points in the student journey. The review team saw and heard evidence confirming that these and other initiatives contribute significantly to the support of student learning.

2.31 Responsibility for monitoring the effectiveness of learning and teaching and the provision of the learning environment lies with Academic Board and its subcommittees: Academic Standards and Quality Committee (ASQC), Learning and Teaching Committee (LTC) and the University Research Degrees Committee (URDC). These committees regularly evaluate relevant data and summaries of student feedback as well as receiving annual reports on validations and periodic reviews, and the outcomes of annual monitoring. The team concludes all of these processes are robust; hence the Expectation is met with the associated level of risk being low.

Expectation: Met
Level of risk: Low

Expectation (B4): Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

Quality Code, Chapter B4: Enabling Student Development and Achievement

Findings

2.32 The University has constructed an integrated range of additions to the undergraduate curriculum and the wider student experience which are designed to enhance skills and confidence among its graduates in ways that will add measurably to their academic, personal and professional potential. Prominent among these initiatives are the *Degreeplus* scheme which promotes and supports volunteering, internships, placements and extracurricular skills development, and the Enhanced Student Year (ESY) which has added to the curriculum a variety of training events, workshops and projects that enrich learning and promote employability, digital skills and information literacy. These and other related initiatives are the outcomes of explicit commitments, contained in the University Strategic Plan, its People and Culture Strategy and the Student Charter, 'to prepare students for rewarding lives and successful careers' by enabling enterprise, employability and wider social and cultural awareness in its graduates.

2.33 Initiatives and activities that support *Degreeplus* and the ESY include the Induction Week Activities, Helpzones, electronic Higher Education Achievement Report (HEAR) transcripts, the Personal Tutor scheme and the Electronic Management of Assessment (EMA). These have been planned and developed in a strategic manner and are delivered in ways that involve coordinated contributions by academics, professional staff and students. Regular evaluation and enhancement are built into these projects. Although a significant proportion of the initiatives are relatively new, taken together they in principle allow the University to meet the Expectation.

2.34 The *Degreeplus* service, begun in 2012, provides guidance to students on opportunities available within and beyond the University to develop personal and employability skills. It is managed by the Student Employability Team and delivered from offices on the three campuses, adjacent to the Helpzones, the 'one-stop shops' that provide confidential advice on all aspects of university life including academic progress, welfare, health and well-being, accommodation, childcare and financial matters. *Degreeplus* advisers are students on 12-month paid placements and they support access to the University's employability services, particularly over 2,000 volunteering and internship placements undertaken by students each year. *Degreeplus* can also be accessed through an online presence, 'My *Degreeplus*', offering guidance, appointments with advisers, access to employability workshops and events, and a search facility for internships, placements, vacation work and jobs. Students met by the review team said they found the *Degreeplus* service very helpful and confirmed the variety and availability of internships and placements. The *Degreeplus* scheme provides students with a range of extracurricular opportunities and awards supporting high participation in placements and internships.

2.35 In addition, the *Degreeplus* Awards Scheme allows students to gain formal recognition for the placements and courses they undertake alongside their degree, in areas of community engagement, culture, employment, enterprise, internship, research, sport and sustainability. The Learning for Sustainable Futures initiative led by the Sustainability Team provides grants for staff to embed sustainability into the curriculum and student learning. Students are supported in attending sustainability-themed work placements and internships. The *Degreeplus* scheme, which provides students with a range of extracurricular opportunities and awards to support high participation in placements and internships, is **good practice**.

2.36 The Enhanced Student Year initiative (ESY) has from 2014-15 extended the two teaching periods each year from 12 to 14 weeks to include, within the curriculum, seminars, workshops and experiential events that develop students' skills and knowledge in preparation for the world of work. The ESY is a core part of a wide range of effective initiatives (further described in section 5) that integrate employability into the curriculum. As well as events and activities provided by academic schools, ESY includes sessions designed to enhance digital and information literacy provided by staff in professional service departments such as the ADU and the Library and Information Services. Personal tutors guide students through ESY learning and record it in HEARs. The review visit took place in the first year of ESY and, while students met by the team spoke positively of the initiative and the variety of events included, there was some concern about timing and the availability of information. The wide range of effective initiatives developed by the University to integrate employability and sustainability into the curriculum is **good practice**.

2.37 The team concludes that the range of provision in place to support student achievement within and beyond the curriculum meets the Expectation, and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B5): Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.

Quality Code, Chapter B5: Student Engagement

Findings

2.38 The University strategic plan identifies students and the Student Union as one of the three important partnerships with students being noted as 'critical partners in the success of the University'. The Student Charter published in 2012 contains a commitment from the University and Students' Union to working in partnership to enhance student learning and to enable students and student representatives to be involved in a wide range of opportunities to engage in the quality assurance and enhancement of their programme. The Charter also sets out what is expected from students in terms of their engagement with the University. Collaborative partnerships arrangements vary according to the nature and size of the partnership and the local context.

2.39 The Student Union Leadership Group meet monthly with the Vice Chancellor and members of the Senior Executive Team for Keep In Touch meetings to give student input to key decisions.

2.40 Formal student engagement is carried out at a number of levels. There is student representation on a number of University-level committees including Academic Board, Academic Standards and Quality Committee, Academic Portfolio Committee, Learning and Teaching Committee, Student Life Committee and University Research Degrees Committee. Campus Life Groups aim to provide students an opportunity to represent their views on a range of non-academic campus-based experiences and for service providers to update students on developments. Student Helpzones set up on every campus act as the main point of contact for students with student support services. A strong emphasis is also placed by the University on a culture of informal discussion with students leading to the enhancement of learning opportunities.

2.41 The Students' Union oversees the Student Representative Scheme and has an annual timeline and action plan. The Student Representation Scheme has two roles. Course Representatives are elected by their peers, one for each level of the course, and are members of the Board of Studies for their course. In addition there is one School Representative per school; this role replaced a Head Representative role in September 2014 at the request of the Students' Union and is a part-time paid role. School Representatives meet regularly with their school's senior staff and are also members of the Campus Life Group on the site where their school is based and of their Faculty Learning and Teaching Committee. Student representatives are involved as panel members on Internal Quality Audits. The Personal Tutor Scheme engages students in the enhancement of their learning opportunities at an individual level. The Students' Union provides training for School and Course representatives. An induction is provided for students undertaking representation on committees.

2.42 Students evaluate their modules through a mid-module evaluation which aims to allow the module tutor to respond to student feedback and make agreed changes before the end of the module run. Agreed outcomes of mid-module evaluations are presented to the Board of Studies and included in the course action plan. This will be augmented by an end-of-level online Annual Course Evaluation for 2014-15. The University also analyses feedback from external sources such as the NSS, Postgraduate Taught Experience Survey, Postgraduate Research Experience Survey and the International Student Barometer, and outcomes from these sources are reviewed and discussed at relevant committees.

2.43 The opportunities offered to students studying with Collaborative Partners of the University are explored and agreed at the time the partnership is approved. The Academic Quality and Partnerships Handbook requires that there should be parity with the arrangements provided by the University and those provided by the partner, with any variations identified and agreed prior to approval to run the course.

2.44 The team reviewed documentation including policy papers, committee minutes, student feedback evaluations and met senior staff, student officers and student representatives, course management and delivery staff, professional services staff, students and staff from an overseas partner institution, and students and staff from UK partner institutions.

2.45 Students whom the team met were very positive about the relationship with the University and reported that their voice was valued. Students confirmed that personal contact with staff was generally good and were able to give examples of immediate action by staff. They reported that the University was making efforts to close feedback loops, for example through the You Said We Did promotions. There were some instances where students reported that they considered that staff did not always close the module feedback loop where it was not possible to take action and that doing this would further improve communications with students. Although there was a good working relationship with the Vice-Chancellor and senior leadership team, the students whom the team met said that there was further room for improvement in some areas on consultation and communication with the student body.

2.46 The new School Representative team was reported to be a significant enhancement on the previous Head Representative system by both students and staff, with some School Representatives attending school leadership meetings. Feedback on training organised by the Students' Union was good. The School Representative system which strengthens student engagement in quality assurance and decision-making at senior levels is **good practice** (see also Enhancement).

2.47 The Students' Union reported that there were currently 551 Course Representatives, of whom 70 per cent had attended training, but that there was difficulty in finding representatives for part-time and postgraduate students. Attendance of Course Representatives at Boards of Studies was highly variable across schools and courses. The Students' Union stated that perhaps fragmented course structures led to some of the issues with student identity with courses and that they needed more support from the University to develop student representation at course level. Postgraduate research students reported some ambiguity about processes for student representation.

2.48 Considerable progress with student representation has been made in the last two years with, for instance, Faculty Learning and Teaching Committees first having student representation in 2014-15. Students are now represented on a significant number of committees but there is scope to further increase student representation on University-level committees. The Students' Union has organised Campus Life Groups since 2014 and Student Life Committee meetings. There were some issues with student engagement with these mechanisms and changes were made for 2014-15. Autumn term minutes show a low number of representatives participating.

2.49 Student evaluation mechanisms have been changed for 2014 because of low response rates and the high number of surveys issued to students during the year, and the feedback loop to students is closed by the mid-module feedback process. Students report that there is room for improvement of communication of feedback on actions taken, particularly where it has not been possible to make changes to a module.

2.50 In 2014, the Students' Union formed a strategic alliance with Gloucestershire College and South Gloucestershire and Stroud College to provide training to course representatives. The local college partners that the team met outlined a strong level of student engagement as partners in the assurance and enhancement of their educational experience. The Annual Monitoring Reports for partners, which the team reviewed, clearly indicated that the student voice at the partner institutions was being taken into account in the Course Action Plans.

2.51 The team concludes that the University takes deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience, that these steps generally work effectively and that students are treated as key partners in the development of the University. The University is looking for opportunities to further enhance engagement with hard-to-reach students such as part-time students and also in supporting international partner institutions to take further steps to engage students. The team concludes that the Expectation is met and the associated risk is low.

Expectation: Met
Level of risk: Low

Expectation (B6): Higher education providers operate equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

Quality Code, Chapter B6: Assessment of Students and the Recognition of Prior Learning

Findings

2.52 Assessment is governed by the University's Academic Regulations for Taught Provision (ARTP) and the Academic Regulations for Research Degree Provision (ARRDP). The regulations are reviewed annually by the Academic Regulations Committee (ARC). The University's Assessment Principles provide the framework for the application of these regulations in learning, teaching and assessment activities. Policies relating to the recognition of prior learning had recently been revised and are reviewed annually.

2.53 Advice and guidance on assessment is provided on the Quality and Standards section of the University's intranet. Arrangements for assessment in collaborative partners follow the University's practices including those for the setting and moderation of assessments and for examination boards and their operation.

2.54 The Assessment Scrutiny Process (ASP) considers the approval and coordination of assessment activity annually, including that at collaborative partners. Panels of peers meet physically or virtually to review module handbooks and assessment briefs. They consider the range and differentiation of assessments within a course, alignment with the relevant level descriptors and grade descriptors, the wording of assessment briefs and their timing.

2.55 In response to student-led demand, the University is implementing the Electronic Management of Assessment (EMA) process which provides for the electronic submission of assessments, grading and the return of feedback.

2.56 The University runs a two-tier system of Boards of Examiners. Module Boards of Examiners (MBE) consider results at a module level. Award and Progression Boards of Examiners (ABE) consider student profiles to make award and progression decisions in line with the provisions of the ARTP.

2.57 The team concludes that the University has in place appropriate structures, policies and guidance to operate equitable, valid and reliable processes of assessment that enable the Expectation to be met in theory.

2.58 The team explored assessment processes and practices in discussions with senior staff, students, academic staff, and staff and students in collaborative partners. The team viewed evidence provided by the University that included the regulations, the Academic Quality and Partnerships Handbook, committee, annual monitoring and external examiners' reports.

2.59 From its scrutiny of the documentation and discussions with staff at the University and in collaborative partners, the team found that the procedures for marking and moderation, the operation of examination boards and for Accreditation of Prior Learning were clearly documented, well understood and effectively implemented.

2.60 In the student submission submitted for this review students talked positively about aspects of assessment but raised some concerns about the clarity of assessment criteria. In discussions with the team, students spoke positively about the variety of assessments, the usefulness of module guides in providing clarity about assessment tasks, criteria and submission dates, and the timeliness and usefulness of feedback. Academic staff spoke about the value of the ASP in ensuring consistency in module guides and assessments, and in supporting new members of staff in assessment setting. Student feedback from the previous year's operation of modules feeds into the process and in some subject areas students are involved in commenting on draft assessment briefs to ensure clarity. The Assessment Scrutiny Process is **good practice** as it ensures effective assessment practices through stakeholder engagement in the monitoring of module guides, assessment briefs, assignment schedules and the assessment of learning outcomes. However, confirmation of external examiner involvement in the process could be more explicitly recorded.

2.61 Students were involved in the EMA project from its inception and talked positively about its implementation, after some initial issues, and its value in facilitating the submission of coursework and in providing clarity and consistency in feedback. Students' work is not submitted anonymously for marking. The team heard that the University had previously had an anonymous submission policy but had moved away from this to enable more direct and personal feedback to be given. This change had been supported by the Students' Union. External examiners raised concerns about this issue and the team noted that a planned Internal Quality Audit on Assessment would consider this further and provide an opportunity to reflect on issues of unconscious bias in assessment and the difference between anonymous submission and grading, and the provision of personalised feedback.

2.62 Students are adequately informed about correct academic practice. The University uses text-matching software in a formative and developmental way with students and some course teams using it to check assignments, but this is not currently a University requirement at home or with partners overseas. The need to develop a formal University policy on the use of plagiarism-detection software was highlighted in the ASQC annual report for 2010-11 and concerns about assessment offences in some partnerships were raised in the report for the following year. Responsibility for action on this issue was incorporated into the EMA project. While the team heard that deployment of plagiarism-detection software on the VLE had been delayed by technical issues and that the issue of assessment offences was part of the planned Internal Quality Audits, it concluded that the University had been slow to develop robust systems for plagiarism detection and in establishing a clear University policy in this area. The team **recommends** that the University strengthens the processes for preventing and identifying plagiarism at all delivery locations and partners.

2.63 The team concludes that the University operates equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought. Thus, the Expectation is met and the risk is low.

Expectation: Met
Level of risk: Low

Expectation (B7): Higher education providers make scrupulous use of external examiners.

Quality Code, *Chapter B7: External Examining*

Findings

2.64 The arrangements for external examining including the criteria for appointment are set out in the AQPH. The University uses a two-tier system. External examiners are appointed to courses and attend Module Board of Examiners (MBEs) which confirm marks and award credit at module level. Chief external examiners are appointed to Award Examination Boards which make recommendations for awards, including classification of award, and progression decisions.

2.65 Nominations for external examiners are considered initially by FASQC, or the Collaborative Provision Committee (CPC) in relation to validated provision, who make a recommendation to the Academic Standards and Quality Committee. The Academic Quality and Partnerships Office (AQPO) maintain a database of the University's external examiners. New appointees receive induction either centrally or through their department.

2.66 External examiners' reports are submitted electronically to the AQPO although they may report directly to the Vice-Chancellor if there are issues of serious concern. They are read by the Dean of Quality and Standards who identifies strengths and areas for improvement, and distributes them to key individuals including, where appropriate, those responsible for collaborative provision.

2.67 External examiner reports are considered as part of the AMR process and the AMR provides the mechanism for responding to external examiners on the issues they raise. An overview report forms part of the annual report from ASQC to Academic Board.

2.68 The University's arrangements for external examining are clear and comprehensive, allowing scrupulous use of external examiners and hence for the Expectation to be met in theory.

2.69 The team reviewed policy documentation in relation to external examining, together with a range of external examiner reports and responses through the AMR process and in overview reports. In meetings with staff the team sought to clarify processes and staff engagement with the external examiner system. Students met by the team were asked about their access to external examiners' reports.

2.70 The process for the appointment, induction and reporting of external examiners is robust and staff whom the review team met demonstrated a good understanding of the external examiner system and its contribution to the maintenance of academic standards in the University.

2.71 External examiners' reports viewed by the team confirmed that standards were being appropriately set and generally provided informative and constructive feedback to support the enhancement of the learning experience. External examiners for franchised provision operating across multiple sites are expected to report on the performance of students at each site. In the reports seen by the team, several external examiners reported that they were unclear about the range of sites for which they had responsibility and could not confirm that they had seen samples for all sites. The team **recommends** the University ensure that the external examining process clarifies recording and reporting by both delivery location and partner.

2.72 Responses to external examiners' reports are made in the Annual Monitoring Report for the subject group and the relevant FASQC has a responsibility to ensure that each point raised by external examiners has been properly considered. The team was able to trail the response to external examiner reports through the AMR process and found that issues were considered and responded to appropriately and good practice identified for dissemination.

2.73 The University informs students of the name, position and institution of external examiners via module descriptors, programme specifications and course handbooks. These documents sampled by the team did not always include reference to external examiners. Students' access to external examiner reports is primarily via their discussion as part of the AMR process at Boards of Studies meetings where student representatives are present, although in some schools reports are made available via the VLE. In some partner institutions, external examiners' reports are placed on the VLE while at others reports were discussed by staff but not shared with students. The University reported that it was working on a more systematic and inclusive approach to making reports available to all students via the CIM document management system sites but it was not clear to the team that this would extend to students at all partners. The team **recommends** the University ensure that external examiner reports are systematically shared with all students at all delivery locations and partners.

2.74 The team concludes that, as systems for external examining are clearly set out, well established, and effectively coordinated, the University is making scrupulous use of external examiners and the Expectation is met. The importance of the external examining system is well understood by staff and issues identified are appropriately addressed, thus the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B8): Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes.

Quality Code, Chapter B8: Programme Monitoring and Review

Findings

2.75 Details of the University's processes for the monitoring and review of programmes are set out in the Academic Quality and Partnerships Handbook (AQPH) sections 4 and 5. Partnership Review Processes are set out in section 12.

2.76 Courses are monitored annually in accordance with the AQPH. Boards of Studies (BoS) are the primary unit of academic quality assurance and have a clear responsibility for the continuous evaluation of the course and the actions which result from it.

2.77 The Action Plan (Action Log from 2014-15 for home and franchise provision) is intended to serve as a mechanism for tracking and evaluating actions taken as a consequence of evaluation, and as such are considered and updated at every meeting of the Board of Studies. The Action Plans are reviewed at the end of the year for inclusion in the AMR submitted on a standard template early in the autumn term for consideration by the Faculty Academic Quality & Standards Committee (FASQC). The AMR includes a review of the completed action plan from the previous academic year and the initial action plan for the coming academic year together with the evidence used to identify matters requiring action to be taken, including: external examiners' reports; statistical data on recruitment, progression and achievement; module evaluation outcomes; Board of Studies minutes; and NSS/PTES results and any attendant professional, statutory or regulatory body requirements. AMRs are read by members of a FASQC Panel with comments recorded using a standard template.

2.78 Courses are also expected to identify in AMRs any changes they want to bring forward for approval by the relevant FASQC's Programme Change Approval Panel which meets twice a year. PCAP procedures were augmented in response to a desirable recommendation in the 2010 Institutional Audit to include regular monitoring of the extent to which courses have changed since the last validation or Periodic Review to maintain the currency of the programme specification.

2.79 The University is 're-engineering' the annual monitoring process during 2014-15: Continuous Improvement Monitoring is described by the University as a 'deliberate step to provide a core focus on enhancement at the level of the course and to ensure a more timely response to feedback and data as it emerges'. The new approach is a move away from an essentially paper-based approach to an online operation. The course leader reviews the data/evidence as it becomes available and proposes amendments to the course action plan in the light of this. CIM is achieved via three academic health checkpoints (AHC) which run as panel events and take place after each Board of Studies. A record of the AHC will include a statement confirming the academic health or otherwise of the course based on a risk grid. Examples of good practice from all the courses considered will form a separate output from the AHC. ASQC will receive three AHC reports from each FASQC during each academic year and will report to Academic Board in October following consideration of the full AHC in September. External examiners will also have access to the new CIM site, enabling them to track actions taken in response to issues they have raised. The team **affirms** the introduction of the CIM process which facilitates more transparent and interactive reporting.

2.80 For collaborative provision the annual monitoring process incorporates two main elements: an Institutional Monitoring Report on the partnership and the Annual Monitoring

Review of individual courses (AMR). The latter is undertaken in one of two ways depending on whether the provision is franchised or validated. Reporting of franchised provision takes place at the relevant Board of Studies and franchise partners are expected to contribute to the new CIM process. For validated provision the partner is expected to produce an AMR. In addition, the Partnership Coordinator also produces a report on the partnership. Annual reports for validated programmes are considered by a panel (one for each faculty) appointed by the Collaborative Provision Committee (CPC). CPC receives the minutes of the panel.

2.81 Every course undergoes review and revalidation every five years or sooner through the Periodic Review and Revalidation (PRR) process which allows the University to satisfy itself, among other matters, that its provision adheres to the Quality Code, including the most recent versions of Subject Benchmark Statements, and other relevant external reference points. It also provides the opportunity to reflect on the operation of the provision over the period since the initial validation or previous PRR, and to plan for the future on the basis of that reflection. The Panel includes an External Panel Member (EPM). The report of a PRR event is received by ASQC which formally confirms approval of revalidation on behalf of Academic Board. The relevant FASQC or CPC is responsible for overseeing the responses made to any recommendations via annual programme monitoring. ASQC also monitors at each meeting whether conditions, technical amendments, recommendations and commendations from PRR events have been signed off.

2.82 Where the provision is franchised to one or more of the University's collaborative partners, the review addresses issues relating to delivery at the partner location/s and draws upon evidence from the partners concerned. The Subject Group Leader is responsible for ensuring that partner staff are available to meet with the panel. For validated collaborative provision, the PRR event takes place on the partner's premises and also requires re-approval of the delivery of the course.

2.83 The University is planning to strengthen student input to the process in 2014-15 through the involvement of a student representative on the PRR Panel. The school representatives the team met confirmed that they had been briefed in preparation for taking on this role.

2.84 Internal Quality Audits (IQA) provide an opportunity to examine more closely selected aspects of the operation of the University's quality assurance and enhancement policies, and operate both as a quality assurance mechanism, ensuring that processes are operating as they should, and as a means of quality enhancement, enabling good practice to be identified and disseminated. The Audit Group normally includes an external and student member. Recent IQAs have included Academic Review Tutors (which resulted in the implementation of the Personal Tutor Scheme; see Expectations B4 and B5) and the University's Management of Assessment Feedback. Some of the issues that led to the latter IQA have been addressed by the EMA project (see Expectation B6).

2.85 The design of the AMR, CIM and PRR processes enable the Expectation to be met in theory.

2.86 The team reviewed the operation of the procedures, examined documentation (including examples of Annual Monitoring Reports, Boards of Studies papers, FASQC and CPC annual reports, Programme Review and Revalidation reports and ASQC minutes and annual reports to Academic Board) and discussed the operation of the procedures with staff, including course delivery staff responsible for home and partnership provision, and students. The team also viewed the new CIM site and examined preparatory paperwork for the AHC Panels, the first of which will take place in spring 2015.

2.87 While the University's self-evaluation document states that the Board of Studies, including student representatives, have a clear responsibility for the continuous evaluation of

the course, evidence indicates that student input is currently limited because attendance by student representatives at these meetings is irregular. The self-evaluation document also notes Faculty Heads of Quality and Standards (FHQS) have sought to include students on Faculty Academic Standards and Quality Committee (FASQC) panels considering Annual Monitoring Reports (AMRs) but with limited success. Currently, therefore, the main input of students to the annual monitoring process is at higher-level committees (AQSC/AB).

2.88 Overall, the team found the annual monitoring process thorough but not always effective in prioritising actions and responding to identified issues in a timely fashion. Successive ASQC, FASQC and CPC annual reports identify a number of similar actions including addressing concerns regarding the reliability of data, poor attendance by both staff and students at Board of Studies meetings, responses to external examiners, the need for staff development in respect of action planning, and coverage of franchised provision. The team **recommends**, therefore, that annual monitoring reports prioritise measurable actions, and that the University strengthen the monitoring of timely implementation of these actions.

2.89 PRR is generally a thorough process. There is evidence of appropriate externality and effective oversight by ASQC which monitors at each meeting whether conditions and recommendations have been signed off. The process draws upon sources of evidence that enable the University to assure itself that academic standards are being maintained, including student performance data and external examiners' reports. From the examples of PRR papers provided, however, the team found variable evidence of explicit engagement with external reference points or of an evaluative look back over the period since initial approval/the previous PRR, and concluded that these aspects required strengthening to assure ASQC that the process is sufficiently evaluative and that rigorous and robust mapping of Subject Benchmark Statements is consistently carried out.

2.90 As noted above, the issues raised by successive faculty and ASQC reports include some concerns about the effectiveness of the annual monitoring process for franchised provision. The Boards of Studies examples provided to the team included updates on developments to franchised programmes and recorded some brief feedback to partner representatives on the outcomes of the annual monitoring process, but there is limited evidence of tracking and evaluating actions relating to partners. Some external examiners also appear unclear about the nature of partnership arrangements and fail to distinguish which comments apply to which partner in their annual reports (see recommendation in B7). The team also found limited evidence in the PRR examples provided of discussion of the operation of the programme at franchised partners, and the University confirmed that no partner representatives had attended the event. The team **recommends** the University ensure partner staff responsible for franchise provision are fully involved in annual monitoring and periodic review and revalidation processes.

2.91 The team concludes that the Expectation is met. The University's processes for the monitoring and review of programmes are broadly adequate, but have some shortcomings in terms of the rigour with which they are applied. The associated level of risk is therefore moderate.

Expectation: Met
Level of risk: Moderate

Expectation (B9): Higher education providers have procedures for handling academic appeals and student complaints about the quality of learning opportunities; these procedures are fair, accessible and timely, and enable enhancement.

Quality Code, Chapter B9: Academic Appeals and Student Complaints

Findings

2.92 The University's self-evaluation document sets out its approach to appeals. Ultimate responsibility for managing casework lies with the Secretariat and Information team in Registry Services.

2.93 Students can find information about the appeals and complaints procedure on the University of Gloucestershire website. The student submission did state that 'the website is not very accessible and user-friendly', but once the student navigates the website 'the information [...] is student friendly. The information is bullet pointed, making it easy for students to read and there is also a complaints and appeals flowchart signalling the processes for each'.

2.94 The Academic Appeals process was reviewed in 2012 and the Student Complaints procedure has also been reviewed recently. The Complaints procedure is mentioned in the student submission as inconsistent regarding timescales. Even though the University states 'Following extensive consultation with Faculty staff, students and the SU, the revised procedure now specifies a time period within which a student complaint must be made', the student submission explains 'The Student Union's view is that there should be an unambiguous schedule to which both parties have a duty to adhere, which is equal in its appointment of timescales'.

2.95 The Students Complaints Procedure is lengthy, but students confirmed this is necessary. The student submission also states 'the language used is easily comprehended'. The Procedure mentions the Student Charter as the initial place for students to investigate if they have a claim. The Student Charter does mention the process clearly, stating as an aim: 'Information about all of the University's student-related procedures to be easily accessible on the University website'.

2.96 In design, the policies and processes are in line with the Quality Code and offer fair, accessible and timely appeals.

2.97 During the meeting with the student representatives the team tested the students' comprehension of the policies. Students confirmed the policies are appropriate. Where students could not find information or needed guidance, the Students' Union was available to help.

2.98 In the student submission, the students initially raised some concerns regarding the accessibility of the information on the website; however, in the meetings the general opinion was that the problems had been addressed through the completion of Phase 1 of the website redevelopment. This was also confirmed by staff who were confident of the changes that had been made to the website. The website development project is affirmed by the team as having the potential to fully resolve all issues of accessibility (see affirmation in Section C).

2.99 The procedures are fair and clear, with staff and students content with their accessibility and the process. The team concludes the Expectation is met and the associated level of risk is low.

Expectation: Met
Level of risk: Low

Expectation (B10): Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

Quality Code, Chapter B10: Managing Higher Education Provision with Others

Findings

2.100 Strategy and oversight in relation to collaborative provision have been subject to major development by the University over the last few years. As regards strategy, 2010 saw the initiation of a series of developments that included a full review of partnerships that led to decisions to terminate a significant number of existing partnerships. This was followed by a Curriculum Framework Review, an Academic Portfolio Review and a revised Academic Strategy, all having implications for the range of partners the University maintains. The University has moved to consolidate its position, with strategic aims for working with partners being defined within the Strategic Plan and the International Strategy 2014-17. There is a focus on fewer and better partners so that in broad terms partnerships fall into three categories: partnerships with regional further education colleges (as part of the widening participation agenda), partnerships with non-publicly funded UK-based organisations, and partnerships with international organisations that are relevant to internationalisation and international student recruitment.

2.101 Following these strategic developments, at the time of the review the University had seven regional further education college partners, 16 further partners within England (mainly relatively small private colleges) and eight active international partners (being consolidated to four). Strategic development had led to decisions to terminate 16 partnerships, with some of these still being managed to closure.

2.102 In terms of oversight, at the highest level, strategy and business cases are overseen by the University Executive Committee, and annual business reviews have been instituted. The Academic Board and ASQC have responsibility for standards across all provision. More detailed oversight, especially as regards validated provision, is through the Collaborative Provision Committee (CPC), with faculty FASQCs and school Boards of Studies having relevant responsibilities, primarily in relation to franchised provision. For validated provision there are Partnership Boards. Other committees, such as the Academic Portfolio Committee, may also make decisions relevant to provision with partners.

2.103 In 2012 the University moved to centralise administrative management of collaborative provision in the Collaborative Provision Office, with the appointment of a Director of Collaborative Partnerships. In principle the same processes apply to internal and partner provision following integration of collaborative provision into the revised Academic Quality and Partnerships Handbook, a move to help to ensure equivalence of academic standards and consistent management. A new categorisation of collaborative partners was approved by Academic Board in 2013 to support this move. The University focuses on franchised courses and validated provision but also uses articulation agreements, credit recognition and joint ventures. The University publishes a register of its collaborative activity including, for each partner, details of the franchised or validated courses they deliver, their status and approval period.

2.104 Each approved relationship is managed by a Partnership Coordinator (PC) (normally based in a faculty), with support from an Academic Link Tutor (ALT) from the relevant school. Guidance for these roles is set out in the Academic Quality and Partnerships Handbook. These roles include oversight of matters such as annual monitoring,

module and course evaluation, student representation, learning resources, and staff CVs. The Academic Quality and Partnerships Office (AQPO) assists with monitoring arrangements and provides internal training. The University also provides training and support for staff at partner institutions, and a Collaborative Provision Forum is held regularly and provides updates on matters such as monitoring and review.

2.105 Partnerships are approved separately from programmes, and the process for approval or extension of a partnership varies with the level of risk. Those with highest risk require initial approval from the University Executive Committee, others being initially approved in principle by APC. A business case for approval is developed by the relevant faculty, and approval of that case triggers due diligence and related processes, which have been enhanced and are supported by AQPO. The CPC provides advice, with reports going to ASQC for approval.

2.106 Following approval or renewed approval, standard form collaborative agreements identifying responsibilities are issued by the Director of Collaborative Partnerships. The standard template, revised in 2013-14, may be adapted as needed, and it is being rolled out to existing partnerships when periodic reviews take place. The University continues to review partnership contracts and guidance. University staff work with partners to develop a Partner Audit Document (PAD) which covers the aspects of a student lifecycle, and where relevant a Collaborative Delivery Plan (CDP), and these form part of the contractual agreement. Collaborative agreements and schedules are stored on a central database and are reviewed annually. Articulation agreements are developed separately through AQPO.

2.107 The academic approval of programmes takes place separately from the approval of the partner and follows normal University programme approval processes. Changes to programme documentation must be approved and recorded in the same way as happens internally.

2.108 In principle, the University processes for admissions, monitoring, review, and assessment apply across all provision, with support from central services where relevant as regards areas such as admission requirements and running assessment boards. Annual monitoring for franchised programmes has moved to CIM with on-campus provision. For the time being the former AMR process is retained for validated provision, with reports considered by the Collaborative Provision Committee, which produces an annual overview report. Annual monitoring data is produced internally by partners. In addition, all franchised and validated partners have to submit an Institutional Monitoring Report.

2.109 As regards periodic review, review of both the partner and the programme takes place on a five-year cycle following the same process as is used for on-campus courses. A PRR involving a partner will take place at the partner's premises.

2.110 To ensure equivalence of academic standards in assessment, franchise and validation, partners must follow University regulations, processes and procedures. Any variation should appear in the agreed PAD. PCs and ALTs oversee the approval of assessments, marking and moderation as outlined in the CDP, and the Assessment Scrutiny Process applies to partners. Franchised partners use the same assessments as internal provision, and marks are considered at the same boards. Enhanced oversight of assessment approval, marking and moderation is in place for validated partners. Assessment Boards are chaired by University staff though there are some local arrangements for Assessment Boards.

2.111 Responsibility for the appointment of external examiners lies with the University. All partners are subject to external examiner oversight, which is managed through AQPO. External examiners are appointed for clusters of modules within courses, and if a course is

delivered at more than one site the report should refer to each, and make a comparison. External examiner reports are distributed to partners and to Partnership Coordinators.

2.112 As regards admissions, students on franchised and validated course are required to enrol with the University. Detailed responsibilities are negotiated with partners and set out in agreements but, essentially, admissions criteria are set by the University for franchised provision, and agreed for validated provision. Information relating to partner provision and for students at partners is signed off and checked by the University. Certificates and records of study are issued by the University.

2.113 As regards placements, approval is managed through programme approval, monitoring and review, and is recorded on the relevant programme specification. For internal students there is a Placement Office on each campus, and a Placement Team reports to the Head of Placements. There is guidance in the Guidelines and Information for Placement providers, with supporting documents such as partnership agreements and memoranda of understanding which may be adjusted to meet faculty needs. Management systems are used to record placement information, and a range of supporting documentation is used. Support is provided by Placement Coordinators and Placement Team Leaders based in faculties or schools. Schools manage relationships with professional, statutory and regulatory bodies, with university provision for the requirements of professional bodies to be considered during course approval and review processes.

2.114 The policies, procedures and developments outlined above allow the Expectation to be met in theory.

2.115 The team considered relevant documents including those relating to partnership approval, annual monitoring, periodic review and external examiners' reports, and met a range of academic and administrative University staff with responsibilities for partnership provision. The team also met staff and students from validated and franchised partners, and students who had undertaken placements.

2.116 The team heard from University staff that following the recent consolidation, the current strategic approach would be followed for the foreseeable future with a robust approach to selecting and managing partners. New partners may be added if they met the revised strategic approach to collaborative provision, which appeared to be understood and shared by University staff. Staff described themselves as having been on a journey, but expressed the view that they had reached a steady state, though there is recognition of some risks and challenges.

2.117 In terms of oversight and management, the team concluded from the documents provided and the staff it met that the centralised approach forms the basis for a sound approach to selecting and approving partners, with sufficient clarity as regards the categorisation of types of provision, and the application of similar processes across all provision through the Academic Quality and Partnerships Handbook. Decision-making is centralised, and central support appears to be effective. In particular the more developed due diligence process and the more detailed written agreements with partners, including the contractual PAD and CDP, provide a clear basis for approving partners, and then managing partnership through clear allocation of responsibilities, and coverage of matters such as resources. Staff whom the team met affirmed that it would be another year before all partners were moved to the new form of agreement, though the team were told that partners could be sufficiently managed on the basis of existing agreements in the meantime. The team reviewed examples of the partner approval process being used, with conditions being followed up where relevant. Partner staff may be involved in course development and approval.

2.118 As regards the use of processes to ensure the equivalence of academic standards and quality, the team saw a range of examples of annual monitoring through AMR. The team heard that University link staff assist partner staff with the AMR process. The internal process was followed, though it was not always very clear from the paperwork what range of data and evidence had been considered, or how far staff at partners had been involved in the AMR process (see recommendation in Expectation B8). The team was told that this should be resolved as the CIM process would be rolled out to all partners and the CIM database should be made available to staff and students through University log-ins. The team saw oversight of annual monitoring by CPC and action points being followed up. However, the team noted that some action points roll on from one year to the next, and that action plans were not always prioritised or did not state clearly what action should be taken by whom, with clear dates for completion (see recommendation in Expectation B8).

2.119 As regards periodic review, the team considered examples of the same process as is used internally being followed with appropriate rigour in relation to partner and programme re-approval, and action points being followed up.

2.120 Partner staff whom the team met were positive about the support they received from the University, including partnership coordinators, link tutors and administrative staff. They confirmed that they may also have access to University library facilities as well as University training, and are kept informed of relevant developments at the University.

2.121 Staff whom the team met confirmed that academic standards for franchised provision mirror internal equivalents, with all awards dealt with in accordance with the University's Academic regulations. For franchised provision students take the same assessments, and marks are considered at the same assessment boards as internal provision, with an approved University staff member as chair. For validated provision the partner sets the assignment but it is subject to University approval. Local assessment boards for validated provision are chaired by the partner with University staff attendance, but final award boards by the University.

2.122 External examiner reports seen by the team generally supported academic standards as being appropriate. Some issues were raised as regards generous marking and practical difficulties as regards moderation, but such matters were picked up for action. Staff the team met confirmed that external examiners for validated provision are recommended by the school and approved by CPC/FASQC, while external examiners for franchised provision are appointed for courses wherever delivered. Although an external examiner should report on each site of delivery, this was not always clear on the reports provided, and staff accepted this could be a problem. The team was told that feedback might be provided by an external examiner through informal contacts, and that the external examiner report form is being revised to clarify the requirement as regards partner provision (see recommendation in Expectation B7). While partner staff the team met were aware of external examiner reports and actions being followed up through annual monitoring, students from partners that the team met were not aware of having access to the reports (see recommendation in Expectation B7).

2.123 In terms of overall management, the team noted the range of processes had been extended to include an annual business review by UEC, and an annual strategic review of portfolio by APC in addition to annual monitoring. The evidence was not clear on how all these processes fit coherently with oversight by AQSC, FASQC, CPC, school Boards of Studies, and, where relevant, Partnership Boards. Business and portfolio oversight might also impact on the roles of Partnership Coordinators, link tutors and administrators. Overlaps at institution, faculty, school and individual levels appear to contribute to a lack of clarity as regards information or action planning and oversight in relation to partners, as actions are not clearly identified and monitored in a single coherent way. While the team found the

oversight and management now in place to be robust, some past problems were still being addressed. For example, there have been some problems of non-engagement by international partners, and an example of the failure of a partner to follow University regulations on appeals. The team **recommends** the University streamline the responsibilities for oversight of collaborative provision to ensure that all partners fully comply with the University's procedure and processes.

2.124 The Collaborative Provision Annual Report 2013-14 to AQSC was the most recent overview report available to the team, and while this was generally positive in expressing confidence about the academic health of partner programmes, unresolved issues requiring monitoring by CPC were noted in relation to a few partners, and there were some ongoing issues from the 2012-13 report, including problems in partners updating action plans, some issues around the way AMR reports were written, limits in the analysis of statistical data and some lack of clarity about responses to external examiner reports. These points were discussed in the Review of the Academic Year 2013-14 which went to AQSC in spring 2015, showing some relevant actions were ongoing. An externally prepared audit report relating to the controls in place to manage provision with partners that went to Audit Committee in June 2014 noted that while reasonable assurance was provided by the new controls, there were still some legacy issues, and it would take a cycle of control for all controls to be fully implemented. These points together led the team to conclude that there are some ongoing matters requiring action before a full steady state is achieved in managing partner activity.

2.125 As part of the tightening of strategy and process outlined above, the University has significantly reduced its number of partners, with a number of these terminations still being managed to final closure. The team considered examples of the process being followed, and heard from staff of the need for FASQC approval of termination plans, with annual monitoring and external examiner coverage staying in place until termination was complete, and with a commitment to ensuring each student had an appropriate opportunity to complete the relevant qualification. The University acknowledged that the process of completing all partnership terminations takes time and that it has not yet reached this point in its development.

2.126 Information in relation to partnership provision with the University is checked and signed off by the University, and checked by link staff. Agreements with partners cover the information to be provided to students at partner institutions. Students at partner institutions told the team that they were content with the accuracy of information provided to them before and during their studies. Certificates and records of study issued in relation to study at a partner institution and seen by the team met requirements, including recording the location of study.

2.127 While some partner students whom the team met had access to resources and facilities at the University, for others this was variable and depended on the agreements signed with individual partners. Some partner students would like better access to University facilities. Relationships between student representation structures at partner organisations and on University campuses might be developed.

2.128 Documents reviewed by the team confirm that arrangements for placements work effectively. This includes selection of placement providers, agreements relating to placements, information to students, and recording and monitoring placement activity. Students who had undertaken or were undertaking placements expressed very positive views about arrangements made and the value of their experience on placement.

2.129 Overall, the Expectation is met. The risk is moderate; although, based on the evidence available, the revised approach to collaborative provision is sound, the identification of responsibility for action and ensuring timely implementation of actions

require strengthening, and the University is still in the process of terminating partnerships that have presented problems.

Expectation: Met

Level of risk: Moderate

Expectation (B11): Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.

Quality Code, *Chapter B11: Research Degrees*

Findings

2.130 The University has a well-established research culture and environment, particularly in applied and vocational research. Submissions were made to six units of assessment in the 2014 Research Evaluation Exercise and in all six areas world-leading research and impact was identified by the panels. The University obtained its research degree awarding powers in 1998 and at the time of the review, just over 500 research students were registered. Of these almost half were studying for professional doctorates in education, engineering and particularly in business administration where 230 students were registered. Two partners are currently preparing students for the University's research awards but this provision involves only 27 students. A large proportion of research students are self-funded and part-time.

2.131 The University's strategy for postgraduate research is to increase numbers only in a sustainable way and where students can be integrated into the research environment, particularly through involvement with established research teams and by aligning students' research with the six Research Priority Areas.

2.132 The regulatory framework governing the management and award of research degrees is provided in a single document, the Academic Regulations for Research Degree Provision (ARRDP). In addition, a Research Degree Student Handbook provides comprehensive guidance on supervision, training, support and examinations for both students and supervisors.

2.133 Oversight and responsibility for the standards and quality of research degrees is delegated by Academic Board to the University Research Degrees Committee (URDC) which reports to the University Research Committee. Faculty Research Committees (FRDCs) monitor the supervision and progress of individual research students. Oversight and management of the application of research ethics is the responsibility of the Research Ethics Sub-Committee (RESC) with detailed examination of research proposals conducted by Faculty Research Ethics Panels (FREPs). The University has in place a comprehensive regulatory framework and clearly articulated procedures for the management of research degrees and for the supervision and support of students which in principle allow it to comply with the Expectation.

2.134 The team reviewed regulations and guidance documentation describing the policies and processes for admission, supervision, student progress, research training, thesis submission, examiners and examinations, student representation and academic appeals. Recent minutes and papers of the committees responsible for research students at University and faculty level were read by the team. In addition, the team met a sample of research students registered at the University and its partners as well as academic and administrative staff responsible for their support.

2.135 At the time of the review visit the University had recently launched a new postgraduate admissions process with greater central involvement. All the students met by the team spoke positively of the admissions process, the information that had preceded their

interviews and made available to them before and after registration, and the induction provided both centrally and by the faculty they joined. Where students had begun their programme at unusual points in the year, both the schools and learning support services, such as the library, had provided individual introductions to resources and procedures.

2.136 All research students complete a Training Needs Analysis Form on arrival and a further training needs assessment each year with their supervisor. The University and schools provide a variety of generic and specialised skills training, including a programme of academic and personal development opportunities, an Annual Research Student Conference, a Winter School, and topic-specific training by the faculties and schools. Students who wish to contribute to teaching in the University can prepare by taking specific modules within the Postgraduate Certificate in Academic Practice (PGCAP). Training events can be accessed by the online system of Skills Forge which is also used by some students to keep a log of the training they have undertaken.

2.137 Students met by the review team spoke particularly positively of the Annual Conference, especially of the role it played in introducing them to the research student community. They indicated that the range of training opportunities was more plentiful for business and science students than for those in the arts and humanities. Some students had been supported in obtaining HEA fellowship status. However, at the time of the review only seven students were engaged in teaching duties and the postgraduates met by the team indicated that opportunities to contribute to teaching were rare and allocated in an ad hoc manner.

2.138 The University provides dedicated working space and computer facilities for postgraduate students on each of its campuses and all students receive an annual allowance that can be spent on travel and attendance at conferences. The students met by the team agreed that working space on the campuses was good and readily available. They also confirmed their awareness of the arrangements for student representation on FRDCs and URDC but considered the selection of representatives to be unclear and relatively informal.

2.139 The Research Degree Student Handbook sets out clear guidance on supervision, supervisor training and the monitoring and reporting of supervisory meetings. Students are supervised by a team of two or more and the responsibilities of first and second supervisors are clearly defined. Students met by the team reported that they have meetings with their supervisors at least once a month.

2.140 The review team noted that particularly in the case of the large number of students registered for the Doctor of Business Administration, who were part-time and distance-learning students, their supervisors were frequently not members of the University but academics teaching at other universities. The University confirmed that these supervisors were carefully and appropriately selected and had received supervisory training and experience elsewhere. It was also explained that in the case of remote students a range of methods were used to facilitate engagement with teachers and fellow students: visits to the campus, action learning sets, training sessions in devolved locations and online surgeries and support. However, the evidence from student feedback is that the experiences of remote students, while predominantly positive, were more varied and complicated.

2.141 The University has in place comprehensive and robust procedures for the monitoring of research student progress. FRDCs review student progress against key milestones and all students whose progress appears unsatisfactory attend a face-to-face review meeting with an Annual Progress Board. There was evidence that these arrangements had improved progression rates. In addition, the URDC has in place a range

of methods that allow it to effectively monitor and respond to information about the research student experience.

2.142 The team concludes that the policies and practices supporting research degrees are robust and effective. The Expectation is met and the associated level of risk is low.

Expectation: Met

Level of risk: Low

The quality of student learning opportunities: Summary of findings

2.143 In reaching its positive judgement, the review team matched its findings against the criteria specified in Annex 2 of the published Handbook. All of the Expectations for this judgement area are met and the associated levels of risk are low, except for Expectations B8 and B10 for which the risk is moderate.

2.144 Features of good practice are associated with Expectations B4, B5 and B6 and relate specifically to: employability and sustainability initiatives; the Degree*plus* scheme offering students valuable extracurricular opportunities; the School representatives system; and the Assessment Scrutiny Process. Recommendations are formulated under Expectations B6, B7, B8 and B10 and urge the University to: strengthen the processes for preventing and identifying plagiarism; ensure external examiner reports are systematically shared with all students at all delivery locations; ensure the external examining process clarifies recording and reporting by delivery location and partner; ensure annual monitoring reports prioritise actions and monitor their timely implementation; streamline the responsibilities for oversight of collaborative provision; and ensure that staff responsible for franchise provision are fully involved in annual monitoring, periodic review and revalidation processes. These recommendations do not entail any major structural, operational or procedural change, and in specific circumstances the University has acknowledged the need for development in the particular areas. The review team formulated one affirmation for this judgement area relating to the introduction of the Continuous Improvement Monitoring process.

2.145 The review team therefore concludes that the quality of student learning opportunities at the University **meets** UK expectations.

3 Judgement: The quality of the information about learning opportunities

Expectation (C): UK higher education providers produce information for their intended audiences about the higher education they offer that is fit for purpose, accessible and trustworthy.

Quality Code, Part C: Information about Higher Education Provision

Findings

3.1 The University has undertaken a full review of the website to 'ensure that it focuses on providing accessible information of real value to the University's stakeholders which is easier to search'.

3.2 Students receive a pre-arrival information pack. This Welcome Pack is mentioned as part of a separate point in the Student Charter.

3.3 International students, in particular, consider they are well supported before they arrive and they value the information on arrival as helpful to their induction.

3.4 The Course Handbooks are a key way of relaying information to students on a variety of subjects from course structure, to plagiarism, to the appeals process. Students, in their submission, support their effectiveness.

3.5 The Student Charter is a well-designed document which is accessible to students. The student submission commented: 'The Student Union can reasonably conclude that students consider the Charter is appealing and accessible; however, more could be done to promote the Charter to students'.

3.6 The main concern from analysis of the evidence, also confirmed by the University, is the development of the website, as this is the biggest issue facing students accessing up-to-date and accurate information. There were issues raised with, in particular, use of the website to communicate with the student body, and how students are able to navigate the website.

3.7 The team tested this concern with students and staff across meetings. Phase 1 of the website redevelopment is now complete. Information to be uploaded to the website is signed off by course leaders, with thorough version control by the Marketing team. The information is database driven, which includes automatic updates. The Marketing team has final sign-off on the visual aspects of the website. Students consider the redevelopment is successful and information is now more accessible. The evidence reviewed indicates that actions planned for Phases 2 and 3 of the website development project have the potential to fully resolve issues noted, including ensuring all programme specifications are available on the website. The team **affirms** the recent website development which addresses issues of accuracy, reliability and accessibility of information.

3.8 The team concludes the Expectation is met and the level of risk is low, with current developments appropriately addressing past issues of accuracy, reliability and accessibility.

Expectation: Met
Level of risk: Low

The quality of the information about learning opportunities: Summary of findings

3.9 In reaching its positive judgement, the review team matched its findings against the criteria specified in Annex 2 of the published Handbook. The Expectation for this judgement area is met and the associated level of risk is low. The review team has made an affirmation in this judgement area relating to the recent website development. There is evidence that the University is fully aware of its responsibilities in this area, has acknowledged the need for action and is taking appropriate steps to address any residual issues of accuracy, reliability and accessibility of information.

3.10 The review team considers that currently the University's information systems are sufficiently robust to maintain the accuracy of internal and external documents, and the new website will ensure that information is readily available to the appropriate audiences. The review team therefore concludes that the quality of the information about learning opportunities at the University **meets** UK expectations.

4 Judgement: The enhancement of student learning opportunities

Expectation (Enhancement): Deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

Findings

4.1 The University has identified three overarching strategic aims: (i) Giving students outstanding support to learn in a community which values them as individuals, (ii) A breadth and richness of experience which prepares students for rewarding lives and successful careers, and (iii) Making an outstanding contribution to the well-being of Gloucestershire. The University places a strong emphasis on working with students as full partners in the life, work and success of the University.

4.2 Within the Strategic Plan the University has identified five major goals which are used to frame determining priorities, both internal and external. These can be summarised as: (i) providing excellent learning experiences for students; (ii) promotion of enterprise, employability and wider community support; (iii) embedding research, scholarship and consultancy across all activities; (iv) building strong partnerships; and (v) institutional success and sustainability.

4.3 The team examined documentation including strategic and operational planning documents, and met senior staff, academic staff, professional services staff, partner staff and students.

4.4 Enhancement is driven at University level by an annual operating plan which sets out how the five strategic goals will be taken forward during that academic year. Each action has a lead person with responsibility for delivering that action and reporting on progress throughout the year. Departments have business plans which are clearly linked to fulfilling some of the University Key Performance Indicators.

4.5 Staff development to support strategic enhancement is laid out in the Academic Staff Development Framework and in the Business Plan for the Academic Development Unit.

4.6 Until 2014 responsibility for enhancing learning opportunities lay broadly with the Learning and Teaching Committee (LTC) and the joint meetings of representatives from both LTC and AQSC. Since 2014 these joint meetings have been replaced by the Strategic Enhancement Group. The University has evolved an Academic Strategy 2014-2017 which draws on existing learning and teaching and research strategies. This was informed by a Learning and Teaching Strategy 2011-2015.

4.7 Quality assurance procedures are used to inform strategic enhancement initiatives including formal and informal student feedback, NSS, annual monitoring reports, and internal quality audits. The Enhanced Student Year and Electronic Management of Assessment Project are examples of strategic enhancement leading from student feedback.

4.8 Students are involved in decision-making through committee membership. The senior Student Union Team meet monthly with the University Senior Executive Team for Keep-in-Touch meetings which are used to discuss strategic matters and other issues raised by either party. In some instances, students were attending School senior management team meetings.

4.9 The team saw examples of documentation that demonstrated that enhancement initiatives were the result of clear and deliberate strategic steps taken by the University.

4.10 The first overarching strategic aim of giving students outstanding support to learn in a community which values them as individuals has led to a number of enhancement projects. The University proactively considers and uses the outcomes of NSS and other surveys to identify enhancement actions. This analysis has led to initiatives such as the Assessment Scheme to improve feedback to students; the development of an enhanced Personal Tutor Scheme; and the continuing development of the Helpzones. The developing partnership with students in strategic enhancement was further enhanced through the strengthening of the student representation system (see good practice in Expectation B5).

4.11 The second strategic aim of a breadth and richness of experience which prepares students for rewarding lives and successful careers is fulfilled through a number of strategic enhancement initiatives. The Enhanced Student Year has provided room for employability and skills development and has led to some interesting initiatives such as the integration of activities into the School of Media Festival. The Degree*plus* scheme has successfully supported an increase of the number of placements and internships taken by students (see good practice in Expectation B4).

4.12 The third strategic aim of making an outstanding contribution to the well-being of Gloucestershire is illustrated through the way the University has realigned the Business School provision with the priorities of the Local Enterprise Partnership. This is linked to employability of graduates and has provided opportunities for students such as mentoring through the Growth Hub to gain membership of the Institute of Directors. The team also found evidence of strong partnerships with local colleges. The University's strategic engagement with colleges, employers and the Local Enterprise Partnership to widen participation and support student learning opportunities and development is **good practice**.

4.13 University and Executive Committee minutes and papers show the proposals and justifications for the introduction of Student Helpzones, Enhanced Student Year, Degree*plus* and Electronic Management of Assessment. The University's enhancement initiatives focus particularly on preparing students for their lives beyond higher education, especially on developing their self-confidence, abilities to succeed in employment and in their careers, and to make positive contributions to their communities. In these respects the range of opportunities and support offered by the Degree*plus* service, by enabling and encouraging volunteering, internships, placements and extracurricular skills development, directly address the University's strategic goal of promoting 'enterprise, employability, and wider economic, cultural and social benefit to the community'. Similarly, the Enhanced Student Year, by providing a framework within which experiential events and focused skills training can extend the curriculum, addresses the goal of providing students 'with excellent learning experiences through outstanding learning and teaching support'. An important additional feature is that both these initiatives, judged in section B4 to be features of good practice, will be subject to regular evaluation and potential improvement.

4.14 The team concludes that deliberate steps are being taken at provider level to improve the quality of student learning opportunities. The Expectation is met and the level of risk is low.

Expectation: Met
Level of risk: Low

The enhancement of student learning opportunities: Summary of findings

4.15 In reaching its commended judgement, the review team matched its findings against the criteria specified in Annex 2 of the published Handbook. The Expectation for this judgement area is met and the associated level of risk is low. Good practice is identified in relation to the strategic engagement with various stakeholders. Expectations B4 and B5 are cross-referenced in relation to good practice identified in the areas of student representation, employability and sustainability. The review team formulated no recommendations and no affirmations for this judgement area. The University has plans to enhance the area further and has appropriately demonstrated this. Student engagement in the management of this area is widespread and supported, and student needs are a clear focus of the strategies and policies the University proposes for this area.

4.16 The review team therefore concludes that the enhancement of student learning opportunities at the University is **commended** based on evidence collected which indicates that actions are deliberate and inclusive of all stakeholders.

5 Commentary on the Theme: Student Employability

Findings

5.1 The University places great emphasis on employability and provides a number of measures to enhance student career prospects.

5.2 One of the five major goals of the University Strategic Plan is employability. The Employability Strategy lays out how the University will ensure that its graduates are employable and will have the best opportunity of obtaining graduate-level employment or appropriate opportunities for further study. Key employability priorities are monitored annually through the University Operating Plan.

5.3 In 2011 there was a restructuring of support teams to form a central student employability team, leading to the creation of the *Degreeplus* Team in 2012. *Degreeplus* offices are on each campus next to student Helpzones, staffed by placement students. *Degreeplus* became the overarching name for the employability team from autumn 2014. The *Degreeplus* initiative, which started in 2012, brings together all aspects of the university experience that include placements, internships, volunteering and part-time work. Placement opportunities range from short placements of up to two weeks to full placement years. Numbers of student placements have risen to over 3,000 per year, with the majority being placements of up to 10 weeks (see good practice in Expectation B4).

5.4 The Your Future Plan initiative is being rolled out in 2015-16 and aligns the personal tutor scheme with personal career planning for each student supported by a new online career hub, My *Degreeplus*, which logs students' engagement with employability opportunities throughout their studies.

5.5 The University benefits from a strong relationship with employers through the Local Enterprise Partnership and the location of the Growth Hub on campus. Staff told the team about holding sandpit sessions with local employers at the hub to help inform curriculum developments to meet employer needs (see good practice in Enhancement).

5.6 The Enhanced Student Year project launched in 2014-15 allows further space in the curriculum to provide space for employability and skills development activities. The project runs on campus, not with partners, and allows one week per semester dedicated to such activities. Students told the team that the experience in semester 1 had been mixed with some interesting initiatives which they had enjoyed. Students reported that second-semester activities had been better in many areas but that there were some problems with communication and publicity. Some activities had been at an extra cost to students.

5.7 The University has a strong record in sustainability recognised by its consistently strong positions in the Green Gown and People and Planet awards. This commitment includes both intra and extracurricular opportunities for students throughout their time at the University as indicated in the Student Sustainability Journey.

5.8 The University has mechanisms in place to further enhance the employability of research students by providing more structured opportunities and developmental support to become involved in University teaching.

Glossary

This glossary is a quick-reference guide to terms in this report that may be unfamiliar to some readers. Definitions of key operational terms are also given on pages 29 to 32 of the [Higher Education Review handbook](#).

If you require formal definitions of other terms please refer to the section on assuring standards and quality: www.qaa.ac.uk/assuring-standards-and-quality.

User-friendly explanations of a wide range of terms can be found in the longer **Glossary** on the QAA website: www.qaa.ac.uk/Pages/GlossaryEN.aspx.

Academic standards

The standards set by **degree-awarding bodies** for their courses (programmes and modules) and expected for their awards. See also **threshold academic standard**.

Award

A qualification, or academic credit, conferred in formal recognition that a student has achieved the intended **learning outcomes** and passed the assessments required to meet the academic standards set for a **programme** or unit of study.

Blended learning

Learning delivered by a number of different methods, usually including face-to-face and e-learning (see **technology enhanced or enabled learning**).

Credit(s)

A means of quantifying and recognising learning, used by most institutions that provide higher education **programmes of study**, expressed as numbers of credits at a specific level.

Degree-awarding body

A UK higher education provider (typically a university) with the power to award degrees, conferred by Royal Charter, or under Section 76 of the Further and Higher Education Act 1992, or under Section 48 of the Further and Higher Education (Scotland) Act 1992, or by Papal Bull, or, since 1999, granted by the Privy Council on advice from QAA (in response to applications for taught degree awarding powers, research degree awarding powers or university title).

Distance learning

A course of study that does not involve face-to-face contact between students and tutors but instead uses technology such as the internet, intranets, broadcast media, CD-ROM and video, or traditional methods of correspondence - learning 'at a distance'.

See also **blended learning**.

Dual award or double award

The granting of separate awards (and certificates) for the same **programme** by two **degree-awarding bodies** who have jointly delivered the programme of study leading to them. See also **multiple award**.

e-learning

See technology enhanced or enabled learning

Enhancement

The process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported. It is used as a technical term in our review processes.

Expectations

Statements in the **Quality Code** that set out what all UK higher education providers expect of themselves and each other, and what the general public can therefore expect of them.

Flexible and distributed learning

A programme or module that does not require the student to attend classes or events at particular times and locations.

See also **distance learning**.

Framework

A published formal structure. See also **framework for higher education qualifications**.

Framework for higher education qualifications

A published formal structure that identifies a hierarchy of national qualification levels and describes the general achievement expected of holders of the main qualification types at each level, thus assisting higher education providers in maintaining academic standards. QAA publishes the following frameworks: *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and *The Framework for Qualifications of Higher Education Institutions in Scotland* (FHEQIS).

Good practice

A process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to a higher education provider's management of academic standards and the quality of its educational provision. It is used as a technical term in QAA's audit and review processes.

Learning opportunities

The provision made for students' learning, including planned study, teaching, assessment, academic and personal support, and resources (such as libraries and information systems, laboratories or studios).

Learning outcomes

What a learner is expected to know, understand and/or be able to demonstrate after completing a process of learning.

Multiple awards

An arrangement where three or more **degree-awarding bodies** together provide a single jointly delivered **programme** (or programmes) leading to a separate **award** (and separate certification) of each awarding body. The arrangement is the same as for **dual/double awards**, but with three or more awarding bodies being involved.

Operational definition

A formal definition of a term, establishing exactly what QAA means when using it in reviews and reports.

Programme (of study)

An approved course of study that provides a coherent learning experience and normally leads to a qualification.

Programme specifications

Published statements about the intended **learning outcomes** of programmes of study, containing information about teaching and learning methods, support and assessment methods, and how individual units relate to levels of achievement.

Public information

Information that is freely available to the public (sometimes referred to as being 'in the public domain').

Quality Code

Short term for the UK Quality Code for Higher Education, which is the UK-wide set of **reference points** for higher education providers (agreed through consultation with the higher education community, and published by QAA), which states the **Expectations** that all providers are required to meet.

Reference points

Statements and other publications that establish criteria against which performance can be measured.

Subject Benchmark Statement

A published statement that sets out what knowledge, understanding, abilities and skills are expected of those graduating in each of the main subject areas (mostly applying to bachelor's degrees), and explains what gives that particular discipline its coherence and identity.

Technology enhanced or enabled learning (or e-learning)

Learning that is delivered or supported through the use of technology.

Threshold academic standard

The minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic **award**. Threshold academic standards are set out in the national **frameworks** and **subject benchmark statements**.

Virtual learning environment (VLE)

An intranet or password-only interactive website (also referred to as a platform or user interface) giving access to **learning opportunities** electronically. These might include such resources as course handbooks, information and reading lists; blogs, message boards and forums; recorded lectures; and/or facilities for online seminars (webinars).

Widening participation

Increasing the involvement in higher education of people from a wider range of backgrounds.

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