QAA

Swansea Metropolitan University

MARCH 2009

Institutional review

Preface

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

To do this QAA carries out reviews of individual HE institutions (universities and colleges of HE). In Wales this process is known as Institutional review. QAA operates similar but separate processes in England, Northern Ireland and Scotland.

The purpose of Institutional review

The aims of Institutional review are to meet the public interest in knowing that universities and colleges are:

- providing HE, awards and qualifications of an acceptable quality and an appropriate academic standard
- exercising their legal powers to award degrees in a proper manner.

Judgements

Institutional review results in judgements about the institutions being reviewed. Judgements are made about:

- the confidence that can reasonably be placed in the soundness of the institution's present and likely future management of the quality of its programmes and the academic standards of its awards
- the reliance that can reasonably be placed on the accuracy, integrity, completeness and frankness of the information that the institution publishes, and about the quality of its programmes and the standards of its awards.

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

Nationally agreed standards

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

- *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), which include descriptions of different HE qualifications
- the *Code of practice for the assurance of academic quality and standards in higher education*
- subject benchmark statements, which describe the characteristics of degrees in different subjects
- *Guidelines for preparing programme specifications,* which are descriptions of what is on offer to students in individual programmes of study. They outline the intended knowledge, skills, understanding and attributes of a student completing that programme. They also give details of teaching and assessment methods and link the programme to the FHEQ.

The review process

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

The main elements of Institutional review are:

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

The evidence for the review

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

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

The review team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work using 'thematic trails'. These trails may focus on how well institutional processes work at local level and across the institution as a whole.

Institutions are required to publish information about the quality and standards of their programmes and awards in a format recommended in document 04/05 *Information on quality and standards in higher education,* published by the Higher Education Funding Council for Wales.

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Summary

Introduction

A team of reviewers from the Quality Assurance Agency for Higher Education (QAA) visited Swansea Metropolitan University (the University) from 2 to 6 March 2009 to carry out an Institutional review. The purpose of the review was to provide public information on the quality of the opportunities available to students and on the academic standards of the awards that the University offers.

To arrive at its conclusions the team spoke to members of staff throughout the University and to student representatives. It also read a wide range of documents relating to the way the University manages the academic aspects of its provision.

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

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

In Institutional review both academic standards and academic quality are reviewed.

Outcome of the review

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

- confidence can be placed in the soundness of the institution's current and likely future management of the quality of its academic programmes and the academic standards of its awards.

Features of good practice

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

- the staff development opportunities afforded to all academic staff through participation in scrutiny, validation and major review panels

- the careful and inclusive approach to the induction and mentoring of staff both on initial appointment and when taking on new responsibility

- the institutional capacity to initiate and manage effective measures for the support of staff and students

- the high priority given to the provision of effective and accessible staff development opportunities for all categories of staff

- the effective and responsive support given to a diverse range of students at all levels of the University.

Recommendations for action

The review team advises the institution to:

- strengthen the mechanisms whereby Academic Board and its subcommittees maintain an effective overview of quality-related matters

- expedite the development of the Management Information System and ensure its capacity to provide an appropriate range of data to inform the oversight and management of quality and standards

- ensure that before the recruitment of students to any new collaborative provision, the University revises its institutional policy and procedures for the quality assurance of such provision and then applies these in full to the overseas collaborative project currently under development.

The team considered it desirable for the institution to:

- review the formats of documentation to ensure more consistent information is communicated at all levels

- continue to develop the research student experience, ensuring that the postgraduate student voice is effectively heard

- consider adopting a more structured approach to the identification and dissemination of existing good practice.

National reference points

To provide further evidence to support its findings the review team also investigated the use made by the University of the Academic Infrastructure which QAA has developed on behalf of the whole of UK higher education. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards. The findings of the review suggest that, while in general the University meets the expectation of the Academic Infrastructure, it still has some further work to do in developing its alignment with the *Code of practice for the assurance of academic quality and standards in higher education, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

Main report

Section 1: Introduction: Swansea Metropolitan University

1   An Institutional review of Swansea Metropolitan University (SMU or the University) was undertaken from 2 to 6 March 2009. The purpose of the review was to provide public information on the quality of the University programmes of study and on the academic standards of its awards.

2   The review was carried out using a process developed by the Quality Assurance Agency for Higher Education (QAA) in partnership with the Higher Education Funding Council for Wales (HEFCW). For institutions in Wales it replaces the previous process of continuation review, undertaken by QAA at the request of Universities UK and the Standing Conference of Principals. Institutional review also replaces assessments and engagements relating to the quality and standards of provision at subject level. The former were undertaken by HEFCW and the latter were undertaken by QAA on behalf of HEFCW as part of HEFCW's statutory responsibility for assessing the quality of education that it funds.

3   The review checked the effectiveness of the University procedures for establishing and maintaining the standards of academic awards from the University of Wales, for reviewing and enhancing the quality of programmes of study leading to those awards, and for publishing reliable information. The scope of the review encompassed all of the University provision and collaborative arrangements.

The institution and its mission

4   The University was granted university title in January 2008 following the granting of its own taught degree awarding powers. Previously, it was known as Swansea Institute of Higher Education, formerly the West Glamorgan Institute of Higher Education formed in 1976 by the merger of the Swansea Colleges of Art, Education and Technology. It is located on three sites within the town: Mount Pleasant Campus, Townhill Campus, and the Dynevor - Alexandra Road Complex. The University has invested heavily in recent years in major refurbishment of the latter sites.

5   In 2007-08, the University had 5,396 enrolled students (4,337 full-time equivalents (FTEs)), of which 56 per cent were full-time and 44 per cent were part-time; and there were 65 postgraduate research degree students (41 FTEs). The University considers that the relatively small size of the student population, and of student numbers on each programme, helps to promote the student-centred theme of its mission. About one-third of the full-time students are 'returners' to education wishing to improve their employment and career prospects, which the self-evaluation document (SED) identified as contributing to the University's vocational mission.

6   The University has three faculties: Applied Design and Engineering (seven schools); Art and Design (four schools); and Humanities (three centres and two schools, one of which includes four centres). There is a strong vocational emphasis in the University's suite of programmes which exemplifies its mission statement. It offers Higher National awards, under licence from Edexcel, across virtually all its programme areas.

7   Within the changing context of the University of Wales (UW), the University has been an Associated College, a Constituent Institution and, currently, an Accredited Institution. In practice, it had 'full delegated authority from UW for almost all academic functions' and SMU continues to play a full role in the now con-federal University of Wales. SMU intends to continue offering UW qualifications for the foreseeable future and is seeking to extend its research degree work within UW.

8   The University plays a key role in the Welsh higher education community and has a strong commitment to the widening participation and lifelong learning agendas of the Welsh Assembly Government. SMU is a partner, together with Swansea University and Trinity College, Carmarthen, in the South West Wales Higher Education Partnership (SWWHEP). This collaboration project has been a major factor in the development of SMU's current Learning and Teaching Strategy.

9   SMU has in place a differential research strategy that aims for a modest increase in research activity, including the number of research students, and actively encourages its staff to develop research skills and activity.

Mission statement

10   The University's mission is to provide:

'a comprehensive, vocational, student-centred institution of higher education committed to widening participation, lifelong learning and the enhancement of opportunities. The University encourages regional, national and international access. The University is determined to provide a stimulating, progressive and sustainable environment for learning through excellence in teaching, applied research and consultancy'.

Collaborative provision

11   Within the UK, the University's collaborative activities comprise Higher National and undergraduate programmes taught jointly by staff from SMU and Swansea College; a range of continuing professional development programmes for teachers at various locations in south and mid-Wales; and a range of programmes delivered by SMU staff on a part-time block release basis at various sites for government, industrial and commercial clients. Initial teacher education, leisure and management courses include placement learning.

12   Since the late 1990s, SMU's only ongoing international collaborative provision has been the delivery of a taught postgraduate programme by SMU staff in mainland Europe. However, it has recently been developing a new overseas collaborative partnership for the provision of franchised programmes in East Asia (see paragraphs 122 to 131).

Background information

13   The published information available for this review included:

- information on the SMU website and its prospectuses

- the previous QAA quality audit report published in June 2002

- the subject review report of Nursing and Midwifery published in November 2002

- information on the websites of the following: Higher Education Statistics Agency (HESA), Universities and Colleges Admissions Service, Higher Education and Research Opportunities in the UK and HEFCW.

14   In addition, the review team received:

- the unpublished report for the Review of research degree programmes conducted in 2006 by QAA on behalf of HEFCW

- the unpublished Taught Degree Awarding Powers report of June 2007

- the institutional SED

- the student written submission (SWS)

- the institutional progress report (2003).

15   Reports were made available from the following professional, statutory and regulatory bodies (PSRBs):

- the Chartered Institute of Personnel and Development (CIPD) (2008)

- the Institution of Mechanical Engineers (IMechE) - Automotive Engineering (2008).

16   The review team was given access to SMU's intranet and to a comprehensive range of internal documents, including Edexcel reports.

The review process

17   The QAA conducted a preliminary visit to the institution in July 2008 to discuss operational aspects of the review. QAA received the SED in December 2008.

18   The review team visited the University from 28 to 30 January 2009 to explore with the Vice-Chancellor, senior members of staff and student representatives, matters about the management of quality and standards raised by the SED or other documentation provided for the team. During this briefing visit the team signalled a number of themes for the review visit and developed a programme of meetings, which was agreed with the institution.

19   The review visit took place from 2 to 6 March 2009 and involved further meetings with staff of Swansea Metropolitan University. The review team comprised Mr Alan Hunt, Mrs Jill Lyttle, Professor Clare Morris, Dr Larry Roberts and Mr Tony Platt, Review Secretary. The review was coordinated for QAA by Dr Julian Ellis, Assistant Director, Reviews Group.

Developments since the previous academic quality review

20   An academic quality audit took place in 2002 and the audit team commended the institution for its management of change since the previous audit; the comprehensive nature of the support provided for its students; and its effective procedures for staff induction and mentoring. The report asked the institution to consider reviewing the functioning of committees and their procedures; ensuring the systematic production of action plans subsequent to internal quality audits; reviewing the quality strategy to clarify the role of internal quality audits; establishing clear policy statements incorporating explicit performance criteria for all support departments; and establishing a communications policy to facilitate the effective evaluation and review of information used by staff and students.

21   The University's last QAA subject review was of Nursing in 2002. Subsequently, nursing (and law) programmes were transferred to Swansea University as part of the subject reconfiguration exercise. The QAA Review of research degree provision in 2006 identified some areas of good practice and two areas for further consideration (see paragraph 69)

22   Two reports from PSRBs were received in 2008; from CIPD, courses were approved without conditions but with some action points; and from IMechE, courses were not approved as further development was requested (see paragraph 70).

23   The review team considered that the University had responded appropriately, and proactively, to external reviews in the period since the previous QAA quality audit.

Section 2: The review investigations: institutional processes

The institution's view as expressed in the self-evaluation document

24   The University's self-evaluation document (SED) described the two primary aims of its quality strategy as being 'the maintenance of the standards of the academic awards as benchmarked to those of awards in other higher education institutions in Wales and throughout the rest of the UK' and 'ensuring the highest quality student experience within the resources available'. The University's confidence in the effectiveness of its quality strategy is based upon the fact that its systems have been developed and refined over a long timescale, and that they are consequently 'mature, understood by all staff, and supported by considerable documentary evidence collected over many years'.

The institution's framework for managing quality and standards, including collaborative provision

25   The quality strategy is operationalised through a well-defined structure of committees and individual posts, and by a set of procedures which are laid out in a comprehensive Quality Handbook. Responsibility for quality and standards ultimately rests with the Academic Board, although most responsibilities have been devolved to the Academic Audit, Quality and Standards Committee (AAQSC). There is also a

separate Learning, Teaching and Assessment Committee. Responsibility for the initial stages of academic planning, including consideration of resources and the relationship of proposed developments to the University's overall strategic plan, rests with the Academic Policy Committee.

26   Responsibilities for the quality and standards of research degrees are devolved to the Research and Postgraduate Committee; other Academic Board committees with remits which impact on quality and standards are the Staff Development Committee, the Regulations and Special Cases Committee, the Ethics Committee, and the Student Affairs Committee.

27   This structure is mirrored by a similar committee structure within the three faculties. The chief committee at faculty level is the faculty board; each faculty also has a faculty research and postgraduate committee, a faculty academic quality and standards committee (FAQSC) and a faculty learning, teaching and assessment committee (FLTAC).

28   The balance of responsibilities between the centre and the faculties appears to be well understood. The review team discovered that in practice faculties appeared to have a good deal of discretion to interpret policy at a local level. For instance, faculty board reports to Academic Board appear to be key documents, reporting on matters such as retention, progression and completion. However, examples seen by the team varied widely in aspects such as the extent to which they incorporated quantitative data, even though they were seemingly following a standard set of 'headings'. Nor did the minute of the meeting of Academic Board at which the reports were received suggest that any detailed overview discussion had taken place. Discussion during the review visit indicated that the University did not regard this as problematic, since there is confidence in faculty processes, and central University staff on faculty committees would 'pick up' any important issues.

29   It also became clear on a close reading of the Quality Handbook that much of the procedural information contained therein, while apparently very detailed, is in fact advisory rather than mandatory. For example, in a section on moderation of marks the review team read: 'Internal moderation of marking shall normally take place in order to ensure parity across a field and/or award. This may take the form of sampling a small amount of work or may extend to more formal, extensive moderation, where appropriate'. The use of phrases such as 'where appropriate' here and elsewhere allows considerable latitude in deciding locally how to implement the procedures.

30   The review team also noted the very terse style which is generally adopted for minutes within the University, and which conveys little detail of discussions. It was pointed out by the University that the papers supporting committee agendas do provide more detail. Nevertheless, the team was of the view that, while the framework for managing quality and standards was appropriate, the nature of the minutes, when combined with the variability of reporting practices between faculties, and the latitude permitted by institutional procedures, had the potential to make it difficult for central committees to maintain full oversight of processes at faculty level and, in particular, to conduct university-wide comparative analyses. The team therefore regards it as advisable that the University should strengthen the mechanisms

whereby Academic Board and its subcommittees maintain an effective overview of quality related matters at faculty level (see also, paragraphs 40, 41, 58 and 92).

The institution's intentions for the enhancement of quality and standards

31   The SED contained a list of 'actions that could contribute to quality enhancement'. The review team was informed that some of the actions on this list had been identified as part of preparations for the review, while others were ongoing. The team learnt that the list could be regarded as indicative of the institution's intentions for enhancement. Items on the list included matters such as development of the Management Information System and of procedures related to collaborative activity, which are considered in detail elsewhere in this report.

32   It was noted that the institution intends to appoint a number of learning and teaching champions - one in each faculty and one in a central role. These appointments had not been made at the time of the visit, but the team was assured that the intention to create the roles remained.

33   The review team also had access to records of discussions of quality enhancement at the AAQSC. Based on these records and on discussion during the visit, the team formed the view that the institution's approach to enhancement might be characterised as 'enabling' rather than 'strategic'. This view is confirmed by, for example, the institutional attitude to the use of e-learning: it was clear to the team that use of the virtual learning environment was growing, and conversations with staff indicated an enthusiasm for the wider adoption of this and other forms of e-learning. The University's approach is to provide encouragement and support to this organic growth in usage, rather than to adopt a more proactive stance.

34   The review team concluded that while a range of enhancements was planned, the University would benefit from adopting a more structured approach, particularly to the dissemination of good practice (see paragraph 99).

Internal approval, monitoring and review processes

Programme approval

35   The University's process for programme approval suggests a timescale of two years from initial conception to the start of delivery. Discussions during the review visit confirmed that this was regarded as the norm although developments could be progressed more rapidly where there was a business reason for this (the recent development of a counselling course was cited as an example). The University does not have explicit criteria for the circumstances under which an accelerated development can take place, and might wish to consider developing such criteria. Documentary evidence from past validations viewed by the team indicated, however, that in the great majority of cases the two-year timescale is adhered to.

36   The process of developing a new programme is initiated through the Academic Policy Committee (APC), which considers questions of resourcing, and the general 'fit' of the proposed programme with the University's mission. Once APC has agreed that a programme should be developed, the proposal progresses through a two-stage

approval process, involving first a 'scrutiny' at faculty level to ensure that the required documentation is in good order.

37   Once a successful scrutiny has taken place, a validation event is arranged by the University's central quality staff. The make-up of the panel is carefully specified in the Quality Handbook, and includes cross-university and external membership. Documentation is required eight weeks in advance of the event, thus giving ample time for the panel to familiarise itself with the proposal. The validation panel may either recommend approval to the AAQSC (with or without conditions and/or recommendations), or may turn down the proposal.

38   Once a programme has been validated, the definitive course document is retained in a central archive. The Quality Handbook sets out thorough procedures for the approval of various types of minor modification to programmes subsequent to validation that, inter alia, ensure that documentation held remains up-to-date. The review team was able to verify from minutes of faculty and central quality committees that these procedures are followed.

39   The review team formed the view that the University's programme approval processes, while possibly offering some opportunities for streamlining and simplification, were rigorous and effective, and were applied consistently. Processes are consonant with the *Code of practice for the assurance of academic quality and standards in higher education* (*Code of practice*), and reference was made to appropriate benchmark statements and to *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) as well as *The Credit and Qualifications Framework for Wales* (see paragraphs 63-66).

Annual monitoring

40   Annual monitoring is carried out by FAQSCs which report to the AAQSC Committee on the outcomes. There is a standard template for annual programme reports (APRs), and guidance is provided, but considerable variation was still observed in the quality of reports, with some of those seen by the review team being extremely thorough, while others were brief and largely descriptive. The team noted, in particular, wide variations in the extent to which analysis of retention, progression and completion information, and of student performance on individual modules, was included in the reports; in the way in which external examiner reports were considered and responded to; and in the evidence of systematic gathering of student feedback on the provision (see paragraphs 58 and 89).

41   The review team believes that this variability makes it difficult for faculty and central committees to take an overview of the outcomes of annual monitoring and, in particular, to identify common issues arising through the reports. Committee minutes viewed by the team suggest that while feedback given to individual programmes as a result of the annual monitoring process may be detailed, the overview of the reports appears to concentrate on procedural rather than substantive matters.

42   The review team therefore regards it as desirable that the University should review the formats of documentation (for example, the templates used for annual programme reports) to ensure that more consistent information is communicated at all levels.

Periodic review

43   The University's term for periodic review is Major Review. These reviews take place normally every five years and, in effect, follow a process very similar to that for initial validation. The use of externality in the process is strongly emphasised (see paragraphs 46-48), and documentary trails viewed by the review team confirmed that externality requirements were scrupulously followed. The team was of the opinion that the Major Review process, like that for initial approval, was sound and effective. The team noted that all staff, whether full or part-time, take part in scrutiny, validation and major review panels on a rota basis; the University sees this as an important element of staff development and in meetings with the team, staff expressed enthusiasm for this practice. The team is of the view that the staff development opportunities offered to all academic staff through participation in scrutiny, validation and major review panels constitute a feature of good practice.

44   The University has implemented a process of quality audits, which 'stand apart from the other processes and comment on their effectiveness'. Audits may be carried out into programmes/subject areas, or may be cross-University and thematic in nature. The University makes use of this process to help in taking an overview of aspects of its quality assurance activities; during the academic year 2007-08, three such audits were carried out on the effectiveness of the Communication Policy, the extent and nature of accreditation of University programmes, and feedback to students on assessment (this last being triggered by the National Student Survey (NSS) results). The review team regards the quality audit process as making an effective contribution to the University's central oversight of its systems.

45   The Quality Handbook states that 'The Quality Assurance of collaborative programmes is essentially the same as for University based programmes'. The review team did, however, form the view that where initial approval is concerned some confusion exists in the University between institutional approval and validation of provision (see paragraphs 127-128).

External participation in internal review processes

46   The University places a strong emphasis on the importance of external inputs into its programme development, approval and review processes (see paragraph 37). In the case of programme development, the handbook indicates an expectation that consultation should take place with other institutions offering similar provision, with employers, and with industry or professional bodies. The review team was informed during the visit that validation panels routinely check to ensure that such consultation has taken place; guidance provided to panel members reminds them of the need to verify this.

47   The composition of panels for both initial validation and periodic review is specified as follows: 'Normally, academic and professional-employment sector interests will be represented at validation events by at least two external peers'. Responsibility for selecting panel members rests with the Dean of Quality who identifies suitable external members independently of the faculty involved. This rigorously independent selection process was commended by the Assessor appointed by the University of Wales. The University does not provide explicit criteria for the

selection of externals, but the SED makes the observation that 'academic externals are mostly drawn from the post-1992 sector where mission, nature of programmes and target student groups are broadly similar'.

48   The review team noted that externality in all its forms is a high priority for the University. The review team was able to verify, from viewing reports of validation and review events, that this priority translates directly into practice. The team therefore concluded that the arrangements for external input into internal review processes are both appropriate and effective, and that the University's approach to externality is strong and scrupulous enough to support a judgement of confidence in its conduct of academic standards.

Assessment practices and procedures

49   Assessment regulations and procedures are published in the Quality Handbook. Standard regulations are used universally, although variations can be made with the approval of Academic Board, on the advice of the Regulations and Special Cases Committee (RSCC). Students are informed about assessment regulations and practices in student handbooks.

50   Assessment criteria for programmes are established at validation. The review team heard that assessment criteria for programmes and modules are developed by reference to subject benchmarks and professional body requirements, where appropriate. The University does not have generic assessment criteria. However, generic level descriptors are given in the Quality Handbook. Level outcomes and assessment criteria were given in student handbooks seen by the team. The team noted that one set of assessment criteria in a student handbook was developed from a similar set derived from another higher education institution (HEI). Since staff have turned to other institutions for guidance and models in this area, the review considered that the institution might wish to develop its own generic assessment criteria for this purpose.

51   The review team found that the University's concordance table for marks and grades in the Quality Handbook was understood by staff. Nevertheless, some students clearly felt that there was variability in this area because the internal audit report on assessment feedback recommended that the use of marks should be standardised across the institution. The University will no doubt consider this along with the other recommendations of the report.

52   The University has acknowledged that assessment feedback to students is variable. The students' written submission (SWS) reported that some students were not satisfied with the timeliness and quality of written assessment feedback, although there was greater satisfaction with oral feedback. Students met by the review team indicated that, in their experience, assessment feedback was generally satisfactory. Nevertheless, the University has taken due note of these very mixed views, and of the NSS data which indicated inconsistencies in this area. It has worked closely with the Students' Union (SU) to carry out an internal quality audit on feedback and produced a report. The recommendations of this report included consideration of a University standard feedback form, giving assessment criteria of a kind already in use in one

faculty. The report also drew attention to uneven assessment workloads and timings, issues which would impact on the student experience and on the marking process. This report has been considered by AAQSC, which sent it to FAQSCs, senior managers, deans and directors and the Student Affairs Committee. AAQSC has stated that, following these consultations, it will report to Academic Board with proposals for change 'in line with the Report's recommendations'.

53   Assessment arrangements in research degree provision are set out in the Quality Handbook and in the Student and Supervisor Handbook. All assessment arrangements for individual postgraduate research students, including applications for transfer from MPhil to PhD, and proposals for examination of PhDs, are approved by the Research and Postgraduate Committee (RPGC) following consideration by faculty research and postgraduate committees (FRPGCs). The review team found that these arrangements worked effectively and as intended.

54   On the basis of evidence seen during the review visit, the review team concluded that the University's assessment processes are broadly secure and effective, while welcoming the work in progress on feedback to students. Assessment policies, regulations and procedures are appropriately aligned with the *Code of practice, Section 6: Assessment of students*.

External examiners and their reports

55   The University's policies and procedures for external examining are set out in the Quality Handbook. Lists of current external examiners confirmed that they come from a broad range of UK HEIs, but they are not normally drawn from institutions awarding University of Wales awards. A few external examiners are senior practitioners rather than academics, but the review team was able to confirm that such appointments were very carefully considered before appointment. In such cases, the examiner was required to work alongside an academic external examiner from an academic background so that comparability of standards could be secured. In view of this and other evidence the team concluded that the process for the appointment of external examiners was rigorous and thorough.

56   Induction is provided for external examiners and the University is seeking to increase participation by offering induction sessions more frequently. Information about the institution's regulations and requirements is provided to external examiners at the time of appointment. At the time of the institutional review the University was in the process of consolidating its requirements for external examining in a Code of Practice for External Examiners.

57   External examiners submit their reports on a standard form which was updated recently, so that it now more explicitly requires a comment on standards of awards about 'published national subject benchmarks, the national qualifications framework and institutional programme specifications'. AAQSC has noted, through the institutional-level review of external examiners' reports, that not all external examiners use the form and that some use it inappropriately. The review team found a very few examples of brief and terse reports, and welcomed AAQSC's recent decision that shortcomings will be drawn 'more forcefully' to the examiners' attention in future.

The University continues to keep the reporting process under review: for example, the RSCC recently confirmed that the report form should require external examiners to approve all assessment instruments which contribute to final awards.

58   External examiners' reports are read by chairs of FAQSCs and discussed at programme team meetings although minutes of such meetings did not always confirm this, nor did they demonstrate depth of analysis and evaluation. Procedures for addressing external examiners' reports vary from faculty to faculty. In one faculty reviews of external examiners' reports, and responsive action plans, are produced by the programme director. These reviews and action plans broadly captured the weight and range of external examiners' comments. They were considered by FAQSCs, which noted issues, and called for actions on the part of FLTACs and programme teams. Reviews and action plans were also incorporated into APRs, although not always fully. In another faculty a committee reviews external examiners' reports for the FAQSC (see paragraph 30).

59   Procedures for responding to external examiners also vary. The dean of one faculty writes to each external examiner, identifying key matters of response. In another faculty, the chair of FAQSC writes a standard letter acknowledging each external examiner's report and enclosing the programme director's review and action plan. Faculty responses to external examiners are not sent to AAQSC, but this Committee is preparing to reconsider this position, a step which the review team considered prudent. The team found evidence of timely and appropriate responses to external examiners' comments, acknowledged by the examiners themselves in subsequent reports.

60   An annual overview of external examiners' reports is prepared by quality staff and sent to AAQSC, which forwards them to FAQSCs, although AAQSC's minutes do not indicate what FAQSCs are expected to do with them. The overview report is sent from AAQSC to Academic Board, which reviews it and sends it to the University of Wales. These overview reports are detailed, critical and evaluative. In reviewing them, AAQSC notes matters such as late reports, and calls on faculties for action where appropriate. However, the full range and weight of AAQSC and Academic Board discussions were not recorded in the minutes.

61   Requirements for examining research degree programmes (RDP) are set out in the Quality Handbook and in the Student and Supervisor Handbook. External examiners for RDP are nominated by directors of study using a standard form for the proposal of examination arrangements. These proposals are considered by FRPGCs, then by a subgroup of the institutional RPGC, before an appointment decision is made by RPGC itself.

62   In the SED the University asserts that its external examining system plays a vital role in establishing external comparability of standards in assessment, and that it is 'rigorous'. On the basis of the evidence outlined here, the review team agreed, concluding that the University manages its external examining process soundly and scrupulously, and in line with the *Code of practice, Section 4: External examining*.

External reference points

63   The University states that it takes 'full' account of the Academic Infrastructure and claims that its use of the FHEQ and subject benchmarks is tested through the validation and review of programmes. The review team noted that programme definitive documents were explicitly referenced to the FHEQ. Some also referred to subject benchmark statements, but others made more use of professional body requirements, with accreditation in mind. External examiners are asked, in the University's standard report form, to consider the standards of awards in relation to the FHEQ and subject benchmarks. The University's credit level descriptors, and its curriculum framework, are also aligned with the *Credit and Qualifications Framework for Wales*.

64   The review team found that the *Code of practice* had been used as the basis for a comprehensive review of University policies and procedures in the autumn of 2008. This review completed and updated earlier reviews of institutional processes on the *Code*; it concluded that the University was 'in compliance' with all the current sections of the *Code*. The report stated that it took a 'risk-based approach', but the evidence for this was not apparent in the contents of the report or in the review team's discussion with staff. Further work on work-based learning, based on the *Code, Section 9: Work-based and placement learning*, has been completed more recently.

65   The review team found that all sections of the *Code of practice* had been used by the University. Its quality assurance processes were consistent with the *Code*, except in some aspects of its collaborative provision. The team noted the institution's intention to align its processes with the *Code, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*, and recommended that it should address this with appropriate urgency as it develops its policies and procedures for collaborative partnerships (see paragraphs 127-131).

66   Programme specifications are produced for all programmes, and they follow a standard pattern. The review team learnt that they are produced as an end result of the validation process; they were derived from definitive documents which included detailed descriptions of programmes and module specifications. In some cases, programme specifications were appended to definitive documents. Programme specifications are not published. Students seemed to be unaware of them, although they clearly received and understood full programme level information through their handbooks, which are compiled using definitive documents. Staff also indicated a general unfamiliarity with programme specifications. The team also noted that the Quality Handbook did not contain much information on programme specifications. The team concluded that the University might wish to clarify its view of the purpose of programme specifications, and its procedures for their use.

67   The University has generally made appropriate use of the Academic Infrastructure, although further work is required in the area of collaborative provision. It has also begun to address the implications of the Bologna Process, particularly by developing the capacity of its Management Information System to produce diploma supplements.

Programme-level review and accreditation by external agencies

68   The main engagement with QAA that has taken place since the last review is the Taught Degree Awarding Powers process, which was completed successfully and resulted in the change of title from Swansea Institute of Higher Education to Swansea Metropolitan University in 2008.

69   In 2006 the University was part of the QAA Review of research degree programmes. Outcomes of this review were considered by the Research Postgraduate Degrees Committee which noted a number of aspects of good practice, and took appropriate action in respect of the two 'matters for further consideration' identified, namely, alignment of entry requirements with the *Code of practice* and the question of training in research methods. The review team was able to verify, by discussion during the visit and by examination of committee minutes, that the necessary action had indeed been taken.

70   The University keeps an effective oversight of the professional accreditations attached to various elements of its provision, having recently initiated an internal quality audit on this topic, and the review team was able to view a comprehensive register of accredited provision. In a quinquennial visit by the Chartered Institute of Personnel and Development (CIPD), a number of aspects of good practice were identified, in particular relating to relationships with employers. The University is using the CIPD provision, and the outcomes of the accreditation, as exemplars to inform practice in other areas. The review team also looked at a visit by the Institution of Mechanical Engineers (ImechE) which had recommended accreditation of three programmes subject to production of an action plan to address outstanding issues. During the visit the review team learnt that the central ImechE committee responsible for accreditation had not accepted the recommendation of the accreditation panel, and so the programmes had not in fact been accredited. The faculty in question was now addressing the outstanding requirements and, following the accreditation visit, the programmes had been subject to an internal periodic review process.

71   The University offers a large range of HND and HNC provision which is operated under licence from Edexcel. The review team was able to view the annual Institutional Review Report prepared by Edexcel, which did not raise any general points for the University as a whole.

72   The review team formed the view that the University keeps a good oversight of the outcomes of external review activity within the faculties, in particular, having a detailed grasp of the various professional accreditations attached to its provision, and that where necessary it has taken appropriate action to address matters raised by external reviews.

Student representation at operational and institutional level

73   Each undergraduate and postgraduate taught programme has student representatives for each year who sit on the corresponding programme management committee, or the committee for a group of programmes in a portfolio. Student representatives are normally elected or, in some instances, are nominated in discussion between staff and the student group. The Students' Union offers training

for new representatives, although attendance is not mandatory. Programme-level committees have standard agenda items relating to matters raised by students and these are then tracked through the minutes and future agendas. Because programme level committees consider APRs and reports from external examiners, students are involved in quality processes. Students also sit on faculty boards and their subcommittees and are selected from the taught programme representatives. At faculty level, student representatives also meet with the dean and senior faculty staff. Academic Board and its subcommittees have representation from Students' Union officers, faculty representatives and the Student Council. The President of the Students' Union is a member of the Board of Governors. Officers of the Students' Union have regular meetings with the Vice-Chancellor and senior University staff in addition to their representation within the formal committee structure.

74   The Student Council of about 30 members is integrated into the Students' Union management structure and provides direct information about the student experience to the Union. A notable feature of the University's arrangements is the Student Affairs Committee of Academic Board, which, up to the time of the review, was chaired by the Vice-Chancellor. Its terms of reference include advising Academic Board on future directions and effectiveness of the various student support services, and also initiating responses to the views of members and the constituents they represent.

75   Students following taught programmes who met the review team were of the opinion that the student consultation processes for taught programmes worked well at all levels. Student representatives noted that they were supported in collecting opinion from, and feeding back to, their constituents. Students confirmed that their voices were heard and that actions resulted. Indeed, the team was provided with several examples of changes that resulted from student feedback. Students at all levels also emphasised that informal processes also worked well, and that there was an effective open-door policy operated by all staff which complemented the formal procedures and could be used to solve any immediate or urgent difficulties. Discussions with academic staff also indicated the value placed on student opinion. Various committee papers, from programme level to Academic Board and its subcommittees, notably the Student Affairs Committee, supported this view.

76   The SED provided little information on representation of postgraduate research students. During the visit the review team noted that during 2008 the membership of the University Research and Postgraduate Committee (RPC) had been adjusted to include the President of the Students' Union and a student representative, and that the membership of the Faculty Research and Postgraduate Committees (FRPC) had been extended to include one research student in each. However, there was little indication of agenda items relating directly to research student feedback. Research students who met the review team were not aware of a formal representative system. Also, the team noted that the recently published Research Student and Supervisors Handbook (January 2009) does not provide details of a representative scheme. The University may therefore wish to consider enhancing the representative system for postgraduate research students in order to create independent channels of feedback and enhancing the roles of the FRPCs and the RPC and their student members in considering student feedback (see also, paragraph 87).

77 The review team concluded that, overall, there was a clear commitment at all levels to the student representative system for taught programmes that was effective and responsive. The University also demonstrated intentions to improve the training and operation of the system by recently funding an appointment in the Students' Union.

Procedures for student complaints and appeals

78 The University has clearly differentiated 'Student Complaints Procedures' and 'Verification and Appeals Procedures in respect of Decisions by Examining Boards'. Both procedures clearly indicate that they apply to all students and involve a two-stage process. The first stage is informal and designed to resolve complaints as quickly as possible in consultation with an appropriate senior member of staff (head of school or dean). If the student is not satisfied the formal second stage is followed. If this second stage does not resolve the complaint the student may approach the national Office of the Independent Adjudicator (OIA). The verification and appeals procedure is also two stage. In stage one a student may seek verification that marks are correct, exceptional personal circumstances have been considered and due procedures followed. If a student is not satisfied with the verification stage then the second stage appeal procedure can be followed. The University has recently received delegated powers from the University of Wales to operate the second stage of the procedures.

79 The SED noted that the University historically had few complaints and appeals with relatively few progressing beyond the first stages. The SED described how the numbers of complaints and appeals have risen in the recent past. The review team noted that this increase still led to relatively small numbers, with nine complaints and 19 appeals, of which 13 were resolved at the verification stage, in the year 2007-08. The SED noted that over recent years only four complaints had progressed externally to the OIA and in only one small respect in one case had an appeal to the OIA been upheld. The SED also noted that a Compliance Officer had been appointed to help with the increased workload and to help ensure the consistency of treatment across cases.

80 The review team noted that all students following taught and research programmes are provided with the two procedures in full in the University Guide for New Students. Programme handbooks also referred to the procedures, although there was some variability from brief paragraphs to longer explanations. The Research Student and Supervisor Handbook simply notes that the Academic Registrar is the source of advice about the procedures, but no further information is given. Students who met the team were aware of the procedures and were confident that they could seek advice and find full details if they were needed.

81 The review team concluded that the complaints and appeals procedures are sound and there is clear evidence they are followed appropriately. The University has very carefully taken responsibility for increased delegated powers from the University of Wales. Student awareness of the procedures coupled with the quite small number of cases, with relatively few progressing beyond the first stages, supports the view that students generally have confidence in all of the University's procedures and communication, and also in the complaints and appeals procedures themselves. In only one small area might the University consider refining its approach, and that is to make more consistent reference to the procedures in student handbooks.

Feedback from students, graduates and employers

82   The University does not prescribe precise ways in which student feedback is sought at module and programme level for taught programmes. However, there is an expectation that feedback mechanisms will be developed locally, for example the use of questionnaires. The various forms of feedback feed into annual module and programme (APR) reviews.

83   During the review visit the team established that for graduates there is an alumni association and that this has elements of collecting feedback, but that is not its primary purpose. The University does receive indirect feedback in the form of employment statistics. The team was informed that these are used to assess the employability prospects of graduates across subject areas and for the University as a whole.

84   During the visit the review team established that employer feedback was primarily collected at course level and designed to suit particular course arrangements and subjects and was in fact quite wide ranging. External input is also mandatory as programme teams prepare for programme validation and major review.

85   In the case of central departments providing learning resources and student services, user satisfaction surveys are routinely used and are reported on in annual reports to the Academic Board. The University makes use of the National Student Survey (NSS), which seeks the opinions of final-year students only, for internal purposes. The Students' Union takes the lead role in advertising the NSS and encouraging students to respond. The NSS results are considered centrally and within faculties and actions initiated where results were considered to be less positive than expected. The Students' Union also analysed the NSS and fed this analysis to the senior staff of the University.

86   Module and programme-level questionnaires tended to be used in larger modules and programmes and were substituted by other procedures such as year group meetings (undergraduate) and whole course meetings (taught postgraduate) where student numbers were small. In general, students reported that they felt the procedures were satisfactory and fit for purpose. All students and staff who discussed this issue noted the primary role of the student representative system and the importance and appreciation of the open-door policy (see paragraph 75). The review team noted that feedback evaluation fed into module reviews within APRs and the APR itself.

87   Postgraduate research students and University staff associated with research student supervision confirmed that there were no formal survey methods in place to seek the views of the research student body as a whole or of subsets of students. The review team considered that it would be desirable for the University to ensure that the postgraduate research student voice is effectively heard as it continues to develop the research student experience (see also, paragraph 76).

88   The review team concluded that feedback processes for taught programmes were generally sound. However, in one respect the team considered that the University may wish to evaluate its approach. The team noted that there is a wide range of locally crafted questionnaires and various other ways of gaining feedback where questionnaires were not used. The University may wish to consider evaluating the

effectiveness and appropriateness of different approaches and different styles of questionnaire with a view to identifying good practice and offering guidance to staff about the best approaches and practices to use in their local circumstances.

Progression and completion statistics

89   The University noted in the SED that its Management Information System (MIS) has significant shortcomings. However, it has reviewed its current systems and has begun developments which 'will enhance the information availability for quality assurance processes'. These developments are led by the Registry in collaboration with one of the faculties and an Information Technology Users Group. The institution had decided to retain its current MIS system because it was versatile and could provide appropriate outputs. Through this central system it intends to provide a full range of statistical data. However, the review team heard that current developments were focused only on Examining Board data, that a small-scale pilot would operate in the summer of 2009, and that the system would be 'gradually' rolled out, with earliest adoption across the University in 2010-11. On the basis of this evidence the team formed the view that the continuing development of the MIS was unhelpfully slow; it had not been informed and guided by a clear definition of the institution's data requirements, nor was there a clear strategy for the use of statistical data in the management of academic standards and quality.

90   The University expects its APRs to make use of statistical data (see paragraph 40). The review team found that this expectation was partially realised in some, though not all, APRs. Some APRs include and comment on statistics for recruitment but not progression, and others took the opposite approach. Some comments took the form of statements without analysis or evaluation. Staff did not always seem to attach a high priority to evaluation of statistical data. While recruitment statistics used in APRs were centrally provided, the team heard that progression data was derived from faculty or school sources because they were regarded as more reliable.

91   Major reviews of programmes also make variable use of statistics. The review team saw one review document which recorded and discussed statistical data, with a particular emphasis on recruitment. Another recorded statistics and added a discussion which also focused largely on low cohort numbers in terms of recruitment rather than retention.

92   Faculty annual reports to Academic Board likewise present and evaluate statistical data very unevenly. One annual report presented a substantial body of statistical evidence, while another gave very little. Institution-wide recruitment and attainment data is presented to Academic Board annually as reviews of three-year periods, as a statistical annex to the Registry's Annual Report. In February 2009, Academic Board received this report for the year 2007-08, and referred the statistical annex to senior managers, deans and directors for consideration and action. However, because of the terse style of minutes used by the University's committees (see paragraph 30), no evidence of Academic Board's discussion of the data was available. The SED states that recruitment data is used to 'advise admission criteria' but the team found difficulty in establishing what this meant and how it was accomplished.

93   The review team found evidence that progress in the development of the central MIS was slow, and that centrally provided data was not yet reliable in all areas. The use of statistical data in APRs and in major reviews, and in faculty reports to Academic Board, was inconsistent. There were no clear strategic priorities for the future use of statistical data in the monitoring and review of its provision, and for enhancement. The team also found no clear link between the use of statistical data and admissions policies. Therefore, the team advises the University, as it continues to address these issues, to expedite the development of the MIS and ensure its capacity to provide an appropriate range of data to inform the oversight and management of quality and standards.

Assurance of the quality of teaching staff: appointment, appraisal and reward

94   According to the SED, the University 'regards high quality staffing as a prerequisite to providing a high quality learning experience for students'. Consideration of staffing requirements is built into programme approval, major review and the annual resourcing allocation. Emphasis is placed on academic staff having an appropriate level of qualifications and experience; many also hold teaching and professional qualifications. Appointees without a teaching qualification or appropriate experience complete the University course in Post Compulsory Education and Training, accredited by the Higher Education Academy (HEA).

95   Part-time staff are appointed either on fractional posts or are hourly paid and a 'significant' number of such staff in certain areas are practitioners. Frequently, staff appointed to permanent posts have previously held part-time posts and the review team heard of professional staff members being appointed to academic posts and of part-time staff applying for other fractional posts.

96   Staff take part in a central induction programme introduced by the Vice-Chancellor and individual inductions take place at school or departmental level. Probation meetings are held at three, six and 12 months and a checklist details responsibilities until formal completion of the induction process. It was made clear to the review team that induction and probation apply to all categories of staff. Staff are assigned a mentor and those without previous lecturing experience in higher education are mentored more closely. The team took the view, however, that it might prove more beneficial to staff if their mentors were not their line managers. The team learnt that induction and mentoring also take place when existing staff are appointed to new responsibilities as, for example, Programme Director or research supervisor, and staff confirmed that this support was appreciated. All staff have access to a copy of the Staff Handbook that, together with further information on SMU policies and procedures, is also on the intranet.

97   The SED stated that annual staff development and appraisal schemes for academic and professional support staff were currently operating successfully. Appraisers are senior members of staff: heads of school, deans of faculty, or line managers. The review team formed the clear impression, from documentation and from discussions with staff, that the formal appraisal schemes are intrinsically linked to staff development and, as such, are indeed valued by staff (see also, paragraph 101).

98   Promotion opportunities to posts of responsibility are advertised internally in the first instance. The review team heard that while internal advertisements are also usual for fractional posts in areas with existing part-time staff, new appointments and vacancies are advertised externally. An application process for the award of the titles of Professor and Reader is also in place.

99   The SED expressed the University's strongly-held view that to reward some staff for teaching in a teaching-led institution where all staff should be aiming for excellence would undermine that aim and 'could be demotivating'; this view was reiterated to the review team by senior management. The team heard from staff that individual good practice was recognised locally by line managers and other colleagues. However, the team also heard that some means of recognition (not necessarily remuneration) of, say, innovative teaching methods would be appreciated and noted that similar comments had been made during the recent e-learning benchmarking exercise. It seemed to the team that, without some formal means of recognition of significant staff achievement, an opportunity was being missed for the identification and dissemination of good practice within the wider community and beyond. The team considered it desirable for the University to consider adopting a more structured approach to the identification and dissemination of existing good practice.

100 The review team learnt that the support afforded to new staff was continued through the appraisal system. The team considered that the careful and inclusive approach to the induction and mentoring of staff, both on initial appointment and when taking on new responsibility, was a feature of good practice.

Assurance of the quality of teaching through staff support and development

101 Staff support and development is accorded particularly high priority within the University's committee structure; Academic Board has a Staff Development Committee (SDC) which overviews all staff development and encourages the dissemination of good practice. The Learning and Teaching Strategy addresses staff development and training needs at all levels. Faculty SDCs exchange minutes and annual support services reports demonstrate a similar commitment to staff development. The review team saw evidence, and heard from staff, that the SDC keeps an active oversight of the range and uptake of staff development provision and promotes new opportunities. From its reading of documentation, and from its discussions with staff, the team considered SMU's capacity to initiate and manage effective measures for the support of staff (and students) to be a feature of good practice (see also, paragraphs 113-118).

102 Some 75 per cent of SMU's permanent staff undertook development activities during 2007-08. The University provides general in-house staff development courses and contributes to the South West Wales Higher Education Partnership joint training programme. The review team heard from staff that there was good uptake of courses in both directions and that staff in local partner colleges have full access to these opportunities.

103 The main vehicle for identifying individual staff development needs is appraisal. Although formal appraisal takes place on an annual basis, the review team was told that identification of staff development also happens informally. Staff confirmed to the team that appraisal was directly linked to staff development and were enthusiastic about the opportunities available; the team formed the clear impression that individual staff development requests, however identified, were readily facilitated. As SMU increases its research profile, staff research is being promoted, discussed through appraisal where appropriate and built into faculty staff development plans.

104 The main peer observation scheme is triad-based, although a 'buddy' system is being trialled in one faculty. It is informal and developmental, not currently linked to appraisal, can be cross-faculty, and is considered successful by SMU management and more generally by staff, according to those who met with the review team.

105 The University offers its own HEA-accredited programme, for which an e-learning module has recently been approved. Staff are actively encouraged to take part in HEA activities and to seek HEA membership (the University funds applications), although relatively few are in membership. Many staff are, however, involved in HEA and Subject Centre activities. Staff are also encouraged to join in with external activities in Wales and beyond, through HEA activities, professional associations, University of Wales validation events and as external examiners in other universities.

106 In conclusion, the review team considered that the care given to the provision of effective and accessible development opportunities for all categories of staff was a feature of good practice.

Assurance of the quality of teaching delivered through distributed and distance methods

107 SMU does not have any distributed and distance learning, e-learning or blended learning, only learning supported by electronic means. The review team was satisfied that the University had procedures in place to ensure that, should any form of distance learning be instigated in the future, it was well placed to respond appropriately.

108 The University's Learning and Teaching Strategy sets out clear intentions for the future of e-learning and an e-learning support officer has been appointed under the auspices of the South West Wales Higher Education Partnership to support the wider use and roll out of its chosen virtual learning environment (VLE) within the University. An E-learning Promotion and Co-ordination Working Group has been set up which will be informed by SMU's response to the HEA e-learning benchmarking exercise.

Learning support resources

109 The Library and Learning Resources Service (LLRS) operates on all three main sites with library and open-access computing facilities. The services provided on each site are supported by dedicated professional staff who sit on committees at all levels to integrate closely with academic developments. At the time of the visit the University was trialling the use of a Welsh Digital Repository, which is primarily designed to support research and was involved in a major project with neighbouring higher

education institutions to introduce a major regional virtual library. User surveys are routinely used to inform the effectiveness of services and annual reports are made to the Academic Board. The review team noted that the University provided a VLE to support teaching and learning. Centrally provided learning resources are complemented by more specialist facilities that are managed by the faculties. These include, for example, art and design studios, specialist laboratories and workshops.

110 Students who met the review team confirmed that the central learning resources provided by LLRS met their needs. They were particularly complimentary about the support they received from LLRS staff. Students described the services as responsive to their needs and with changes made because of student feedback. For instance, students following one programme noticed rapid enhancement to the library stock as a result of their comments and, at university level, perceived inequalities between sites that emerged in the Students' Union survey that informed the writing of the SWS were rapidly addressed. The team was particularly interested to learn that students supported the view that that the various services were geared to meet the needs of a diverse student body. Discussion with students also indicated that resources provided by faculties were equally effective and widely appreciated.

111 The review team learnt that a training programme had been undertaken to introduce all academic staff to the VLE and that its use was growing, primarily as a supplement to more traditional teaching and learning methodologies rather than as a replacement for them. The team was informed that this growth in the use of the VLE was largely driven by the enthusiasm of academic staff, its use where pedagogically sound, and feedback on its effectiveness from students, rather than as a response to centrally imposed rigorous targets for its use. Students who met the team who used the VLE welcomed its introduction and confirmed its value. The team was informed by staff that this approach to the development of the VLE was likely to continue.

112 The review team concluded that learning resources provided both centrally and by faculties meet the needs of a diverse student body and, moreover, that they are responsive to user opinion and well integrated into the ongoing academic developments of the University. Students were appreciative of the services provided by the staff concerned. Students also valued the developing use of the University's chosen VLE. While generally supportive of the University's approach to the VLE the team thought that the University may want to consider developing the more consistent use of the VLE in order to further enhance the equality of the student experience, for example, but not exclusively, by providing core module and programme information online and more consistent information about the VLE in student handbooks.

Academic guidance, support and supervision

113 The University offers a broad package of support services. These range from generic programme related guidance presented by academic or academic-related staff, and personal academic guidance, to individual confidential advice that may be of a personal nature for specific problems, provided by or arranged by Student Services.

114 Academic support and guidance is primarily provided within the faculties with support from various central services as appropriate. The University has in place a learning and teaching strategy that takes into account the needs of a diverse range of students. This is tested at validation of programmes to ensure that structured approaches to student support are included that are appropriate to the programme(s) concerned. Where necessary students are then directed to specialist sources of support in Student Services, for example, for help with study skills and English language support for students from overseas. During the visit the review team was informed that the more formal arrangements were supported by good staff-student relations and effective communication, aided by an 'open-door' policy. Postgraduate research students are primarily supported by regular contact with their two supervisors with easy access an expectation. They also undertake both university-wide and more subject-specific research training.

115 SMU's Welsh Language Scheme was being considered through the University's committee system. The review team heard of the positive attitude towards, and increasing uptake of, free Welsh language courses by students. Students can choose to be contacted or assessed in Welsh; study and pastoral support can be accessed in Welsh.

116 Students receive a wide range of written information to support their studies. This includes the Guide for New Students, which all students receive, programme handbooks and information about modules for students following taught programmes, and the Research Student and Supervisor Handbook for research students.

117 Both faculty and centrally placed staff who met the review team confirmed their strong commitment to student support and guidance and maintaining the open-door policy. Students following taught programmes who met the team confirmed that they valued very highly all aspects of the support they received. They confirmed that induction was effective, information was good, they had access to academic advice from clearly identified individuals and that the open-door policy was a reality. They also indicated that support was tailored to meet their needs and that links to centrally provided services were effective and the services themselves were widely appreciated. Examples of good practice included tailoring the academic day to meet the personal circumstances of mature postgraduate students, providing academic support sessions in the workplace for part-time undergraduate students and introductory days after recruitment, but before formal enrolment, for new students. Postgraduate research students confirmed that they had regular and easy access to their supervisors and that they received the support they required to progress in their work. Only in one respect did the team consider that the University might continue to develop its approach. This related to programme and module-level information. While students following a programme may have considered the information they received to be satisfactory, the team noted variability between programmes. While acknowledging that it is necessary to include programme specific information the team noted variability in the inclusion of more general information, for example about the VLE and complaints and appeals procedures.

118 The review team concluded that the view expressed in the SED that the University is committed to providing academic support that meets the needs of a diverse student body is fully substantiated. Overall, the team considered that the

effective and responsive support given to a diverse range of students at all levels of the University to be a feature of good practice. Only for programme and module-level information did the team consider that the University might wish to further develop the consistency of its approach.

Personal support and guidance

119 Personal support and guidance is centred upon Student Services that provides study skills, dyslexia, dyscalculia and English language support and includes the occupational health service. Financial advice is provided through the Finance Department and the University supports students requiring crèche facilities with financial support and concordats with local nurseries. Medical services are also provided through concordats with local providers. Student Services operates drop-in sessions and an appointment system and students may be referred to the various services following initial contact with their tutors and pastoral officers in faculties. The review team noted that Student Services provides a detailed annual report to Academic Board that contains a distillation of user feedback (see paragraph 85).

120 Students who met the review team were aware of the services provided by the University and, even if they had not used them personally, they were aware of their effectiveness. Co-location of the various elements of the services in the refurbished Learning Support Centre was considered to be effective by students. Staff in faculties were clearly provided with appropriate information about the services and worked closely with Student Services staff to ensure students were referred as necessary to an appropriate area of expertise.

121 The review team concluded that the services provided are highly valued by students and are well suited to meet the needs of a diverse student body. Student support provided in the faculties and centrally is well integrated, as are the various elements of the central provision in the Learning Support Centre. The services are responsive to feedback that is gained directly from users and through the key role of the Student Affairs Committee and its direct links to the Students' Union and Student Council. The importance attached to student support by the University is illustrated by the position of the Student Affairs Committee as a subcommittee of the Academic Board.

Collaborative provision

122 In its further education college partnership, four Higher National and/or undergraduate programmes are jointly taught by staff of both institutions at the University's campuses. Continuing professional development programmes are offered for teachers throughout the region. Some small-scale part-time provision is delivered by University staff for government or industrial bodies. A taught postgraduate programme is delivered at an institution in mainland Europe, again by travelling staff of the University. Standard institutional quality assurance arrangements are used in all of these programmes. Examples of APR and major review documents for the European provision showed that this programme was clearly and distinctly reported and evaluated. On this basis the review team concluded that the University's procedures for monitoring and major review worked effectively in current collaborative provision.

123 The SED explains that, after a long period in which international collaboration has been limited to the European programme mentioned above, the University is preparing to re-enter the international collaborative arena 'cautiously and gradually'. After a two-year period in which it has admitted students with Higher National Diplomas (HNDs) from an institution in East Asia into level 6 programmes at the University, on the basis of accredited prior learning, it has begun to develop a collaboration with the same institution for the franchise of HND programmes and progression to Swansea Metropolitan.

124 Quality assurance procedures for collaborative provision are set out in the Quality Handbook. However, the review team noted that policies and procedures for the approval and review of partner institutions were not explicitly defined in the Quality Handbook. Indeed, when the collaboration currently under development was first proposed to the Board of Governors in April 2007, institutional approval was not mentioned, and validation of the programmes was envisaged in time to recruit the first students in September of that year. The team sought to establish the point at which this overseas institution had been approved as a collaborative partner, and was told that the approval decision had been made by the Academic Policy Committee in March 2008. Documents showed that this approval decision was made on the basis of a formal proposal document and an institutional profile document, as specified in the Quality Handbook. In 2007, visits had been made to the prospective partner institution by senior staff of the University, but these were primarily and essentially for student recruitment.

125 The review team noted that the Quality Handbook did not set out a process of due diligence investigation. In the documents made available by the institution, the team could find no evidence that such a process had been carried out by the University in appropriate detail. Risks entailed in collaborations of this kind were identified in a report to the University's Board of Governors in July 2007, but were not fully addressed in the analysis which followed. The weakness of recent approaches to risk were, in the team's view, exemplified by a section in the approval document sent to the Academic Policy Committee (APC) in which it was stated that risks to students were a matter for the partner institution under the laws of the nation concerned. No business plan had been produced for this project; indeed, the team was told that such a plan was unnecessary because this was not a business venture, and that income would be derived from the fees paid by students progressing to the University from the partner institution. The approval document for this proposal included estimated marginal costs but not projected income; it had been signed by the Director of Finance, the Head of Library and Learning Resources and the dean of the faculty involved, and the proposal was approved by the APC. In view of this evidence the team concluded that the project had not been planned or costed appropriately.

126 The SED stated, and members of staff emphasised in meetings with the review team, that the University was taking a very cautious approach to this international collaborative development. On the basis of the issues and evidence noted above, the team did not believe that some aspects of the current international partnership development project were sufficiently cautious. Moreover, the team noted that key meetings had been asked to make key decisions about this project on the basis of tabled documents: for example, at a meeting of the APC in June 2007, when the

outline proposal was conditionally supported by the Committee. Likewise, in July that year, a report about the proposed relationship and its risks, prepared at the request of the Board of Governors, was also tabled.

127 The review team found that an inter-institutional memorandum of agreement (MoA) had been signed some two months before the process of partner institutional approval, as defined by the University was completed. Some features of this MoA, such as a stipulation that those aspects 'enforced' in the partner institution's country would be subject to the law of that country, appeared to place at risk the University's capacity to assure the standards and quality of the proposed provision. The team was told that a second 'programme-level' MoA would be added, and that both agreements would continue in force, although 'some details' of the MoA already signed might be reviewed. The team concluded that the University's policy and practice for inter-institutional agreements, including their scope, content and timing, were not clearly formulated, nor appropriately defined in the Quality Handbook.

128 Programme approval and review in collaborative provision is subject to the same procedures as for 'home' programmes (see paragraphs 35-45). A validation event for the proposed HND franchised provision was held at the partner institution in April 2008. At the time of this review the conditions and recommendations of validation had not been met, but the review team was told that this work was in progress. As part of this work a Management Handbook for this provision has been compiled. The team found anomalies in it, particularly for the key role of the University Moderator in the management of the collaboration; however, the University was aware of this issue and the team was assured that this document was being revised.

129 In 2008 the University set up a Collaborative Issues Working Group to advise APC and senior managers, deans and directors about collaborative developments. The review team was twice told that it intended to establish the collaborative project currently being developed before embarking on any others. Nevertheless, this development had been described as a 'Model' for another collaborative proposal discussed by the Collaborative Issues Working Group. Minutes of this Working Group also indicated that a number of possible international collaborations had been suggested and had received initial consideration. In view of these discussions the team would urge the University to reinforce and substantiate the cautious approach which was described in the SED and in meetings with staff of the institution.

130 The University's current procedures, as set out in the Quality Handbook section on collaborative provision, have been used in the development of its new international collaborative partnership. The review team considered that some aspects of policy and procedure in this section of the Quality Handbook, particularly for partner institutional approval and review and the making of inter-institutional agreements, required considerable further development and clarification. Documents of the new collaborative development seen by the team reflected a current lack of clarity in policy and process.

131 The institution has stated, in the SED, that it will align its policies and processes with the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. The review team welcomed this entirely appropriate commitment; however, in view of the matters noted above, it concluded that policies

and procedures for collaborative partnerships did not yet align fully with this section of the *Code*. In particular, the team urged the University to make full use of the explanatory text as well as the principles in this volume. In that light it should revise its institutional policy and procedures for the quality assurance of collaborative provision, particularly at institutional level, and then apply these in full to the overseas collaborative project currently under development, and then to any further such developments.

Section 3: The review investigations: published information

The students' experience of published information and other information available to them

132 SMU has developed a communication policy, covering both internal and external communications, which indicates that procedures should be in place 'to ensure that as far as possible information that is placed in the public domain is accurate'.

133 Programme information can be accessed by prospective students through undergraduate and Postgraduate Certificate in Education prospectuses and through the SMU website, and publicity material is also available for individual programmes. Other than information about Welsh-medium programmes, information is generally provided in English only. The review team also sampled programme information in student handbooks.

134 The SWS reported mixed views among the sample of students surveyed on pre-entry information: around one third of students found it unreliable or insufficiently comprehensive for their needs. However, the students who met the review team considered that the information they received from various sources before coming to SMU had been sufficiently detailed and helpful, and they told the team that the reality of studying at SMU lived up to their pre-entry expectations. These students were satisfied with the information they received after arrival, even though such information is not consistently presented in programme documentation (see paragraph 112). It was clear to the team, from their reading of the student written submission and from their meetings with students, that wider electronic provision of information would be viewed positively by the student body.

135 The University is 'keenly aware' of its responsibility on the accuracy and currency of published information and data. To this end, it does not quote league tables, nor does it publish or make claims about student performance or the quality of its programmes unless quoting from original information already in the public domain.

136 At the time of the review visit, some aspects of the University's 2009 Publication Scheme under the *Freedom of Information Act* were still under construction in both English and Welsh. Some documents were available through hyperlinks but some only in hard copy. The review team noted that few Welsh documents were directly accessible through the website, nor is the website itself currently accessible through the medium of Welsh; however, it is made clear that documents will be translated on

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request. The team was told that a second translator is being appointed, primarily to develop a completely bilingual website by 2011, in line with the University's Welsh Language Scheme.

137 From its consideration of published documentation, both internal and external, and from its discussions with staff and students, the review team concluded that, overall, SMU was addressing its obligations and meeting its commitments to date.

Findings

The effectiveness of institutional procedures for assuring the quality of programmes

138 The University has a clear and well-defined committee structure to support its quality assurance processes. Central to this structure at university level is the Academic Audit, Quality and Standards Committee, which reports directly to Academic Board. This committee has responsibility for all quality assurance and standards matters relating to taught provision; a corresponding role for research degree provision is played by the Research and Postgraduate Committee. Corresponding committees at faculty level have oversight of processes within each faculty. Quality processes are extensively documented by means of a comprehensive Quality Handbook, readily accessible online.

139 Processes for the development, approval, monitoring and review of academic provision are carefully specified, and are in line with the expectations of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*. In particular, programme development and approval is a very thorough process, working to a timescale of two years from initial conception to delivery, and involving two separate stages, one at faculty level, one centrally managed. Externality is scrupulously and extensively applied both in programme development and approval, and in programme review.

140 The review team agrees that these processes are sound and effective in assuring the quality of provision. However, the team did observe that despite the guidance provided by the Quality Handbook, wide variations exist in practice in the format and amount of detail provided for annual monitoring purposes by different parts of the University and, in particular, in the extent to which reports make effective use of management information relating to module-by-module performance, progression and completion. In addition, the team was unable to track clearly the processes by which central committees are able to get a clear overview of the outcomes of review processes; this difficulty was compounded by the terse approach to minuting of committees which appears to be the University norm, and by the diversity of formats in which information was provided to central committees.

141 The team therefore advises the University to strengthen the mechanisms whereby Academic Board and its subcommittees keep an effective overview of quality-related matters; the team also regards it as desirable that the University should review the formats of documentation to ensure that more consistent information is communicated at all levels.

142 A feature of the University's approach to supporting its students is the open-door policy that encourages and facilitates interchange between students and staff. The review team was able to confirm, from conversations with staff and students, that this policy translates into a reality, and forms an effective channel for informal feedback from students. More formal mechanisms for student representation by membership of committees at all levels of the University were also seen to operate effectively. The University does not operate an institutional student experience survey; however, it

makes use of the National Student Survey results to inform practice. At the course and module level, there is an expectation that feedback will be sought, but the ways in which this takes place are left to the discretion of individual staff. Nevertheless, evidence seen and heard by the team makes clear that the voice of students on taught programmes is being heard and acted upon. This was less clear in the case of research students, where both staff and students seemed unaware of any formal representation system. In this area, the team regards it as desirable that the University, in continuing to develop the research student experience, should ensure that the research student voice is effectively heard.

143 The University has no distance-learning provision, and until recently has engaged in a very limited amount of collaborative activity, almost all of it in the local region. Quality assurance of this collaborative provision is unproblematic, following essentially the same processes as apply to internal provision. However, in the past two years the University has embarked on the development of a collaborative programme with a large University in the Far East. Procedures for the approval of collaborative activities are set out in the Quality Handbook, but these do not include a separate institutional-level approval process, and the review team formed the view, based on close examination of this development, that some confusion exists between institutional approval on the one hand and validation of provision on the other. The absence of traceable due diligence procedures, and the scope and nature of some of the institutional agreements signed between the University and the proposed partner, also gave rise to concern. The team therefore regards it as advisable that, before the recruitment of students to any new collaborative provision, the University should revise institutional policy and procedures for the quality assurance of collaborative provision, and then apply these in full to the overseas project currently under development.

144 Overall, the review team concluded that the processes for assuring the quality of provision, including formal approval, monitoring and review processes and the use of feedback from students and other stakeholders, were both appropriate and effective.

The effectiveness of institutional procedures for securing the standards of awards

145 The standards of the University's awards are established through the development and validation of programmes, which involve external specialist advice from academic and, where appropriate, professional and industrial practitioners. Programmes are specified in definitive documents from which student handbooks are derived.

146 Assessment policies, regulations and procedures are published in the Quality Handbook. Assessment regulations can be varied only by approval of the Academic Board. Programme regulations are made known to students in handbooks. Assessment criteria are defined at programme level through the validation process, and are also published in student handbooks. The University might wish to consider the development of a set of generic assessment criteria to guide those defined at programme level. Assessment feedback to students is variable, and the University is addressing this energetically on the basis of National Student Survey data and a recent internal audit of feedback performance, carried out with the Students' Union.

147 External examining is strongly and scrupulously used. Examiners are appointed after careful and rigorous scrutiny. Reports from external examiners are used to establish external comparability of standards, confirm that assessment processes are sound, consistent and fair, and improve and develop assessment practice. External examiners' reports are reviewed at institutional, faculty and programme levels, and action is taken in response to their advice. Very thorough and comprehensive overview reports on feedback from external examiners are presented to the Academic Audit, Quality and Standards Committee (AAQSC) and Academic Board.

148 Standards are reviewed through the annual monitoring process, where feedback from external examiners is used to good effect. However, statistical data is not consistently used in annual programme reports, nor at faculty level; moreover, analyses of data presented to AAQSC and Academic Board are variable. In order to develop further its capacity to use statistical data for review purposes, the University is developing its Management Information System (MIS) for the centralised provision of data. However, this process is slow and would benefit from stronger strategic direction. The review team advises the University to expedite the development of the MIS and ensure its capacity to provide an appropriate range of data to inform the oversight and management of quality and standards.

149 Standards in current collaborative provision are managed and secured effectively. However, the University's procedures for the quality assurance of new collaborative provision, especially for institutional approval and review, and inter-institutional agreements, require urgent further development and thorough application before students are admitted to new collaborative programmes.

150 In summary, the review team found that the standards of awards are secured in all the University's current provision.

The effectiveness of institutional procedures for supporting learning

151 The University provides learning resource centres including library and open-access computing facilities on each main site. Central services are complemented by specialist facilities that are managed by the faculties. Users of the services described them as more than adequate for their needs and responsive to feedback. The University has adopted a single virtual learning environment (VLE) and staff have been trained in its use. At the time of the visit, the use of the VLE was growing organically and, although the review team noted examples of good practice, the team also concluded that the University might consider developing further guidance for more consistent use of some aspects of it.

152 Academic advice and guidance for students is provided by academic staff who have specific roles, such as year tutor or programme director. Students also have access to all staff through an open-door policy. Faculty based support is complemented by central services, for example relating to study skills. Students consistently informed the review team that the support they received in faculties and centrally was effective and valued, and that the balance of formal contact procedures and the open-door policy worked well. Students reported a similar picture with regard to pastoral support and guidance being able to seek support locally and, if necessary, centrally from a wide range of central services.

153 The review team concluded that learning resource provision was well integrated into the life of the University and met the needs of a diverse range of students and programmes. The team considered that the effective and responsive support given to a diverse range of students at all levels of the University was an example of good practice.

154 Staff support and development is accorded a high priority at SMU. From its reading of documentation and from its discussions with staff, the review team considered SMU's capacity to initiate and manage effective measures for the support of staff and students to be a feature of good practice. Other areas of good practice in the area of staff development were the development opportunities afforded to all academic staff through participation in scrutiny, validation and major review panels; the careful and inclusive approach to the induction and mentoring of staff both on initial appointment and when taking on new responsibility; the high priority given to the provision of effective and accessible development opportunities for all categories of staff.

The use made by the institution of the Academic Infrastructure

155 The University uses *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and subject benchmarks in its validation and major review processes. The FHEQ is used as a frame of reference for programme definitive documents. In some programmes, subject benchmark statements are also cited in this way, although others make greater use of professional body frameworks. Curriculum and credit frameworks are aligned with the *Credit and Qualifications Framework for Wales*.

156 The University's procedures, regulations and guidelines have been reviewed systematically with reference to the *Code of practice*. This process was comprehensively updated in the autumn of 2008 and an extensive report was sent to AAQSC and Academic Board. The review team found that the University's procedures, regulations and guidelines are generally in accordance with the *Code*. Quality assurance processes published in the Quality Handbook are aligned with the *Code* except in its section on collaborative provision, which does not make full and effective use of the *Code, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. Policies and procedures for the quality assurance of collaborative provision, particularly at institutional level, would benefit from a more thorough use of the explanations, as well as the principles, set out in the *Code, Section 2*.

157 All the University's programmes are described in programme specifications, which are derived from programme definitive documents, and are produced and approved through the validation process. However, students are largely unaware of them although they are well informed about their programmes through effective handbooks. Programme specifications also have a low profile among staff and very little is said about them in the Quality Handbook. The University might find it helpful to look again at the purposes and audiences of programme specifications and the ways in which it uses them.

158 The review team broadly agreed with the University's statement that it takes 'full account' of the Academic Infrastructure. Nevertheless, the institution should intensify its use of the *Code of practice, Section 2*, as it urgently reviews and develops its quality assurance policies and procedures for collaborative provision. It might also wish to review its approach to the purpose and use of programme specifications.

The utility of the self-evaluation document as an illustration of the institution's capacity to reflect upon its own strengths and limitations, and to act on these to enhance quality and standards

159 The review team found the self-evaluation document (SED) to be a useful document which provided a clear and accurate overview of the University's processes. Both strengths and perceived deficiencies were discussed in an open and helpful way, particularly in the final section of the document titled 'Strengths and Weaknesses'. The document did however omit to mention some more recent developments, and the team was of the view that the University placed undue reliance on external views rather than on its own assessment of its performance.

Commentary on the institution's intentions for the enhancement of quality and standards

160 The SED set out a clear list of 'Actions that could contribute to quality enhancement'. These cover quite a diverse range of activities. No fewer than four relate to staff development: to extend and promote peer observation; to link the appraisal process more explicitly to learning, teaching and research; to support staff in increasing their external activity and provide further staff development related to quality processes. Others relate to the development of the MIS, to the need to monitor retention, and the intention to promote research which will underpin teaching.

161 The review team was informed that not all the items on the list had the same status, some were ongoing while others were still to be developed. Nor was the list intended to be exhaustive: it became apparent during the visit that other measures which would contribute to enhancement were either under way or planned - for example, the appointment of 'Learning Champions' within faculties.

162 The review team therefore formed the overall view that, while a wide variety of enhancement activity was taking place, and was undoubtedly making an impact at the local level, the University's approach to the dissemination of this good practice was largely facilitative rather than proactive. The team therefore believes that it is desirable for the University to adopt a more structured approach to the identification and dissemination of existing good practice.

Reliability of information

163 The review team found as a result of its sampling of published information, and from what it heard from students, that overall reliance can be placed on the accuracy, integrity, completeness and frankness of information published in various formats by SMU.

Features of good practice

164 The following features of good practice were noted:

- the development opportunities afforded to all academic staff through participation in scrutiny, validation and major review panels (paragraph 43)

- the careful and inclusive approach to the induction and mentoring of staff both on initial appointment and when taking on new responsibility (paragraph 100)

- the institutional capacity to initiate and manage effective measures for the support of staff and students (paragraph 101)

- the high priority given to the provision of effective and accessible staff development opportunities for all categories of staff (paragraph 106)

- the effective and responsive support given to a diverse range of students at all levels of the University (paragraph 118).

Recommendations for action

165 Recommendations for action that is advisable:

- to strengthen the mechanisms whereby Academic Board and its subcommittees maintain an effective overview of quality related matters (paragraphs 30, 40, 41, 58 and 92)

- to expedite the development of the Management Information System and ensure its capacity to provide an appropriate range of data to inform the oversight and management of quality and standards (paragraphs 89 and 93)

- that before the recruitment of students to any new collaborative provision, the University revises its institutional policy and procedures for the quality assurance of such provision and then applies these in full to the overseas collaborative project currently under development (paragraphs 127-131).

166 Recommendations for action that is desirable:

- to review the formats of documentation to ensure more consistent information is communicated at all levels (paragraphs 40-42)

- to continue to develop the research student experience, ensuring that the postgraduate student voice is effectively heard (paragraph 87)

- to consider adopting a more structured approach to the identification and dissemination of existing good practice (paragraphs 88, 99).

Appendix

Swansea Metropolitan University's response to the Institutional review report

Swansea Metropolitan University welcomes the findings of the QAA Institutional review report that 'confidence can be placed in the soundness of the institution's current and likely future management of the quality of its academic programmes and the academic standards of its awards'. Swansea Metropolitan University is particularly pleased that its good practice in the areas of staff development and student support, consistently recognised by external bodies in previous reviews, has been identified again in this most recent review.

The University acknowledges the recommendations of the reviewers. These, together with the various observations through the report, will be considered carefully. An action plan is being drawn up to manage the work of addressing the matters raised.