**Anglia Ruskin University**

DECEMBER 2007

# Preface

The Quality Assurance Agency for Higher Education's (QAA) mission is to safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education. To this end, QAA carries out institutional audits of higher education institutions.

In England and Northern Ireland, QAA conducts institutional audits on behalf of the higher education sector, to provide public information about the maintenance of academic standards and assurance of the quality of learning opportunities provided for students. It also operates under contract to the Higher Education Funding Council in England and the Department for Employment and Learning in Northern Ireland to provide evidence to meet their statutory obligations to assure the quality and standards of academic programmes for which they disburse public funding. The audit method was developed in partnership with the funding councils and the higher education representative bodies and agreed following consultation with higher education institutions and other interested organisations. The method was endorsed by the Department for Education and Skills (now the Department for Innovation, Universities and Skills). It was revised in 2006 following recommendations from the Quality Assurance Framework Review Group, a representative group established to review the structures and processes of quality assurance in England and Northern Ireland, and evaluate the work of QAA.

Institutional audit is an evidence-based process carried out through peer review. It forms part of the Quality Assurance Framework established in 2002 following revisions to the United Kingdom's (UK) approach to external quality assurance. At the centre of the process is an emphasis on students and their learning.

The aim of the revised institutional audit process is to meet the public interest in knowing that universities and colleges of higher education in England and Northern Ireland have effective means of:

- ensuring that the awards and qualifications in higher education are of an academic standard at least consistent with those referred to in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and are, where relevant, exercising their powers as degree-awarding bodies in a proper manner

- providing learning opportunities of a quality that enables students, whether on taught or research programmes, to achieve those higher education awards and qualifications

- enhancing the quality of their educational provision, particularly by building on information gained through monitoring, internal and external reviews, and feedback from stakeholders.

Institutional audit 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 academic standards of awards

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

Audit teams also comment specifically on:

- the institution's arrangements for maintaining appropriate academic standards and quality of provision of postgraduate research programmes

- the institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research

- the reliance that can reasonably be placed on the accuracy and completeness of the information that the institution publishes about the quality of its educational provision and the standards of its awards.

If the audit includes the institution's collaborative provision the judgements and comments also apply unless the audit team considers that any of its judgements or comments in respect of the collaborative provision differ from those in respect of the institution's 'home' provision. Any such differences will be reflected in the form of words used to express a judgement or comment on 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.

## Explanatory note on the format for the report and the annex

The reports of quality audits have to be useful to several audiences. The revised institutional audit process makes a clear distinction between that part of the reporting process aimed at an external audience and that aimed at the institution. There are three elements to the reporting:

- the **summary** of the findings of the report, including the judgements, is intended for the wider public, especially potential students

- the **report** is an overview of the findings of the audit for both lay and external professional audiences

- a separate **annex** provides the detail and explanations behind the findings of the audit and is intended to be of practical use to the institution.

The report is as concise as is consistent with providing enough detail for it to make sense to an external audience as a stand-alone document. The summary and the report, without the annex, are published in hard copy. The summary, the report and the annex are published on QAA's website. The institution will receive the summary, report and annex in hard copy (*Institutional audit handbook: England and Northern Ireland 2006* - Annexes B and C refer).

# Summary

## Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited Anglia Ruskin University (the University) from 10-14 December 2007 to carry out an institutional audit. The purpose of the audit was to provide public information on the quality of the learning opportunities available to students and on the academic standards of the awards that the University offers.

To arrive at its conclusions, the audit team spoke to members of staff throughout the University and to current students, and read a wide range of documents about the ways in which the University manages the academic aspects of its provision.

In institutional audit, the institution's management of both academic standards and the quality of learning opportunities are audited. The term 'academic standards' is 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 United Kingdom (UK). The term 'quality of learning opportunities' is used to describe the support provided by an institution to enable students to achieve the awards. It is about the provision of appropriate teaching, support and assessment for the students.

## Outcomes of the institutional audit

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

- confidence can reasonably be placed in the soundness of the institution's present and likely future management of the academic standards of the awards that it offers

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

## Institutional approach to quality enhancement

The University has a strong commitment to ongoing improvement of the student learning experience and has established a range of effective mechanisms to provide a structured framework for its enhancement activity.

## Postgraduate research students

The audit found that the University had established a structured approach to enhancement of the learning environment for postgraduate research students, which the audit team considered to be good practice in the management of postgraduate research provision. The University's polices, procedures and regulations meet the expectations of the *Code of practice for the assurance of academic standards and quality in higher education (Code of practice), Section 1:Postgraduate research programmes*, published by QAA.

## Published information

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

## Features of good practice

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

- the careful reflection and energetic leadership which make possible the successful management of a challenging and ongoing agenda for change

- the support for the work of the student representative coordinators, which promotes active and effectual student representation

- the deliberate and systematic manner in which the University ensures that research informs the curricula

- the work of INSPIRE and the learning technologists, teaching fellows and learning and teaching advisers in enhancing the student experience

- the role of the faculty student advisers in securing a coordinated approach to student support

- the use of quality enhancement audits to improve aspects of academic quality across the University

- the structured approach to enhancement of the learning environment for postgraduate research students.

## Recommendations for action

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

The team advises the University to:

- make certain that the University's processes to assure the quality of the postgraduate research student experience explicitly include, and are applied equally to, such provision outside the UK.

It would be desirable for the University to:

- continue to provide training and development so that staff can make the most productive use of centrally-provided data in quality assurance and enhancement processes

- review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience

- in implementing the emerging student communications strategy, take account of the need for effective communication with students at all locations of study

- consider whether the current approaches to collaborative provision might be strengthened in line with the University's commitment to effective oversight of the student experience and the contribution of the student to quality assurance.

## Reference points

To provide further evidence to support its findings, the audit team investigated the use made by the University of the Academic Infrastructure, which provides a means of describing academic standards in UK higher education. It allows for diversity and innovation within academic programmes offered by higher education. QAA worked with the higher education sector to establish the various parts of the Academic Infrastructure, which are:

- the *Code of practice*

- the frameworks for higher education qualifications in England, Wales and Northern Ireland, and in Scotland

- subject benchmark statements

- programme specifications.

The audit found that the University took due account of the elements of the Academic Infrastructure in its management of academic standards and the quality of learning opportunities available to students.

# Report

1        An institutional audit of Anglia Ruskin University (the University) was undertaken during the week commencing 10 December 2007. The purpose of the audit was to provide public information on the University's management of the academic standards of the awards and of the quality of the learning opportunities available to students.

2        The audit team was Professor R Campbell, Dr R Davison, Professor S Frost, Professor P A Luker, auditors, and Mrs L Puttick, audit secretary. The audit was coordinated for QAA by Mrs S Patterson, Assistant Director, Reviews Group.

## Section 1: Introduction and background

3        The University has 23,573 (15,258 full-time equivalent) students on taught pathways and 355 (184 full-time equivalent) research students, primarily based on two main sites in Cambridge and Chelmsford. The University was granted university status in 1992 and changed its name to Anglia Ruskin University in October 2005.

4        The University's Mission is  'To deliver all activities to the highest quality, to be recognised for excellence in learning and teaching, to develop recognised centres of research excellence and to work on a regional, national and international basis with all who can benefit from being engaged with us. We aim to be an exemplar for partnership with commerce, the community, the public sector, industry and the region'.

5        The previous institutional audit in 2004 found that there could be limited confidence in the soundness of the University's present and likely future management of the quality of its programmes and the academic standards of its awards. Since the audit, QAA was provided with information that indicated that appropriate action had been taken by the University in response to the findings of this report. As a result the audit was signed off in February 2006.

6        The previous audit team identified good practice in the strong emphasis on learning and teaching; the extensive nature of the staff development provision and the clear improvement in the support provided for research students. The team also recommended action in a number of areas including processes for approval, monitoring and review and the provision of a single reference point for the University's codes of practice, policies and procedures. It was also suggested that the University review its committee structure; take further action in relation to planning procedure; improve the systems for responding to student feedback, and establish minimum requirements for documentation. There were further recommendations in relation to the work of directors of studies; improvements in student representation systems; data analysis; training for postgraduate students undertaking teaching; recording of staff participation in training, and student support systems. The present audit team found that the University had taken seriously the recommendations from the previous audit and there was clear evidence of the action taken in response.

7        The evidence presented to the audit team made it clear that, since the previous audit, there had been a systematic and measured re-engineering of all academic systems which, the management team anticipates, will continue to be streamlined and developed. One of the most far-reaching changes since the previous audit was the move from a 10/20-credit modular scheme to one based on 15/30 credits, which had an impact on the curricular structure of every undergraduate and postgraduate taught course. At the time of the audit, the 15/30 structure had been fully implemented. The reflection, system design and leadership to support change on this scale was significant and led to university-wide culture change in relation to the delivery of education at the University. The team recognises the extent of the organisational development since the previous audit and considers the careful reflection and energetic leadership that makes possible the successful management of a challenging and ongoing agenda for change to be a feature of good practice in the University's management of its provision.

8       The Senate, chaired by the Vice-Chancellor, has ultimate responsibility for the academic standards of the University's awards and the quality of the learning opportunities offered to its students. The Corporate Management Team is the senior executive body. The Senate has a network of subcommittees, including the Academic Standards, Quality and Regulations Committee and the Learning and Teaching Committee. The Senate's Student Experience Committee is responsible for the monitoring and review of the experience of students at all levels and in all locations. Responsibility for research degrees and postgraduate research students is with the Research Degrees Committee and the faculty research degrees subcommittees that report to it. A Research Policy Committee (formerly the Research Policy Working Group) is jointly responsible, with the Senate's Research Degrees Committee, for the development and enhancement of the University's Research Policy. Student representatives are members of a wide range of University and local committees at various levels.

9       In January 2005, the eight academic schools were reorganised into five faculties, under which all academic activity is managed, including collaborative provision. Faculty boards have clearly defined responsibilities for the overview and management of academic standards, quality and enhancement and report to the Senate. Beneath the level of the faculty boards lies a substructure which implements and monitors policy at the operational level of programmes and pathways within each faculty.

10      The University's key academic committees are, on the whole, effective in ensuring the academic standards of awards and the quality of learning opportunities and generally they operate in a manner that is successful in monitoring and reviewing practice. Consideration of the length of the agenda and volume of accompanying paperwork suggested that the Senate might not easily be able to devote an appropriate space for critical reflection, debate and the formation of policy. In addition, it was not always evident that the Student Experience Committee was able to exercise its responsibilities to identify and remedy issues raised within its purview. These matters are discussed in detail below (paragraphs 34, 50 and 51).

11      The processes of approval, annual monitoring and periodic review are documented in a Senate Code of Practice, 'The Approval, Annual Monitoring and Periodic Review of Taught Pathways', which is based upon the *Code of practice, Section 7: Programme design, approval, monitoring and review*, published by QAA. The Senate Code is supported by a 'procedural document'; both documents apply throughout the University and its partners, both UK and overseas.

12      The membership of approval and review panels is formally approved by the Deputy Vice-Chancellor, Quality and Enhancement. Externality is secured through at least two subject specialists external to the University, not current external examiners, and a professional peer where appropriate, and/or a member of the relevant professional, statutory and regulatory body (PSRB). The reports from panels are submitted to the Academic Standards, Quality and Regulations Committee, which has final authority, delegated from the Senate, for approval. A copy of the report is also sent to the faculty board. Fulfilment of conditions is managed by the Academic and Quality Systems Office and is reported to the Academic Standards, Quality and Regulations Committee. The same process of approval applies to provision delivered by a partner institution.

13      For the purposes of annual monitoring, pathways are grouped in clusters known as 'programmes'. Annual monitoring is a three-stage process: programme, faculty and institution. The primary evidence that informs monitoring includes: an analysis of student retention and completion; external examiners' reports; reports from PSRBs, where appropriate; student evaluations and/or feedback on modules and pathways, and any feedback from former students and employers. Collaborative pathways are included in the clustering of programmes and so follow the same process as campus-based provision.

14      The processes used for the conduct of periodic review are described in the Senate Code of Practice on the Approval, Annual Monitoring and Review of Taught Pathways and the associated

procedural document. Periodic review, which is carried out on a five-year rolling basis, operates at the programme level and includes all provision, including collaborative provision. The report of the event is received by the Academic Standards, Quality and Regulations Committee. The Senate Code requires at least two external members on all periodic review panels.

## Section 2: Institutional management of academic standards

15      The Senate has ultimate responsibility for the academic standards of the University's awards. The key mechanisms for the setting, confirmation and maintenance of academic standards are the approval, monitoring and review processes, use of external examiners, engagement with PSRBs and other external reference points, including the Academic Infrastructure, and the use of management information. The University's approach to the management of academic standards is detailed in its Academic Regulations, Research Degrees Regulations, Senate Codes of Practice, 'Learning, Teaching and Assessment Strategy' and 'Quality Assurance and Enhancement at Anglia Ruskin University: an Overview'.

16       The Academic Regulations provide the regulatory framework for setting and maintaining the University's academic standards. The University operates a single set of regulations for taught provision, regardless of location. The regulations contain clear information about the conduct, remit and membership of assessment boards, assessment tariffs and the use of external examiners on assessment boards. In addition, there is a Senate Code of Practice on the Assessment of Students, which is based upon the *Code of practice, Section 6: Assessment of students*.

17      Marked work is subject to a well documented moderation process to ensure fairness and equity of marking. All examination scripts are subject to anonymous-marking. Other forms of assessment are subject to either anonymous or double-marking and major projects are subject to unseen double-marking. All assessments are subject to internal moderation; those contributing to classification are, in addition, subject to external moderation. Assessment protocols relating to research degrees are set out in a separate set of regulations.

18      External examining is one of the main features of the University's approach to institutional management of academic standards. The University has a Senate Code of Practice on External Examiners for Taught Pathways, which is fully informed by the *Code of practice, Section 4: External examining*. The stated aim of the external examiner system is to ensure that the standards of University awards are set and maintained at an appropriate level.

19      The University operates a two-tier system of assessment boards. The departmental assessment panel operates at the module level; the faculty awards board considers continuation and achievement of students. External examiners are appointed to both tiers. The roles of external examiners in each of these boards are clearly and appropriately specified in the Senate Code of Practice. External examiners approve all major assessment tasks and examination papers. They moderate student work to ensure fairness, consistency and that standards are apposite. All external examiners are invited to the University for training to fulfil their role.

20      External examiners submit an annual report commenting on achievement of intended learning outcomes, academic standards, delivery and currency of curricula, assessment, adherence to regulations and procedures, comparability of awards, fairness of marking and decisions, good practice and areas for improvement. External examiners are asked to report any areas where standards are at risk and any such areas are reported immediately to the Senate. The Dean of the Faculty is required to produce an action plan that addresses any issue so reported. A comprehensive summary of issues and good practice from all external examiners' reports is compiled for the Senate by the Academic and Quality Systems Office.

21      Reference to the QAA Academic Infrastructure is built into many of the University's processes. FHEQ is used as a reference point in approval, monitoring and review processes. The attention of approval panels is brought to the relevant sections of the *Code of practice* and consideration of the alignment of provision with the relevant subject benchmark statements is an inherent part of the

approval process. During the 15/30 project (paragraph 7), guidance to staff and review panels contained clear references to both FHEQ and relevant subject benchmark statements. Examination of documents relating to programme approval, confirmed that the level descriptors used in defining the University's awards were based on FHEQ and that the relevant subject benchmark statements were referred to in the pathway specification forms. External examiners are asked to draw upon the subject benchmark statements, published by QAA, and PSRB requirements in confirming the academic standards of awards.

22      The University has allocated significant investment in the development of its management information system and related staff development over the period 2005-10. Achievement and progression statistics are considered routinely as part of the monitoring and review processes and by assessment boards. Module data are disaggregated by location, so that issues pertaining to partner institutions can be identified. The University recognizes and acknowledges that there are some outstanding issues related to the consistent use of centrally produced statistics. At the time of the audit, a working party had been tasked with resolving these difficulties, and had concluded that a staff development programme was needed to increase the skills of staff in using the management information system. Staff development needs have been identified, and training that is tailored to the needs of the user is being rolled out. In addition, an improved system for the reporting of perceived errors in centrally held data is being introduced. The audit team considers it desirable that the University continue to provide training and development, so that staff can make the most productive use of centrally-provided data in quality assurance and enhancement processes.

23      The audit found that confidence could reasonably be placed in the soundness of the institution's current and likely future management of the academic standards of its awards.

## Section 3: Institutional management of learning opportunities

24      The University's approach to the management of learning opportunities comprises a number of elements, including: student and staff interaction on programme subcommittees; the use of external examiners; the processes of approval, annual monitoring and periodic review; a Learning, Teaching and Assessment Strategy that encourages innovation; a strong staff development programme and an institutional commitment to student support. Quality assurance and enhancement are supported by, among other things: the use of relevant external and internal reference points, including the Academic Infrastructure and the requirements and expectations of PSRBs.

25      The University has developed a suite of Senate Codes of Practice that builds upon and incorporates the expectations of the relevant sections of the *Code of practice*. The University responds to revisions to elements of the Academic Infrastructure through assessment by the Academic and Quality Systems Office of the implications of the change for University policy and procedures. Any necessary modifications to process are notified to staff as necessary and implementation is overseen by the Academic Standards, Quality and Regulations Committee on behalf of the Senate. Minutes of the relevant committees and associated documentation demonstrate a systematic engagement with the Academic Infrastructure in support of effective management of learning opportunities.

26      The University has a successful history of engagement with employers and has developed several pathways in partnership with specific organisations. At the time of the audit, the University was developing a strategy for employer engagement, to bring together in a deliberate way existing practice across the University. While, at the time of the audit, it was too early to comment on the effectiveness of the strategy, a reading of the draft strategy suggests that it would provide a secure basis for a comprehensive and structured approach to working with employers. The emerging strategy was particularly noteworthy in the scope of the proposals for the involvement of employers in the University's academic provision.

27      It is University policy to seek accreditation for its pathways wherever possible and at the time of the audit, over 160 of its pathways were accredited by PSRBs. The University's regulations, documentary and procedural requirements, including pathway specification forms take account of PSRB requirements. The protocols developed for engagement with PSRBs are captured in the Senate Code of Practice for Approval, Annual Monitoring and Periodic Review of Taught Pathways. Accreditation processes are monitored by the Academic and Quality Systems Office and reports from visits are received by the faculty board and Academic Standards, Quality and Regulations Committee. There is clear evidence that the University works effectively with PSRBs and responds to issues raised in accreditation reports.

28      The approval, monitoring and periodic review of pathways are the subject of one of the Senate Codes of Practice. The appendix to the Code usefully describes the contribution of all three processes in managing standards, quality and enhancement. The procedural document that accompanies the Senate Code sets out very clearly all the processes that relate to approval, monitoring and review.

29      All of the University's standard approval, monitoring and review processes apply equally to collaborative provision in the UK and overseas and to flexible and distance learning, with additional components where required. For collaborative provision, the approval and periodic review of the partners themselves is an additional component. The procedural document that accompanies the Senate Code of Practice makes clear the additional steps necessary for the approval of flexible and distributed-learning provision, including a stipulation that external panel members for approval events have relevant experience of such delivery. Approval, monitoring and review processes draw assiduously on independent internal and external participation.

30      When the University undertook the comprehensive restructuring of the credit values and re-approval of its academic provision, the 15/30 project (paragraph 7), it suspended periodic review for the academic years 2006-08. The audit team found the 15/30 re-approval process to be rigorous, with full involvement of external panel members. The University plans to resume its normal schedule of periodic review in the academic year 2008-09.

31      The audit team found that the University's arrangements for programme approval, monitoring and review made an effective contribution to its management of the quality of students' learning opportunities. The University's use of external advice in its review processes supports a judgment of confidence in the soundness of the institution's current and likely future management of the quality of the learning opportunities available to students.

32      The University has procedures for terminating a collaborative partnership. Although there is no documented process for termination of on-campus programmes, there is a pro forma on which termination can be proposed. The University might wish to consider incorporating guidelines for termination of on-campus pathways in its processes, to ensure that the interests of students are protected.

33      Documentation for staff and student handbooks state the University's commitment gathering feedback from students. Students evaluate their experience through a variety of mechanisms that include: module evaluations; an annual student experience survey, which samples 25 per cent of taught students; the Higher Education Academy Postgraduate Research Experience Survey; a LibQual survey and the National Student Survey. Annual monitoring reports must comment on the mechanisms used to elicit feedback from students and must identify the key issues raised and actions taken. Student representatives sit on programme subcommittees, which provide a forum for discussing module evaluation outcomes. The findings of the surveys and feedback questionnaires are discussed by Senate committees, executive groups, faculties and support services. In response to disappointing scores in the 2006 National Student Survey and Student Experience Survey, a project was commissioned in 2007 to offer guidance on best practice to giving students feedback on assessed work. As a result of the project, guidance and staff development sessions on the provision of student feedback have been provided for staff, and students whom the audit team met confirmed improvement in the quality and timeliness of assessment feedback.

34      The terms of reference of the Student Experience Committee include a remit 'to develop appropriate strategies to enhance the student experience, informed by the feedback received from students'. This would suggest that it should be an effective locus of oversight of feedback on student experience. The audit team did not find this to be the case. By way of example, one of the terms of reference of the Student Experience Committee is to receive annual reports from the Director of Student Affairs, but the Committee agenda did not indicate that such reports were submitted annually in practice. The team came to the view that the oversight of student support might be strengthened through ensuring that the Student Experience Committee fulfils its remit and that the richness of discussions and ensuing actions is captured in the minutes. In practice, records of discussion at the Committee do not indicate that the Committee exercises its responsibilities in such a way that institutional oversight of the student experience is demonstrably secure. This finding reinforces the team's view that it would be desirable for the University to review the approach to identification and consideration in the institution's central deliberative bodies of matters of University-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience. Notwithstanding this recommendation, the University is responsive to student feedback and its arrangements for student feedback generally make an effective contribution to the management of the quality of students' learning opportunities.

35      Both the University and the Students' Union promote student representation through a variety of mechanisms, including their respective websites and student handbooks. Students are represented at local and institutional level. At local level, student representatives serve on programme subcommittees, which, from the academic year 2007-08, will receive external examiners' reports, in accordance with national expectations. Student representatives are trained by two Students' Union representation coordinators, one each for Cambridge and Chelmsford, who are funded by the University, and another Students' Union sabbatical officer. The coordinator role, which was introduced following the previous institutional audit, has increased the participation of students in representative roles. The audit team found the University's support for the work of the student representative coordinators, which promotes active and effectual student representation, to be a feature of good practice.

36      As well as their involvement in the deliberative committees, Students' Union sabbatical officers engage with the University in other ways, including a Management and Students' Union Liaison Committee and the Joint Welfare and Student Affairs Committee, The Students' Union is invited to attend special meetings of the Vice-Chancellor's Group and the Corporate Management Team. Sabbatical officers also observe appeals and hearings. There is evidence that the University consults the student body on key developments; by way of example students were involved in the restructuring of support services.

37      The Student Experience Committee established a working group to develop a student communications policy. The audit team found that communication with students at an institution that merged with the University in 2005 had not been effective in terms of keeping them informed about progress and the implications of the merger for their studies. The team therefore recommends that the University ensure that its implementation of its emerging student communications strategy leads to effective communication with its students at all locations of study.

38      The University and the Students' Union are aware that student representation for collaborative provision is not working as well as they would hope. At the time of the audit, the University was discussing the possibility of using a variety of technological means to support representation in partner institutions.

39      In 2007, the University produced a document, 'Expectations of Academic Staff at Anglia Ruskin University: the evolving role'. The document makes it clear that the University expects all full-time teaching staff to engage in research and scholarly activity and strongly encourages the development of links between learning, teaching and research, 'wherever possible and

appropriate'. Faculty research strategies make clear the link between research or scholarly activity and learning and teaching, and identify local mechanisms for supporting staff. The documentation for the pathway approval process must include details of how staff research interests inform the curricula. The pro forma for annual monitoring also captures any staff development/scholarly activity during the academic year in question designed to enhance the quality of learning, teaching or assessment. The audit team found the deliberate and systematic manner in which the University ensures that research informs the curricula, to be a feature of good practice, and that the University's approach to linking research or scholarly activity with learning opportunities makes an effective contribution to its management of the quality of students' learning opportunities.

40      As a result of a review of the University's approach to the development of learning and teaching a new and expanded support service entitled INSPIRE was established in October 2006. The service plays a significant role in the professional development of academic staff and provides strategic direction to faculties in the implementation of the Learning, Teaching and Assessment Strategy. INSPIRE has been the catalyst for a number of developments, through its support for teaching fellows, learning and teaching advisers and the deployment of learning technologists. These developments have raised the levels of scholarship and pedagogic research and have encouraged working across faculty boundaries. The audit team considers the work of the support service and the learning technologists, teaching fellows and learning and teaching advisers in enhancing the student experience to be a feature of good practice.

41      At the time of the audit, 21 pathways were offered by flexible and distributed learning: none of them involved collaborative partners. The University plans to expand such delivery substantially over the next five years. Annual monitoring provides a means of ensuring that all is well with a flexible and distributed learning pathway. Student support for flexible and distributed learning is provided by programme teams and learning technologists. Although, at the time of the audit, the University did not yet have explicit policies for work-based learning, it had drafted generic guidance, which referred to the revised *Code of practice, Section 9: Work-based and placement learning*. The audit team considered that the generic guidance had the potential to be a useful resource for academic staff in developing programmes of study delivered through work-based learning. The team found that the University's arrangements for flexible and distributed learning made an effective contribution to the management of the quality of students' learning opportunities.

42      The University aims to meet the changing needs of its students for effective learning resource support. The library is becoming increasingly digital, with a growing complement of e-journals and e-books, which help to support the need of students not based full-time on-campus. Online support, through email and online guides and tutorials is available for students studying remotely. The library scores well in the annual LibQual and student experience surveys, as was confirmed by the focus groups used in preparation of the student written submission, which noted that the National Student Survey results indicated that students were particularly satisfied with respect to information technology (IT) resources; students met by the audit team confirmed this positive view of the library and IT provision.

43      A Senate code of practice on admissions, aligned with the *Code of practice, Section 10: Admissions to higher education*, was approved by the Senate in September 2007. Supervision of admissions procedures and their implementation is the responsibility of the Admissions Policy Subcommittee of the Academic Standards, Quality and Regulations Committee. The role and responsibilities of the admissions tutors are clearly defined to secure consistency of practice across faculties. Staff development is provided to support the admissions process. The University has a long history of recognising prior and other forms of learning: applications for Admission with Credit are considered by the Accreditation Subcommittee of the Academic Standards, Quality and Regulations Committee. The audit team found that the arrangements for admissions were sound and designed to secure equity of approach.

44      The Office of Student Affairs manages student services and support networks, including the line management of the faculty student advisers. The Learning Support and Disability Resources team provides a range of support services to all students, including those with special needs. Student advisers act as a first point of contact for queries on academic matters, working closely with academic colleagues, but direct students to more specialised support as appropriate. They are given training and supervision to ensure equity across the University and its UK partners to which the scheme is being rolled out and they meet regularly to reinforce a consistent approach and to help identify institutional themes. Students spoke very positively about the work of the student advisers, which is also commended in the student experience survey. The audit team found the role of the faculty student advisers in securing a coordinated approach to student support to be a feature of good practice.

45      A new framework agreement for staff support development and reward was implemented from September 2006 and the University reports that this has lent greater clarity to career progression routes. Personal targets are agreed and personal and professional development needs identified through the annual appraisal process. A range of staff development opportunities is available to meet identified needs. Academic staff are encouraged to join the Higher Education Academy. A competitive learning and teaching fellowship scheme, which is also open to UK collaborative partner staff, is run annually. The teaching fellows undertake an agreed project in support of implementation of the Learning, Teaching and Assessment Strategy.

46      The University makes effective use of the academic infrastructure and other appropriate external reference points, especially PSRBs, and input from employers. in its management of learning opportunities. There are defined arrangements for the involvement of students in quality management. The University's arrangements for the provision, allocation and management of learning resources also make an effective contribution to the management of the quality of students' learning opportunities. There is clear evidence of the efficacy of student support mechanisms. The University's arrangements for the management of learning opportunities meet the expectations of the relevant sections of the *Code of practice*. The audit found that confidence could reasonably be placed in the soundness of the University's current and likely future management of the quality of the learning opportunities available to students.

## Section 4: Institutional approach to quality enhancement

47      The University has become increasingly focused on enhancement since the previous institutional audit, seeking to develop a systematic approach to quality enhancement. In June 2007, the Senate approved a framework outlined in the document 'Quality Assurance and Enhancement at Anglia Ruskin University: an Overview'. A number of structures are embedded in the quality assurance processes of the University to support the development of a systematic approach to enhancing the learning experience of the student. Faculty boards are responsible for the operational oversight and management of quality enhancement. There is evidence of investment in the development of a culture and ethos for nurturing good practice that enhances the learning experience. The support service is tasked with providing a range of initiatives to support and develop the curricula and enhance the experience of students. Good practice is also supported through teaching fellowships and the work of the student advisers, and learning technologists. The audit found that the work of the support service and the learning technologists, teaching fellows and learning and teaching advisers was a feature of good practice in the University's approach to enhancement of the student experience.

48      The University uses a range of information to inform quality enhancement. This includes quantitative sources including: the National Student Survey, an annual student experience survey, student module evaluations, progression, completion and classification statistics and data on gender and ethnicity. Other sources include external examiner reports, PSRBs' reports, faculty overview reports on annual monitoring, student evaluations, periodic review, student experience visit reports, quality enhancement audit, and student representative contributions. Student feedback information is used to inform enhancement activity at faculty level. In addition to

module evaluations and students' contribution to course committees, there is an annual survey of student experience, and this is used in conjunction with reports from student advisers to feed information into the Student Experience Committee.

49      There is an annual 'Good practice in external examiners report', which is prepared by the Academic and Quality Systems Office. The Academic and Quality Systems Office also produces extensive summary reports of annual monitoring outcomes for the Senate. The reports demonstrate critical reflection and provide a detailed account of themes and issues for consideration. The issues identified are used by the support service and the Academic Standards, Quality and Regulations Committee to support staff development and systems review.

50      The summary report on external examining prepared by the Academic and Quality Systems Office is a detailed, thorough, and lengthy, piece of work. The minutes of the Senate and of the Academic Standards, Quality and Regulations Committee evince little evidence of detailed discussion. Most items presented to the Senate are received and noted, and the major reports from annual evaluation and monitoring, PSRBs' reports, faculty board minutes and external examiner reports are managed by faculty and University quality officers, on whom the onus lies to identify and raise issues for consideration. The University may wish to consider whether working more with summaries and overview reports might enable the Senate and the other central committees to act more effectively in the identification of, and action on, issues, dissemination of good practice and implementation of its approach to quality enhancement.

51      The audit team saw examples where opportunities might have been missed by central committees to support the institutional strategy for quality enhancement. These include the engagement of the Student Experience Committee with student experience visit reports (paragraph 57). The activity undertaken at the Senate to note and disseminate the good practice identified by external examiners suggests that quality enhancement is managed as good practice dissemination, rather than the Senate providing a systematic overview that enhances learning. The team therefore considers it desirable that the University review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance, to secure a more effective and systematic contribution to enhancement of the student learning experience.

52      In 2007, the Senate introduced a process of quality enhancement audit with a chosen theme for each semester's exercise. Documentation for the first such audit indicates that it was a robust process, undertaken in a systematic and reflective way. The audit team found that the use of quality enhancement audits to improve aspects of academic quality across the University was a feature of good practice.

53      In conclusion, it is clear that the University has a strong commitment to ongoing improvement of the student learning experience and has established a range of effective mechanisms to provide a structured framework for its enhancement activity.

## Section 5: Collaborative arrangements

54      At the time of the audit, the University had 14 partnerships, of which a number were overseas. There were several Erasmus programme-funded exchanges and an International Doctoral Programme. In December 2006, a review of international partnerships was conducted, with the result that the portfolio was rationalised in 2007. The review established a strong basis for the development of new partnerships which, at the time of the audit, were at different stages of development.

55      The University defines collaborative provision in line with the definition in the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*. The Senate Code of Practice on Collaborative Provision defines five categories of collaborative provision. The University maintains a list of partnerships and keeps a separate list of those which operate as franchised collaborative provision, but the list does not include all arrangements that

come within those five categories. The University may wish to consider whether its register of collaborative provision should include details of all activity that comes within its defined categories, to support the development of policy and procedure that informs all partnership arrangements.

56      The University has made considerable efforts to put in place systems which ensure that standards of awards offered through collaborative arrangements are secure and equivalent to those offered directly by the University. The Senate Code of Practice on Collaborative Provision draws on the *Code of practice, Section 2* and provides clear, simple guidance that is accessible in hard copy and on the University intranet. Collaborative provision is integrated fully into academic departments and is subject to the same processes as campus-based provision. Central oversight of standards and quality in collaborative provision is exercised through the Partnerships Sub-committee of the Academic Standards, Quality and Regulations Committee, with operational oversight of quality delegated to faculties. External examining arrangements match those of the main campus provision, with all assessment boards held at the University. There is scope for the external examiner reporting arrangements to make more opportunity available for explicit comment on collaborative provision.

57      The Office of Student Affairs visits students in UK collaborative partners several times a year and the reports of these student experience visits are reported to the Student Experience Committee. There is no record of any discussion at the committee of these reports, that are noted and received. The remit of the Student Experience Committee would suggest that it should be the locus of oversight of feedback on student experience, but records of discussion at the Committee do not corroborate this assumption. The audit team came to the view that one of the key mechanisms for input of the student voice was not working effectively to fulfil its remit, a premise that was confirmed for the team by discussion with student representatives and student officers. As the University considers the team's recommendation that it review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience, it may wish to give particular attention to the work of the Student Experience Committee.

58      Accredited provision is considered separately within the remit of the Accreditation Subcommittee of the Senate. This includes the arrangements for the approval of the transfer of credit for the purpose of dual awards. The University may wish to consider whether the current arrangements for dual awards might be incorporated into those for other collaborative provision, to ensure good practice from these courses is fed into the University's deliberative mechanisms.

59      Students studying for international doctoral awards are provided with considerable support by Research and Development Services. The students also have access to an active communication network through the research student mailbase. Induction, briefing and a formal programme of Research Support sessions are provided for the students in addition to the support of a full supervision team. Given that the University does not regard students on the International Doctoral Programme as studying under collaborative arrangements, the guidance in the Senate Code of Practice for Collaborative Provision is not applied to such provision. It is therefore difficult to discern how the adequacy of learning resources is secured and how the students are linked into an academic centre. While acknowledging the excellent personal oversight offered by the Research and Development Services and extensive support for the students, the audit team came to the view that the mechanisms to ensure an adequate resource infrastructure for students on the International Doctoral Programme were not well-defined.

60      The audit team considered arrangements for a particular group of students on the International Doctoral Programme whereby the contractual agreement required the provision of interpreter support for viva voce examinations. The arrangement did not provide for any mechanisms, additional to the standard requirements for viva voce examinations, to ensure that reliable and valid judgements about student achievement were made where there was intervention between the student and the examiner through interpreter support. While noting

that this is the only instance where the use of interpretation in viva voce examinations is permitted by the University, the team suggests that the University review its mechanisms for approval to ensure that appropriate safeguards are in place should similar arrangements for interpreter support be proposed in the future. The University may find the *Code of practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)* and *Section 6: Assessment of students*, published by QAA, useful points of reference in this respect.

61     The University takes its responsibilities for collaborative arrangements seriously and has undertaken considerable development to strengthen its partnerships and implement systems to strengthen oversight. The mechanisms that ensure operational oversight at faculty level show evidence of working well. There are effective mechanisms in place for the approval of new partnerships, good liaison and examination arrangements and evidence of good staff support and development in partner institutions. The quality of the student learning experience in collaborative provision might be enhanced further by reflection on whether key academic committees are effective in maintaining oversight which ensures all liaison arrangements are implemented systematically, that students contribute to quality assurance in collaborative provision and that the public register of collaborative provision provides an accurate record of all collaborative provision covered by the Senate Code of Practice.

## Section 6: Institutional arrangements for postgraduate research students

62     The University's research strategy is coordinated by the Research Policy Committee and the Research Degrees Committee. Support for all research activities, including the provision of training for research students and supervisors, is provided by the Research and Development Services section. In addition, the quality assurance aspects of the management of research students are coordinated by the Academic and Quality Systems Office.

63     The report of the QAA Special Review of Research Programmes identified a number of areas for further consideration in respect of fuller integration of, and support for, students within the research environment of the institution as a whole. Progress in response to the Special Review is being monitored by the Research Degrees Committee. At the time of the audit, the University was developing 'recognised centres of research excellence' to develop a stronger research student environment and culture.

64     The Senate Code of Practice on Admissions embraces research students and there are robust and comprehensive criteria for admissions set out in the Research Degree Regulations. The Research Degrees Committee monitors the profile of research students annually and the faculties also consider this in their separate annual monitoring process for research students.

65     Oversight of both supervisor training and supervision arrangements is maintained by the Research Degrees Committee and the faculty research degrees subcommittees. There is a research supervisors' handbook that sets the requirements on supervisors. The audit team found that supervision arrangements for postgraduate research students were both robust and monitored effectively.

66     A revised annual monitoring process for research degree students using an online monitoring form was introduced in the academic year 2005-06. Each faculty produces an annual report which covers student attendance at training sessions, supervisory and examination issues and student progress and a SMART action plan that goes to the faculty research degrees committee. A summary of key themes from the five faculty reports goes to the University Research Degrees Committee and to the Senate.

67     Review of failure patterns by the Research Degrees Committee led to the establishment of a programme of post-viva voce examination review and support for individual students, with a view to examining supervisory practice in the case of a thesis being failed or a resubmission being required. As there had been no such instances by the time of the audit, the audit team was

unable to form a view of the effectiveness of the support review in practice, but considers the procedure to have the potential to make a significant contribution to the effective management of the University's postgraduate research provision.

68      The University has a generic research training programme for postgraduate research students which is informed by relevant external reference points and takes the form of university-wide induction and skills training. Extra training is provided for postgraduate students who teach. The research training programme is evaluated after each session and the outcomes fed into the design of the next iteration. The audit team confirmed that the evaluation was thorough and comprehensive.

69      The research degree assessment procedures are defined within the Senate Code of Practice on Postgraduate Research Degree Programmes and are consistent with the section of the *Code of practice, Section 1: Postgraduate research programmes*. Further detail about assessment is contained within the Research Degree Regulations which are reviewed regularly and updated as needed. Nominations of external examiners are approved by the Research Degrees Committee and the formal letters of appointment are sent by the Academic and Quality Systems Office. Assessment boards are chaired by an independent member of academic staff from another faculty, and the progress of every student is monitored at every meeting of the relevant Faculty Research Degrees Committee. Examiners (normally one external and one internal, or two external) are required to submit preliminary reports before the viva voce examinations and a joint report on the outcome.

70      The complaints and appeals procedures are included in an annex to the Research Degree Regulations. The Research Degrees Committee receives an annual report on appeals and complaints. A formal complaints procedure applies to all students registered for University awards, and there is also a formal procedure to consider requests for a review of an examination decision.

71      Postgraduate research students confirmed that their experience was, overall, a positive one and that they felt involved in the research environment of the University as a whole. The audit team found that the University had established a structured approach to enhancement of the learning environment for postgraduate research students, which the team considered to be good practice in the management of postgraduate research provision. The University's polices, procedures and regulations meet the expectations of the section of the *Code of practice, Section 1: Postgraduate research programmes*.

## Section 7: Published information

72      The University publishes a wide range of material for the use of staff, current and prospective students and partners. Published material and the evidence in documents of the protocols and procedures employed by the University to maintain the quality of its published information both in terms of accuracy and as a reflection of what is distinctive about the University, demonstrate that the mechanisms to ensure its accuracy, usefulness and currency are robust and effective. Evidence from students confirmed that the material that they received both prior to admission and throughout their programmes of study was comprehensive, and provided the information that they needed to understand the requirements to qualify for the award for which they were registered.

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

## Section 8: Features of good practice and recommendations

### Features of good practice

74    The audit team identified the following areas as being good practice:

- the careful reflection and energetic leadership, which make possible the successful management of a challenging and ongoing agenda for change (paragraph 7)

- the support for the work of the student representative coordinators, which promotes active and effectual student representation (paragraph 35)

- the deliberate and systematic manner in which the University ensures that research informs the curricula (paragraph 39)

- the work of the support service INSPIRE and the learning technologists, teaching fellows and learning and teaching advisers in enhancing the student experience (paragraphs 40, 47)

- the role of the faculty student advisers in securing a coordinated approach to student support (paragraph 44)

- the use of quality enhancement audits to improve aspects of academic quality across the University (paragraph 52)

- the structured approach to enhancement of the learning environment for postgraduate research students (Section 6).

### Recommendations for action

75    Recommendation for action that is advisable:

- to make certain that the University's processes to assure the quality of the postgraduate research student experience explicitly include and are applied equally to such provision outside the UK (paragraphs 59 to 61).

76    Recommendations for action that is desirable:

- to continue to provide training and development so that staff can make the most productive use of centrally-provided data in quality assurance and enhancement processes (paragraph 22)

- to review the approach to identification and consideration in the University's central deliberative bodies of matters of institution-wide significance to secure a more effective and systematic contribution to enhancement of the student learning experience (paragraphs 34, 51, 57)

- in implementing the emerging Student Communications Strategy, take account of the need for effective communication with students at all locations of study (paragraph 37)

- to consider whether the current approaches to collaborative provision might be strengthened in line with the University's commitment to effective oversight of the student experience and the contribution of the student to quality assurance (paragraphs 56, 57, 62).

## Appendix

**The Anglia Ruskin University's response to the institutional audit report**

We are delighted with the outcome of our Institutional Audit and the confidence placed by the auditors in our management of academic standards and the quality of learning opportunities we offer to our students.  We were especially pleased with the positive feedback and many features of good practice identified by the audit team as evidence of our commitment to enhance the experience of our students.

With reference to the single advisory recommendation, we are continuing to monitor the experience of students studying for research degrees outside of the UK to ensure that they are provided with an equivalent experience.  A specific reference is made in the audit report to our use of interpreters for research students studying under a specific contract in Israel.  The number of students using interpreters is decreasing and we do not intend to use interpreters for any other research degree students.

We wish to confirm that the recommendations considered to be desirable will be addressed in our ongoing commitment to the continuous improvement of the quality of experience of our students. Indeed certain recommendations relate directly to work we are already undertaking.

We wish to thank the audit team for the courteous, professional and collaborative approach they adopted to our audit.  This was appreciated by all staff and students who participated.

Lesley Dobrée
April 2008