

# **The University of Bolton**

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NOVEMBER 2005

## 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 England and Northern Ireland this process is known as institutional audit. QAA operates similar but separate processes in Scotland and Wales.

## The purpose of institutional audit

The aims of institutional audit 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, and
- exercising their legal powers to award degrees in a proper manner.

## Judgements

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 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 **broad confidence**, **limited confidence** or **no confidence** and are accompanied by examples of good practice and recommendations for improvement.

## Nationally agreed standards

Institutional audit 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 the 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 audit process**

Institutional audits 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 audit are:

- a preliminary visit by QAA to the institution nine months before the audit visit
- a self-evaluation document submitted by the institution four months before the audit visit
- a written submission by the student representative body, if they have chosen to do so, four months before the audit visit
- a detailed briefing visit to the institution by the audit team five weeks before the audit visit
- the audit visit, which lasts five days
- the publication of a report on the audit team's judgements and findings 20 weeks after the audit visit.

## **The evidence for the audit**

In order to obtain the evidence for its judgement, the audit 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 audit team also gathers evidence by focusing on examples of the institution's internal quality assurance processes at work using 'audit trails'. These trails may focus on a particular programme or programmes offered at that institution, when they are known as a 'discipline audit trail'. In addition, the audit team may focus on a particular theme that runs throughout the institution's management of its standards and quality. This is known as a 'thematic enquiry'.

From 2004, institutions will be required to publish information about the quality and standards of their programmes and awards in a format recommended in document 03/51, *Information on quality and standards in higher education: Final guidance*, published by the Higher Education Funding Council for England. The audit team reviews progress towards meeting this requirement.

ISBN 1 84482 472 1

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## Summary

### Introduction

A team of auditors from the Quality Assurance Agency for Higher Education (QAA) visited the University of Bolton (the University) from 21 to 25 November 2005 to carry out an institutional audit. The purpose of the audit was to provide public information on the quality of the opportunities available to students and on the academic standards of awards.

To arrive at its conclusions the audit team spoke to members of staff throughout the University, to current students, and 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 audit, both academic standards and academic quality are reviewed

### Outcome of the audit

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

- broad confidence can be placed in the soundness of the current management of the quality of its programmes and in the University's institutional-level capacity to manage effectively the security of its awards.

### Features of good practice

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

- the comprehensiveness of the web-based Quality Assurance Manual and associated documents and the guidance given to

staff on implementing the procedures that these contain

- implementation of the University's Assessment Process Handbook
- the developments in e-learning and the validation and quality control of e-learning materials
- the ability to generate and process reliable data relating to retention, progression and achievement for all students and the guidance provided for staff on the interpretation of those data
- the induction of external examiners and the University procedures for considering their reports
- the proactive approach taken to the identification of support requirements for international students.

### Recommendations for action

The audit team also recommends that the University should consider further action in a number of areas to ensure that the academic quality and standards of the awards it offers are maintained. It is advisable that the University

- review the extent to which departmental implementation of its policies and procedures is sufficiently consistent, in particular those relating to module evaluation and personal tutoring; and
- ensure that it continues to reflect creatively on the mechanisms for attaining student representation and involvement, especially at departmental boards of studies and senior University committees.

It would be desirable for the University to:

- attain greater consistency of routine industrial or employer liaison in vocationally relevant programmes; and
- develop an editorial policy for publishing material through the University website and a process for ensuring the implementation of that policy.

### **Outcomes of discipline audit trails**

In the course of the audit three discipline audit trails were conducted in the following disciplines: Electronics including named awards in Electronic and Computer Engineering (HNC, HND, BEng, BEng (Hons) BSc (Hons), MSc Advanced Microelectronics and MSc Electronic Product Development, Mathematics including named awards in BA/BSc (Hons) Mathematics, and Psychology including named awards in BSc (Hons) Criminological and Forensic Psychology, MSc Psychology, and MSc Critical Psychology. The audit team found that the standard of student achievement in the above named awards is appropriate to the titles of the awards and their location within *The framework for higher education qualifications* (FHEQ). It also found that the quality of learning opportunities available to students is suitable for a programme of study leading to the awards.

### **National reference points**

To provide further evidence to support its findings the audit team also investigated the use made by the University of the Academic Infrastructure. The Academic Infrastructure is a set of nationally agreed reference points that help to define both good practice and academic standards and includes the FHEQ, subject benchmark statements, guidance on programme specifications and the *Code of practice for the assurance of academic quality and standards in higher education*. The findings of the audit suggest that the University has responded appropriately to the development of the academic infrastructure.

In due course the institutional audit process will include a check on the reliability of the information set published by institutions in the format recommended in the Higher Education Funding Councils for England (HEFCE), *Information on quality and standards in higher education: Final guidance* (HEFCE 03/51). The findings of the audit are that the University is alert to the standards for publishing Teaching Quality Information and is meeting the requirements set out in HEFCE documents 02/15 and 03/51.



# **Main report**

## **Main report**

1 An institutional audit of the University of Bolton (the University) was undertaken during the week commencing 21 November 2005. The purpose of the audit was to provide public information on the quality of the University's programmes of study and on the discharge of its responsibility for its awards.

2 The audit 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 England (HEFCE), the Standing Conference of Principals (SCOP) and Universities UK (UUK), and has been endorsed by the Department for Education and Skills (DfES). For institutions in England, it replaces the previous processes of continuation audit, undertaken by QAA at the request of UUK and SCOP, and subject review, undertaken by QAA on behalf of HEFCE, as part of the latter's statutory responsibility for assessing the quality of education that it funds.

3 The audit checked the effectiveness of the University's procedures for establishing and maintaining the standards of its academic awards; for reviewing and enhancing the quality of the programmes of study leading to those awards; and for publishing reliable information. As part of the audit process, according to protocols agreed with HEFCE, SCOP and UUK, the audit included consideration of examples of institutional processes at work at the level of the programme, through three discipline audit trails (DATs), together with examples of those processes operating at the level of the institution as a whole. The scope of the audit encompassed all of the University's provision, except for its collaborative programmes which will be the subject of a separate audit in the future.

## **Section 1: Introduction: The University of Bolton**

### **The institution and its mission**

4 The University traces its origins to the establishment of a Mechanics Institute in Bolton in 1824. In 1982 the Bolton Institute of Higher Education resulted from the merger of the Bolton College of Education (Technical), the Bolton Institute of Technology and the Bolton College of Arts. The Institute gained taught degree awarding powers in 1992; research degree awarding powers in 1995 and was granted University title in 2005. The University is currently located on two campuses approximately a mile apart.

5 In 2004-05 the University had 115 postgraduate research students, 1,648 postgraduate taught students and 7,506 undergraduates. The University also has a number of further education students. Of the higher education students:

- 54 per cent were part-time
- 49 per cent were female
- 58 per cent were from the North West of England
- 31 per cent were drawn from low participation neighbourhoods
- 77 per cent were over the age of 21
- 24.5 per cent of UK students were from minority ethnic backgrounds
- 7.5 per cent were from overseas.

6 In 2001-02 the University dismantled its faculty structure and created 13 departments, which were rationalised into the current 12 departments in 2004-05. In addition, there's a Centre for Materials Research and Innovation which offers taught masters programmes only. Each department has a head and board of studies to oversee academic matters and strategic planning developments. The departments are Health and Social Studies; Education; Cultural and Creative Studies; Psychology and Life Sciences; Art and Design; Engineering and Design; Computing and

Electronic Technology; Built Environment; Business Studies; Management; Sport, Leisure and Tourism Management and Business Logistics and Information Systems.

7 The self-evaluation document (SED) emphasised the University's commitment to part-time and work-based learning and the provision of e-learning programmes. Hence, the audit team particularly focused on these and related aspects of University activity.

8 The Strategic Plan 2003 to 2009 stated that the University's vision is to 'combine academic rigour with vocational relevance; to work in partnership with other providers and the public and private sectors, and to contribute substantially to meeting the higher level knowledge and skills needs of the North West and beyond'.

9 The SED stated that the University offers 12 taught programmes in partnership with 12 partner colleges in the UK currently involving approximately 600 students. In addition it offers 10 taught programmes in collaboration with five overseas partners involving over 900 students. Given the nature of the University's collaborative provision it will be the subject of a separate audit in 2006-07.

### **Background information**

10 The audit team had access to the following publicly available information:

- Undergraduate and postgraduate prospectuses
- The Quality Audit Report published by HEQC in 1995
- A number of subject review reports published by QAA
- Major review report (2005)
- Review of Foundation Degree in Health and Social Care (2005)
- The University's submissions to the Teaching Quality Information (TQI) website

11 During the audit the audit team also had access to a wide range of useful and comprehensive internal publications. This included the SED and three discipline SEDs (DSEDs) for the discipline audit trials (DATs), and a number of professional, statutory and regulatory body (PSRB) reports. The team considered that the standard and scope of this documentation, much of which was also available through the University's intranet, was very good (in particular see paragraphs 47, 55 and 60). The team also had access to the Student Written Submission (SWS) submitted by the University of Bolton Students' Union (UBSU) and four developmental engagement (DE) reports produced by QAA.

### **The audit process**

12 A preliminary meeting was held between representatives of the University and an officer of QAA in March 2005. Following this meeting the University was informed that the audit would include three DATs. The initial reading of the University's SED, which was received in July 2005, led the audit team to confirm that the audit would include DATs in electronics, mathematics and psychology. DSEDs were received for each audit trail by QAA in October 2005.

13 Representatives of UBSU also attended the preliminary visit. UBSU were invited to submit a SWS expressing views on the student experience at the University, and identifying any matters of concern or commendation with respect to the quality of programmes and the standard of awards. They were also invited to give their views on the level of representation afforded to them and on the extent to which their views on standards and quality were taken into account by the University. In July 2005, UBSU submitted the SWS to QAA. It was based on the findings of scrutiny of course committee minutes, questionnaire returns and focus groups. During the briefing visit UBSU indicated that the SWS had been shared with institutional staff and that there were no matters within it that would require the audit team to treat it with any level of confidentiality greater than that normally applying to the audit process.

The team is very grateful to UBSU for preparing this valuable document to support the audit.

14 The audit team undertook a briefing visit to the University on 11 and 12 October 2005. The purpose of the briefing visit was to explore with the Vice-Chancellor, senior members of staff and student representatives matters relating to the management and enhancement of quality and standards raised by the SED and other documentation provided for the team, and the SWS. During this visit, the team signalled a number of themes for the audit visit. At the close of the briefing visit, a programme of meetings for the audit visit was developed by the team and agreed with the University.

15 The audit visit took place from 21 to 25 November 2005 and included further meetings with staff and students of the University, both at central level and in relation to the selected DATs.

16 The audit team comprised Professor C Clare, Professor D W Heeley, Dr K Parker and Professor G Taylor and Mrs C Carpenter as audit secretary. The audit was coordinated for the QAA by Dr A J Biscoe, Assistant Director, Reviews Group.

### **Developments since the previous academic quality audit**

17 The University was last subject to an external audit in 1995 by the Higher Education Quality Council (HEQC) when it was called the Bolton Institute for Higher Education (the Institute). The subsequent report contained 12 points of good practice, six recommendations it was advisable, and two it was desirable that the institution consider. The Institute was advised to 'give specific thought to the consistent involvement of students in quality assurance at school level; ensure a level of consistency and timely delivery in the stage of annual monitoring conducted by schools; clarify and perhaps reconsider its procedures for the approval of new modules; in the light of the Institute's expansion of modular programmes and its use of external advice, review the system for the annual monitoring of research degree students to ensure the timely

submission of progress reports; and introduce a uniform requirement by which teaching competence might be tested as part of its appointment of staff and review the uneven implementation of the system for academic staff appraisal. In addition, the then audit team considered it desirable for the Institute to adopt the aspect of externality, which had been used on some occasions, as a permanent feature of its internal quality audit process, and to accelerate the introduction of a broader circulation of internal quality audit reports and ensure that actual practice is able to keep pace with published procedures.

18 The SED for the current audit stated that the University was confident that the University 'had responded effectively to the 1995 audit'. The SED outlined the organisational and procedural changes that had occurred since 1995 and how they had addressed the recommendations of the earlier report. The audit team concluded that in most cases the University had responded effectively to the concerns listed in the 1995 report, but were doubtful, despite the actions taken, that the University had effectively addressed the matter of attaining consistent involvement of students in the University's quality assurance processes (see paragraphs 85-88 below).

19 Since 1995 the University has been subject to assessment processes for the granting of research degree awarding powers and university title by HEQC and QAA. It was also included in the 1998 HEQC audit of overseas partnerships (College of Administrative Sciences, Oman). Since 2001, the University has been involved with QAA in 12 subject reviews, four DEs and during 2004-05 Major review and a specialist review of the Foundation Degree in Health and Social Care. The University's performance and response to these engagements with QAA are considered below (see paragraphs 76-78).

## **Section 2: The audit investigations: institutional processes**

### **The institution's view as expressed in the SED**

20 The SED stated that 'the University operates firm central control and monitoring of quality and standards matters' and that its approach to the assurance of quality and standards 'is based upon the premise that robust systems and procedures are a necessary but not a sufficient guarantor of quality and standards'. The SED went on to state that its approach is thus reinforced by a healthy academic culture in which 'key values of being self-critical reflecting upon, reviewing and comparing performance, open debate and the sharing of good practice as well as problems are embodied in the academic community and in the professional practice of individual staff'. The SED also stated that these values are enshrined in three principles which guide the University's practice and which are at the heart of its quality and standards procedures: 'openness, comprehensiveness and self-accountability and responsibility'.

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

21 Academic Board (AB) is the supreme academic body in the University and therefore has ultimate responsibility for maintaining the University's 'firm central control' over academic standards and quality. As such, AB approves all major academic policies, procedures, codes of practice and regulations brought to it via its subcommittees. It approves the outcomes of all validation and review exercises, advises the Vice-Chancellor prior to the signing of collaborative agreements between the University and overseas organisations, and approves all new external examiner appointments. A number of committees report to AB including Learner Experience Committee (LEC), Board of Studies for Research Degrees,

Academic Quality Development Committee (AQDC), and the 12 departmental boards of studies.

22 The University's policies, procedures and codes of practice for the management of standards and quality are set out in the web-based Quality Assurance Manual (QAM). The QAM includes policies on new programme development, annual monitoring, assessment, quality assurance for collaborative and distance and e-learning programmes, appointment of external examiners and subject and periodic review. The audit team considered the QAM to be comprehensive in its design, and along with the guidance given to staff on implementing the procedures, to be a feature of good practice.

23 LEC is responsible for steering delivery of the University's Learning and Teaching Strategy. To assist it in this task LEC has established five Task Groups: Assessment; Employability; Pedagogy; Staff and Staff Development and Student Support and Retention.

24 The Board of Studies for Research Degrees is responsible to AB for ensuring the maintenance of the academic standards of programmes of study leading to the award of degrees by research, including the control of all matters relating to the registration, supervision and examination of research students. There is a well-developed Code of Practice for Research Students and Supervisors which is part of the QAM. The audit team also noted that the Board includes three members from other higher education institutions.

25 Arrangements for maintaining standards and quality of collaborative provision are broadly the same as for other programmes, with additional procedures covering the scrutiny of the partner organisation. In light of the modest growth in the number and range of its collaborative partnerships, primarily in response to initiatives in teacher education and the introduction of Foundation Degrees, and publication by QAA of the revised *Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 2: collaborative provision and flexible and*

*distributed learning (including e-learning)* the University is in the process of reviewing its arrangements in this area. AQDC has recently established the Academic Collaboration Sub-Committee with a view to coordinating this work.

26 The main work of AQDC is to undertake the detailed issues of policy, procedures, regulations and monitoring in response to internal and external demands prior to them being sent to AB for approval. AQDC has three standing panels which deal with much of the minutiae of the quality assurance process including scrutiny of the outputs of annual monitoring and minor modifications to programmes. The standing panels are each chaired by an Associate Dean (Academic) and comprise members drawn from AQDC and the departments. The standing panels were deliberately constituted to group departments which had not previously worked together within the old faculty structure and which differed in terms of their subject base with the aim of encouraging cross-disciplinary working and the spread of good practice. Although the audit team noted that the panels provide valuable support to AQDC it encourages the University to ensure that over a period of time, that they do not diverge in their practice, leading to undesirable inconsistencies in the scrutiny process.

27 The SED stated that departmental boards are responsible for the development of academic programmes; the monitoring of the effectiveness and quality of their operation and outcome standards; learning, teaching and assessment; curriculum content and structure; the student experience; quality and standards; research; enterprise and staff development. The boards are composed of departmental staff and students, and external representatives from another department, Learning Support Services (LSS) and the Academic Support Unit (ASU).

28 For every programme or pathway, or group of programmes or pathways in a cognate subject there is a course committee. They deal with the detailed design, structure and operation of programmes, including

recruitment and admissions, the curriculum, learning and teaching, assessment, support and guidance, course calendar, student issues, external examiners' reports and responses, professional body issues and annual monitoring. The relevant departmental board receives the minutes of course committees and a number of their reports, including external examiners' reports, responses, and annual monitoring reports (AMRs).

29 Academic Quality and Standards Unit (AQSU) is responsible for the central implementation of the University's academic quality and standards framework. It provides the secretariat for the main deliberative committees, AQDC's standing panels, and validation and review panels and coordinates analysis of student satisfaction measurement at programme level. It produces annual reports on validation and review outcomes, student appeals against assessment board decisions and organises the publication of external examiners' reports and internal review summaries on the TQI web pages. AQSU is also responsible for reviewing and suggesting amendments to the QAM along with the guidance given to staff on implementing the procedures.

30 Administrative support for programme, subject and departmental operation is provided through an integrated ASU which ensures consistency of practice and standardised procedures for the operation of departmental boards, programme committees and assessment boards. ASU also supports the administration of research and enterprise activity and the day-to-day provision of information to staff and students at programme level.

31 Despite the activity of ASU and the common processes and procedures documented in the QAM the audit team noted some variability in implementation across the institution (see paragraphs 30, 86, 95, 103 and 140).

32 The University's assessment policy, which is linked to its Learning and Teaching Strategy, is embodied in the Assessment Process Handbook - a Code of practice, which reflects precepts of the *Code of practice, Section 6:*

*Assessment of students*, published by QAA. The Handbook offers guidance on such activities as moderation of assessments, feedback to students, anonymous marking, and moderation of marked assessments. The audit team heard in meetings with subject staff that they were aware of the Handbook and that its precepts had been implemented within a framework suitable to the different subject areas. The team noted further that the Handbook, in common with other documentation related to assessment that was made available to it, was both clear and well structured and its implementation represented good practice. Students met by the team during the DATs outlined their general satisfaction with assessment procedures, and the feedback they received on assessed work. Overall, the team considered the content of the Handbook to be a feature of good practice.

33 Through reading documentation and meeting with staff at both the institutional and subject level the audit team saw and heard extensive evidence of the workings of the University's framework for managing quality and standards. Overall, the team concluded that the framework was well designed and generally enabled the University to maintain 'firm central control' in the monitoring of quality and standards. The team noted as features of good practice the comprehensiveness of the QAM, and the guidance for implementing it and the content of the Assessment Process Handbook. The team also noticed that some of the procedures in the QAM were not implemented consistently by some departments, in particular, the arrangements for personal tutoring (see paragraphs 118 and 119) and module evaluation (see paragraph 50 and 140). The team would therefore advise the University to review the extent to which departmental implementation of its policies and procedures is sufficiently consistent.

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

34 The University's plans for the enhancement of quality and standards are broadly set out in the Strategic Plan and its supporting strategies, and the SED stated that the enhancements proposed demonstrated that the University 'is committed to continuous quality improvement'.

35 The SED outlined a number of areas where the University is planning enhancements including:

- extent of student engagement with the enhancement process
- the role of student satisfaction questionnaires in obtaining student feedback
- its relationship with its graduates
- personal tutoring arrangements
- staff development processes and opportunities
- revision of the e-learning strategy
- student retention
- support services for international students
- the University website

36 During the audit the audit team learnt of the extent of progress on many of these planned enhancements, and its conclusions on some of them are included in the text below. Overall, the team considered that the University's plans for enhancement of quality and standards are appropriate, and that these plans did provide it with confidence that the University was an institution committed to development and improvement of its processes.

### **Internal approval, monitoring and review processes**

37 Proposals for new programmes usually arise from departmental annual operating plans and estimated resource needs are scrutinised by a planning subgroup of the Executive. If approval is given at this stage, proposals are

become subject to a formal two-stage process of approval and validation, overseen by the Pro Vice-Chancellor (PVC) (Academic Development and Research). The proposal is tested against a number of criteria including the fit with the overall University Strategic Plan, the academic quality of the proposal, the extent to which the business case has been fully developed, and whether there is suitable reassurance of the viability of the prospective programme. Should the proposal meet the various criteria and thus gain approval in principle, it enters the second stage of the process and proceeds to academic validation.

38 Validation events are conducted by specially convened validation panels chaired by a senior academic. The panel membership includes members of the appropriate academic committees and two external members. Of the latter, at least one appointee is required to have appropriate academic seniority and subject expertise and the other 'where relevant' has a 'professional, industrial or other employment-related perspective'. The audit team learnt from discussions with staff that the composition of validation panels was vetted (usually by the PVC in his capacity as chair of AQDC) to ensure that there was an appropriate level of practitioner involvement. The team noted that there was an element of discretion as to whether or not professional or practitioner external advisers were to be included as panel members. The team felt that this was at variance with the University's clearly stated strategy of offering a 'practice based curriculum' with 'strong external participation from practitioners' and the fact that work-based modules formed a part of all final-year programmes. In the light of this, the team formed the view that policy on the inclusion of practitioner level external members was not well developed, and contrasted with the high quality guidance offered by the Validation Handbook, which is currently under review, on other matters. The team considered that it would be desirable for the University to consider developing a consistent approach to this aspect of the programme approval process.

39 Validation for programmes that are delivered using distributed or distance learning (DDL) follows the same pattern as programmes delivered by conventional methods, but with the additional requirement that a substantial proportion of the teaching materials have to be made available for scrutiny by the validating panel. The validation panel would therefore be in a position to assess, not only the academic content but also the suitability of the materials for delivery using DDL technologies. Examples of material that had been subject to this type of scrutiny were seen by the team were of a high quality and had clearly been designed specifically for the DDL mode. The validation scrutiny of such a substantial proportion of learning materials was felt by the team to be an example of good practice.

40 The outcomes from validation events are subject to further scrutiny by AQDC and AB before final approval is granted to implement the proposal. The audit team read a number of validation reports and noted that they were incisive and penetrating and there was evidence that appropriate debate and scrutiny by the relevant standing panel and the AQDC.

41 Training is provided for the role as a panel member as part of the overall programme of staff development events, with potential members having additional preparation by being able to attend validation panels as an observer. The panel has meetings with the intended programme team, students and occasionally other stakeholders such as potential employers of graduates of the programme. As part of its efforts to enhance its processes the University requests key members of validation panels to complete an evaluation questionnaire, which is then summarised by AQSU and received by AQDC. The audit team learnt of a number of enhancements to the process resulting from suggestions in the questionnaires.

42 A modification to an existing programme is categorised as either being 'major' where more than one-half of the credit-bearing components of a programme are to be altered, or 'minor', being the case where the



programme team intends to modify or alter less than one-third of the credit-bearing components. Proposals for 'major modifications' follow essentially the same validation procedures as those for new programmes with some possible relaxation of the requirements for external involvement to include 'at least one academic from another institution' or 'practitioner' but with the additional requirement of the provision of comments from the external examiner. Proposals for minor modifications must be supported by comments from the external examiner, and are approved by either the Course Sub-Committee (CSC) or the appropriate standing panel of AQDC, depending on the type of modification proposed. A third category covering modifications involving between one-third and one-half is dealt with by a course subcommittee which is chaired by the head of AQSU. Under certain circumstances, following advice from, and in consultation with, AQSU, the chair of AQDC may decide that, what might otherwise be considered 'minor modifications', nonetheless require closer scrutiny through the approach adopted for 'major modifications'. A typical example would be where the minor modifications proposed were one of a cumulative series of alterations to a programme.

43 The SED stated that the University considers the process of programme approval meet all the specifications of the *Code of practice, Section 7: Programme approval, monitoring and review*, and that 'the requirements for rigour, external involvement, consistency, and integration are met, the approval process being fully integrated into the planning process to ensure new developments are matched by resource provision'. The audit team read a number of validation panel reports and tracked their consideration through the relevant University committees. It concluded that, with the exception of the need for clearer guidance on the involvement of external practitioners, the Validation Handbook and associated appendices were clear and well-structured, offering a useful taxonomy of programme and module modifications and the

relevant University requirements in terms of documentation and approval processes. The provision of clear criteria, and the advice provided on the roles and responsibilities of panel members within the Validation Handbook were considered to be examples of good practice. Overall, the evidence viewed by the team indicated the rigour of the processes for validation and approval of new programmes and the processes of scrutiny and approval of programme changes.

### **Annual monitoring**

44 The University has adopted a four stage approach to annual monitoring. Each activity is sequenced across the academic year. The detailed procedures are set out in the Annual Monitoring Guidelines which forms part of the QAM. All programmes are subject to annual monitoring, including programmes delivered in collaboration with a partner institution.

45 Programme Quality and Enhancement Plans (PQEP) are produced in mid-October by course committees. They consist of action points arising from a number of sources such as external examiners reports and course committee minutes, and are scrutinised by departmental boards.

46 Centrally produced annual monitoring statistics are received in January and result in a Data Analysis Report (DAR). At the request of a department results can be combined for groups of programmes or subjects. Degree classifications are analysed by entry qualifications, gender, age and ethnicity and some trend analyses are available. Similar breakdowns of the data can be provided for other statistics at the request of the department. The system used measures retention in a uniform way across all courses, enables trend analyses (up to six years) and is compatible with the 'projected learning outcomes' measure produced by HEFCE. Of particular note is the production and processing of data based on both 'leaving cohorts' and 'starting cohorts'. The former allows monitoring of the performance of part-time students in a well founded manner, avoiding the problem of

falsely high failure rates when students continue to accrue results over a longer period of time than the norm or move from full to part-time registration.

47 Both course committees and departmental boards discuss the DARs and where necessary such discussion inform quality plans submitted as part of departmental plans. The SED reported considerable variation between departments in their usage of the statistics provided, and this was confirmed by the audit team in its examination of material provided for the DATs which, in some cases, provided very full discussion of progression and completion and in others merely a list of figures with limited discussion and no indication of actions. A staff development programme has been introduced to address this problem and has led to significant improvement in interpretive skills. Individual consultations are also available. Data includes students studying all or part of their course with a partner institution and members of staff who met with the team reported using retention analyses with partner organisations in order to understand retention issues and, consequently, modify recruitment strategies.

48 In February subject groups produce Subject Annual Self-Evaluation Reports (SASERs) which draw upon the relevant PQEPs and DARs and provide a subject wide view. They are considered by the departmental boards and by the relevant standing panels of AQDC. Departmental Plans, which provide an overview of the provision at departmental level, are produced in May. These are the core plans which are scrutinised by departmental boards, standing panels and which feed into the planning cycle, for example for the introduction of new programmes.

49 The SED stated that the annual monitoring process is 'thorough, rigorous and effective, and provide a focused approach to quality enhancement, with scrutiny at all levels, and a two-way information flow'. Annual monitoring is said to underpin the 'key values and principles of self-accountability [and] self-criticism...leading to enhancement of the quality of provision and of the student experience'.

50 The audit team considered that the University's ability to generate and process reliable data relating to retention, progression and achievement for all students and the guidance provided for staff on the interpretation of those data as part of the annual monitoring process to be a feature of good practice. Evidence made available to the team also confirmed that the standing panels provide an effective mechanism for tracking action points, especially issues raised in the SASER, ensuring a timely response to the issues raised and ensuring that the appropriate loops are closed at the level of the course committee. As part of the DATs the team noted the variability with which departments utilised information flowing from student evaluation questionnaires. The benefits of the initial PQEPs were less obvious to the team from the perspective of quality enhancement. There were some concerns that the spreadsheet type of document might tend to induce a 'checkbox' rather than a reflective approach. It was noted also that the PQEPs did not form an obviously integrated link with the later produced SASERs. The University might wish to consider ways in which the advantages of the system of multiple reports are made more explicit.

### **Periodic review**

51 Key features of the University's approach to periodic review are the production of a reflective self-evaluation document (RSED) by the subject team peer review including subject experts external to the University and review over a period of time. The University operates a five/six year cycle for the review of all programmes and the details of the process are set out in the comprehensive Guidelines for Internal Subject/Programme Review, which is part of the QAM. The Guidelines clearly laid out the philosophy and aims of the review method. The periodic review method is distinct from that employed for initial validation and approval of a new programme although there are some similarities in that a successful outcome of a periodic review results in formal continuation of the validation of the provision reviewed.

52 The review itself is conducted by a panel on behalf of AQDC, and includes both internal and external specialists. The panel 'tests the claims' made in the RSED and 'probes' the quality of provision. The panel may observe various committees, validation events and boards that are responsible for the quality aspects of the provision. The panel also meets with students, and where relevant, other stakeholders such as employers. Accreditation reports from external PSRBs also have an input into the review process.

53 The output of the review process is a report that is considered by the relevant standing panel, AQDC and AB. AB may require further action by AQDC, standing panel or department. In response to the report, an action plan is produced, and progress towards completing the actions identified is monitored on an ongoing basis by the standing panel and AQDC. The ratified report is in a format suitable for posting directly to the TQI website. The audit team considered that this resulted in the report being somewhat terse and formulaic, particularly when contrasted with the more extensive reports produced for course validation. While the summarised nature of the reports include the key areas required for quality management, the University may wish to consider making the deliberations of the review panel more visible.

54 The SED stated that the University considered the procedures for periodic review to be 'systematic and comprehensive'. The SED also acknowledged that subject teams have experienced some difficulties in maintaining the timetable of review events and that 'some slippage' of review dates has occurred. The schedule is said to have been subject to some 're-adjustment' as a consequence, and a programme of staff development put in place to improve the efficiency of the process and the engagement of the staff.

55 In 2004-05 the University introduced a system of annual audits of a sample of programmes and conducted by the standing panels on behalf of AQDC. The audits are described as 'small scale reviews, document-

based, using an audit trail model'. The reviews scrutinise a range of paperwork, including course-monitoring statistics, external examiners' reports, student satisfaction surveys, and PQEPs. The process also involves meetings between the reviewers and course leaders and senior staff. The review reports contain a summary of outcomes in a number of key areas and also identify good practice and areas for enhancement. The programme team are invited to submit a written response to the report, both of which are considered by the Standing Panel. The audit team viewed a sample of the reports produced by this process and formed the view that the process was effective in producing a well-focussed and constructive critique of an area of provision. The team concurred with the view expressed in the SED that such a system of annual audits was a useful adjunct to quinquennial review and that the method devised was well designed and fit for purpose.

56 The audit team formed the view that the procedure for periodic review was well-designed with high-quality guidance in the form of the Guidelines for Internal Subject/Programme Level Review offered to the programme team and the panel members. Generally the process was suitable for providing AB with the re-assurance necessary for revalidation. The team recognise the University's own concern about the delays to the initial schedule and would encourage continued action with respect to regaining the initial timetable of review events.

57 Overall, the audit team concluded the University's procedures for programme approval, annual monitoring and periodic review, including the recently introduced annual audits of selected subject areas, was well designed and reflected the precepts of the *Code of practice, Section 7: Programme approval, monitoring and review*. The team saw good evidence that the processes operated as intended. Reports from one activity were seen to inform future parts of the review cycle, and there was appropriate consideration by relevant committees of reports and the implementation

of action plans. The additional arrangements for validating programmes delivered using DDL and the ability to generate and process reliable data relating to retention, progression and achievement for all students in the form of DARs as part of the annual monitoring process and the guidance provided for staff on the interpretation of those data, are regarded as features of good practice.

### **External participation in internal review processes**

58 The SED stated that 'the University embraces and values the contributions made by external peers and other stakeholders' in its review processes, and that 'its use of external participants in internal programme approval, review and other processes is working effectively'. The rigour of the process employed for vetting potential external experts is similar to that used when appointing external examiner. As a result of a recommendation of a Developmental Engagement in 2004 the University has developed a set of clear criteria for external appointees in validation and review panels, including the requirement for academic and professional qualification, range and depth of experience, a preference for external panel members to have had previous experience as external panel members elsewhere, and experience as internal panel members in their own institution.

59 The audit team read a number of recent validation and review reports and noted that some panels had appropriate levels of external academic expertise, but lacked practitioner or professional membership. However, given the University's commitment to offering a 'practice-based curriculum' and a programme of 'practice-based research' the team considered that more effective guidance could be given to subject teams regarding the situations when a professional or practitioner as external nominee might be appropriate.

60 Overall, the audit team saw and heard considerable evidence that the University generally involves participants external to the institution in its validation and review

processes, and takes due account of their views. However, the team considered that it would be desirable for the University to be more specific in guiding subject staff when it was appropriate to involve external practitioners in this process.

### **External examiners and their reports**

61 There is a two-tier system of assessment boards. The first tier is termed the Pathway Board and reviews results for particular modules, the second is termed the Departmental Assessment Board and makes progression and award decisions. It is a requirement that at least one external examiner is appointed for every taught programme. At each level one external examiner, where there is more than one, takes on a more senior role with responsibilities covering overall standards and assessment processes for that board. As far as possible an examiner appointed for on-campus provision also examines any collaborative provision involving that programme.

62 There is a pro forma for the nomination of external examiners by departments. Examiners are appointed by AB following screening by AQSU whereupon a formal letter of appointment is sent out together with a set of documents concerning the assessment process and the external examiners' role in this. Departments are required to invite all new appointees for an induction meeting. Thus the new appointee has the opportunity to meet staff and to understand any issues particular to the department whilst consistency across departments is assured by the involvement of AQU. A formal process for terminating the contract of unsatisfactory external examiners exists, but this has not been used in recent years.

63 Examiners are required to send their reports via email to the Vice-Chancellor, care of the Head of the AQSU. The forms are designed to reflect the requirements for publication on the TQI website. In addition to completing their own examiner's form the senior examiner produces a composite report, reflecting the views of all examiners for the pathway or departmental assessment board, and all reports are uploaded to the TQI site.

64 Prior to the circulation to heads of department the Head of AQSU adds comments to the report, indicating issues which need to be addressed. The list of issues and responses to these also form part of the material uploaded to the TQI site. Additionally the Head of AQSU produces an Annual Overview Report which is received initially by AQDC and then by AB. The set of commented reports is also circulated to the Vice-Chancellor, heads of department, principal lecturers (Quality), programme/course/pathway leaders, and other postholders considered appropriate.

65 Departmental heads solicit action as they deem appropriate from programme leaders or others and are also required to respond to issues brought to their attention by the Head of AQSU, the Vice-Chancellor or the Pro-Vice-Chancellor. Responses are routinely included as part of the annual monitoring process together with the associated, integrated action plan. However in case of particularly urgent issues the audit team was informed that the Head of AQSU would follow these up with appropriate staff to ensure a timely response.

66 A check that agreed actions have taken place is also provided by the pro-forma which asks external examiners to state that any previous comments have been noted and a response received. In most cases to which the audit team had access the process had been correctly followed.

67 Examiners have a wider role than that of reporting on quality and standards. They are required to moderate not only examination papers, but also other assessment tasks which contribute to award classification before these are issued to students. In the case of collaborative and work-based programmes the University both requires and facilitates direct scrutiny of learning opportunities and assessment in practice, and this includes visits to overseas delivery centres.

68 The SED stated that the University 'believes that its framework of policies, procedures and processes relating to external examiners and their reports operates very

effectively at both micro and macro levels', and that 'the framework makes a sound and valuable contribution to the assurance of academic standards and quality'.

69 In general the audit team agreed with this view and noted that the University's procedures in this area needed little amendment following publication of the *Code of practice, Section 4: External examining*. The team considered the way in which external examiners are inducted and the procedures for considering their reports to be a feature of good practice. The formal addition to every external examiner's report of comments from the Head of AQSU was noted as a mechanism which ensures a University level overview of any issues arising. The design of the examiners' report form ensures that the material uploaded to the TQI site is available in a form which provides clear and understandable information to potential students.

### **External reference points**

70 The SED stated that the University has approached publication of the *Code of practice* 'in a reflective rather than compliant approach'. The different sections of the *Code* have been considered in various ways depending on the substance of the section and its impact on policies and procedures. In the first instance the appropriate management post holder takes responsibility for assessing how well current practice maps onto the *Code* and makes an assessment of the need for development or change. The relevant committee will then receive and discuss any recommendations either in the form of changes to existing procedures, development of new policies and procedures, or, where it is felt that more in depth consideration is needed, the setting up of a working group. Through tracking consideration of various sections of the *Code* in University committee minutes and reading various sections of the QAM the audit team concluded that the University had used the *Code* as a set of guides to good practice in the sector with which to reflect upon and change its procedures where it felt the need.

71 The University had made use of formal level descriptors for sometime preceding publication of the FHEQ and the SED stated that it had thus been relatively unproblematic for course teams to map their intended learning outcomes onto the FHEQ. The audit team saw extensive evidence through their reading of programme approval and subject review documentation and external examiners' reports that programme teams demonstrate, and external advisers test, whether the level of a University award is consistent with the FHEQ qualifications descriptors.

72 The SED stated that consideration of subject benchmarks has been incorporated into both validation and review processes along with the need to respond to any relevant PSRB requirements. SASERs require subject staff to comment on any proposed changes to intended learning outcomes in relation to subject benchmark statements and PSRB requirements.

73 Programme specifications are regarded by the University as 'an essential component' of programme documentation'. Detailed written guidelines are provided and the specifications have been introduced across the University as courses have been validated or reviewed. A few programmes remain to go through this process. Programme specifications form part of the mandatory Programme Handbook at validation and this is subsequently provided to students.

74 The programme specifications examined during the audit were of variable quality. Some, particularly those provided for masters' level programmes, were of a high quality with the required information clearly stated, including mapping of learning outcomes to modules and very specific information about teaching, learning and assessment methods. Others, whilst complying with the basic requirements of the University, offered little beyond very generic statements concerning teaching, learning and assessment. The audit team thus concurs with the University's view that 'the original concept of the programme specification as a means of providing useful information to students may not have been

realised' as yet, and would encourage the University to review the consistency of programme specifications.

75 The audit team saw extensive evidence that the University had approached the introduction of the *Code of practice*, the FHEQ, subject and PSRB subject statements, and programme specifications in a mature and reflective manner. The team also noted how the University processes ensured that academic staff and external advisers and examiners continued to engage with the various elements of the Academic Infrastructure through programme development, annual and periodic review, and assessment boards and external examiners reports.

### **Programme-level review and accreditation by external agencies**

76 Since 1999-2000 the University has participated in nine QAA subject reviews, four DEs, one Major review and one Foundation Degree review. The University has recently undergone an Office for Standards in Education (Ofsted) inspection of Initial Training of Teachers in further education (FE) and there are over 30 programmes which are accredited by PSRBs.

77 The QAA reviews confirmed the standards and quality of the programmes involved. In all nine of the subject reviews, student support and guidance and learning resources were graded with the maximum scores. In terms of the areas of good practice and recommendations there were no obvious trends emerging from the reports. The overall performance on the University in QAA subject reviews between 1999 and 2002 was subject to an extensive analysis in order to provide an institution-wide view of the broad health of the programmes offered.

78 Reports from QAA reviews and DEs are received by AB and AQDC. Subject teams were required to produce an action plan in response to the reports and progress in achieving the stated targets was tracked by the AQDC and the relevant standing panel.

79 Relationships with PSRBs are managed at a departmental level supported by AQSU. Outcomes of accreditation events throughout the year are collated and form part of the 'cumulative annual record of Validation and Review Outcomes' that is considered by AQDC. Summaries of validation and review outcomes are also prepared for consideration by AB.

80 The SED stated that the University 'has well-developed systems in place' for responding to external reviews. From the documentary evidence made available to it, including audit trails of consideration and response to the British Psychology Society accreditation and Department of Built Environment Chartered Institute of Building accreditation and meeting with staff, it was clear to the audit team that the University took its engagement with external bodies seriously. The team noted that there were appropriate mechanisms in place for ensuring adequate institutional oversight when receiving and responding to external body reports, and that there were many examples of how such reports had resulted in enhancements to the University's processes.

### **Student representation at operational and institutional level**

81 Student representatives are members of a range of University deliberative committees including the Board of Governors, AB, AQDC, Estates Strategy Group, Equal Opportunities Steering Group and LEC. In addition, there is representation on departmental boards and on course committees. There are also liaison meetings between senior University staff and elected members of UBSU. However both the University and UBSU recognise that there is a considerable need to improve the effectiveness of representation. At both University and programme level there is significant variability in attendance. The University believes this is due, in part, to the particular student profile at the University with many students combining study with work and/or family responsibilities and thus not having time to become involved in University's committees.

82 The 1995 HEQC Audit Report advised the then Institute to give 'specific thought to the consistent involvement of students in quality assurance at school level'. Subsequently, a number of approaches have been taken to encourage attendance including scheduling committee meetings at times perceived as more student friendly and holding 'virtual' meetings over the web. The University has also funded a two year 'Student Representation Project' whose objectives are to ensure the student representation system is functioning effectively and proactively. The project is overseen by a joint University/UBSU steering group, and includes a training programme for representatives delivered by UBSU, and has led to a significant increase in the number of representatives notified to UBSU and the delivery of a pilot 'keyskills' programme. The project is now in its final year and will be reviewed with a view to ensuring that improvements can be sustained with a focus on developing student skills with respect to their input to committee meetings.

83 The SWS contained the view that students' opinions are not always listened to and that increased feedback from University and departmental committees was needed. At the time of the audit three of the 12 departmental boards had no student representatives identified and board minutes read by the audit team indicated poor attendance. Students who met the team during the visit expressed various views about the opportunities for representation which were available to them at course committee level. In one case course representatives were in place, known to the other students and had attended the UBSU provided training course. Good practice was noted with this group in that their names and photographs were displayed on a departmental notice board and time was allowed at the end of lectures before and after a course committee meeting for representatives to address their colleagues as a group to determine any issues and to provide feedback after the board meeting. In another case students reported that, despite the efforts of staff, no student was willing to serve in the capacity of representative

for some years of the course as students were primarily interested in working to ensure they achieved the best possible outcomes from their courses and saw the course committee representative system as a distraction.

84 The SED stated that the University 'is strongly committed to ensuring that the student voice is heard at all levels and in all decision making processes'. It believes that 'systems are in place to accomplish this, but the level of participation is disappointing'. The audit team partially concurs with this view. However it was not clear to the team that responsibility for the oversight of student representation rested with any one senior manager. Moreover, while the team noted that the University is taking action to address the situation, it considers it advisable for the University to continue to reflect creatively on the mechanisms for attaining student representation and involvement, especially in departmental boards and senior University committees.

### **Feedback from students, graduates and employers**

85 The University uses a variety of both formal and informal methods to elicit feedback from students. Feedback from module and programme questionnaires is considered by programme committees and departmental boards as part of the evidence base for annual monitoring. Design of the methods of eliciting module feedback is delegated to departments. The SED acknowledged that there was some variability in response rates between programmes, and between different modules on the same programme.

86 The audit team saw evidence of student feedback being used effectively. For example, it tracked improvements to modules through the evaluation of module questionnaires within the mathematics DAT. Furthermore, there was clear evidence that the outcomes of these questionnaires were discussed at course committees in both mathematics and psychology and, to a lesser extent, in the electronics programmes.

87 Support services within the University undertake student surveys and there have also been a number of initiatives to obtain feedback from students on particular issues. The SED reported that response rates for module questionnaires display some variability and that steps are being taken to improve distribution. There is some detailed discussion on these issues and the University will be undertaking a targeted survey to investigate them in more depth.

88 The University also acknowledged that the lack of an active alumni society limited the contact that can be maintained with graduates. As part of the DATs the audit team found that the personal support given by staff often helped to build up good personal relationships that could continue beyond graduation, but noted that this did not provide a way of systematically obtaining feedback from graduates. The establishment of an effective alumni network would help in the acquisition of such feedback, a beneficial step that has been recognised by the University through the brief given to the new PVC.

89 The audit team observed different types of relationship between employers and the University. The interaction provided through the validation process is described above (see paragraph 38) and input from PSRBs (see paragraph 72). The team noted the role of employers in the creation of a range of Foundation Degrees, and in the Health and Social Care Foundation Degree review report it was found that employers 'not only played a key role in the design of the programme, but also maintain an ongoing partnership in design and delivery'. However, in meetings with senior management the team heard that there is no University policy requiring formal mechanisms, such as industrial liaison panels, for obtaining advice from employers. In the light of the institution's commitment in its strategic vision to offer programmes which are vocationally relevant and work in partnership with local employers (see paragraph 8) the team considered that it would be desirable for the University to review how it could attain greater consistency of routine industrial or employer liaison in vocationally relevant programmes.



90 The SED stated that the University has 'a variety of systems in place for securing feedback from stakeholders, and the best practice is very effective in providing information leading to improvement and enhancement'. However, it also recognised that there was 'some variability in the application of the systems', and the team noted that this was the case with module evaluation questionnaires. The audit team noted that the University is endeavouring to raise performance in some areas, and would encourage it to carefully consider how it can ensure that departments are maximising feedback from students, alumni and employers.

### **Progression and completion statistics**

91 Statistics concerning progression, withdrawal, suspension and completion, degree classification and first destination statistics are produced centrally on a programme by programme basis. Good practice in the analysis of the data as part of the annual monitoring process is discussed above (see paragraph 46 and 47).

92 Statistics for the whole University are produced in the same format as those for annual monitoring purposes. A commentary is produced by the Dean of Students and reviewed by AQDC, LEC, AB and the Board of Governors. Data is used for benchmarking purposes, with the University comparing itself with a range of similar institutions. Such data is used in engagements with PSRBs, for example to provide evidence to Ofsted of successful work with under-represented groups.

93 The University believes that its 'arrangements for analysing progression and completion statistics are very effective' and that, 'although there is still variability in the standard of evaluation between programmes we are making good progress in raising the overall quality of such evaluation'. As indicated in paragraphs 46 and 47, the audit team found evidence to support this claim.

### **Assurance of quality of teaching staff, appointment, appraisal and reward**

94 A key feature of the University's staff appointment, appraisal and reward system is a University-wide standard procedure for the appointment of all staff. The Human Resources Strategy Group (HRSG) chaired by the Vice Chancellor scrutinises all departmental requests for new teaching staff appointments. All interview panel members receive training. All successful applicants should receive induction and mentoring, as part of their probation. It is expected that new teaching staff will either be members or committed to joining the Higher Education Academy (HEA) (see paragraph 102 below). Furthermore, those without a teaching qualification or at least three years teaching experience are expected to complete the University's internal Certificate in Teaching and Supporting Learning (CTSL). There are also procedures in place for the recruitment and induction of part-time staff, although the University's policy is to minimise the use of such staff.

95 The University is confident that its processes form a sound basis for the recruitment and induction of staff. Staff told the audit team that the induction process was very thorough and distinctive to Bolton, particularly in the amount of two-way communication that was involved. One aspect that was especially notable was that at the end of the induction period, all staff met the Director of HR to report back on their experiences. The University is aware that induction processes are not implemented consistently across the whole institution. In particular, induction activities may only focus on that which is of most immediate relevance to the new staff member. The SED also recognised that the CTSL as presently constituted is not entirely appropriate for new teaching staff, and is considering how it will address this issue. Finally, the University is aware of the limitations of its recruitment and training arrangements for part-time staff and is intending to provide more guidance to departments.

96 All senior posts are advertised externally, and any recommendations for accelerated increments/honariums for additional duties or excellent performance must be approved by the Director of HR and the PVC (Academic Development and Research). The University is developing the concept of the 'Bolton Academic' which acknowledges both the critical and applicable characteristics of higher education. There are thus three features of the Bolton Academic: learning and teaching, enterprise and research, and community engagement. Lecturers with responsibility for quality assurance have been appointed in each department as principal lecturers. Furthermore, some such appointments have been through promotion partly on the basis of excellence in teaching.

97 The University has recently appointed some new Learning and Teaching Fellows. Appointments were made on the basis of presentations on particular projects. The new round of appointments had created four 0.4 posts. The three original appointees will retain the title, but not the time allowance. This continuance of this scheme provides a positive indication of the University's desire to enhance the quality of teaching through staff appointments and rewards.

98 The SED stated that the University 'provides a robust set of processes to recruit and manage its staff to ensure that standards of learning, teaching and assessment, and the quality of the learner experience, are maintained and enhanced'. The audit team generally shared this view but would encourage the University to address the inconsistency of application of induction processes and matters related to the appropriateness of the CSTL for full and part-time staff. However, the team welcomed the appointment and promotion of principal lecturers in each department with responsibility for learning and teaching and the re-introduction of a limited number of teaching fellow appointments as demonstrating the University's commitment to quality assurance and enhancement of its academic staff.

### **Assurance of quality of teaching through staff support and development**

99 The University places staff development within an institution-wide context, and has an HR Strategy and a Staff Development Policy and Strategy. The whole institution attained Investors in People (IIP) status in 2001, and was reaccredited in 2004. Staff development is coordinated centrally and is overseen by HRSG. There is a full-time coordinator for Staff and Educational Development supported by a training officer who provide staff-support networks, advice to departments on training and development, connections to outside networks as well as direct training support.

100 LEC has a development and monitoring role with respect to academic practice. It has recently set up the Staff and Staff Development Task Group which is concerned with staff-development aspects of the Learning and Teaching Strategy. Further support is provided through a Learning and Teaching web site and an electronic newsletter.

101 The main focus of staff development activity is at the departmental level. Each department has a staff-development plan entitled Communication, Appraisal, Responsiveness and Evaluation (CARE), and a related budget. At the same time, departments have their own learning and teaching strategies, which encompass peer review of teaching. All the departmental strategies are monitored by LEC. Within this environment, each individual staff member has a professional development plan (PDP). The PDPs include development targets which are related to the department's annual plans. Subsequent development activities can then take place both within and outside the University.

102 The University is aware that the quality and detail of PDPs varies between departments. It is attempting to address this through planning review and continuing staff development. Thirty per cent of academic staff are members of the HEA, but there has been a slowdown in the number of staff achieving

Registered Practitioner Status. It is intended to revitalise activity in this area through the annual teaching conference and by closer alignment of the CTSL to the HEA's requirements.

103 The audit team heard from staff it met in the course of DATs that peer observation and review is organised within departments but that while there is central prescription about the arrangements there is variation of implementations. However, the team heard examples of how the process had raised awareness of different teaching methods and the innovative practice of setting up reciprocal observation with partner FE colleges. The University believes that the processes for supporting the development of staff are robust and provide opportunities to share good practice. However, the SED noted that there is room to make the processes more effective, and the team would concur with this assessment.

104 Academic staff told the audit team that they were effectively engaged with staff development through their PDPs. Funding for identified development activities was usually provided through the department. There was no evidence found by the team that such activities were being limited for any reason. AQDC and LEC identify specific areas of staff development which relate to university-wide issues such as plagiarism and students' personal development plans. Issues identified at the departmental level, principally through the SASERs, are noted by the standing panels of AQDC. Overall, the team considered that the University has in place effective arrangements for staff support and development, but would encourage the University to reflect further on how it can make the good practice seen in peer observation of teaching more common-place.

### **Assurance of quality of teaching delivered through distributed and distance methods**

105 The SED stated that the University has devoted 'considerable resources to managing the resource and staffing implications' of increasing use of DDL methods'. The audit

team was aware that DDL programmes are subject to the full rigour of the University's quality assurance processes, but with the additional requirement that sample learning materials have to be made available for scrutiny by the validation panel (see paragraph 39). These procedures were subject to a recent review, taking into account the guidance offered by the *Code of Practice, Section 2: Collaborative provision and flexible and distributed learning (including e-learning)*.

106 The University has implemented a number of initiatives to support the developing use of e-learning approaches, notably the formation of e-learning at Bolton, 'eLaB', with an associated specialist to support development of a VLE. The University has appointed a Professor of E-Learning to provide pedagogical guidance regarding electronic learning technologies.

107 In meetings with staff and students the audit team learnt that an increasing number of programmes are exploiting e-learning methods based on the use of the VLE although these developments, whilst welcomed enthusiastically by students, were taking place largely in the absence of a clearly defined guiding policy at the University level. The SED acknowledged that 'the rate of adoption of [a VLE] has shown variation between departments'.

108 The SED stated that 'effective procedures are in place to assure the quality of the learner experience for those students undertaking DDL-based programmes'. The audit team formed the view that the procedures for validation and approval for DDL programmes were both robust and effective with clear guidance offered in the form of the Validation Manual, but that there were some weaknesses in the policy for the wider use of the VLE and Managed Learning Environments, and for publishing web-based learning materials, and that the University may wish to develop its policies in this area.

### **Learning support resources**

109 The SED stated that the University's 'learning support resources are shaped to

provide a range of services for both on and off-campus users, for learning levels ranging from access through to research students, for a large proportion of part-time and work-based students, and for a wide range of abilities and experience'. Resources are allocated in support of the Strategic Plan, agreed academic developments and the Learning and Teaching Strategy, and are delivered both centrally and through departments, and also through zonal groups of departments.

110 Resource allocation and monitoring is embedded within the University's planning, academic development, validation monitoring and review processes. Resources are provided by the Learning, Support and Development Unit (LSDU), which comprises three interdependent areas: Communications and Information Technology Development (C and IT), eLaB and LSS. C and IT is concerned with underlying infrastructure whereas eLaB and LSS are directly involved with support for students and staff.

111 Monitoring of ongoing activities is performed by LSDU. The quality of the support services is assured not only through LSDU's own user surveys but also through the involvement of outside accrediting bodies, including a Charter Mark for Excellence in Customer Service for LSS. The annual Learning Support and Development Satisfaction Survey analyses current issues and comments explicitly on those raised the previous year. Examples of enhancements resulting from the analysis have included extending evening opening hours for the library during vacations and the provision of Media Service facilities at both campus information desk areas. The development of support services is thoroughly set out in the LSS Local Plan. Many aspects of support services are covered such as improvements to buildings and the extension of electronic holdings within the library.

112 The SED stated that 'the processes for ensuring that learning support resources are appropriate and meet the needs of learners and staff work well; services and feedback mechanisms provide clear evidence that these processes have ensured effective provision for learning support services'. Students met by the

audit team consistently praised the availability of library services and on-line facilities, such as access to full-text journals and the reserving and renewing of library books, which enabled them to manage their studies from home. Psychology students also praised their department's Science Resource Centre.

113 The audit team considered that the SED was an accurate reflection of the state of the provision of LSS. Thorough processes for the introduction of new programmes demonstrate a close integration with the planning process. The willingness to engage with outside quality-assurance bodies is notable. Access to library catalogues via the web and web-based material including, but not exclusively the VLE, is appreciated by various students whose commitments or location made access to campus difficult other than for formal, scheduled teaching activities. In particular, students met by the team who were studying through DDL, or who were varying their study mode as personal circumstances changed, commended the way the University supported them. The team considered that the University has provided suitable learning resources for its students and had robust and reliable means of identifying how they would continue to reflect changing requirements of the student body in the future

### **Academic guidance, support and supervision**

114 The University has a student profile that it recognises is 'uncommon' within the UK higher education sector. More than one-half the students are studying part-time, more than two-thirds are mature and many are engaged in work-based learning both on and off-campus. Consequently, the University recognises the need to maintain a range of guidance, support and supervision policies that are appropriate for their students. The Bolton Interactive Study Skills Tutorial Online (BISSTO) is an example of the University's approach to providing on-line support. The University is introducing BISSTO, although the audit team heard that students had not yet been made

fully aware of its availability and capabilities. From September 2005 all programmes will be required to introduce a personal development planning scheme, the details of which are set out in the recently approved Framework for Personal Development Planning.

115 Responsibility for guidance, support and supervision for taught students rests primarily with academic departments, which are supported by LSDU, ASU, AQSU and the Student Centre. The University has a clear policy on personal tutoring through which every student has a personal tutor within his or her home department. The SED acknowledged that there was variability in the support provided by personal tutors across different departments. Meetings with students revealed many examples of truly excellent support from the teaching staff, underpinned by a commitment to support students flexibly as their modes of study and personal situation changed. However, much of this was informal and based upon the local departmental culture which valued open communication and helpfulness. Some students met by the team were not clear about who their personal tutor was. The team learnt that a report is being prepared for LEC which is intended to identify variations in implementation and examples of good practice, and the team advise the University to keep the consistency of departmental implementation under review.

116 Support for postgraduate research students (PGRs) is consolidated within ASU and the regulatory framework for guidance offered is set out in the University's Code of Practice for Research Students and Supervisors. Part of this states that research students may only be supervised by staff who are members of a departments 'research team'. The audit team heard that a substantial proportion of the research student population studied in part-time mode. The challenges posed by part-time study had been recognised, and the team learnt that supervisors as a matter of routine organised meetings with students outside of normal office hours at a mutually convenient time. However, in discussions with students and

senior staff, the team noted that there was some uncertainty regarding the involvement of research students in teaching and the team would strongly encourage the University to clarify this matter. The audit team heard from a number of PGRs that effective support was in place for them. Overall, the team formed the view that research degree students were well-supported in their studies. The University's Code of Practice was both clear and helpful, and the team took particular note of the care with which the needs of part-time students had been addressed.

117 The University has a comprehensive Code of Practice on Placement Learning which defines the roles and responsibilities of staff, employers and students. It specifies that there will be both a placement supervisor/mentor designated by the provider and a placement tutor, a member of the University's staff responsible for oversight of the individual student. The audit team learnt that students were generally satisfied with the level of support that they received while on placement.

118 Students whom the team met praised the availability of staff and their willingness to provide help and advice. Some students reported that there was always someone there to help, including during the summer vacation. Response to emails and telephone calls was always prompt and personal visits were welcomed. Engineering students also reported that support from technical and administrative staff was very good. Although the support was very good, the audit team learnt that the degree to which it was provided through the formal personal tutor system was variable. For example, there was a clear structure within psychology but, in mathematics, the arrangements were predominantly informal.

119 The institutional policy on personal tutoring arose out of the 1995 to 2000 Strategic Plan. Responsibility for defining precise procedures then lay with the faculties. Although, in practice, departments have taken over these responsibilities following the restructuring, the formal policy has not yet been updated to reflect the organisational changes. However, the University is aware of the need to redevelop its personal tutoring policy. The issue

has been raised in the Student Support and Retention Task Group of the LEC. In meetings with senior staff, the team ascertained that further action has been initiated. All departments have been asked to circulate examples of good tutoring practice which will inform the new policy as it is developed.

120 The SED stated that the University believes it has 'effective and high quality systems of academic support and guidance in place'. The audit team concluded that in practice, students are well supported, but this is more the result of actions by dedicated staff and, indeed, the general ethos of the institution rather than something that necessarily arises out of formal University policies. The team would encourage the University to further develop a more consistent approach to ensure that students always have access to appropriate advice and support.

### **Personal support and guidance**

121 Overall responsibility for the development, implementation and monitoring of strategies, policies and procedures to provide personal support services is vested in the office of the Dean of Students. The Student Centre (parts of which have acquired Matrix Standard), working closely with academic departments and UBSU, is responsible for delivering the services. The Centre consists of a first-stop shop (the Student Information Service) and three broad service teams (Student Recruitment and Admissions, Student and Residential Services, and Student Data Management). Types of service available include careers, complaints, counselling, disability, financial advice, Job-Shop and student records. The provision of pastoral care in the first instance is the responsibility of academic departments, who may refer students onto the service provided by the Student Centre.

122 An International Strategy has been developed but the University considers that it should develop a more holistic approach to supporting international students. Currently, applicants from abroad receive a document produced by the Student Centre entitled 'Important information for international

applicants'. This includes details of the International Society and of the 'Meet and Greet' scheme. The International Society is supported by an administrator based in the Student Centre. On-course support for international students is integrated with the University's mainstream support services. The University is clearly aware that international students need special care. The commitment to reviewing the provision shows a positive attitude to quality enhancement further evidenced by a recent consultants' report that identified the valuable work done by the International Society. The audit team recognised the University's plans for a more holistic approach but also believed that it should be congratulated on what it has already achieved. International students in two DAT meetings praised the help they had received. Furthermore, the team learnt that international students with disabilities are identified and counselled specifically about cultural differences that might prevent them seeking extra help to which they were entitled. The support for overseas students is, therefore, identified as an example of good practice.

123 Careers advice is provided through the Student Centre. Although the SED referred to weaknesses in the careers service, evidence seen by the team indicated the situation had improved. All students seen by the team who had sought careers advice were satisfied. The support provided to psychology students on their work-based module was singled out for praise. Furthermore, an external consultants' report on the Student Centre, produced in February 2005, highlighted vocational guidance and job search as an area of good practice, citing it as 'much, much better than most'.

124 The University's evaluation of the services it provides notes significant improvements in organisation, induction and provision for students with disabilities. In addition, there is a clear awareness of the problems of retention and completion and there is a commitment to provide a personal consultation with a money advisor for all applicants from 2006. There are well developed systems for continual monitoring of support services. Internal scrutiny

is provided through such mechanisms as the annual Learning Support and Development Satisfaction Survey and the LSS Annual Plan. The University also submits its activities in this area to external testing; it is maintaining its Charter Mark for Excellence in Customer Service for Learning Support and Development and has brought in external consultants to review the activities of the Student Centre. This last review also commended the University on its high standard of disability awareness. The team considered this combination of internal and external scrutiny provided a firm base for the University's confidence in its quality assurance of these services.

### **Section 3: The audit investigations: discipline trails and thematic enquiries**

#### **Discipline audit trails**

125 In each of the selected DATs, appropriate members of the audit team met staff and students to discuss the programmes, studied a sample of assessed student work, saw examples of learning resource materials, and studied annual module and programme reports and periodic review reports. Their findings in respect of the academic standards of awards and the quality of learning opportunities are set out below.

#### **Electronics**

126 The DAT focused on the following undergraduate programmes offered by the Department of Computing and Electronic Technology: Electronic and Computer Engineering (HNC, HND, BEng, Beng (Hons) MSc Advanced Microelectronics and MSc Electronic Product Development. At undergraduate level BEng (Hons), BEng, HND and HNC in Electronic and Computer Engineering form a coherent, vocationally orientated programme suite with different entry and exit points and availability in both full and part-time modes. These programmes were recently subject to 'substantial restructuring' in 2004-05, and do not at present have

professional body accreditation, but this is being reconsidered in the light of the Engineering Council's move from input to output standards. The MSc, PgDip, PgCert Advanced Microelectronics and MSc, PgDip, PgCert Electronic Product Development, which are delivered part-time over the internet, were also considered.

127 The DSED was written specifically for the audit. Although it provided a sound factual foundation for the audit team's investigations it was largely descriptive. The DSED included programme specifications for all the courses considered, and those pertaining to the postgraduate courses were of a high quality with programme aims and objectives explicitly stated and learning outcomes mapped against modules.

128 Documentation relating to the recent restructuring of the undergraduate programmes provided to the audit team indicated that University procedures had been followed with appropriate reference made to both the FHEQ and the master's *Subject benchmark statement* for engineering. Students informed the team of the fact that they had been extensively consulted about the proposed changes. The programme specifications for the undergraduate programmes did not make explicit reference to the *Subject benchmark statement* for engineering, although this had clearly been considered in programme development, nor was any map of learning outcomes against modules provided.

129 The audit team was provided with a trail of the papers accompanying the validation of the MSc in Electronic Product Development in 2004/05. The documentation provided showed adherence to University procedures, careful consideration of the *Subject benchmark statement* for engineering and additional good practice in the setting up of an industrial panel to advise on the development.

130 Progression data for both undergraduate and postgraduate programmes were provided in the DSED and the audit team saw evidence that such data are considered as part of the annual monitoring cycle. The DAR seen by the

team offered some reasons for the departments' retention issues and the large numbers of referrals and deferrals. It did not make clear what actions were proposed to tackle these problems. The relevant PQEP, however, noted a need for curriculum redesign and the team learnt that retention issues contributed to the recent decision to restructure the curriculum.

131 Recent external examiners' reports were appended to the DSED and documentary evidence was also provided of both internal and external moderation of assessments. The examiners' reports identified issues for consideration by the programme team and the audit team noted that those relating to 2003-04 had been addressed by the following year. These actions did not, however, appear as part of the relevant PQEP and links between the different strands of the annual monitoring process were not obvious from the documentation. The team concluded that the course team may wish to consider ways in which it could make better use of the monitoring process.

132 Examples of assessed work were provided for a range of modules. These matched well with the programme specifications and the standards achieved by students were appropriate to the title of the named awards and their location within the FHEQ. Assignments were of a varied nature, appropriate to the material being assessed and, in most cases, written feedback had been given. Written feedback on the master's level courses was particularly notable with clear statements relating criteria to the grade awarded.

133 The audit team learnt that, in general, students found resources adequate for their programmes of study and were complimentary about the standard of support received from technical staff. Laboratories are available for open access outside normal class hours, however the team heard from staff and some students that certain laboratories were currently unavailable due to construction work on the campus and it was not clear to them when, or if, these facilities would be restored. Modules are increasingly making more additional material available via the

VLE, and the audit team heard that students were appreciative of this, particularly the fact that such material could be accessed from home or work computers.

134 Both undergraduate and postgraduate students were positive about documentation received and their experience of induction to the department. For e-learning courses induction is in the form of on-line material. Students from overseas were particularly complimentary about the support they had received at both departmental and University level. All students met by the team viewed the system of personal tutoring as helpful and supportive. Undergraduates were able to identify core skills within their curriculum, but were not aware of the University's policy on personal development planning. Students met by the team expressed little interest in formal representation mechanisms partly because they were satisfied to use informal channels and partly so that they could focus on their studies. Research students informed the team that they were satisfied with the support they received.

135 The audit team was informed by students that it met that they had all had an opportunity to complete a standard feedback form at the end of each module and examples of these were provided in some, but not all, of the module boxes available. At the meeting with staff, however, the team was told that modules were 'sampled' and thus not every instance of module delivery would offer opportunity for feedback. Results from the student questionnaires form one component of the module review required as a part of the annual monitoring process. Most of the review forms examined had been completed in a very cursory way with little evidence of reflection and the course team should consider whether it could make better use of this element of the monitoring cycle.

136 Students studying for the MSc by distance learning were particularly complimentary about the resources provided which included dedicated servers for web pages and on-line access to standard commercial design packages via a groundbreaking system for design tool



access, some of which is not yet available elsewhere. A variety of demonstration kits are also sent to the students to support the practical design activities.

137 Overall, the audit team concluded that the quality of the learning opportunities was suitable for the above named awards. In particular the team considered the material and support offered to students on the e-learning master's level programmes to be of a very high quality.

### Mathematics

138 The DAT focused on the BA/BSc (Hon) Mathematics provided by the Department of Psychology and Life Sciences. The DSED consisted of documentation related to the 2004 internal subject review, and included the report of the review panel, the department's response and relevant programme specifications. The review panel included an external member from the University of Ulster who was an approved accreditor for the Institute of Mathematics and its Applications (IMA).

139 The programme specifications contained no explicit reference to the *Subject benchmark statement* for mathematics but links were very clearly drawn in the learning outcomes section of the DSED. The DSED also included a DAR which indicated adequate reflection on the progression and pass rates. With such small cohorts it was acknowledged that it was difficult to identify clear trends. Implications were argued through and possible courses of action discussed were in the DAR.

140 Monitoring of modules was carried out using a questionnaire standard to the mathematics pathway. The audit team saw evidence that the outcomes of these were discussed module by module within the Pathway Committee. A student satisfaction questionnaire relating to the whole mathematics programme was conducted in Spring 2003, the outcomes of which were reported on in the DSED.

141 The PQEPs consisted of summary tables with sparse information. The columns for recording performance indicators and progress were left blank and some issues reappeared in

subsequent years. This demonstrated to the audit team that, in practice, this part of the annual monitoring process was not as effective as it could be. The SASER was a more reflective document that fitted its purpose more effectively.

142 External examiners' reports were almost exclusively complimentary; hence there was little evident need to take follow-up measures. Where an external examiner did make recommendations, these were identified in the SASER and the necessary action defined. The audit team considered that the quality assurance mechanisms would have been more robust had there been clear reporting back to pathway and course committees on action taken the previous year.

143 As part of the response to the 2004 periodic review, an assessment policy had been developed that followed the University's guidelines. The balance between coursework and examinations was carefully considered and justified. Students told the audit team that what was expected of them in assessment exercises was made clear. They had no problems in understanding why marks had been awarded. If they needed to seek clarification, staff responded promptly and gave full explanations. Samples of students' work on all pathway modules were seen by the team. There were, in particular, some examples of excellent work in the final-year dissertation. The team concluded that the standard of achievement was appropriate to the title of the named awards and their location within the FHEQ.

144 Students told the audit team that they found the learning resources to be good. There was sufficient stock in the library and computing facilities enabled them to undertake their studies satisfactorily. In particular, they praised the off-campus access to both the library and email.

145 At meetings with the audit team students praised the teaching staff for their helpfulness and accessibility and the quality of teaching. Staff were highly responsive to the needs of mature and part-time students. Great flexibility was

shown to accommodate individual needs. However, the students had limited awareness of the formal mechanisms through which they could be represented. Communication between the student body and their representatives on the Pathway Committee was ineffective. In addition, the student representative met by the team was not aware of the training available from UBSU. Feedback from the Pathway Committee on decisions affecting students was not reaching them. None of those met by the team was aware that the minutes were published on the University intranet. Nor did any report that they had seen the minutes on the notice board. Nevertheless, the students did not view this as a serious problem because they knew that they could get a quick and helpful response from any staff member they approached.

146 A similar issue arose in relation to personal tutors. They were aware of the system of Year Tutors but generally went directly to the member of staff they felt would be most appropriate for the particular issue they wished to raise. This applied equally to personal as to academic problems.

147 Overall, the audit team concluded that the quality of learning opportunities were suitable for the programmes leading to the named awards in Mathematics.

### **Psychology**

148 The DAT focused on the following named awards: BSc (Hons) Psychology, BSc (Hons) Criminological and Forensic Psychology, MSc Psychology and MSc Critical Psychology. The undergraduate programmes with the exception of the minor honours routes gained accreditation from the British Psychology Society (BPS) as the basis for Graduate Membership (GM) and Graduate Basis for Registration (GBR). The DSED, which was prepared specially for the audit, contained the full set of programme specifications, including the four different honours psychology routes. The programme specifications did not make explicit reference to the *Subject benchmark statement* for psychology but did make very careful use of the requirements of the BPS with respect to the core curriculum, clearly

identifying the module requirements needed to satisfy a programme of study that was eligible for the GBR. The audit team formed the view that the programme specifications, whilst complete, were difficult to follow and there was confusion in the nomenclature with respect to the level of study as mapped against the FHEQ. The team also felt that the specifications could be clarified to aid student understanding and that timely action in this respect would be beneficial for the impending internal review.

149 The audit team saw evidence that progression and completion statistics are scrutinised as part of annual monitoring. The programme team also produce an annual SASER as part of the annual monitoring process and the audit team saw evidence that it is scrutinised by the appropriate board of studies and the relevant standing panel of the AQDC. Annual monitoring also requires an explicit response to any issues that are raised by external examiners. The monitoring report contained an action point checklist and the team confirmed that there was appropriate monitoring of the action points and that the response to external examiners was timely and appropriate.

150 The psychology programme team employ a varied range of assessment methods that embody the precepts of the University's Assessment Policy. The Assessment Policy in its turn takes into account the guidance contained in the Code of Practice. Examples of assessed work that were seen by the audit team provided a good match to the anticipated learning outcomes of the relevant modules and matched the programme specifications. Some of the project work in particular was original and of high quality. The team also noted in particular that a work-based module is offered as part of the final-year honours programme, which is assessed by portfolio. Students who met the team expressed considerable satisfaction with this aspect of the curriculum and its vocational relevance. Increasing use is being made of the VLE to support learning, a move that was praised by the students. The audit team noted that the initiative to

implement this learning technology was largely at the level of the individual lecturer. The reports of the external examiners confirmed the quality of the work produced overall, its comparability with standards elsewhere and that work matched the expectations of the FHEQ. The external examiners reports did not identify any significant weaknesses in the curriculum or its delivery. The team considered that the titles of the awards were appropriate, and were properly located within the FHEQ.

151 Students told the audit team that information made available to them in the form of course handbooks was of a good quality. The undergraduate handbook was particularly clear and it was evident that considerable care had been exercised to inform students about BPS accreditation issues when they were at the point of selecting modules. Assessments are criterion based and the handbooks clearly laid out the criteria required for different levels of achievement.

152 Discussions with students confirmed that the course team made clear their expectations and that guidance was offered in the form of written and verbal feedback on assessments. Some of the assessments seen by the audit team had impressive formative feedback, clearly highlighting areas for potential improvement and areas where the student had excelled.

153 Students told the audit team that learning resources for psychology were appropriate, with particularly good library support, especially for students on programmes delivered by DDL. The team were informed that in the case of DDL programmes, texts could be reserved off-campus and arrangements could be made to have the books delivered by post. A particular feature of the provision was the departmental Science Resource Centre. The team were informed that the Centre contained a wide range of facilities including computers, video equipment, key texts, and reference materials. The students who met the team expressed considerable enthusiasm for this provision, which clearly was highly valued and widely used. In the view of the team the provision of the Centre made a notable

contribution to the quality of the student learning experience.

154 Course Committee representatives that met the audit team were enthusiastic about their role and felt that their views were listened to. Notice-boards were available to them for communicating with the student body, and there were instances of good practice whereby a lecturer made time available at the end of a lecture to enable the representatives to feed back to the class on issues raised at the Course Committee. All students are assigned an Academic Personal Tutor (APT) with whom they stay for the duration of their programme. Students were positive about the support received from the APT system, and the approachability and responsiveness of teaching staff. Overall, the team formed the strong impression that the student body was well-represented at committee level in the psychology provision and that both the formal and informal support that students received was good.

155 From scrutiny of the material made available to it, and from meetings with staff and students the audit team concluded that the quality of learning opportunities were suitable for the programmes leading to the named awards in psychology.

## **Section 4: The audit investigations: published information**

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

156 The University produces a range of published information pertinent to both potential and actual students. Different agencies within the University are responsible for different elements of this. For example, copy for the prospectus is provided by, and signed off as ready for publication, by the relevant senior postholder. The Head of Recruitment and Admissions checks all copy for accuracy.

157 Applicants are sent a number of publications produced by the Student Centre prior to their arrival and new UK-based students receive a copy of the Student Handbook on enrolment. Overseas and continuing UK-based students are referred to the electronic copy of the annually updated handbook on the University's website. From September 2005 the University's regulations, policies and procedures will be made available on CD-ROM rather than in hard copy. Students also receive detailed course related information in the Programme Handbook and, at the start of each module, a module guide is normally issued.

158 Increasingly staff are making use of the VLE to provide students with module related information and learning materials and much information is also available on the University website. Each part of the website is 'owned' by a department or unit with responsibility for the development and accuracy of the material resting with the relevant head. In the case of distance learning programmes special quality assurance arrangements are in place for all materials (electronic and paper based) which include the requirement for such materials to be approved both internally and externally before publication (see paragraph 44 above)

159 The SED stated that the University's website 'has grown organically...with considerable variation in the quality and quantity of information being made available both externally and within the University', however a Web Working Group has been set up to review this. The audit team noted that there was no overall editorial policy for the site and no individual could be identified with responsibility for such a policy. The team learnt that a hyperlink for one programme led directly to the home page of a member of staff, mounted by an internet service provider other than the University, and that course material and discussion facilities were mounted on this page. Whilst it is assumed that the member of staff had acted in good faith to provide students with additional material, the team noted that, in these circumstances the institution has no control over the quality of the

material. The team was also informed that staff could mount material on a page within the University site without any monitoring, again posing a concern over quality. The team concluded that it would be desirable for the Web Working Group to develop an editorial policy for publishing material on the University website and a process for ensuring the implementation of that policy or to develop such a policy via other mechanisms.

160 Students who met with the audit team indicated that they were, in almost all cases, very satisfied with the information available to them. Prospectus and pre-course material had been received in a timely fashion and were accurate (this was so even in the case of a student who had applied through clearing) and staff had also responded in a very positive and helpful way to those who called at the University to enquire what was available. Overseas students reported no problem in accessing course detail. All students who met with the audit team had received student handbooks and module guides. Members of an e-Learning programme, all of whom were mature and returning to formal learning after an, in some cases significant, period praised both the availability and the usefulness of on-line induction material as well as the quality of the material provided to them on-line.

161 The University stated in its SED that it believed that 'both our potential and current students receive full and accurate information about the University and their course of study'. The audit team concurred with this view and considered that overall the student experience of the University's published information is positive and that it is accurate and received in a timely manner.

### **Reliability, accuracy and completeness of published information**

162 The University's Learning and Teaching Strategy, external examiner reports and feedback from recent graduates are available through the Higher Education and Research

Opportunities (HERO) site. The audit team noted that the format used for external examiners' reports ensured that the summaries provided on the web did full justice to those reports (see paragraphs 67 and 73 above). At the time of the audit visit summaries of those internal reviews completed since the deadline for TQI had either been submitted for uploading or were awaiting approval by AB. Based on the evidence that the team saw, it concluded that the University is meeting the requirements for publishing TQI set out in *HEFCE 02/15 and HEFCE 03/51, Information on quality and standards in higher education: Final guidance*, and that that information is reliable, accurate and complete.

## Findings

## Findings

163 An institutional audit of the University of Bolton (the University) was undertaken during the week 21 to 25 November 2005. The purpose of the audit was to provide public information on the quality of the University's programmes of study and on the discharge of its responsibility as a UK degree-awarding body. As part of the audit process, according to protocols agreed with Higher Education Funding Council for England (HEFCE), Standing Conference of Principals (SCOP) and Universities UK (UUK), three audit trails were selected for scrutiny at the level of an academic discipline (DATs). This section of the report summarises the findings of the audit. It concludes by identifying features of good practice that emerged from the audit, and recommendations to the University for enhancing current practice.

### **The effectiveness of institutional procedures for assuring the quality of programmes**

164 The University's procedures for approving, monitoring and reviewing programmes are set out in the comprehensive web-based Quality Assurance Manual (QAM). The audit team considered that, in general, the QAM, along with the guidance given to staff on implementing the procedures contained in the QAM, was a feature of good practice.

165 The Validation Handbook is part of the QAM, and details the two-stage process of programme approval and validation, and also clearly sets out the definitions and procedures for major and minor modifications to programmes. In most instances new programme proposals arise from departmental plans, and are tested against their fit with the University's strategic aims. The second stage involves the establishment of a validation panel, the external membership of which is vetted by the Pro-Vice Chancellor (PVC) (Academic Development and Research) to ensure that there is an appropriate level of external practitioner involvement. The Validation Handbook offers little advice on the

appointment of external practitioners to validation panels, in contrast to the high quality guidance it provides on other matters.

166 The University operates a four part annual monitoring process involving Programme Quality and Enhancement Plans (PQEPs), Data Analysis Report (DARs) and Subject Annual Self-Evaluation Reports (SASERs), the timetable for which is set by Academic Board (AB). The second part of the process is the production in January of a DAR which is based upon centrally produced annual monitoring statistics. Degree classifications are analysed by entry qualifications, gender, age and ethnicity and some trend analyses are available. Similar breakdowns of the data can be provided for other statistics at the request of the department. The system used measures retention in a uniform way across all courses, enables trend analyses (up to six years) and is compatible with the 'projected learning outcomes' measure produced by HEFCE. Of particular note is the production and processing of data based on both 'leaving cohorts' and 'starting cohorts'. The former allows monitoring of the performance of part-time students in a well founded manner, avoiding the problem of falsely high failure rates when students continue to accrue results over a longer period of time than the norm or move from full-time to part-time registration. The audit team read a number of annual monitoring reports (AMRs) and concluded that it was an effective if somewhat over-complicated process, and that the University may wish to make more explicit the rationale for multiple reports. The team considered that the ability to generate and process reliable data relating to retention, progression and achievement for all students in this way, and the guidance provided for staff on the interpretation of those data was a feature of good practice.

167 The University operates a five/six year cycle of periodic review, the details of which are set out in the Guidelines for Internal Subject/Programme Review, which is part of the QAM. Central to the reviews are the production by the course team of a reflective

self-evaluation document (RSED). The reviews are conducted over a period of time and may include observation of course committees and observation of validation events, and as such enable additional depth of scrutiny to occur than in a review of shorter duration. Successful reviews result in revalidation of the programmes included. The SED acknowledged that there had been some slippage in the current cycle of review, but added that extra staff development had been introduced to enable programme teams to better prepare for periodic review. Reports emanating from periodic reviews are in a format so that they can be posted directly to the Teaching Quality Information (TQI) website. The audit team read a number of such reports and considered that while they covered the relevant quality assurance matters, they were also somewhat terse, especially when compared to recent validation reports. The University may wish to consider ways of making the deliberations of the review panels more visible within the reports.

168 The University has recently introduced a system of annual audits of a sample of programmes which are document-based small scale reviews. The audit team read a number of these reports and formed the view that they provided a well-focused and constructive critique of an area of provision.

169 Programmes which are delivered in collaboration with a partner institution or involve an e-learning aspect are largely subject to the same procedures of approval, annual monitoring and periodic review as mainstream programmes. One exception is the extra requirement that a third of the course material of new programmes involving a distance or e-learning element should be available to the validation panel. The audit team considered this additional requirement to be a feature of good practice.

170 The SED stated that the University has 'a variety of systems in place for securing feedback from stakeholders, and the best practice is very effective in providing information leading to improvement and enhancement'. The audit team concurred with

the variability of practice in the application of the systems. While the team appreciate that the University is endeavouring to raise performance in certain areas, it would advise it to carefully consider how it can ensure that departments are maximising feedback from students.

171 Overall the audit team concluded that the University's procedures for assuring the quality of its programmes were robust. Through its reading of a number of internal reports and tracking of their consideration through the University's various committees the team considered that the procedures reflected the practice contained in the *Code of practice, Section 7: Programme approval, annual monitoring and review* and that they enabled AB to be confident about the quality of the programmes that the University provides.

### **The effectiveness of institutional procedures for securing the standards of awards**

172 The University uses a number of mechanisms to secure the standards of its awards including external reference points, monitoring progression and completion statistics and through the use of external subject specialists in its validation, review and assessment processes. The audit team saw extensive evidence of the University's involvement of external subject specialists in validation and review processes. Nominations of externals in these processes are similar to those for external examiners, and it was clear to the team that the University takes careful note of and responds appropriately to the comments of external advisers. However, the team considered that given the University's commitment to vocationally related programmes that it might provide better guidance to departments on the selection of external practitioners for validation panels.

173 Operation of the external examiners system is set out in the Nomination, Appointment and Duties of External Examiners. At both undergraduate and postgraduate level the University operates two levels of examination boards: pathway boards examine



results from particular modules while departmental assessment boards make progression and award decisions. It is a University requirement that there is at least one external examiner for each programme and that one 'senior' external examiner has responsibility for commenting on overall standards and assessment processes. As far as possible externals also cover collaborative programmes.

174 AQSU scrutinises departmental nominations of external examiners. New appointees receive a standard set of documents, and in order to ensure consistency a member of AQSU attends the department organised induction. External examiners present their report on a standard pro forma via email to the Vice Chancellor, care of the Head of AQSU. The forms are designed so that the material uploaded to the TQI site is immediately available in a form, which provides appropriate information to potential students and other stakeholders. A second report is required from the senior external examiner, and this includes the components required for publication on the TQI website. At departmental level external examiners' reports are formally addressed during annual monitoring, while the head of department can ask course leaders to respond more urgently to matters raised. Heads of department summarise key points arising and report to standing panels, which in turn report to Academic Quality Development Committee (AQDC). AQDC gains a separate perspective via an Annual Overview Report produced by the Head of the AQSU, who also attaches comments to each report prior to it is sent to the head of department. External examiners are asked on the report pro forma to state whether previous comments have been noted and adequately responded to. The audit team read a number of external examiners' reports and tracked their passage through relevant departmental and University committees. They also read recent Annual Overview Reports, and concluded that the University's procedures and processes relating to external examiners' and their reports operates effectively at both departmental and University levels. The team

noted as good practice the induction of external examiners and the University procedures for considering their reports.

175 Overall the audit team found that the University makes good use of external body reports, management information and external subject specialists in its procedures for setting and securing the standard of its awards.

### **The effectiveness of institutional procedures for supporting learning**

176 Induction of new staff is a University requirement. However, the audit team learnt that the nature and effectiveness of induction of new academic staff varied between departments. However, the team noted that the Human Resources Department is addressing this matter by interviewing all new staff after completing their induction in order to ascertain the effectiveness of induction

177 The main locus of staff support and development is at the departmental level, and each department is required to have a staff Communication, Appraisal, Responsiveness and Evaluation (CARE) plan. Part of the development opportunities for new staff without sufficient teaching experience is the expectation of completing the University's own Certificate in Teaching and Support for Learning (CTSL). The University has recognised a number of problems inherent in the programme and are in the process of revising the curriculum content. The audit team also noted that departments are inconsistent in their operation of the University's system of peer observation.

178 As part of its overall strategy the University has placed significant emphasis on the development of distributed and distance learning methods of programme delivery. To enable staff to increasingly use its VLE in their teaching the University has formed eLab to provide technical support and appointed a Professor of e-learning to provide pedagogical guidance regarding e-learning approaches.

179 The audit team learnt of students' general satisfaction with the level of learning resources provided. The University has thorough

processes in place for identifying resource needs for new programmes, and on-going provision of resources is undertaken through a number of mechanisms including through annual monitoring and periodic review, and by central services frequent evaluation of the resources they offer.

180 The Dean of Students has overall responsibility for the development, implementation and monitoring of strategies and procedures related to students support services including academic and personal support and guidance. The audit team considered that these services were generally appropriate to the profile of the student body reflecting the numbers of part-time and mature students, and those that were studying on vocationally relevant programmes. In particular, the team noted as a feature of good practice the University's commitment to providing a warm welcome and on-going support for international students.

181 The audit team learnt of many examples at the departmental level of good practice in the implementation of the University's personal tutoring policy, including offering support to part-time students and those undertaking placements. However, the team learnt that this was not a universal picture. Support for postgraduate research students was generally reported to the team as being of a high quality. One related aspect that detracted from this view was the lack of certainty among senior staff and in some of the University's internal documents about the opportunities for postgraduate research students to undertake teaching. The team strongly encourage the University to adopt a single approach to this matter, and in doing so take account of expectations contained in recent publications of the research councils.

182 The audit team concluded that in general the University has established effective procedures to support student learning. The team learnt of numerous examples of staff commitment to support student learning, and considered that this resulted in part from the University's effective policies and procedures in the appointment and support of staff.

## **Outcomes of discipline audit trails**

### **Electronics**

183 From its discussions with students and staff, and its study of students' assessed work, the audit team formed the view that the standard of student achievement in the above named awards offered by the computing and electronic technology programme area within the Department of Computing and Electronic Technology was appropriate to the titles of the awards and their location within the FHEQ. At undergraduate level BEng (Hons), BEng, HND and HNC in Electronic and Computer Engineering form a coherent programme suite with different entry and exit points and availability in both full and part-time modes. The programme specifications are referenced to the *Subject benchmark statement* for engineering. In addition, the team found that the standards of student achievement in the two part-time, e-learning, distance MSc programmes, MSc Advanced Microelectronics and MSc Electronic Product Development were also appropriate to the titles of the awards and their location within *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ).

184 The audit team came to the view that the quality of the learning opportunities was suitable for provision leading to the awards listed above. In particular the team considered that the quality of material and support offered to students on the e-learning master's provision to be particularly noteworthy. However, the Department might wish to consider if it is making the best possible use of the annual monitoring cycle, especially module and programme evaluation questionnaires.

### **Mathematics**

185 From its discussions with students and staff, and its study of students' assessed work, the audit team formed the view that the standard of student achievement in the BA/BSc (Hon) Mathematics was appropriate to the titles of the awards and their location within the FHEQ. There was no reference within the programme specifications to the relevant

subject benchmark statement, although the links were clearly drawn in the learning outcomes section of the discipline self-evaluation (DSED).

186 The students met by the audit team considered the teaching and support provided by departmental staff to be excellent. The team learnt that there was a high dependence on informal means of communication with students and providing academic support and guidance. Nonetheless, based on its scrutiny of the material made available to it, and from meetings with staff and students, the team considered that overall the quality of learning opportunities were suitable for the programmes leading to the above named awards in Mathematics.

### **Psychology**

187 From its discussions with students and staff, and its study of students' assessed work, the audit team formed the view that the standard of student achievement in the BSc (Hons) Criminological and Forensic Psychology, MSc Psychology, and MSc Critical Psychology, was appropriate to the titles of the awards and their location within the FHEQ. Although the programme specifications did not make formal reference to the subject benchmark statement extensive use had been made of the requirements of the British Psychological Society, in particular with respect to the design of the core curriculum.

188 From scrutiny of the material made available to it, and from meetings with staff and students the audit team concluded that the quality of learning opportunities were suitable for the programmes leading to the named awards in psychology. In particular the team noted the department's careful approach to providing personal tutors for its students and the importance attached by students to the Science Resource Centre in aiding their learning.

### **The use made by the institution of the Academic Infrastructure**

189 Overall it was clear to the audit team that the University had responded to the various sections of the Academic Infrastructure in a

coherent and appropriate way. New or updated sections of the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)* are initially considered by the relevant management post holder. The University's existing procedures are reviewed against the *Code*, and any recommendations for change are considered in detail by AQDC and AB. The audit team learnt of a number of changes to the University's procedures resulting from publication of the *Code* and concluded that the University had approached the *Code* in a positive manner, and regarded them as a set of guidelines of good practice in the sector.

190 The University already had in place formal level descriptors for sometime preceding publication of the FHEQ and thus the University considered that it was relatively unproblematic for course teams to map their intended learning outcomes onto the FHEQ. Explicit reference to the FHEQ is a requirement of the validation and periodic review processes, and external examiners' in their reports are required to specify whether standards achieved by students are at the appropriate level.

191 Validation and periodic review processes have been revised so that they necessitate reference to subject benchmark statements, and new programmes cannot be approved without the production of a programme specification. The SED claimed that nearly all programmes now have a programme specification. Some of the programme specifications seen by the team did contain reference to subject benchmark statements and a mapping of pathway learning outcomes onto the levels of the course. The audit team did, however, note some variation in the quality of the specifications.

### **The utility of the SED 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**

192 The audit team found the self-evaluation document (SED) to be a well-organised and comprehensive document, which provided a good basis for the audit. The structure of the SED reflected the structure of the institutional audit report template. Each section outlined the relevant University quality assurance arrangements, provided examples of good practice and issues and intended enhancements. In most sections there was a clear statement of overall evaluation of the relevant aspect of the quality assurance framework. It was also comprehensively referenced, and as such the team found the SED to reflect the principles which the University claims underpins its approach to quality assurance, namely openness to internal and external sources of critical comment and maturity to behave as an academic community capable of reflection and self-criticism.

### **Commentary on the Institution's intentions for the enhancement of quality and standards**

193 During the audit the audit team learnt of the extent of progress on many of the University's planned enhancements of quality and standards. The team considered that overall the University's plans for enhancement were appropriate, and that these plans provided it with confidence that the University was an institution committed to development and improvement the student experience.

### **Reliability of information**

194 During their meetings with students the audit team heard that in almost all cases they were very satisfied with the information available to them. Prospectus and pre-course material had been received in a timely fashion and was accurate. Overseas students reported no problem in accessing course detail. All

students had received student handbooks and module guides, and members of an e-Learning programme, all of whom were mature and returning to formal learning after a gap, praised both the availability and the usefulness of on-line induction material as well as the quality of the material provided to them on-line. During its reading of a large number of University publications and internal documents and websites the team found that the material was accurate, complete and frank.

195 The University has generally been punctual in ensuring that it has met the expectations set out in the requirements for publishing TQI set out in *HEFCE 02/15* and *HEFCE 03/51*. Hence, its Learning and Teaching Strategy, external examiner reports and feedback from recent graduates are available on the HERO site. The audit team noted that the format used for external examiners' reports ensured that the summaries provided on the HERO site did full justice to those reports. At the time of the audit visit summaries of those internal reviews completed since the deadline for TQI had either been submitted for uploading or were awaiting approval by AB. Based on the evidence that the team had available to it, it concluded that the University is meeting the requirements of the *HEFCE 03/51*, and that published University information was reliable, accurate and complete.

### **Features of good practice**

196 Of the features of good practice noted in the course of the audit, the audit team noted the following in particular.

- the comprehensiveness of the web-based Quality Assurance Manual and associated documents and the guidance given to staff on implementing the procedures that these contain (paragraph 22);
- implementation of the University's Assessment Process Handbook (paragraph 32);
- the developments in e-learning and the validation and quality control of e-learning materials (paragraphs 39 and 150);

- the ability to generate and process reliable data relating to retention, progression and achievement for all students and the guidance provided for staff on the interpretation of those data (paragraphs 46 and 47);
- the induction of external examiners and the University procedures for considering their reports (paragraphs 62-67); and
- the proactive approach taken to the identification of support requirements for international students (paragraph 122).

### **Recommendations for action**

The audit team considers it advisable for the University to:

- review the extent to which departmental implementation of its policies and procedures is sufficiently consistent, in particular those relating to module evaluation and personal tutoring (paragraphs 30, 86, 50, 95, 103, and 140)
- ensure that it continues to reflect creatively on the mechanisms for attaining student representation and involvement, especially at boards of studies and senior University committees (paragraphs 84 and 145).

The audit team considers it desirable for the University to:

- attain greater consistency of routine industrial or employer liaison in vocationally relevant programmes (paragraphs 38; 89)
- develop an editorial policy for publishing material through the University website and a process for ensuring the implementation of that policy (paragraph 159).

## Appendix

### **The University of Bolton's response to the audit report**

The University welcomes the findings of the audit report and the confidence it places in our management of the quality and standards of our academic awards together with the quality of the student experience. We also welcome the fact that the three discipline audit trails undertaken by the audit team, in Electronic Engineering, Mathematics and Psychology, confirmed the appropriateness of the academic standards achieved by our students and the suitability of the quality of learning opportunities available to students.

Furthermore, we note with great pleasure, the six features of good practice identified by the audit team.

There are no recommendations for action deemed to be essential. Our response to the two advisable and two desirable recommendations are as follows:

- With regard to the consistency of departmental implementation of University policies and procedures relating to module evaluation, the Academic Quality and Development Committee and the Pro-Vice Chancellor (Academic) will review practice and require full implementation of University policy by all University Departments. On the related point of consistency of personal tutoring arrangements, the Learner Experience Committee already has this issue under active review.
- With regard to the recommendation to reflect creatively on mechanisms for attaining student representation and involvement especially at senior committees, we will use our successful joint project on Student Representation with the Students' Union to focus on improving representation and participation at departmental and University levels.
- With reference to attaining greater consistency of routine industrial or employer liaison in vocationally relevant programmes, we believe that the University already achieves high standards in this respect and that we employ a range of proactive methods to ensure industrial and employer involvement. The recommendation that this might be improved by greater use of formal liaison panels at programme level (para 89 of the report) is one we will consider seriously. However, we would not regard it as necessarily the most effective or only indicator of employer input to ensuring the vocational relevance of our programmes.
- Finally, in response to the recommendation to develop an editorial policy for publishing material through the University website and ensuring its implementation, the recently appointed Pro-Vice Chancellor with specific responsibility for internal and external communications is already making improvements to the editorial control and quality of the University website and will ensure compliance with a revised editorial policy.

In conclusion, the University takes seriously the conclusions of the audit report and finds a wealth of useful peer commentary in its contents which will contribute to our own critical review processes. As we declared in our self-assessment document, two cardinal principles of our quality and standards procedures are 'openness to a wide range of internal and external sources of critical comment' and 'self-accountability and responsibility'. It is in this spirit that we both welcome the audit reports findings and will respond actively to them as part of our process of continuous review and quality enhancement.

