

# QUALITY ASSURANCE MANUAL

## Quality Assurance and Enhancement Service

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## INTRODUCTION

- 1.1 The University holds Degree Awarding Powers that enable it to confer both taught and research degrees. As an independent body, it has overall responsibility for the academic standards and quality of the qualifications it awards, wherever and in what context those awards are conferred, including those awards validated for collaborative partners. This Quality Manual specifically describes the University's Quality Framework: how it sets and maintains robust academic standards, and assures and enhances the quality of learning opportunities for taught courses. It applies equally to the Royal Welsh College of Music and Drama (RWCMD) and covers all provision carrying USW credit at level 3 and above in the [Credit and Qualifications Framework for Wales](#) (CQFW). Additional guidance for collaborative arrangements can be found in section C of this manual, which is available on the Quality Assurance and Enhancement (QAE) section of the Academic Registry website.
- 1.2 The processes developed within the University's Quality Framework align with the Quality Assurance Agency (QAA) [UK Quality Code](#)<sup>1</sup>, the European Association for Quality Assurance in Higher Education (ENQA) [Standards and Guidelines for Quality Assurance in the European Higher Education Area](#) (ESG 2015) and the Higher Education Funding Council for Wales' [Quality Assessment Framework for Wales](#).
- 1.3 The approach to quality underpins delivery of the Academic Plan and Student Experience Plan. For example, by focusing attention on course identity, on impact on the learner, better student engagement, and a consistent focus on enhancement.

## DEFINITIONS

- 1.4 The University definitions in relation to academic standards, academic quality and quality enhancement are as follows:
  - a) The University defines **academic standards** as the level of achievement a student must reach to gain an academic award. For similar awards, the threshold level of attainment should be the same across the U.K.
  - b) The University defines **academic quality** as the learning opportunities provided to students to assist them in achieving their award and how well these opportunities are managed. It is about ensuring that the learning, teaching, assessment, support and resource environment are appropriate for delivering effective learning outcomes.
  - c) The University defines **quality enhancement** as the process of taking deliberate steps to improve the quality of learning opportunities and a culture of improvement that is forward looking.

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<sup>1</sup> Currently under re-development

## **PRINCIPLES**

1.5 The University's Quality Framework is guided by the following principles:

- a) **Completeness:** Processes apply to all credit-rated University provision including collaborative programmes.
- b) **Enhancement-led:** The Quality Framework ensures that quality assurance and quality enhancement in the University are seen as interrelated and reciprocal and the University seeks to ensure that quality assurance processes support the enhancement agenda.
- c) **Efficiency:** The Quality Framework is lean, fit for purpose and designed to ensure rigorous assessment of academic standards while using a risk management approach to target activity and improvement where it is needed and minimise the impact on workloads.
- d) **Impactful and continuous:** The Quality Framework is dynamic, proactive and forward-looking. Processes are not static and are closely linked with other internal processes in order to ensure a coherent, holistic and continuous approach to quality management that is impactful.
- e) **Objectivity:** Processes are informed by the views of external experts and bodies.
- f) **Devolved Responsibility:** Staff are collectively responsible for maintaining academic standards. Responsibility and accountability are located at the appropriate levels, and evaluation takes place at the closest point possible to the actual learning and teaching.
- g) **Informative and transparent:** Reliable data and information is generated and prompts effective and timely action through evidence based action planning.
- h) **Partnership:** maintaining standards and improving learning opportunities is a collective concern and quality processes invite collaboration between academic and professional departments in delivering improved outcomes for learners.
- i) **Flexibility:** The Quality Framework is designed to be flexible and responsive to future change.

## **QUALITY FRAMEWORK PROCESSES**

1.6 The following processes comprise the University's Quality Framework:

- a) Course Approval
- b) Continuous Monitoring

- c) Course Review and Revalidation
- d) Interim Course Review
- e) Collaborative Activity

## **KEY THEMES WITHIN THE QUALITY FRAMEWORK**

### **Responsibility and Accountability**

- 1.7 As described in 'roles and responsibilities' below<sup>2</sup>, the management of academic standards, quality assurance and quality enhancement is based on five tiers of operation: module; course; school; faculty (or College in the case of RWCMD) and University. Managers are empowered to ensure that responsibility for quality is located at the appropriate level, within their area(s). The aim is to ensure that accountability for quality and enhancement is located as close to the point of delivery, where that is possible.

### **Risk Management**

- 1.8 The University continues to adopt a risk management approach to quality that enables us to build competence and resilience whilst focusing on enhancement as a means of supporting innovation and disseminating good practice.
- 1.9 A risk management approach:
- a) Enables the University to assess future potential risks and make a proportionate response to any risks that may arise.
  - b) Builds a culture of effective judgement at all levels of quality assurance and enhancement.
  - c) Directs resources to generate the greatest impact, and allows appropriate risk taking where outcomes are considered to be good.
  - d) Considers past performance of a tier of operation or a partner, but also considers competence of the course team, School, Faculty or partner moving forward, to manage risks and deliver improvement, mindful of the contexts within which it is operating now.
  - e) Recognises that 'one size fits all' is not an efficient or effective style of management.
  - f) Ensures that attention can be given to areas that are in most need.
- 1.10 The University continues to use RAG-rating (traffic light colours) in its Quality Framework to assign and clearly represent a level of risk that in turn triggers different

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<sup>2</sup> This section already exists in the manual and is therefore not duplicated here

levels of oversight of an activity/area. This may result in interventions, drawing on different expertise or resource from within the University or externally.

## **Externality**

- 1.11 Externality is central to the University's approach to quality assurance and enhancement. External and independent expertise is obtained at key stages in the University's processes for setting and maintaining academic standards. It is sought to verify that our academic standards are set in accordance with the national and appropriate European reference points but also to confirm that our internal requirements are being consistently implemented.
- 1.12 Externality is central to the University's approach to quality assurance and enhancement. External and independent expertise is obtained at key stages in the University's processes for setting and maintaining academic standards. It is sought to verify that our academic standards are set in accordance with the national and appropriate European reference points but also to confirm that our internal requirements are being consistently implemented.
- 1.13 Staff are expected to remain cognisant of relevant sector-wide benchmarks and Professional, Statutory and Regulatory Body (PSRB) requirements. Colleagues are actively encouraged to engage with their subject areas nationally and where appropriate, internationally, and to take on external examining and/or other roles to ensure that the work of the University continues to be informed by best practice in each subject area.

## **Enhancement-led**

- 1.14 The University continues to maintain its academic standards and assure academic quality by reviewing strategy, policy and practice in relation to quality assurance but there is an increased and deliberate focus in the Quality Framework on enhancement of learning opportunities, leading to improvements in the student experience. There is alignment between the Quality Framework and University strategies to improve learning opportunities (e.g. our Academic Plan, Academic Blueprint and Student Experience Plan).

## **Students as Partners**

- 1.15 The University is committed to hearing and responding appropriately to the student voice and to engaging students as partners in improving learning opportunities. It works to engage all students individually and collectively in the assurance and enhancement of their educational experience, encouraging them to be active and engaged in shaping and enhancing their learning experiences. The University has a strong commitment to students as partners in their educational experience as outlined in the Wise Wales Statement for Partnership, using the principles of that document to underpin its work.

## **Roles and Responsibilities**

- 1.16 The management of quality assurance and enhancement is based on five tiers of operation: module; course; school; faculty (or College in the case of the RWCMD) and University.

- 1.17 The University is supported in the management and implementation of these processes by the Quality and Assurance and Enhancement (QAE) as part of Academic Registry and Academic Services at the RWCMD. Each Faculty has a Principal Quality Assurance and Enhancement Officer (PQAEO) assigned to it by the Associate Registrar (QAE), the College has an Academic Quality and Registry Officer allocated for the same purpose.
- 1.18 The principal committees of the University and the RWCMD are the Board of Governors and Academic Board. Academic Board is responsible for academic standards, quality assurance and enhancement for all courses leading to an award of the University. Academic Board is supported by members of the University Executive, the Principal of RWCMD, Deans and Directors/Heads of Corporate Services.
- 1.19 The Vice Chancellor may convene, as necessary, other groups to address issues concerned with quality assurance and enhancement.
- 1.20 Academic Board delegates responsibility for academic standards and quality assurance to the Quality Assurance Committee (QAC) and responsibility for quality enhancement to the Learning and Teaching Enhancement Committee (LTEC).
- 1.21 At the level of Faculty/College the Dean/Principal oversees academic standards, quality assurance and enhancement assisted by members of the Faculty/College Executive.
- 1.22 The principal committees within the Faculty/College are the Faculty/College Quality Assurance Committees (F/CQAC), chaired by the Deputy Dean (or equivalent) and the Faculty/College Learning, Teaching and Enhancement Committee (F/CLTEC) chaired by the Head of Learning, Teaching and Student Experience (or equivalent). These committees report respectively to QAC and LTEC.
- 1.23 At the level of the course, Course Leaders monitor academic standards, quality assurance and enhancement assisted by Module Leaders. Groups of courses are the responsibility of an Academic Manager (or equivalent).
- 1.24 The principal committee at course level is the Continuous Monitoring Meeting, at which a course or a cognate group of courses, is considered. Course Leaders should arrange for meetings at least twice a year. Their remit is to monitor the health of a course or group of courses using, as a primary source of evidence, the action points from Student Staff Course Liaison Groups (SSCLGs).
- 1.25 At module level, the Module Leader oversees academic standards, quality assurance and enhancement, convening meetings of module teams at times whereby they can feed into Course Boards.
- 1.26 Modules and courses that are delivered across multiple campuses must achieve the same learning outcomes.

- 1.27 Modules and courses are sometimes delivered across multiple campuses, wherever practical there should be a common External Examiner who will be able to provide feedback on comparable standards.

### **Branch Campuses**

- 1.28 The University defines a branch campus as substantive activity located physically at a considerable distance, normally outside of the UK. It is smaller than the main campus and does not affect the shape and size of core University business. The content of courses and modules is delivered equivalently by staff employed by USW.
- 1.29 In terms of organisational structure, academic staff are employed through a Faculty and are regarded as being members of such (notwithstanding that contracts may alter in deference to local employment conditions). As such, normal Faculty management routes apply with Deans being ultimately responsible for the discharge of expected assurance/enhancement activity. Local administrative staff (where employed) will provide a support function and liaise with relevant corporate departments/professional support services as required.
- 1.30 The assurance and enhancement procedures by which branch campuses are governed require the same outputs as on-campus activity. As such, procedures detailed in the quality manual as a whole are to be adhered to, notwithstanding that due to some in-country requirements, the method of obtaining the outputs may have to be altered (for example student feedback mechanisms). Where these vary, QAC will have the responsibility to approve them.

### **Structure of University Courses**

- 1.31 Courses, both undergraduate and postgraduate taught, comprise modules usually worth 20 credits or multiple thereof. Each 20 credit module represents 200 notional learning hours. Any courses which depart from this structure will require special consideration by QAC.
- 1.32 Full details concerning the structure of courses can be found in the Regulations for Taught Courses which are available on the QAE website.

## **SECTION A: DESIGN AND REVISION OF COURSES**

### **A1. Procedure for Initial Course Approval**

- 1.1 Formal approval by Portfolio Oversight Group (POG) is required for the development of all courses which lead to a University award.
- 1.2 If a Faculty/College support a course proposal, it should then be discussed with representatives of other faculties (if there is a crossover in provision) and always with the relevant corporate departments, including QAE, IT Services, Student Support, Library Services and Finance. This remains relevant where a pre-existing course is

going to be delivered at, or moved to, another University campus or collaborative partner.

- 1.3 If the proposal involves more than one Faculty then each relevant Chair of the FQAC/ Chair of the College Academic Board (CAB), the PQAEO/Head of Academic Services (HoAS) must have considered the proposal. The Chair of FQAC/CAB must approve the proposal prior to its submission to the Portfolio Oversight Group<sup>3</sup>.
- 1.4 The following procedure applies to all courses.

#### **Stage 1: Faculty**

- a) The proposer of the course within the Faculty completes the Initial Course Proposal Form (ICPF) the template for which is available on the QAE website.
- b) The Faculty assigns a level of risk to the proposal (either high or low).
- c) Unless a rationale is provided outlining why this should not be the case, all proposals should consider whether there is a viable market for full-time part-time or e-delivery as standard. There will be cases where a course is developed purely for distance online delivery.
- d) The proposal will then be considered either at Annual Portfolio Review or at a meeting of the Portfolio Oversight Group.

#### **Stage 2a: Annual Portfolio Review**

- a) A list of course proposals will be circulated by the secretary of Portfolio Oversight Group with a deadline for comments from other Faculties and Services (including Student Support and Library Services and IT Services) to inform the portfolio review meeting. The proposers of the course should have an opportunity to respond to these comments prior to the meeting in order to avoid unnecessary delays. Where a response is not received agreement with the proposal will be assumed.
- b) Portfolio Review (PR) should focus on the new proposals (completed on the Initial Course Proposal Form) but also receive a report on the courses which are on-going with data about student numbers, applications, retention and student satisfaction to check the health of the course. There should also be information on those courses which are proposed for closure.
- c) PR should concentrate on the business case for new courses which will include realistic student number predictions and evidence of market demand. PR's attention should be drawn to any additional resource requirements which the Faculty was unable to agree at discussions with the particular service or requests for 'pump-priming' if the proposal is outwith the Faculty's budget.

#### **Stage 2b: Meeting of the Portfolio Oversight Group**

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<sup>3</sup> Please note, the role of Portfolio Oversight Group is being reviewed during 2018/19

- a) Initial Course Proposal Forms are submitted to the secretary during the academic year by QAE. Decisions on these proposals will be based on the criteria outlined above.

### Stage 3: Validation

- a) Proceed to validation on the basis of the standard documentation of:
- Course Specification;
  - Module Specifications;
  - Module Teaching Teams
  - Course Handbook(s);
  - Staff CVs;
  - Letters of support from employers;
  - Applications for Recognised Teacher Status (if applicable);
  - Collaborations Management Handbook (if applicable);
  - Marketing Information.

<p>High risk University Validation</p>	<p>Proposals for subject areas which are a new or an innovative curriculum for the University.</p> <p>Proposals which cover a number of subject areas.</p> <p>Has high risk Tier 4 implications (the target market being international students).</p> <p>New collaborative partner where a high level of risk has been identified. For example the partner has limited experience of delivering UK HE.</p> <p>New provision with an existing partner where the developments are in a new subject area.</p>
<p>Low F/CQAC Validation</p>	<p>Proposals for courses in similar areas to well established provision.</p> <p>Proposals for a new mode of study within an existing course including distance online delivery.</p>
<p>Low F/CQAC Paper Based NB: this process cannot be used for proposals involving collaborative partners.</p>	<p>Proposals for a short course award.</p> <p>Proposal for a change of course title. (These proposals must take account of CMA requirements)</p>

- 1.5 Portfolio Review or the Portfolio Oversight Group (POG) will confirm the level of risk assigned to the proposal by the Faculty/College. Where initial approval is granted by the Portfolio Oversight Group a proposal may proceed to full course development. At this point courses can be **advertised** as '**subject to course validation**'. Course teams will need to work closely with Marketing and Student Recruitment (MSR) and relevant member of Faculty staff (normally the Head of Administration) to agree appropriate text for marketing purposes drawn from the ICPF.
- 1.6 If a proposed course involves working with a collaborative partner reference must be made to section C of this manual detailing measures required when supporting collaborative provision. This includes guidance on institutional approval of a new partner and the associated due diligence. Institutional approval **must** be granted prior to the validation of any courses.

## **A2. Further Development of the Course**

- 2.1 After initial approval has been granted by the Portfolio Oversight Group the proposal can proceed to full course development. A Course Team must then be established, if it has not been already. The templates for further course development can be found on the QAE website as can the Course Developer's Guide, which provides a checklist for developing a taught course.

## **Undergraduate Courses**

### **The Academic Blueprint**

- 2.2 Undergraduate degree courses must take account of The Academic Blueprint which specifies the design of these awards. The requirements of the Blueprint are noted in the following paragraphs (2.2.2 – 2.2.12). Guidance for the adoption of the Academic Blueprint with FE partners can be found in section C of this manual.

### **Course Identity**

- 2.3 **Every single honours course must have a course structure with a minimum of 40 credits at level 5 and level 6 which are not shared with any other course.** For joint honours or for courses that are effectively joints, it is recognised that the modules are a combination of modules from at least two single awards. It is expected that this will include some of the modules that are identified as only for that course.

### **Course options**

- 2.4 **At level 4 there will be no choice of modules.** There will be a prescribed curriculum which will be defined at validation.

- 2.5 **At level 5 course teams may introduce 20 credits of choice (usually one 20 credit module) for students.** The number of options must reflect the number of students on the course with at least 20 students on any option module.
- 2.6 **At level 6 course teams may introduce 40 credits of choice.** An academic case will need to be made if more choice is to be introduced and there must be no more than 60 credits of choice at this level. The number of options must reflect the number of students on the course with a minimum of 20 students on any option module.

### **Undergraduate Course size**

- 2.7 **Courses will work to a principle of having a minimum of 25 students per cohort.**<sup>4</sup> It is recognised that it can take time to be recognised in the market and trend data will be used when looking at current courses. However if after a three year period it is clear that the market is too small for a course consideration will be given by the Portfolio Oversight Group to closing a course.

### **Module credits**

- 2.8 **The current University principle that a module is 20 credits or a multiple of 20 remains in force.** The University encourages greater use of the multiples of 40 and 60 credits.
- 2.9 Any variation to this standard credit structure will only be approved where there is a professional body requirement or a compelling academic argument that they are in the best interests of the students.

### **Learning outcomes**

- 2.10 Learning outcomes shape the content and learning for the module. **There should normally be two and a maximum of three learning outcomes for a 20 credit module.**
- 2.11 It is not the case that if a module is a multiple of a 20 credit module the number of outcomes should be increased in relation to the size of the module. For example, a 40 credit module does not necessarily require 4 learning outcomes. Course teams need to take an academic view on the appropriate number to cover the content of the module.

### **Immersive Learning**

- 2.12 An immersive experience is required at the beginning of Year 1 and Year 3 (or Year 2 and Year 4 for part-time provision). **Course teams are expected to choose from one of the following in order to achieve an immersive experience for students:**

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<sup>4</sup> It is acknowledged that in some areas, the course populations will be less than 25 and there will be strategic reasons why the course delivery would continue (e.g. Welsh language provision, some externally funded niche provision etc.). In these cases a rigorous cost/benefit analysis combined with a consideration of the student experience will be undertaken.

- a) Setting students a substantial project to work on, in teams, that must be completed within the first six weeks and must require student teams to work together within the University setting;
  - b) Timetabling one module to be delivered over the first six weeks.
- 2.13 Course teams must also build in a summative assessment for all students within the first six weeks of the start of each year. Feedback must be within the 20 day turnaround time. The particular approach to immersive learning will be tested and approved at validation.
- 2.14 Alongside this course teams must work with library staff to design and implement the induction of students to library, referencing and other learning support. In year three it is anticipated that there will be a refresher session regarding library support.

### **Module contact teaching hours**

- 2.15 A 20 credit module constitutes 200 hours of learning and assessment time, equivalent to 1200 hours for a 120 credit undergraduate course.
- 2.16 The resource to deliver such modules must be considered at the point of approval and it must be clear how all the hours are to be used by the student. This will include contact time which is defined as: lectures, seminars, tutorials, project supervision, demonstration, practical classes and workshops, supervised time in studio/workshop/laboratory, fieldwork, external visits, work-based learning, placement, simulations, structured learning supported by learning resources purposefully designed to support student learning (delivered either online or on paper); time for preparation for contact time (often 2 hours of student learning for each contact hour) and time for assessment and examination which is included in the learning hours for the module.

The following is the indicative breakdown of hours per 20 credits:

- Up to 80 hours guided and self-directed learning;
  - Up to 72 hours preparation and delivery of assessment;
  - Up to 48 hours direct contact.
- 2.17 Laboratory and field work hours will be listed separately and comprise part of the 80 hours of guided and self-directed learning.
- 2.18 Course teams should articulate why they need the volume of laboratory and fieldwork they have specified.
- 2.19 Where module is entirely fieldwork it will look as though contact hours are heavy. Course teams should differentiate from just being with the students and the situation

where there is active engagement in learning and teaching and use the volume of the hours associated with the credit.

- 2.20 Course teams are expected to demonstrate their approach to the total hours of student effort and learning at validation. Course teams are to be mindful of the USW Academic Plan and are to demonstrate active and simulation based approaches to learning and assessment as part of their pedagogical approach to curriculum.

### **Assessment**

- 2.21 **Assessments should be developed in line with the University's Assessment FOR Learning Policy and must demonstrate how they adhere to the University's Assessment Tariff.** These are available on the CELT website. The expectation is that no module is over assessed and this will be challenged at validation if necessary. The norm is that a 20 credit module should have no more than two elements of summative assessment (including examinations).
- 2.22 Unless a professional statutory and regulatory body (PSRB) indicates otherwise the overall module mark should determine pass or failure of a module. This is known as 'bonded assessment'.
- 2.23 Assessments should be planned across a course to ensure a variety of assessment for the students. The course assessment diary must be used by Course Leaders to avoid assessment bunching and it must be issued to students at the start of each academic year. Once published to students, at the beginning of the year, the nature and hand in date of the assessment must not be changed. The standard submission time for on-line assessments is 23:59 and 16:00 for physical submissions.
- 2.24 As with learning outcomes it is not the case that the number of elements of summative assessment need to increase in line with the size of the module. Academic judgement should be exercised as to how many elements of assessment are needed to achieve the stated learning outcomes.

### **Model for employability**

- 2.25 All students should have real world experience as part of their curriculum. All courses should meet the following aim:

"To enable learners to demonstrate their engagement in a professional work environment and enhance their ability to appraise their performance so as to be prepared for graduate employment opportunities."

- 2.26 **All courses must also satisfy the following learning outcomes** (which are developed for level 5 but may be uplifted to level 6 if required):

Upon successful completion of this module the learner should be able to:

- a) Reflect on the nature of professional practice in their discipline and identify the gaps between their work related capabilities and disciplinary expectations (LO1);

- b) Reflect upon the way their work experiences or role has contributed to their professional practice, using this to develop future personal/professional development. (LO2);
- c) Develop and critically appraise an action plan of their experience and skills developed within the context of a graduate recruitment process and informed by their career plans and aspirations. (LO3).

In order to deliver on the learning outcomes it is anticipated that the majority of courses will use model 1. For a small number of courses model 2 will be utilised.

### **Model 1**

It is recognised that for most courses the real world experience needs to be very visible for all students and an approach that embeds the above learning outcomes in various modules does not enable students to clearly identify this learning across their curriculum. Course teams are therefore to develop a discipline specific 20 credit “Professional Practice and Employability” module included in each course. The module must include at least 70 hours of Relevant Work Experience or equivalent (‘RWE’). Many courses with embedded work experience or sandwich years will greatly exceed this minimum.

### **Model 2**

However there are a number of courses where PSRB requirements include a fully embedded approach to professional practice and employability through placements e.g. Initial teacher training, Chiropractic, social work. For these courses there will not be a requirement to identify the 20 credit module outlined above, rather they will be expected to embed these learning outcomes in their current practice modules. The embedded approach will be agreed and approved at validation.

Course teams will be able to make a case to be included on the list of courses held by QAE which meet the employability criteria. This is done at the development stage for a new course or before a Critical Review of an existing course if they feel that they are similar to those courses already on the register.

The learning outcomes will be delivered through the vehicle of the discipline so that where possible, teaching material will be specific to the professional activities or industries associated with the course.

Flexibility to accommodate longer or shorter work placements is achieved through the **Professional Practice and Employability module** which will include two themes:

- a) Professional practice which includes the attributes needed to be a graduate in a relevant industry. This must be partly or wholly evidenced through ‘Relevant work experience or equivalent (‘RWE’) i.e. RWE is mandatory - Learning Outcomes 1 and 2;

- b) Preparedness for job applications, interview and selection. These might be delivered using some material drawn down from the Careers Service but it must be subject specific where possible - Learning Outcome 3.

Examples of “Relevant Work Experience or equivalent” (RWE) include: a two week industrial observation; an eight week placement in the summer, ‘live projects’ etc.

The “Professional Practice and Employability Module” can be taken by the student at various times during the course, requiring flexible assessment boards. Academic staff are encouraged to be creative in how these modules are managed. They could be run over a short time period, block weeks, through the summer break, or over a year on a day a week basis.

### **Reading weeks**

- 2.27 The University does not permit the use of reading weeks.

### **Wednesday afternoons**

- 2.28 It is expected that Wednesday afternoons are kept free for Students’ Union activities.

### **Postgraduate Courses**

- 2.29 Postgraduate courses are not subject to the Academic Blueprint, however the University has developed a set of principles at the course and module level which should be taken consideration of when designing and implementing postgraduate provision.

#### **At course level:**

- a) Cohort identity needs to be managed through the creation of a community of practice which might be subject/discipline specific or PGT more widely. If PGT more widely this needs to be achieved through alignment of course start dates and alignment of use of space/estate and timetabling.
- b) When designing a new course or revalidating an existing course market research or recruitment trend data needs to demonstrate either a niche or a general market with a minimum expectation of 15 on a course.
- c) For courses linked to our areas of distinctiveness where student recruitment could and should be wider than the region, the curriculum must be managed such that it allows students to manage long distance travel (block and blend approach, weekend, online elements etc.) and a clear marketing strategy for both the UK and internationally must be developed prior to approval.
- d) Employability (career accelerating), work based learning and simulation must be at the heart of the curriculum design; at approval, panels will expect to see how the course design has included time in relevant work experience.

- e) Significant Employer engagement in curriculum design, approval, learning and teaching.
- f) Part time and/or full time with rationale for both and for cohesive offer where they are run together.
- g) A course should build on USW research/innovation/practice links and UG strengths.

**At module level:**

- a) Module options are important at PGT level. There is an expectation that these will be employer relevant where appropriate, build on research/practice/innovation expertise and that no module will run with less than 10 students. Course development therefore needs to consider how viable it is to offer multiple optional modules, raising student expectations when module delivery is unlikely.
- b) Module credits will normally be based on the university norm of 20 credits or multiples of 20. 10 credit modules must be an exception and agreed in advance of course design. Specific PSRB requirements (evidenced) will normally be the only rationale for 10 credit module inclusion.
- c) Module learning outcomes are required for each module and it is an expectation that these will normally be no more than two per 20 credit module.
- d) Module contact teaching hours need to reflect the more independent nature of PGT study. Therefore these will normally not exceed 36 hours out of the 200 available in any 20 credit module.
- e) Module assessment must align to the USW assessment policy. There will not normally be more than two assessments per 20 credit module. Variety and innovation in assessment design is to be encouraged both in modules and across a course.

### **A3. Full Course Approval**

#### **Documentation**

3.1 All validations are based on a standard set of documentation; the templates for which, can be found on the QAE website. It comprises:

- Course Specification;
- Module Specifications;
- Module Teaching Team
- Indicative Course Handbook(s);
- Staff CVs;

- Letters of support from employers;
- Applications for Recognised Teacher Status (if applicable);
- Validation by Addendum document (if applicable)
- Marketing Information.

- 3.2 **The course specification is a key document which outlines the philosophy behind the course, its aims and learning outcomes, learning and teaching methods and the means of assessment.** Once a course is validated the course specification becomes a publically available document.
- 3.3 Module specifications provide details of the aims and learning outcomes, learning and teaching methods and the means of assessment of individual modules.
- 3.4 The course handbook should be written with students in mind.
- 3.5 A collaborations management handbook should be provided for those course proposals which involve delivery by, with or at a partner organisation.
- 3.6 A copy of the Curriculum Design Guide and the Student Experience Plan should be made available to the Validation Panel.

### **External consultation**

- 3.7 **The documentation must contain evidence of consultation with employers/industry and other relevant external bodies.** This will be in the form of letters of support. Employers should be encouraged wherever possible to attend validation events.

### **Internal consultation**

- 3.8 The documentation must include evidence of consultation with Marketing and Student Recruitment, Student Support and Library Services and IT Services.

### **Timing and types of events**

- 3.9 After approval by Portfolio Oversight Group, faculties/College will be expected to submit a validation schedule for the academic year to QAE who will provide a composite report to the first meeting of QAC. This will be updated periodically. During the course of the year QAC will receive information from QAE concerning which courses have been validated.

**There are three types of validation event: University Validation Event; FQAC Validation Event and FQAC Paper-based Validation Event.**

The two tables below show indicative timelines for the preparation for such events.

### **University and F/CQAC Events**

<b>Time +/- Event</b>	<b>University and F/CQAC Events</b>
Minus 8 weeks (minimum)	QAE/HoAS establish a University or F/CQAC validation panel
Minus 6 weeks (minimum)	Internal Faculty/College scrutiny processes take place
Minus 3 weeks (minimum)	Completion of validation documentation QAE/HoAS circulate the validation documents to the Panel
Minus 1 week	Panel members submit lines of enquiry to QAE/HoAS for circulation to the Course Team and other Panel members
0 week	Validation Event
Plus 4 weeks (maximum)	A report of the event is completed and the Course Team responds to the validation conditions (and/or requirements and/or recommendations) as appropriate and completes revised documentation.
Plus 6 weeks (maximum)	Conditions are met, the documentation is signed off by the Chair of the event and final documentation is submitted electronically to QAE/HoAS.  MSR are informed of this outcome.

### **Paper-based Events**

<b>Time +/- Event</b>	<b>Paper-based Events</b>
Minus 6 weeks (minimum)	An external advisor is appointed by the Chair of F/CQAC.
Minus 1 week (minimum)	Completion of the validation documentation and submission to QAE/HoAS for final checks.
0 weeks	Validation documentation is sent to the external advisor by QAE/HoAS.
Plus 3 weeks (maximum)	External advisor provides written comments on the proposal to QAE/HoAS for circulation to the Course Team.
Plus 5 weeks (maximum)	The Course Team respond to issues identified by the external advisor; submission of documentation for checking by QAE/HoAS.
Plus 6 weeks (maximum)	Consideration by QAE/HoAS and the Chair of F/CQAC. The outcome will be reported to the next meeting of the F/CQAC. Electronic submission of the final documentation to QAE/HoAS.  MSR are informed of this outcome.

Faculties/the College will have locally agreed deadlines for the preparation and submission of validation documentation. It is recommended that the Course Team, in consultation with the PQAEO/HoAS, prepare a more comprehensive validation schedule to incorporate these Faculty/College deadlines. **Failure to submit appropriate documentation to the PQAEO/HoAS by the agreed date will result**



Two internal members	of academic or suitably qualified staff who have independence from the validating School. One of whom must be independent from the Faculty/College;
One student member	a member of the student body who has studied or is studying a course in a similar subject area and has experience as a course representative or a Student Voice Representative;
External member(s)	at least one who has the relevant subject and pedagogic expertise at the appropriate academic level and no previous experience or involvement in the development of the course. The appointment of the external member must be approved by the Chair of the relevant F/CQAC;
Reporting Executive	is drawn from QAE. In addition to being a full member of the panel she or he will advise on regulatory and procedural matters;
Reporting Officer <sup>5</sup>	is drawn from QAE and will produce a report of the event.

If a proposal concerns Distance Online Delivery for an existing course a validation panel must include member(s) with expertise in this method of delivery. These members may be representatives of IT Services and CELT.

### **F/CQAC Validation Panel**

- 3.13 The panel will be the same as that for a University validation with the exception of the fact that the Chair must be independent from the validating School whereas for a University event the Chair must be independent from the Faculty.

### **Paper-based Validation**

- 3.14 There is no panel as such. There will be a meeting of the F/CQAC Chair and the PQAEO/HoAS to consider the submission and the comments of an external advisor.
- 3.15 **It is extremely important that any CMA requirements are addressed as part of the consideration to change the title of an award.**
- 3.16 Where a change is considered under the paper-based approach consideration must be given to the implications for other courses which might be affected by the proposal.

### **Bite Size Provision**

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<sup>5</sup> The Officer and the Executive may be the same person in some circumstances

- 3.17 Bite size learning concerns small unit credit-based modules. These are approved by the F/CQAC and reported to QAC.

### **Validation Panel Agenda**

- 3.18 The agenda for an event should be agreed in advance by the Chair and Secretary. An indicative agenda shown below:

Agenda	
1.	Introductions
2.	Presentation by the Course Team to include the background and rationale for the proposal
3.	Private meeting of the Panel
4.	Meeting with students (where applicable)
5.	Tour of resources (where applicable)
6.	Meeting with Senior Management from the Faculty
7.	Meeting with the Course Team
8.	Private meeting of the Panel
9.	Feedback to the Course Team and Senior Management

- 3.19 The order of the meetings can be altered but it is important that where a meeting with students is applicable it should be held early in the day to allow for the Course Team to respond to any matters raised.

The topics which should be addressed are:

- Academic Standards
  - Aims and Learning Outcomes
  - Curricula
  - Assessment
  - Engagement with internal and external reference points
- Quality of Learning Opportunities
  - Learning and Teaching
  - Student Progression
  - Learning Resources

- Adherence to the Academic Blueprint and the Curriculum Design Guide.
- Transitional arrangements for current students (where applicable)
- Collaborative Arrangements (where applicable)
- Maintenance and Enhancement of Standards and Quality
- Confirmation of ethical approval
- Confirmation of Recognised Teacher Status (where applicable)
- Current and Future Challenges and Development

### Validation Outcomes

3.20 At the end of an event the Panel must decide whether to:

- a) **Approve** the course with or without conditions and/or requirements and/or recommendations for a maximum period of six years;
- b) **Refer** the course for further work. In such cases the Course Team will discuss the implications with the PQAEO/HoAS and look for a date for the re-presentation of the proposal to the same Panel, to the extent that that is possible. This may be done by correspondence where this is judged sufficient by the Chair. Responsibility of reconvening a panel lies with the Reporting Officer. Where appropriate the Chair might agree that the meeting takes place electronically;
- c) **Reject** the course. In this case the Course Team will be required to recommence the procedure starting with course development approval.

3.21 The subsequent written report should clearly articulate the reasons for the decision and any associated conditions, requirements and recommendations in an evidenced-based manner. Panels should also record any commendations or evidence of good practice within the proposal.

### Conditions, Requirements and Recommendations

3.22 When a course is approved a validation panel may decide that the approval is subject to conditions, and/or requirements, and/or recommendations:

- a) **A condition** has to be met before approval to deliver the course is confirmed. They relate to matters that are critical. For example, having appropriate resources (physical or human) in place by a specified date; revising a part of the curriculum or an assessment methodology. A standard condition, in all cases, is that definitive course documentation is lodged with QAE. Definitive documentation comprises: the course specification; the course handbook; module specifications; a collaboration management handbook (where required); the report of the validation event and the response to the report.

- b) **A date** will be set by which the course team is required to submit a written response to conditions. This response should be submitted to the Reporting Executive. Depending on the nature of the condition approval of the response may be delegated to the Reporting Executive and the Chair for sign-off or referred for consideration by the whole Panel.
- c) **Requirements** have to be met by a certain date but they will not prevent the course being delivered. An example would be the need to conduct an interim review. The validation panel will need to stipulate how adherence to a requirement will be monitored. This will normally be via a report to F/CQAC by QAE.
- d) **Recommendations** relate to issues which are not related to standards but where failure to address them could affect the overall quality of the course and the students' learning experience. For example, it might be recommended that the course team review the means by which students are inducted into the course after this has taken place for the first time. Recommendations are monitored through the annual monitoring process.

## Reporting to C/QAC

3.23 After a course has been validated this will be reported to C/QAC.

## A4. Procedure for Course and Module Amendments

- 4.1 Procedures for course amendments apply to modifications to existing credit-bearing courses or modules within them. They cannot be used where the amendment would affect:
  - a) Course Educational Aims;
  - b) Course Learning Outcomes;
  - c) The introduction of new named routes;

These will require revalidation.

- 4.2 The need for modifications will normally arise as a result of feedback from Student/Staff Course Liaison Groups (SSCLG's), student satisfaction questionnaires, comments from External Examiners or professional bodies, recommendations from assessment boards or other elements of annual monitoring or review processes.
- 4.3 Proposals for modifications can be made at any point during the academic year prior to the stated deadlines (paragraph 4.5 below) but can only be implemented at the beginning of the next academic session. They can only be made in cases where they have all the existing students' support. Course Boards and SSCLG's provide a vehicle for discussing these proposals and see evidence of students' agreement. Proposals must take account of CMA requirements and the need to consult with students.

- 4.4 **Course Leaders must ensure that any proposed introduction, closure or modification to a module has no implications for any other course or partner who might make use of it.** Discussions with other Course Leaders or partners must be evidenced in the submission to F/CQAC.
- 4.5 Proposals to introduce or close modules must be received by the end of December prior to the next delivery of the course. The deadline for interim modifications to existing modules, for example, changes to assessment methods is the June prior to the next delivery of the course. Reference should be made to Assessment FOR Learning Policy which describes Assessment Dialogue meetings and assessment approval. The Policy is available on the CELT website.
- 4.6 Course/Modules Leaders must work with the PQAEO/HoAS in order to submit proposed modifications for approval by F/CQAC and report to the next SSCLG or Course Board. **Under no circumstances should Course Leaders or Module Leaders ask for any modifications to be undertaken by Student Administrative Services or amendments made to the website by MSR without prior approval by F/CQAC.**

## Modifications Matrix

### 4.7 Modification Matrix

	<b>Change to</b>	<b>Approval Process</b>	<b>Approval level</b>	<b>Who needs to know following approval</b>	<b>Record Update</b>	<b>Inform or Consult Students</b>
<b>1.</b>	Reading List/ Bibliography	None	None	<ul style="list-style-type: none"> <li>• Students</li> <li>• Library</li> </ul>	<ul style="list-style-type: none"> <li>• Handbook</li> <li>• Module Specification (ICIS)</li> <li>• Central Modification Register</li> </ul>	Inform current students
<b>2.</b>	Assessment (Description)	None	None	Students	<ul style="list-style-type: none"> <li>• Module Specification</li> <li>• Central Modification Register</li> </ul>	Inform current students
<b>3.</b>	Learning and Teaching Hours	None	None	Students	<ul style="list-style-type: none"> <li>• Module Specification</li> <li>• Central Modification Register</li> </ul>	Inform current students  For RWCMD only: Inform current students and applicants
<b>4.</b>	Module Revalidation	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> <li>• Strategic Leads Amendment Group</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Inform current students

	<b>Change to</b>	<b>Approval Process</b>	<b>Approval level</b>	<b>Who needs to know following approval</b>	<b>Record Update</b>	<b>Inform or Consult Students</b>
<b>5.</b>	Module Aims	Approval by : <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Inform current students
<b>6.</b>	Module Learning Outcomes	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Consult current students

	<b>Change to</b>	<b>Approval Process</b>	<b>Approval level</b>	<b>Who needs to know following approval</b>	<b>Record Update</b>	<b>Inform or Consult Students</b>
<b>7.</b>	Assessment (Tariff)	Approval by : <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Inform current students
<b>8.</b>	Assessment (Category/ Type/ Weighting)	Approval by : <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Inform current students

	<b>Change to</b>	<b>Approval Process</b>	<b>Approval level</b>	<b>Who needs to know following approval</b>	<b>Record Update</b>	<b>Inform or Consult Students</b>
<b>9.</b>	Adding/ removing a module to a course structure	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> <li>• Strategic Leads Amendment Group</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with current students</li> <li>• Inform applicants</li> </ul>
<b>10.</b>	Changing the status of a module within a course structure	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	<ul style="list-style-type: none"> <li>• Consult current students</li> <li>• Inform applicants</li> </ul>

	<b>Change to</b>	<b>Approval Process</b>	<b>Approval level</b>	<b>Who needs to know following approval</b>	<b>Record Update</b>	<b>Inform or Consult Students</b>
<b>11.</b>	Proposing a new module	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> <li>• Strategic Leads Amendment Group</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	<ul style="list-style-type: none"> <li>• Consult current students</li> <li>• Inform applicants</li> </ul>
<b>12.</b>	Changes to approved course specific regulations as approved at validation such as PSRB requirements	Approval by: <ul style="list-style-type: none"> <li>• Course/module leader(s)</li> <li>• Academic Manager</li> <li>• Head of School</li> <li>• External Examiner</li> <li>• Collaborative partners</li> <li>• Adopting Faculties</li> </ul>	FQAC/CQAC approval of modification	<ul style="list-style-type: none"> <li>• Students</li> <li>• External Examiner</li> <li>• Student Administration Team</li> <li>• RWCMD Academic Services</li> <li>• Adopting Faculties</li> <li>• Strategic Leads Amendment Group</li> </ul>	<ul style="list-style-type: none"> <li>• Course Handbook(s)</li> <li>• Module and Course Specifications (ICIS)</li> <li>• Blackboard</li> <li>• Central Modification Register</li> </ul>	Inform current students

## **A5. Extension to Validation**

- 5.1 Course approvals are normally given for six years and requests to extend the validation period will only be given for compelling reasons such as PSRB requirements. The maximum period of extension will be for one year unless transitional arrangements apply. Courses that are running out may have to be extended beyond the one year period without revalidation. This will be judged on a case by case basis.
- 5.2 Applications, supported by the PQAEO/HoAS, must be made to the Chair of Q/CQAC via the Associate Registrar (QAE).
- 5.3 There must be a clear rationale for the proposal and the most recent annual monitoring and external examiner reports appended to the request.
- 5.4 Extensions will be reported to Q/CQAC.

## **A6. Course Closure**

- 6.1 Decisions to close a course will be considered by the Portfolio Oversight Group. Where closure is approved a Course Closure Action Plan (available on the QAE website) must be completed by the Course Leader and monitored by F/CQAC.
- 6.2 **The deadline for approving course closures is the end of April in the preceding year.**

## **Supporting Documents**

For the latest supporting documentation, please visit the QAE website and discuss with your Principal Quality Assurance and Enhancement Officer.

## SECTION B: COURSE MONITORING

### B1. Continuous Monitoring

(for Continuous Monitoring relating to collaborative partnerships please read in conjunction with [section C](#))

*Note that roles included here may be subject to change over time. If management roles differ due to organisational structures, please adhere as closely as possible to the principles.*

- 1.1 The underlying principle of the continuous monitoring process is that data is interrogated as it becomes available. The output at Module and Course Level is a report and rolling action plan and at School, Faculty and University Level is a contextual statement and rolling action plan. The process will be supported by two monitoring events per year and continuous monitoring updates. A RAG rating for each course will be confirmed through this process and may be used to inform other processes.
- 1.2 All staff who are involved in the delivery of courses at all levels will be expected to contribute to the continuous monitoring process.
- 1.3 The purpose of continuous monitoring is to:
  - a) assure module and course quality;
  - b) enhance student experience;
  - c) identify and disseminate good practice;
  - d) promote reflective practice among module and course leaders;
  - e) ensure that appropriate action is taken to resolve any identified shortcomings;
  - f) define RAG ratings for courses;
  - g) allow for continual review of courses and an annual reporting point for QAC oversight.

### The RAG rating

- 1.4 The intention is that the RAG rating will be used for constructive purposes. It is not a judgement that the course is a risk to our quality or standards. It is an enhancement judgement which will indicate what activity is required, not an absolute judgement of the course.
- 1.5 The judgement is qualitative but informed by statistical data. Guidance will be available which will inform if there are any metric judgements that do not fit with University 'norms' in any given year.

RAG Rating	What this might look like	Potential outcomes
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Green	No poor outcomes, no significant actions arising from action plan, good student feedback, good statistical data	Course continues with no amendments other than those considered minor activity (e.g. refresh of assessment methods within modules)
Amber	Some indicators either dipping, or a trend emerging that requires intervention, dipping recruitment, statistics showing decline in performance	Course requires some minor alterations to continue improvement (e.g. replacement of modules to refresh course)
Red	Continually poor NSS, longer term statistics demonstrating a long term dip, poor recruitment etc.	Course requires activity that should be referred to Portfolio Oversight Group (e.g. revalidation, renaming, closure)

## The contextual statement

1.6 Contextual statements are requested at several levels within the continuous monitoring process. These should be produced once per year and should not replicate the action plans. They should include exploration of emergent themes and enable richer actions to be identified through the latter stages of the exercise. The contextual statement should not exceed more than 4 sides of A4.

## Composition of the annual and mid-year monitoring event is as follows:

- Head of School (or nominee) (Chair);
- Course Leader;
- Members of the Course Team;
- Link Officers or Partner Course Leader, if appropriate;
- Member of QAE Team.

## Key responsibilities for continuous monitoring are as follows:

### Module Level

The University Module Leader drafts the standard module report/action plan which should be discussed at the relevant Subject Assessment Board (to include contribution from collaborative partnerships where relevant). The report/action plan should be finalised after discussion at the Assessment Board concerning module performance. The Module Leader should then submit the final form to the Faculty Quality Team (Academic Services at the RWCMD) and the Course Leader to enable Course Leaders to incorporate comments in the Course Action Plans.

<b>Review Point 1: First Term Review (online)</b> <i>Available from 1 September to 1 December</i>	<b>Review Point 2: Year End Review (online, draft reviewed at monitoring event)</b> <i>Available from 1 December to 1 July</i>
<b>Evidence to Review</b>	<b>Evidence to Review</b>
<ul style="list-style-type: none"> <li>• Early assessment data</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment Dialogue Events</li> </ul>

<ul style="list-style-type: none"> <li>• External examiner reports which include faculty response</li> <li>• Term 1 Student/Staff Course Liaison Group (SSCLGs)</li> <li>• Collaborative partner Module Leader reports</li> </ul>	<ul style="list-style-type: none"> <li>• Employability Data</li> <li>• Employer Feedback</li> <li>• First sitting board data</li> <li>• Link officer feedback</li> <li>• Mid-year continuous review events</li> <li>• Previous year module reports</li> <li>• Professional Statutory Regulatory Bodies (PSRB)</li> <li>• Term 2 and 3 Student/Staff Course Liaison Group (SSCLGs)</li> <li>• Verbal EE comments at boards and via moderation</li> <li>• Collaborative partner Module Leader reports</li> </ul>
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## Course Level

The University Course Leader should ensure that all relevant staff have the opportunity to contribute to the continuous monitoring exercise. This should include part-time staff, hourly-paid lecturers, collaborative partners and support staff. Where it is not possible for staff to attend a formal meeting they should still be consulted as part of the review.

The Course Action Plan should be reviewed and updated regularly throughout the ensuing year. It should be an item on Student/Staff Course Liaison Groups (SSCLGs) and Course Boards.

<b>Review Point 1: Year End Review (online, draft reviewed at monitoring event)</b> <i>Available to 1 May 1 August</i>	<b>Review Point 2: Continuous Review (online)</b> <i>Available from 1 August to 1 November</i>	<b>Review Point 3: Mid-year Review (online, draft reviewed at monitoring event)</b> <i>Available from 1 November to 1 February</i>	<b>Review Point 4: Continuous Review (online)</b> <i>Available from 1 February to 1 May</i>
<b>Evidence to Review</b>	<b>Evidence to Review</b>	<b>Evidence to Review</b>	<b>Evidence to Review</b>
Annual Link Officer Report Collaborative Course Report (where applicable) Current year action plan Employer feedback First sitting board data Link officer feedback Module reports Professional Statutory Regulatory Bodies (PSRB) (Re)Validation recommendations	Good honours NSS Outliers Pass rates Recruitment Collaborative partner Course Leader reports	External Examiner report LOOP PG data Second sitting data Term 1 and 2 SSCLG Collaborative partner Course Leader reports	DLHE data Mid-year link officer visit Retention Collaborative partner Course Leader reports

Term 3 SSCLG Verbal EE comments at boards and via moderation Collaborative Partner Course Leader reports			
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## Year End Monitoring Event

- 1.7 The Year End Monitoring event may cover one or more courses. It is reasonable to group together cognate courses. The volume of courses should not be such as to make the event unwieldy.
- 1.8 The composition of the event is as follows (additional membership is at the discretion of the Faculty/College<sup>6</sup>):
- Head of School (or nominee) – the Chair;
  - Course Leaders;
  - A member of the Senior Management Team (for example, Dean, Deputy Dean, Head of Learning, Teaching and Student Experience);
  - Student representatives;
  - Nominee of the Associate Registrar (QAE).
- 1.9 Each course should be discussed and Course Leaders should review the major issues that have emerged throughout the year and the action taken in response to them. Aspects of good practice should also be identified.
- 1.10 Once all the events within a School have taken place, a School Action Plan should be produced in order to inform the Faculty Action Plan.

## School Level

- 1.11 The Head of School is responsible for creating a School Action Plan based on the Course Leaders' Action Plans. It is recommended that the Plan is created in discussion with the Academic Managers/Academic Subject Manager. The School Action Plan then informs the Faculty Action Plan written by the Deputy Dean. The School level does not apply to the RWCMD.

<b>Review Point 1: Year End Review (online, reviewed at monitoring event)</b> <i>Available 1 February to 1 August</i>	<b>Review Point 2: Mid-year Review (online, reviewed at monitoring event)</b> <i>Available 1 August to 1 February</i>
<b>Evidence to Review</b>	<b>Opportunity to Review</b>
<ul style="list-style-type: none"> <li>• Course reports</li> <li>• School reports</li> <li>• External Examiner reports</li> </ul>	<ul style="list-style-type: none"> <li>• Course reports</li> <li>• School reports</li> <li>• External Examiner reports</li> </ul>

<sup>6</sup> College in this section refers to the RWCMD and not collaborative partner colleges.

<ul style="list-style-type: none"> <li>• Continuous monitoring event notes</li> <li>• Employer engagement and WBL</li> <li>• Statistical analysis</li> <li>• Professional Statutory Regulatory Bodies (PSRB) reports (where applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• NSS</li> </ul>
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## Faculty Level

1.12 The Deputy Dean/Principal is responsible for creating the Faculty/College Action Plan drawing on the Action Plans from the Schools (or courses in the case of the RWCMD).

<p><b>Review Point 1: Year End Review (online, reviewed at FQAC)</b> <i>Available 1 January to 1 October</i></p>	<p><b>Review Point 2: Mid-year Review (online, reviewed at monitoring event)</b> <i>Available 1 October to 1 February</i></p>
<p><b>Evidence to Review</b></p> <ul style="list-style-type: none"> <li>• Course reports</li> <li>• School reports</li> <li>• External Examiner reports</li> <li>• Continuous monitoring event notes</li> <li>• Equalities data</li> <li>• International Student Barometer</li> <li>• NSS</li> <li>• Professional Statutory Regulatory Bodies (PSRB) reports (where applicable)</li> <li>• Statistical analysis</li> </ul>	<p><b>Opportunity to Review</b></p> <ul style="list-style-type: none"> <li>• Course reports</li> <li>• School reports</li> <li>• External Examiner reports</li> <li>• NSS</li> <li>• Progression/Retention data</li> </ul>

## F/CQAC

1.13 The Faculty/College Action Plan is considered and signed off at a meeting of the F/CQAC at which the Senior Auditor confirm his/her evaluation of the exercise. The Senior Auditor is not a member of the Faculty but is internal to the University.

## University

1.14 The Faculty/College Action Plans are submitted to QAC alongside the minutes of the F/CQAC meeting which considered the Plans. QAC is required to identify any University level actions either contained within the reports or arising out of their discussion. The Senior Auditors attend that meeting of QAC.

1.15 QAC submits a Summary of the Annual Monitoring Exercise to Academic Board with an accompanying University Action Plan. This summary contains:

- a) A description of, and any adjustments made to, the process in the previous academic year
- b) Good practice noted in the faculties/the College/collaborative partners

- c) A commentary on common themes across faculties/the College/collaborative partners
- d) Action which needs to be taken at University level to address issues and the person responsible for taking the action forward

## Reports and Action Plans

### [Continuous Monitoring Report and Action Plans](#)

## Indicative Continuous Monitoring Milestones

### Module Level

Date	Sources of evidence	Activity
June	Reflection on first sitting statistical data  External Examiners comments throughout moderation and at boards, where applicable  Module evaluations/LOOP data	Draft should inform discussion at Subject Assessment Board.  Finalised version submitted by end of June.
November	Early assessment data/immersive learning data	Review student and module performance following early assessment points.

### Course Level

Date	Sources of evidence	Activity
June	External Examiner comments throughout moderation and at boards, where applicable  Action points from SSCLGs or equivalents  First sitting assessment data  Module Reports and LOOP data, or equivalent  Employer feedback  Actions from mid-year review	Write draft course report to inform discussion at Progression and Award Board.  Write draft course report and action plan for submission to ASM prior to monitoring event.  Use evidence to propose initial RAG rating for the course.
June (after Progression and Award Board)	External Examiner comments throughout moderation and at boards, where applicable  Action points from SSCLGs or equivalent  First sitting assessment data  Module Reports and LOOP data, or equivalent	Write draft course report to inform discussion at Progression and Award Board.  Write draft course report and action plan for submission to Course Leader prior to monitoring event.

	Employer feedback Actions from mid-year review Feedback from Link Officers	
July	Outcome from monitoring event	Submit final course report and action plan to Faculty Quality Office.
January	External Examiner report Second sitting and postgraduate assessment data Actions from first SSCLG meeting LOOP data NSS data, relevant to QA DHLE data	Review Course Report and Action Plan and submit updates to F/CQAC.

### School Level

Date	Sources of evidence	Activity
June (after Progression and Award Board)	Draft course reports and action plans Basis of discussions	Chair a meeting to review draft course reports and action plans.
July	Draft course reports and action plans Basis of discussions	Chair a meeting to review draft course reports and action plans.  Initial assessment of RAG rating.
August	Actions from Course Reports and Monitoring Event	Submit School Action Plan and contextual statement to Deputy Dean.  Propose RAG rating at School level.
February	Updated course reports and action plans	Submit mid-year review and updated action plan to Deputy Dean.

### Faculty/College Level

Date	Sources of evidence	Activity
September	Faculty Action Plans and contextual statements	Submit Faculty Action Plan and contextual statement to F/CQAC.  Confirm RAG rating at School level.
November/December	Faculty Action Plans and contextual statement.	Submit Faculty Action Plans to QAC.  Confirm RAG rating at School level.
February	Updated School statements and action plans	Submit mid-year review and updated action plan to F/CQAC.

	Equalities data	
	International Student Barometer	
March	N/A	Submit mid-year review and updated action plan to QAC

## **FQAC/QAC Level**

<b>Date</b>	<b>Activity</b>
October (or first F/CQAC meeting)	Confirm and interrogate the process to ensure that monitoring has been undertaken with the appropriate rigour
January / February	Submit report to Academic Board to assure the rigour of the process and provide an overview. To report on RAG rating at School level.
February	Submit University action plan and contextual statement to QAC
January / February	Confirm and interrogate the process to evaluate and ensure ongoing compliance with the process

## **Collaborative Partner Continuous Monitoring**

**1.16 Collaborative Partners must participate in Continuous Monitoring taking account of the procedures outlined above. There are some small differences in approach and these are outlined below. Collaborative Partners should ensure that they supply sufficient evidence to University Course/Module leaders to inform their reports.**

### **Module**

#### **Collaborative Partner Module Leader**

1.17 The collaborative partner module leader accesses the standard action plan which is available on the QAE website. This is either submitted directly to the University or via the local HE Manager if applicable. The form is submitted and forms part of the evidence available the USW module leader who should use the detail to inform discussion about cohort performance at the partner and considers collaborative partner performance against the 'home' module to inform their action plan.

### **Information and evidence**

1.18 In creating their action plan, the collaborative partner module leader should make use of the following datasets:

- External Examiner Reports;
- Relevant Performance Data;
- Employer Feedback (where relevant);
- Module performance data ;

- Student feedback.

## **Course**

### **Advanced Standing Partners**

- 1.19 Where there is a significant and/or regular cohort of students flowing from one partner in an Advanced Standing arrangement, the University Course Leader is required to produce an Advanced Standing Continuous Monitoring Report which will take account of the performance of students coming from this route. Where the Advanced Standing agreement does not produce a cohort of more than 5 students, this report is not necessary. This is considered by the relevant Faculty Continuous Monitoring Event.

### **Collaborative Partner Course Leader**

- 1.20 The collaborative partner course leader accesses the standard action plan which is available on the QAE website. This is either submitted directly to the University or via the local HE Manager who will approve and submit to the University. The form is submitted and forms part of the evidence available the University course leader who should use the detail to inform discussion about cohort performance at the partner and to inform their action plan.
- 1.21 The collaborative partner course leader is responsible for arranging a Continuous Monitoring meeting at which draft course reports are discussed and approved for submission to USW. This can occur at a collaborative partner or in the case where the course is taught across several collaborative partners more usually on a University campus and should be arranged well in advance. The University Link Officer should be present at the event.
- 1.22 The Collaborative Partner Course Leader should ensure that all other relevant staff have the opportunity to contribute to the Continuous Monitoring Exercise. This should include part-time staff, hourly-paid lecturers and support staff. Where it is not possible for staff to attend a formal meeting they should still be consulted as part of the review.
- 1.23 The Course Action Plan should be reviewed and updated regularly throughout the ensuing year. It should be an item on Student/Staff Course Liaison Groups (SSCLGs) or equivalents.

### **Information and evidence**

- 1.24 In creating their action plan, the collaborative partner course leader should make use of the following datasets:
- External Examiner Reports;
  - Student module evaluations;

- Action points from Staff Student Course Liaison Group or equivalent;
- Employer Feedback (where relevant);
- Course Performance Data.

### **Collaborative Partner Continuous Monitoring Event**

1.25 The composition of the Collaborative Partner Continuous Monitoring Event is as follows (additional membership is at the discretion of the collaborative partner/University):

- Collaborative Partner Head of School (or equivalent) – the Chair;
- Collaborative Partner Course Leaders;
- University Course Leaders;
- A member of the collaborative partner’s Senior Management Team (for example, Principal, Vice-Principal, Director of HE provision);
- University Link Officer(s);
- Partner Link Officer(s);
- Collaborative partner student representative(s);
- A clerk (as designated by the partner to take a record of the meeting).

### **University**

1.26 QAC submits a Summary of the Continuous Monitoring Exercise (including collaborative partnerships) to Academic Board along with a University-level Action Plan. The summary contains:

- a) A description of, and any adjustments made to, the process in the previous academic year;
- b) Good practice noted in the faculties/the College/collaborative partners;
- c) A commentary on common themes across faculties/the College/collaborative partners;
- d) Action which needs to be taken at University level to address issues and the person responsible for taking the action forward.

### **Reflection on Collaborative Relationships**

1.27 Each year, the University identifies a range of partners to engage in a joint and holistic reflective exercise on the health of the collaborative relationship.. Partnership Quality Sub-Committee (PQSC) is responsible for identifying the collaborative partners and does so on the basis of risk, taking into account the range

of activity with which the University is engaged. The purpose of this is to review the health of the arrangement and identify good practice to be disseminated.

This will be received and considered by PQSC and a summary report will be forwarded to QAC.

## **Timescales**

- 1.28 Collaborative Partner Module and Course Leaders produce Module/Course Report/Action plans to fit with the Continuous Monitoring cycle (see Appendix 1 – Section B of this manual).

## **University PQSC**

- 1.29 The reflective exercise on the health of the relationship will be reviewed throughout the year and a summary report will go to QAC.

## **QAC**

- 1.30 A meeting of QAC in December considers the Continuous Monitoring Exercise including collaborative provision and recommends the report to Academic Board.

## **B2. External Examiners**

### **General Information**

- 2.1 A full description of the criteria for appointing External Examiners and details of their roles and responsibilities can be found in the External Examiner Handbook on the QAE website. Templates for nomination forms and External Examiners' reports plus guidance on sample sizes which should be made available to External Examiners are also available on the QAE website.

### **Appointments**

- 2.2 External Examiners are appointed to courses under one of three models:
- a) there is a one to one relationship between the one External Examiner and one course;
  - b) an External Examiner is appointed to more than one course;
  - c) a course has more than one External Examiner appointed to because of the specialised nature of the course or a requirement of a PSRB.
- 2.3 QAE can advise on which model is appropriate.

### **Training**

- 2.4 The University has produced a video which provides External Examiners with all the information required to fulfil their duties. A link to this can be found on QAE website.
- 2.5 Completion of the training is compulsory and External Examiners are asked to complete a short online questionnaire to confirm they have undertaken the training.

## Reporting

- 2.6 External examiners are expected to attend at least one of the assessment boards per year. All External Examiners are required to submit an annual report to QAE within 4 weeks of the board attended.

## Supporting Documents

For the latest supporting documentation, please visit the [QAE website - External Examiners](#) and discuss with your Principal Quality Assurance and Enhancement Officer.

## B3. Course Review and Revalidation

### Introduction

- 3.1 Course Review and Revalidation (CRR) is the process whereby the University assures itself of the maintenance of academic standards and quality of its provision. CRR seeks to identify both current and future means of enhancing the quality of the student learning experience. It is an opportunity for Course Teams to think holistically and strategically about its provision and longer term aims and objectives. It provides an opportunity for the University to assure itself that its provision demonstrates awareness of the diverse needs of its learners.
- 3.2 **The key document which supports CRR is a self-evaluation document** which critically reviews the performance of a course or group of cognate courses over, usually, the preceding six years. CRR is a peer review process which engages internal staff and students and others external to the University. Discussions should be supportive and developments: non-adversarial in character.
- 3.3 Reviewers will explore how current and future developments are informed by: scholarly and research activities; learning, teaching and assessment and how these are effectively managed through resource planning, staff development, quality management and enhancement.
- 3.4 CRR occurs once with a six-year cycle and its specific timing and course content is negotiated between the Faculties/College and QAE and approved by Q/CQAC. Courses requiring a revalidation between review cycles do not require a Course Review although revalidation documents should make reference to the previous performance of the course(s). **Courses should not be revalidated after, for example, five years without undertaking a course review.**

- 3.5 All undergraduate and taught postgraduate provision is subject to CRR as are collaborative arrangements and Distance Online Delivery. It does not encompass research degrees (MPhil/MRes or PhD).
- 3.6 **The template for the revalidation of a course is the same as the one used for the initial validation of a course.**

### **Philosophy behind CRR**

- 3.7 CRR encourages Course Teams and Senior Managers to engage with the concept of risk and to address the strengths and weaknesses associated with the course(s) under review. The following risk factors should be considered:
- a) **The market** – changing patterns of student and employer demand; competition, now and in the future, from other providers and other factors associated with the particular provision;
  - b) **The regulatory environment** – current and future developments in Government policy; funding regulations; the requirements of external quality assurance bodies and those of Professional, Statutory and Regulatory Bodies (PSRBs);
  - c) **Institutional** – current and future operation of the University's quality management systems; management arrangements and institutional and Faculty priorities;
  - d) **Resources** – the availability of staff to teach, to provide learning support and the associated equipment to enable them to carry out their roles.

### **Key Features of CRR**

- 3.8 Review Teams will focus their enquiries on three core themes.
- a) **Academic Standards**  
The use made of internal and external review; External Examiners; management information; PRSBs; the QAA Quality Code, including Subject Benchmark Statements, and other reference points in respect of:
    - Curriculum
    - Assessment
    - Student Achievement
  - b) **Quality of Learning Opportunities**  
The use made of internal and external review; External Examiners; management information; PRSBs; the QAA Quality Code, including Subject Benchmark Statements; learning and teaching strategies; research which informs learning opportunities; and other modes of study, such as Distance Online Learning in respect of:
    - Learning and Teaching
    - Student Support and Guidance

- Learning Resources (including staff development)

c) **Maintenance of Standards and the Enhancement of Quality**

The Course Team's approach to the quality assurance of its provision and the effectiveness of this approach. The use made of quantitative data and qualitative feedback from students, External Examiners, employers and other stakeholders in a strategy of enhancement. The arrangements in place for ensuring consistency in the monitoring of academic standards and the quality of the student experience wherever they are based.

### Key Stages of CRR

Time +/- Event	Activity
Minus 6 months (minimum)	Briefing meeting with the Course Team convened by PQAEO/HoAS
Minus 3 months (minimum)	CRR Panel set up by PQAEO/HoAS in consultation with Review Chair, Reporting Officer, Head of School and Course Leader
Minus 9 weeks (minimum)	CRR document and supporting documentation submitted to the Reporting Officer
Minus 8 week (minimum)	Reporting Officer circulates the <b>CRR document</b> and supporting documentation to the CRR Panel
Minus 5 weeks (minimum)	Reporting Officer receives each CRR Panel member's analysis of the <b>CRR document</b> for their allocated section(s) and forwards this to the CRR Panel Chair
Minus 4 weeks (minimum)	<b>Optional: A Preparatory meeting</b> between the Chair and the Reporting Executive is convened to finalise arrangements for the review event. If necessary the meeting might also involve the Course Leader.
Minus 1 week (minimum)	Course Team assembles documentation to be made available during the review
0 weeks	Review event
Plus 4 weeks (maximum)	A report of the event is completed and agreed with the Panel.  The Course Team responds to the validation conditions (and/or requirements and/or recommendations) as appropriate and completes revised documentation.
Plus 6 weeks (maximum)	Conditions are met, the documentation is signed off by the Chair of the event and final documentation is submitted electronically to QAE/HoAS.

Plus 8 weeks (maximum)	<b>Final report</b> circulated to Faculty/College Heads of School
Next scheduled F/CQAC meeting after publication of the <b>final report</b>	Report concerning the conditions/requirements and recommendations submitted to F/CQAC
Next scheduled QAC/CQAC meeting after consideration by F/CQAC	Report and Action Plan ( <b>to include any University actions</b> ) submitted to QAC via QAE.

## Course Review Panel

3.9 Panels will comprise five internal members and at least one external panel member.

Chair	has experience of chairing such events and is independent from the School concerned;
Two internal members	of academic or suitably qualified staff who have independence from the School. One of whom must be independent from the Faculty/College;
One student member	a member of the student body who has studied, or is studying, a similar course and has experience as a course representative or as a Student Voice Representative;
External member(s)	at least one who has the relevant subject and pedagogic expertise at the appropriate academic level, may be drawn from Industry or academia;
Reporting Executive	is drawn from QAE. In addition to being a full member of the panel she or he will advise on regulatory and procedural matters;
Reporting Officer	is drawn from QAE and will produce a report of the event.

The external panel member(s) must have no previous involvement in the development of the course(s) nor (within a period of five years) an association with the University as a member of staff, a student, an external examiner or advisor/consultant. He or she should be familiar with the concept of academic review and hold academic qualifications at least to the level of the course(s) under review. Ideally she or he will have experience as a QAA reviewer. The appointment of the External Panellist must be approved by the Chair of the relevant F/CQAC.

## The Review Document

3.10 A template for the review document is available on the QAE website. It is the only document which is prepared specifically for a review. It should be a self-critical evaluation of the standards and quality of the provision. Emphasis should be placed on identifying good practice and elements of weakness which require attention.

3.11 The document should draw on evidence from, for example, External Examiners, annual monitoring, any PSRB reports relevant to the course(s), and student progression and achievement data.

## Additional documentation

3.12 The following additional evidence should be submitted in support of the review document:

- Course and Module Handbooks;
- Student Data – enrolment, progression, retention, achievement and destination data for the course(s);
- External Examiner Reports – together with the responses for the last three years;
- Module and Course Annual Monitoring Reports – for the previous academic year;
- Module Evaluations;
- National Student Survey (NSS) outcomes;
- Course Board minutes – for the last year;
- SSCLG action points – for the last year;
- PSRB reports – if applicable.

3.13 Where a course(s) is being revalidated the standard validation document should also be submitted.

3.14 A copy of the Curriculum Design Guide and the Student Experience Plan should be made available to the Review Panel. These are available on the CELT website.

## Review Event Agenda

3.15 The length of the event will depend on the size and complexity of the provision under review. The agenda will be drawn up by the Chair and Reporting Executive.

3.16 Where distance learning students are enrolled on the course and unable to attend a physical meeting the Panel may contact them by video link or email to ensure their views are represented. If a review includes a partner organisation, partner staff and students should be included in the event, either in person or by videoconference.

3.17 Employer/Industry representatives should be invited to attend the event or submit comments to the Review Panel.

3.18 An exemplar for standard agenda:

### Agenda

1. Presentation by the Course Team(s)
2. Private Panel meeting

3. Meeting with Senior Faculty Representatives
4. Meeting with the Course Team
5. Meeting with a range of current and former students
6. Meeting with employers, PSRB representatives, partners, placement providers (where applicable)
7. Private Panel meeting
8. Meeting with the Course Team
9. Private Panel meeting to agree conclusions
10. Feedback to Faculty Representatives and the Course Team

3.19 **It is important that after the meetings with students, employers etc. there is an opportunity for the Panel to raise any issues they might have with the Course Team.**

3.20 A list of students (indicating their course and year of study) attending the meeting(s) should be provided by the Course Team no later than the morning of the review. The meeting(s) with students are confidential and no comments made should be attributed to individuals.

### **Event Outcomes**

3.21 The possible outcomes of the review are:

- a) **Approve** the revalidation with or without conditions and/or requirements and/or recommendations for a maximum period of six years;
- b) **Refer** the revalidation for further work: in such cases the Course Team will, discuss the implications with PQAEOs/HoAS, and agree with the Chair a date for the re-presentation of the proposal to the same Panel to the extent that this is possible. This may be done by correspondence where this is judged sufficient by the Chair;
- c) **Reject** the revalidation: in which case the Course Development Team is required to re-commence the procedure starting with a resubmission to Portfolio Oversight Group.

3.22 The report of the event should clearly articulate the reasons for the decision and any associated conditions, requirements and recommendations in an evidenced-based manner.

## Conditions, Requirements and Recommendations

- 3.23 When a revalidation is approved, the CRR may decide this is subject to conditions, requirements and/or recommendations. The definitions are outlined below:
- a) **Condition(s)** which have to be met before approval is confirmed. These will be signed-off by the Review Panel although they may delegate this responsibility to the Chair;
  - b) **Requirement(s)** which have to be met by a defined date but not necessarily before approval is confirmed. These are monitored via F/CQAC;
  - c) **Recommendation(s)** these do not have to be met but if not, a rationale must be provided. This is normally reported through Annual Monitoring.
- 3.24 A Review Panel may also note commendations or examples of good practice which are worthy of dissemination across the University.

## The Report of the Event

- 3.25 The report of the event should be completed on the standard template available on the QAE website. The draft report is circulated within six weeks of the event to the Panel and the Course Team to check for factual accuracy. A final report is submitted to the Course Team within a maximum of eight weeks.

## Supporting Documents

For the latest supporting documentation, please visit the [QAE website](#) and discuss with your Principal Quality Assurance and Enhancement Officer.

## B4. Interim Course Review Process

- 4.1 An Interim Course Review is an opportunity to undertake a critical appraisal of a new course(s) after the first year of operation and, if appropriate, to amend the course content or teaching, learning and assessment strategies.
- 4.2 An Interim Course Review should take place if any of the following criteria apply:
- a) A requirement has been set at the course validation for an interim review;
  - b) The Faculty/College or Course Team have made a valid request for an Interim Course Review;
  - c) Major concerns have been identified by External Examiners, annual monitoring outcomes, students, the Course Team or Faculty/College.
- 4.3 Where an interim course review is required for a course offered at a partner organisation and this falls in the same year as a scheduled CRR, it will form part of

that review. Interim Course Reviews for partners overseas will normally be conducted by videoconference if it is a well-established partnership. If it is not well-established a visit to the partner would be required.

- 4.4 Where significant changes are proposed a course may require a full re-validation event rather than approval through this process. A decision will be made by QAE in consultation with the Chair of QAC/CQAC.

## **Documentation**

- 4.5 Documentation required:
- Course Specification and Module Specifications and any proposals for changes;
  - The original course validation report and the response to issues raised by the Validation Panel. Where any recommendations have not been implemented, reasons should be provided as to why this was the case;
  - The annual monitoring course report;
  - The External Examiner's report(s);
  - Course Handbook;
  - Course Board minutes;
  - Student Staff Course Liaison Group action points;
  - Module evaluation forms;
  - Staff CVs;

Where changes are being proposed to the course, a clear rationale must be provided.

## **Panel**

- 4.6 Panel
- a) Chair (external to the School);
  - b) A member from the original Validation Panel;
  - c) A PQAEO from QAE;

For collaborative partner provision the member of the Faculty responsible for the course should be a member of the Panel.

## **Process**

- 4.7 Wherever possible QAE will obtain written comments from the External Panellist who attended the original validation event. Failing that the current External Examiner will be asked for comments. These will be circulated to the Panel prior to the event.

- 4.8 The attendance of an External Panellist may be required, if there are a number of changes being proposed to the existing course. This decision will be made by QAE.
- 4.9 A meeting with students will take place during the event; if this is not possible, written feedback will be requested.
- 4.10 The Panel should meet with as many members of the Course Team as possible to discuss the operation of the course, focusing on quality enhancement and the students' learning experience.
- 4.11 Staff unable to attend the meeting will be asked to provide written comments prior to the event.

### **Outcome**

- 4.12 The report should be completed on the template available on the QAE website and submitted to F/CQAC.
- 4.13 QAE will be responsible for ensuring that action is taken in response to any conditions or requirements imposed during the Review.
- 4.14 If there are any recommendations, the response should be reported through the annual monitoring process and monitored by the Dean of Faculty/Principal of RWCMD.

### **Supporting Documents**

For the latest supporting documentation, please visit the [QAE website](#) and discuss with your Principal Quality Assurance and Enhancement Officer.

## **B5. Student Representation and Feedback**

### **Student Voice Representatives**

- 5.1 Student Voice Representatives are responsible for representing their group of Course Representatives at a range of events, including Faculty Quality Assurance Committees, Faculty Learning and Teaching Enhancement Committees, course validation and review events.

### **Course Representatives**

- 5.2 The primary role of the Course Representative is to elicit the views and issues of the students they represent, and reflect these views/issues at Student/Staff Course Liaison Groups (SSCLGs) and feedback to the students the outcomes/actions from the SSCLGs. In addition the Course Representative will be required to meet/liaise with their allocated SVR and inform them of current issues/views which are not or cannot be addressed locally by the course leader and course team.

- 5.3 The Students' Union (SU) arranges for Course Representatives to be put in place. Students can self-nominate and should more than one come forward a decision should be taken, in class, by the cohort as to who they would like as their representative. The register of course representatives will be published by the SU.
- 5.4 Each course must have named Course Representatives by the third week of the academic year. The SU will inform the Course Leader who are the representatives.
- 5.5 The SU is responsible for keeping an accurate record of the names and details of Course Representatives by Course/ School/ Faculty and this data should be accessible by all University staff who require this information for their role.
- 5.6 All Course Representatives should be provided with one induction/training session.
- 5.7 The SU should offer a support service, available throughout the year, for Course Representatives as well as opportunities for the Course Representatives to get together to discuss their role/issues.

### **Student/Staff Course Liaison Groups (SSCLGs)**

- 5.8 SSCLGs are part of the University's Quality Assurance and Enhancement processes and meet termly. Action points from SSCLGs should be considered at the relevant Continuous Monitoring meetings.

### **Remit**

- 5.9 SSCLGs provide a formal opportunity for the Course leader and members of the Course Team to meet with Course Representatives for their respective courses. They have the following functions:
  - a) provide a forum for students to raise/highlight good practice/concerns and issues they may have with their courses;
  - b) provide a forum for the Course Leader/ Course Team to respond to the issues raised and inform students what, if any, action they will take.
- 5.10 Action points must be recorded and these should be forwarded to the Chair of the Course Board and the respective SVRs. A copy of the notes/actions should be submitted to the University and be made available to students on the course.

### **Membership**

- 5.11 There should be a majority of student members with at least three undergraduate course representatives and, where applicable at least one postgraduate taught student.
- 5.12 The Course Leader must be a member along with staff responsible for the delivery of the course. The Head of School and the Head of the Learning, Teaching and Student Experience should have the opportunity to attend the meetings should they

wish. It is recommended that staff from academic support services, for example Student Support and Library Services, should be invited to attend specific meetings.

## **Meetings**

- 5.13 There should be a meeting of the SSCLG every term arranged by the Course Leader: it is not expected that these meetings would take more than an hour. There are standard templates for the agendas and action points.

## **Student feedback**

### **Loop**

- 5.14 Students enrolled on a course with USW have the opportunity to feedback at module and course level via an online system called Loop. Feedback can be sent at any point during the year, completely anonymously and in either English or Welsh. The feedback gained from these surveys is part of the evidence base that informs the Continuous Monitoring process.

### **Student feedback at collaborative partners**

- 5.15 USW recognises that it works with collaborative partners with different infrastructures and abilities to garner effective student feedback. By allowing for variance of collection method, it recognises that the best quality data is made available to help ensure that the academic experience continues to be high-quality irrespective of where the course is delivered.
- 5.16 On these grounds, students at collaborative partners have two potential ways to provide feedback to USW. The second of these is only available to strategic partners and must have approval via QAC.
- a) They can provide feedback via Loop;
  - b) With agreement from the University, if the collaborative partner has a sufficient infrastructure to be able to provide an equivalent experience to Loop they may use a local system. The information will feed into Continuous Monitoring process and any third party system must be open to interrogation by USW staff.

[Information on Loop](#)

## **B6. Professional, Statutory and Regulatory Bodies**

### **Introduction**

- 6.1 A number of courses are accredited by Professional, Statutory and Regulatory Bodies (PSRBs). A central log of these accreditations is maintained by QAE. The relationships with professional bodies and liaison pre- and post-accreditation (including consideration of responses to report) are managed at Faculty/College level with institutional overview.

### **Pre-Accreditation**

- 6.2 **Faculties should identify (via F/CQAC) the level of risk associated with Professional, Statutory and Regulatory body approval as either high or low. If the courses require the accreditation in order to run, then these should be automatically classed as high risk. In the case of a high risk accreditation, FQAC/CQAC should ensure that appropriate infrastructure is put in place and that regular reports are submitted to QAC on progress.**
- 6.3 Faculties will be responsible for the scrutiny of all accreditation documentation before submission to the professional body via the F/CQAC.
- 6.4 The submission to the FQAC Panel must be made no later than six weeks before the PSRBs deadline.
- 6.5 The F/CQAC Panel (normally comprising two or three members) will be responsible for vetting applications prior to their submission.
- 6.6 A copy of the submission must be lodged with QAE.
- 6.7 Faculties **must not** market courses as 'subject to PSRB approval'. In addition, courses will not be considered as accredited until there is formal recognition from the PSRB.

### **Documentary Requirements**

- 6.8 The format and content of the submission will vary according to the requirements of the relevant professional body although it should always:
- a) Include a clear statement of the level and scope of accreditation being sought and demonstrate its fulfilment of the relevant criteria/requirements;
  - b) Be professional in its presentation and conform to corporate style, including a corporate cover;
  - c) Include relevant supporting documentation including the validation document and relevant University regulations where relevant.

### **Meetings with a PSRB**

- 6.9 Some PSRBs will require a formal visit to accredit or otherwise recognise a course. Where this is the case advice should be sought from QAE.

### **Post-Accreditation**

- 6.10 When a PSRB report is received by the University it is considered by the F/CQAC Panel, the relevant Dean of Faculty/Principal of RWCMD, Head of School and the Course Leader. Any issues requiring immediate action will be identified and acted upon.

- 6.11 A copy of the report and a copy of the Faculty/College’s response, including a commentary on any action taken, should be sent to QAE.
- 6.12 The outcomes of the accreditation and any actions/recommendations arising from it must be included in the Annual Monitoring process.
- 6.13 QAE will produce a summary log of professional body accreditations for each QAC meeting with links to the reports and responses. An annual summary will also be provided to QAC and Academic Board.

## SECTION C: COLLABORATIVE ACTIVITY

### C1: Introduction

#### Definitions and Models of collaborative provision

- 1.1 **Definitions:** The University defines a collaborative partnership as any arrangement in which the University makes an award or gives credit towards an award on the basis of education provided by, with or at another organisation in the UK or overseas. The development and approval of collaborative provision encompasses a number of distinct arrangements identified as:

Type of Partnership	Definition	USW Percentage / Partner Percentage	Risk	Due Diligence (Academic Financial, Legal)	Contract Type
Full Franchise	Wholly delivered by another organisation under the delegated authority of the University, for courses designed and validated by the University or in conjunction with a partner.	0%/100%	High	Required	IA, MOC
Joint Franchise	Partial delivery and assessment by another organisation (the details of which will be determined at validation and specified within the contract) under the delegated authority of	70% / 30% 50% / 50% 30% / 70%	High	Required	IA, MOC

	the University, of courses designed and validated by the University.				
Direct Delivery	A course designed and validated by the University is delivered by the university staff at a host organisation and the University retains full responsibility for the delivery and award of the qualification.	100% / 0%	Low	Required	IA, MOC
Advanced Standing	Where entry is guaranteed for a specified number of students per year from a collaborative partner to specified courses covered. The advanced entry can be applied at any level but must be explicit in each case.		Low	Academic	IA, MOC
Employer-responsive provision	The University works with an employer to facilitate or accredit the workplace as a site of learning.		Low	N/A	MOU
Site Visit Report	A site visit report is required where there is a direct delivery by USW that does not require an institutional approval (e.g one-off delivery)		Low	N/A	
International Student Exchange	These are formal reciprocal arrangements whereby students from an overseas HE institution come to USW to study on a specified course for a specified period of time and USW		Low	Academic	ISEA

	students may study at the overseas institution on the same basis.				
Admissions Agreement	Used for recruitment purposes and confirm that the University will accept applications, on an individual basis, via the normal admissions process.		Low	Academic	AAA

### Standard requirements for collaborative provision:

- 1.2 All University courses delivered through a collaborative arrangement will be subject to the University's regulations for taught courses, casework regulations, and quality assurance procedures.
- 1.3 Each collaborative arrangement must be underpinned by an agreement/contract signed by the parties involved. The agreement/contract will outline the roles and responsibilities of the University and the collaborative partner.
- 1.4 The language of delivery will always be English or Welsh.
- 1.5 Serial Franchising or Serial Validation must not occur, USW must retain explicit oversight of any activity done in its name.

### Recognised Teacher Status Scheme

- 1.6 Under the Recognised Teacher Status Scheme (RTS) the University and its collaborative partners agree that all staff teaching on University approved courses must become recognised teachers in respect of the subjects and the modules they deliver. Partner staff delivering USW modules are initially approved as part of the partner and course validation procedures for new partner institutions. Subsequent changes in teaching staff are approved on an individual basis.

### Collaborative Register

- 1.7 The university is required to maintain a list of collaborative partnerships. This details the activities that the university is engaged in by type of provision/activity.

### Collaboration Management

- 1.8 The collaboration is managed through the following documents:
  - Link Officer Handbook;
  - Validation Addendum;

- Contract;
- Quality Manual;
- Approval/Reapproval document.

## Committees and Groups

1.9 The following committees/groups are involved in the approval of collaborative partnerships:

<b>COMMITTEE<sup>7</sup></b>	<b>RESPONSIBILITIES</b>	<b>CHAIR</b>	<b>REPORTS TO</b>
Academic Board (AB)	Overall responsibility for academic standards at the	Vice Chancellor	Board of Governors
Quality Assurance Committee	Reports to AB; responsibility for oversight of the academic standards and quality of the	Deputy Vice Chancellor (Academic)	Academic Board
Partnership Quality Sub-Committee (PQSC)	Receives a report of partner approval/re- approval decisions, reviews the timeliness of the fulfillment of any conditions/recommendations of approval and ensures signed contracts are in place prior to the commencement of any arrangement	Associate Registrar (QAE)	Quality Assurance Committee
QAC Approval Panel (QAC AP)	Scrutinises and approves high risk proposals for partner approval/re-approval	Member of QAC	Quality Assurance Committee
Portfolio Oversight Group (POG) and subgroups	Scrutinises applications for partner approval/re-approval and determines the level of risk. Has oversight of the strategic fit and financial health of current partnerships	Member of QAC	Executive Collaborative proposal decisions reported to PQSC
Faculty Executive Committee or equivalent	Considers applications to be submitted to the PQSC & POG, decides at Faculty/RWCMD level whether to proceed with an application for partner approval/re-approval	Dean of Faculty	N/A

<sup>7</sup> Please note that committee structures are being reviewed during 2018/19

FQAC Collaborative Sub-Committees	Maintains an overview of collaborations within the Faculty including the effectiveness of the quality management systems	Dean of Faculty nominee	FQAC
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## C2: NEW COLLABORATIVE PARTNERS – OUTLINE APPROVAL

### 2.1 Initial Enquiries on the Development of a New Collaborative Partnership

All initial enquiries should be directed to the relevant PQAEO.

Consideration will be given to the appropriateness of the proposal in terms of:

- a) The fit of the proposal with the University’s strategic direction;
- b) The legal and financial risks involved in establishing the partnership;
- c) The proposed partner’s academic experience and reputation;
- d) The human resources available at the institution to deliver at HE level;
- e) The physical resources available to support course delivery and student learning;
- f) The political regime within the country (where applicable);
- g) The staff and student competence in the English language (where appropriate).

### Due Diligence Overview

2.2 A due diligence exercise must be conducted as part of the outline planning approval process for a collaborative partner and re-visited on the basis of risk at the point of partner re-approval. Due diligence underpins all elements of partnership approval.

2.3 The due diligence process is not dependent upon the assertions of the applicant institution. Advice from organisations such as the local Ministry of Education or equivalent, UK Trade and Investment, QAA, OfSTED, ESTYN and local law firms may also be required.

### Approval of the Proposed Collaborative Partner

2.4 The Faculty completes the proposal form, which includes due diligence (reviewed by PQSC), market analysis and course details. This will then be approved by the Faculty Executive Committee (FEC) prior to submission to POG. POG considers all sections of the *New Collaborative Partner Proposal* form together with supporting evidence, and decides whether it approves the proposal for further development.

## C3: APPROVAL OF THE NEW COLLABORATIVE PARTNERSHIP

### New Partner Approval Process

## The approval event

3.1 Guidance on each aspect of the approval event is set out below. The following table provides a summary of the tasks that have to be undertaken and who is responsible for each of them.

<b>Time +/- Event</b>	<b>University and F/CQAC Events</b>
Minus 8 weeks (minimum)	Establish the Partner approval panel.
Minus 6 weeks (minimum)	Internal Faculty/College scrutiny processes take place.
Minus 3 weeks (minimum)	Completion of partner approval documentation; Circulate the partner approval documentation to the Panel.
Minus 1 week	Panel members submit lines of enquiry for circulation to the Panel members.
0 week	Partner approval event.
Plus 4 weeks (maximum)	A report of the event is completed and the Course Team responds to the conditions (and/or requirements and/or recommendations) as appropriate and completes revised documentation.
Plus 6 weeks (maximum)	Conditions are met, the documentation is signed off by the Chair of the event and final documentation is submitted.

## Quality Assurance Approval Panels – Composition

3.2 The composition of the panel is determined by the level of risk associated with the partner approval. Panels should normally comprise five internal members and at least one external panel member:

<b>Role</b>	<b>Notes</b>
Chair	Should have experience of chairing such events and is independent of the faculty
At least one internal member	Of academic or suitably qualified staff who have independence from the validating School. One of whom must be independent from the Faculty/College;
External member(s)	At least one who has the relevant subject and pedagogic expertise at the appropriate academic level and no previous experience or involvement in the development of the course. The appointment of the external member must be approved by the Chair of the relevant F/CQAC

Reporting Executive	Is drawn from QAE. In addition to being a full member of the panel she or he will advise on regulatory and procedural matters
Reporting Officer (Optional dependent on risk)	drawn from QAE and will produce a report of the event

### Approval and re-approval event agendas

- 3.3 The agenda for an event should be agreed in advance by the Chair and Secretary. An indicative agenda is shown below:

<p>Agenda</p> <ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Presentation by the Partner / USW lead</li> <li>3. Private meeting of the Panel</li> <li>4. Meeting with Senior Management Team / Course Team (if applicable) <ul style="list-style-type: none"> <li>The following may be useful lines of enquiry: <ol style="list-style-type: none"> <li>a) Management structures;</li> <li>b) Academic management;</li> <li>c) Quality assurance and enhancement;</li> <li>d) Learning environment and ethos;</li> <li>e) Pastoral support;</li> <li>f) Staffing, staff development, facilities, resources;</li> <li>g) For re-approvals, consideration of evidence of existing operations (e.g. External Examiner reports, student feedback and student complaints, continuous monitoring) and health of the partnership.</li> </ol> </li> </ul> </li> <li>5. Tour of facilities</li> <li>6. Private panel meeting</li> <li>7. Feedback to partner / USW lead</li> </ol>
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### Approval outcomes

- 3.4 At the end of an event the Panel must decide whether to:
- a) **Approve** the partner with or without conditions and/or requirements and/or recommendations for a maximum period of six years;

- b) **Refer** the proposal for further work. In such cases the USW lead will discuss the implications with the PQAEO/HoAS and look for a date for the re-presentation of the proposal to the same Panel, to the extent that that is possible. This may be done by correspondence where this is judged sufficient by the Chair. Responsibility of reconvening a panel lies with the Reporting Officer. Where appropriate the Chair might agree that the meeting takes place electronically;
  - c) **Reject** the proposal. In this case the Partner will be required to recommence the procedure starting with partner approval.
- 3.5 The subsequent written report should clearly articulate the reasons for the decision and any associated conditions, requirements and recommendations in an evidenced-based manner. Panels should also record any commendations or evidence of good practice within the proposal.
- 3.6 QAE includes details of the partner in the University's collaborative register.
- 3.7 QAE liaises with the Faculty/RWCMD to draft contracts and ensure that the formal contract is kept up-to-date. As contracts come up for renewal and/or are renegotiated, QAE liaises with the Faculty/RWCMD to get new or renewed contracts in place. QAE will also carry out audits to ensure all contracts are current. The responsibilities of the University and partner are detailed in the contract.

## **C4: AMENDING COLLABORATIVE ARRANGEMENTS WITH AN EXISTING COLLABORATIVE PARTNER**

### **Type of Amendments**

- 4.1 For any changes to the existing collaborative arrangement the Faculty/RWCMD should complete the *Notification of the Extension of a Relationship with an Approved Collaborative Partner* form found on the QAE website under collaborative activity. This form should be approved first by FQAC and then submitted to the Partnership Quality Sub-Committee for approval in principle.

## **C5: COLLABORATIVE PARTNER RE-APPROVAL**

### **Purpose of Re-approval**

- 5.1. Reviews of partnerships normally take place every six years; however, it may be necessary to conduct the review earlier than this if, for instance:
  - a) this was a condition imposed by the initial approval panel;
  - b) major concerns about quality and standards identified through the monitoring processes;
  - c) as part of investigating or addressing a cause for concern raised about the partnership.

## Re-approval processes

5.2. Partner re-approval is the process whereby the University assures itself of the maintenance of academic standards and quality of its collaborative provision. It seeks to identify both current and future means of enhancing the quality of the student learning experience. It is an opportunity for Course Teams and collaborative partners to think holistically and strategically about its provision and longer term aims and objectives. It provides an opportunity for the University to assure itself that its provision demonstrates awareness of the diverse needs of its learners. For each partner re-approval, the application of the processes will be tailored depending on the level of risk.

## Re-approval Outcomes

5.3. At the end of a re-approval event the Panel must decide whether to:

- a) **Approve** the partnership with or without conditions and/or requirements and/or recommendations for a maximum period of six years;
- b) **Refer** the proposal for further work. In such cases the USW lead will discuss the implications with the PQAEO/HoAS and look for a date for the re-presentation of the proposal to the same Panel, to the extent that that is possible. This may be done by correspondence where this is judged sufficient by the Chair. Responsibility of reconvening a panel lies with the Reporting Officer. Where appropriate the Chair might agree that the meeting takes place electronically;
- c) **Reject** the re-approval and re-commence the approval process.

5.4. The subsequent written report should clearly articulate the reasons for the decision and any associated conditions, requirements and recommendations in an evidenced-based manner. Panels should also record any commendations or evidence of good practice within the proposal.

## C6: CLOSING A COLLABORATIVE PARTNERSHIP

6.1. Decisions to close a Partnership will be considered by the Portfolio Oversight Group. Portfolio Oversight Group should take account of the reasons why, potential impact on the rest of the University and the potential for reputational and financial risk.

6.2. A closure plan should be created for each course that is being seen out with the partner.

6.3. The memorandum of cooperation outlines legal requirements of partnership closure.

6.4. If professional bodies are associated with the course, they should be advised of the closure and their advice considered.

## **C7: CONTINUOUS MONITORING FOR COLLABORATIVE PARTNERSHIPS**

Please see [section B1](#) of this manual for an oversight of the full process and particular reference to how this applies to collaborative partnerships.