

Quality and Standards Review for Providers Applying to Register with the Office for Students

New Model in Technology and Engineering

Review Report

November 2019



Working as the Designated Quality Body for England

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Summary of findings and reasons

Ref	Core practice	Outcome	Confidence	Summary of reasons
S1	The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks.	Met	Moderate	<p>From the evidence seen, the review team considers that the standards set for the provider's course is in line with the sector-recognised standards defined in paragraph 342 of OfS's regulatory framework. Based on the evidence provided, the review team also considers that standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately.</p> <p>The review team considers that the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of OfS's regulatory framework. Based on this information the review team also considers that the provider's academic regulations and policies should ensure that these standards can be maintained. The review team considers that staff fully understand the provider's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on its scrutiny of the evidence provided, the review team concludes that this Core practice is met.</p>
S2	The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably	Met	Moderate	The review team, based on the evidence presented to it, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The review team considers that the standards described in the approved programme documentation

	comparable with those achieved in other UK providers.			<p>and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.</p> <p>The review team determined that the standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The team considers that the provider's academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considers that staff at the provider fully understand the provider's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The review team considers the provider's plans for maintaining comparable standards appropriate, well documented and understood by staff members.</p> <p>Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.</p>
S3	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.	Met	High	The review team concluded that, where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of awards are credible and secure irrespective of where or how courses are delivered or who delivers them. The review team cited clear and comprehensive policies for the management of the partnerships with the proposed awarding body and

				contracted partners, to ensure that the standards of the awards made by the awarding body are credible and secure. It is evident that staff from the provider understand their responsibilities for academic standards. The provider has well-developed plans for the management of industry partnerships and the approach taken with these partners would ensure that students have high-quality academic experiences. The review team concludes that the Core practice is met.
S4	The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.	Met	High	The review team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is evidenced through clear, transparent and comprehensive regulations and policies expressing requirements for using external expertise in maintaining high-quality academic standards. The processes for assessment and classification are clear, transparent and fair, and these are well understood by staff. Plans for the use of external examiners and their reports are robust and credible. Staff understand the requirements for the use of external expertise in all aspects of delivering high-quality academic experiences and in line with the proposed awarding body's procedures. The review team concludes that the Core practice is met.
Q1	The provider has a reliable, fair and inclusive admissions system.	Met	High	At the time of the review the provider had not enrolled any students. Nevertheless, the provider has developed a reliable, fair and inclusive admissions system. The provider's plans for delivering its admissions policy are credible and comprehensive. Staff with input into the admissions process have a clear understanding of their roles and responsibilities and will be appropriately trained to ensure each applicant receives an equal and fair opportunity. Information for applicants, primarily

				contained on the provider's website, is accessible and fit for purpose. The review team concludes, therefore, that the Core practice is met.
Q2	The provider designs and/or delivers high-quality courses.	Met	High	The review team concludes that the provider designs and will deliver high-quality courses. This is because the academic regulations, strategies and policies underpinning learning and teaching, demonstrate a coherent approach to the design of a high-quality programme, supported by appropriate student support mechanisms. The provider's plans for the design and delivery, reflected in learning, teaching and assessment strategies, are credible and are designed to enable students to demonstrate the intended learning outcomes. Staff whom the review team met demonstrated extensive knowledge and experience of programme and assessment design and expressed confidence that the programme design would enable them to deliver a high-quality learning experience. The review team concludes that the Core practice is met.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	High	The review team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience based on the evidence gathered during the review process. The provider has presented credible policies and robust plans for the recruitment and appointment of suitably qualified and skilled staff. The provider's policies and procedures demonstrate a commitment to equality of opportunity alongside processes, including micro-teach, to support appointment of the best candidate. The staffing structure and academic staff-student ratio are appropriate to the delivery of a high-quality learning experience. Plans for staff induction and continuing professional development are credible and the clarity

				and transparency of these procedures were confirmed in meetings with staff. The review team therefore concludes that the provider meets this Core practice.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High	The review team, having reviewed the evidence presented by the provider and observed the facilities under construction, concluded that the provider will, at the commencement of delivery, have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. The provider's strategies, plans and approaches for the development of facilities, learning resources and student support services are closely linked to the delivery of successful academic and professional outcomes for students. Plans for the development of facilities, learning resources and student support services are credible and realistic. Plans are in place to provide facilities and resources for teaching and learning in time for the start of programme delivery. Staff understand their roles and responsibilities for student support. The review team concludes that the Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High	The review team concludes that the provider will actively engage students, individually and collectively, in the quality of their educational experience. The provider does not currently have a specific student engagement strategy; nonetheless, staff are clear in their commitment to engaging students in the quality of their academic experience and could outline a number of specific mechanisms through which the student voice would be captured. However, they were unable to confidently outline the provider's vision for student engagement. The provider has expressed its desire to formalise its approach to student engagement in

				<p>collaboration with its first cohort of students and provided examples of student engagement in the design and development of its curriculum. The use of a student design cohort in programme development shows that the provider is willing and has taken steps to engage students in the quality of their education experience. Plans for obtaining module and programme-level student evaluation feedback are also credible and more firmly developed. The review team concludes, therefore, that the Core practice is met.</p>
Q6	<p>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.</p>	Met	High	<p>The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students. The provider's approach and procedures for handling complaints and appeals are definite, fair and transparent, and plans are credible, including monitoring of complaints and appeals through Academic Council and the production of an annual report to inform development activities. Information for students relating to complaints and appeals is being developed and the team is confident that this will be accessible and clear. Senior staff, who had direct involvement in drafting the complaints procedure and appeals policy, understand their role in this area and the importance of the Core practice. The review team therefore concludes that the provider meets this Core practice.</p>

Q8	Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.	Met	Moderate	<p>The review team concludes that, where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them. There is limited guidance in the University's regulations for validated awards in respect of working in partnership, but its handbook for validated awards states that the provider should develop work-based learning quality assurance resources, such as handbooks for the employers and mentors as part of its validation process. There are comprehensive and positive processes for working with industry partners, such as the approach for selecting appropriate industry partners to work with and the proposed level of engagement by partners with the learning process. The provider has already engaged a wide range of partners from varied industrial sectors and is taking steps to building a community of practice. Learning activities and assignments involving industry input and work-based learning are embedded at year two and above of the programme. These support the provider's strategy to deliver a high-quality experience that reflects the ways engineers work in practice. Robust arrangements for due diligence and scrutiny of possible partners involved in supporting or delivery of educational activities ensure the quality of the student academic experience is maintained and allows the Core practice to be met. The review team concludes that the Core practice is met.</p>
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Q9	The provider supports all students to achieve successful academic and professional outcomes.	Met	High	<p>The in-prospect provider's approach to student support will facilitate all students to achieve successful academic and professional outcomes when the provider starts delivering the programme. There are comprehensive and credible plans to support all students, including those from non-typical educational backgrounds. Staff involved in supporting and enabling student academic and professional achievements are clear in their responsibilities and are clearly committed to ensuring the best possible outcomes for their students. Approaches to feedback are well thought through and should ensure that they will be comprehensive, helpful and timely. The review team concludes, therefore, that the Core practice is met.</p>
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About this report

This is a report detailing the outcomes of the Quality and Standards Review for providers applying to register with the Office for Students (OfS), conducted by the QAA in November 2019, for New Model in Technology and Engineering.

A Quality and Standards Review (QSR) is a method of review QAA uses to provide the OfS with evidence about whether new providers applying to be on the OfS Register meet the Core practices of the UK Quality Code for Higher Education (the Quality Code), based on evidence reviewed by expert assessors. This report is structured to outline the review team's decisions about the providers' ability to meet the Core practices through detailing the key pieces of evidence scrutinised and linking that evidence to the judgements made.

The team for this review was:

Name: Ms Mary Blauciak
Institution: Independent - formerly Blackburn College
Role in review team: Institutional reviewer

Name: Dr Karl Jones
Institution: Liverpool John Moores University
Role in review team: Subject Specialist, Engineering

Name: Mr Harry Williams
Institution: Keele University
Role in review team: Student reviewer

The QAA Officer for the review was: Ms Siobhain O'Mahony.

The size and composition of this review team is in line with published guidance and as such is comprised of experts with significant experience and expertise across the higher education sector. The team included members with experience of a similar provider to the institution, knowledge of the academic awards offered and included academics with expertise in subject areas relevant to the provider's provision. Collectively the team had experience of the management and delivery of higher education programmes from academic and professional services perspectives, included members with regulatory and investigative experience, and had at least one member able to represent the interests of students. The team included at least one senior academic leader qualified to doctoral level. Details of team members were shared with the provider prior to the review to identify and resolve any possible conflicts of interest.

About New Model in Technology and Engineering

Located in Hereford, New Model in Technology and Engineering (NMiTE) (the provider) is a higher education initiative, backed by government and the engineering industry. Its main objective is to transform higher education in the engineering sector in the UK and to meet the growing demand and the shortfall of engineers. The in-prospect provider has recently moved into its main administration site in Hereford. The learning and teaching facilities and resources are being developed in the locality.

NMiTE was established to deliver an innovative and accelerated Master's in Integrated Engineering (MEng), and, at the time of the visit, was undertaking a validation process with The Open University (the University). Subject to validation, the provider then expects to enrol

its 'pioneer cohort' and start delivering the programme in April 2020 with a maximum number of 50 students.

NMiTE's governance structure is comprised of an overarching Board of Trustees under which sits the Academic Council providing strategic oversight of the academic provision. The Teaching and Learning Committee submits academic monitoring reports to the Academic Council. The Members Advisory Council, which reports directly to the Board, is a group made up of future students, provider staff and employers and acts as guardian for the provider's ethos, mission and values. At the time of the review, most of the senior and academic appointments had been made.

The in-prospect provider intends to make a positive impact in the local community, with its ties to local businesses and councils, as well as having a wider UK reach with its use of industrial partners who will provide the opportunities for the project and real-life experience learning around challenges and solutions students will be undertaking.

How the review was conducted

The review was conducted according to the process set out in [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

When undertaking a QSR all 13 of the Core practices are considered by the review team. However, for this review it was clear that the provider does not offer a research degree programme. Therefore, the review team did not consider Q7 (where the provider offers research degrees, it delivers these in appropriate and supportive research environments).

To form their judgements about the provider's ability to meet the Core practices, the review team considered a range of evidence that was submitted prior to the review visit and evidence gathered at the review visit itself. To ensure that the review team focused on the principles embedded in the Core practices, and that the evidence they considered was assessed in a way that is clear and consistent with all other reviews, they utilised Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen. Annex 4 expects that review teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this review, the review team sampled the following areas for evidence for the reasons given below:

- The provider had yet to commence delivering higher education provision; therefore, no sampling activity was included in this review.

Explanation of findings

S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks

1 To meet this Core practice a provider must ensure that threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks. The threshold standards for its qualifications must be articulated clearly and must be met, or exceeded, through the delivery of the qualification and the assessment of students.

2 The sector-recognised standards that are used in relation to this Core practice are those that apply in England, as defined in paragraph 342 of the OfS regulatory framework. That is, those set out in Table 1, in paragraphs 4.10, 4.12, 4.15, 4.17, 4.18, in paragraphs 6.13-6.18 and in the Table in Annex C, in the version of [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#) (FHEQ) published in October 2014. These sector-recognised standards represent the threshold academic standards for each level of the FHEQ and the minimum volumes of credit typically associated with qualifications at each level.

3 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

4 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Academic Council - Terms of Reference
- b Committee Structure as at July 2019
- c NMiTE engagement with professional, statutory and regulatory bodies (PSRBs)
- d MEng in Integrated Engineering Programme Specification
- e Progression Regulations
- f Quality Assurance process for assessment marking
- g Draft MEng Assessment Policy
- h MEng Assessment Policy Annex
- i Approach to Assessments
- j Validating Partner Regulations for validated awards
- k Validating Partner Handbook for validated awards
- l Communities of Practice – Purpose and Draft Terms of Reference
- m Module Specifications for MEng
- n Accreditation of Higher Education Programmes (AHEP) Learning Outcomes (LO) progression mapping
- o Programme Proposal Process to date
- p Meeting with Senior Staff

q Meeting with Academic and Support Staff
r Final Meeting with Staff.

5 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

6 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

7 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

8 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

9 The review team considered MEng programme specification, draft MEng Assessment Policy and Annex, Progression Regulations, a quality assurance process for assessment marking and guidance on its approach to assessments, OU Regulations for validated awards, OU Handbook for validated awards, Committee Structure as at July 2019, Academic Council Terms of Reference, to test whether the in-prospect provider has a credible and robust approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the sector-recognised standards of awards.

10 The review team assessed draft course documentation, including the MEng programme specification, Module Specifications for MEng to ensure that specified standards are consistent with relevant national qualifications frameworks and sector-recognised standards.

11 The review team met with senior and academic staff involved in developing the programme and those who will teach and assess once the programme commences.

What the evidence shows

12 The review team's analysis of the evidence led to the following observations.

13 The review team considered documentation relating to the development of the provider's MEng programme in Integrated Engineering, including the regulations for validated awards of the University. The MEng is the only programme currently proposed for delivery, and the provider is currently seeking organisational and course approval from the University, which will be the provider's awarding body. The MEng programme is intended for accelerated delivery over three years (46 teaching weeks in each) leading to the award of the Level 7 MEng qualification.

14 The University requires its partner institutions to demonstrate knowledge and understanding of the sector-recognised standards as defined in paragraph 324 of the OfS Regulatory Framework, and to take account of this in institutional quality assurance

arrangements, programme submissions and delivery of validated programmes. The provider has designated the Academic Council as the internal body responsible for strategic oversight of course design, development and approval processes. The Academic Council Terms of Reference include the establishment and approval of policy and regulations, determining quality assurance and enhancement procedures, teaching and assessment and the alignment of these with the provider's mission and strategic objectives. At the time of review visit, the provider had drafted the MEng programme specification, MEng Assessment Policy and Assessment Policy Annex, Progression Regulations, a quality assurance process for assessment marking and guidance on its approach to assessments. Progress is therefore being made towards developing academic regulations and frameworks to support the maintenance of sector-recognised standards and the provider's plans for this are credible.

15 The provider's Quality Assurance Process for Assessment Marking states that the processes for both the internal and external moderation of marks will be aligned with the requirements of the University, as outlined in the University Handbook for Validated awards. The provider will be responsible for setting all programme assessments and proposed assessments will be reviewed by external examiners before delivery, with marking and grading subject to similar scrutiny. External examiners are regarded as a key part of the assessment quality assurance process and their appointment will be subject to criteria outlined in the University's handbook for validated awards. According to the criteria, an external examiner must be a senior member of another university or have appropriate standing, expertise and experience to maintain academic standards in the context of UK higher education. The provider states that it is in the process of nominating external examiners for approval and appointment by the University. A Board of Examiners will undertake operational oversight of assessment and module evaluation. External examiners will attend formal Board of Examiners meetings and will have remote sight of all work in the first year, all borderline cases in the second year and a sample in the third year.

16 The review team found that the provider has prepared draft course documentation for validation in line with the University's regulations for validated awards. Key reference points have been used to inform development of the MEng programme specification, including learning outcomes specified in the Engineering Council's Accreditation of Higher Education Programmes (AHEP) third edition (www.engc.org.uk), and regulatory framework. In addition, over the two years the programme has been in development, the provider has considered the expectations of professional bodies, researched existing engineering degrees and utilised the experience of senior academics and external stakeholders who have worked in other higher education institutions and industry. The provider states that this has informed the development of proposed modules and mapping of the curriculum to learning outcomes at the appropriate level to meet and maintain sector-recognised standards. The provider is also seeking accreditation of its programme with the Institute of Engineering (IET), but, while dialogue had started, formal feedback was not available. Specific discussion had, however, taken place in relation to the fact that the provider does not intend that formal examinations will form part of the assessment strategy which was justified by the provider as part of its overall innovative delivery of the programme. Senior staff indicated that feedback from IET and other external stakeholders on this assessment model had been positive, appreciating that engineering students develop their skills as they go along and demonstrate their skills with employers.

17 The review team found that the provider's draft proposals for ensuring sector-recognised standards gave confidence and were credible but, given the early point in the validation processes, an innovative approach to teaching, learning and assessment in the subject area, and the draft nature of supporting documents, it is too soon to make a judgement on how robust the plans would be in practice.

18 Senior and academic staff, whom the review team met, have a good understanding of the provider's approach to maintaining sector-recognised standards. They confidently presented the rationale for the new model in technology and engineering and were able to articulate clearly the plans for mapping the curriculum to learning outcomes at the appropriate level to meet and maintain sector-recognised standards.

Conclusions

19 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

20 From the evidence seen, the review team considers that the standards set for the provider's course is in line with the sector-recognised standards defined in paragraph 342 of OfS's regulatory framework. Based on the evidence provided, the review team also considers that standards described in the approved programme documentation are set at levels that are consistent with these sector-recognised standards and the provider's academic regulations and policies should ensure that standards can be maintained appropriately.

21 The review team considers that the standards that will be achieved by the provider's students are expected to be in line with the sector-recognised standards defined in paragraph 342 of OfS's regulatory framework. Based on this information, the review team also considers that the provider's academic regulations and policies should ensure that these standards can be maintained. The review team considers that staff fully understand the provider's approach to maintaining these standards and that the evidence seen demonstrates they are committed to implementing this approach. Therefore, based on its scrutiny of the evidence provided, the review team concludes that this Core practice is met.

22 The lack of evidence relating to assessed student work and external examiner reports, while reflecting the provider's current stage in the programme delivery cycle, means the effectiveness of the provider's approach to ensuring threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks could not be tested. However, the provider has made progress towards developing academic regulations and frameworks to support the maintenance of sector-recognised standards and the provider's plans for this are credible, leading the team to have a moderate degree of confidence in this judgement.

S2 The provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers

23 This Core practice expects that the provider ensures that students who are awarded qualifications have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

24 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

25 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Regulations for validated awards
- b OU Handbook for validated awards
- c MEng Programme Overview
- d Programme Approval Process
- e Assessment Strategy Statement
- f Process for Writing of Assessments
- g Teaching and Learning Strategy Statement
- h Committee Structure as at July 2019
- i Draft Student Handbook
- j NMiTE engagement with professional statutory and regulatory bodies (PSRBs)
- k MEng in Integrated Engineering Programme Specification
- l Progression Regulations
- m Programme Proposal process to date
- n Draft MEng Assessment Policy
- o MEng Assessment Policy Annex
- p Outline of Partnerships Process
- q Outline of Employee Partner Induction Process
- r Approach to Assessments
- s MEng Key elements of Assessment
- t Meeting with Senior Staff
- u Meeting with Academic and Support Staff
- v Final Meeting with Staff.

26 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

27 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

28 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

29 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

30 The review team examined the draft academic regulations and assessment framework, including the Programme Approval Process, MEng in Integrated Engineering Programme Specification, Assessment Strategy Statement, Process for Writing of Assessments, Draft MEng Assessment Policy, MEng Assessment Policy Annex to identify the institutional approach to programme and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards.

31 The review team scrutinised the draft MEng in Integrated Engineering Programme Specification, to test that sector-recognised standards beyond the threshold for courses sampled are reasonably comparable with those achieved in other UK providers.

32 The team reviewed plans to maintaining sector-recognised standards, and assessment to test that the specified standards of the programme beyond the threshold level will be reasonably comparable with those achieved in other UK higher education providers by considering the Assessment Strategy Statement, Process for Writing of Assessments, Teaching and Learning Strategy Statement, Progression Regulations, Draft MEng Assessment Policy, MEng Assessment Policy Annex, Approach to Assessments, and MEng Key elements of Assessment.

33 The review team sought the views of staff involved in developing the programme and those who will teach when the programme commences to test that they understand how to apply the provider's approach to maintaining comparable standards and to ensuring that students have the opportunity to achieve standards beyond threshold level.

34 The review team considered plans to engage professional, statutory and regulatory bodies (PSRBs) and employers to identify how other organisations regard sector-recognised standards and award procedures through considering the MEng Programme Overview, the provider's engagement with PSRBs, and the Programme Proposal process to date.

What the evidence shows

35 The review team's analysis of the evidence led to the following observations.

36 Following validation approval, the MEng programme will be governed by the Assessment Regulations of the University. The provider is in the process of developing an approach to course and assessment design, marking and moderation with clear classification regulations. The academic regulations, draft policies and strategies related to assessment and teaching and learning are being developed to support the maintenance of

academic standards beyond the threshold level. These documents include the MEng programme specification, draft MEng Assessment Policy and Annex, Progression Regulations, a quality assurance process for assessment marking and guidance on its approach to assessments. Specific details at module level include assessment type, marking rubric and timing. A varied range of suggested assessment types are planned, with each module being summatively assessed using one or more elements that will enable students to achieve beyond threshold levels. The review team is confident that the provider has a credible institutional approach to course and assessment design to underpin the basis for the standards of awards. Plans articulate the use of external examiners for the approval of assessments, the external moderation of assessment results and the use of external examiner reports for programme monitoring and enhancement. However, the review team notes that the provider's regulations and policies remain subject to the approval of the University.

37 The programme specification clearly presents learning outcomes for each level of study with associated assessment methods and learning and teaching strategies. In line with the University's requirements, a pass mark of 40% is stipulated for FHEQ Levels 4, 5 and 6; at Level 7 the pass mark is 50%. Students must achieve an overall average of at least 50% to be eligible to progress from FHEQ Level 6 to Level 7 and continue to complete the MEng, aligned with the accreditation requirements of the Institution of Engineering and Technology (IET). Students will be eligible for an exit award of CertHE, DipHE or Bachelor of Engineering (BEng) to reflect their highest level of completed credits only where they are unable to complete the MEng.

38 A curriculum map of programme outcomes against modules has been completed. The standards described in the draft programme specification should ensure students have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers.

39 The in-prospect provider plans to ensure that, prior to each module, students will be made aware of what is required of them to meet and go beyond sector-recognised standards and be clear about submission deadlines. Students will be provided with a breakdown of marks alongside feedback and feed forward through the provider's virtual learning environment. In line with University requirements, every assessment in the first year of delivery will be reviewed by an external examiner. All summative assessment will be coursework-based, and no written examinations are planned. Employers and partner organisations involved in teaching will not be directly involved in marking or summative assessment of students. The academic regulations and draft policies and strategies related to assessment and teaching and learning, noted above, should ensure the maintenance of academic standards beyond the threshold level.

40 Arrangements for monitoring and review of course delivery, assessments, student experience and student outcomes are being developed. The provider will be required to produce an annual programme monitoring report to the University's specifications and the Academic Quality and Standards Committee will be responsible for teaching and learning oversight and will report to Academic Council. The Committee's remit includes programme design and delivery, improving teaching practice and feedback to students and continuous improvement.

41 The provider's plans for the maintenance of comparable standards are credible and well understood by staff. Senior and academic staff, whom the review team met, have a good understanding of the provider's approach to maintaining sector-recognised standards. They confidently presented the rationale for programme design and were able to articulate the plans for mapping the curriculum to learning outcomes at the appropriate level to meet

and maintain standards and support students to achieve standards beyond the threshold level.

42 The review team did not have access to formal feedback from PSRBs, but the provider confirmed that it was working closely with IET to ensure it meets sector-recognised and professional standards. The provider asserts that positive feedback has been expressed by IET on the provider's draft proposals for assessment.

Conclusions

43 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

44 The review team, based on the evidence presented to it, determined that the standards set for students to achieve beyond the threshold on the provider's courses are reasonably comparable with those set by other UK providers. The review team considers that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately.

45 The review team determined that the standards that will be achieved by the provider's students beyond the threshold are expected to be reasonably comparable with those achieved in other UK providers. The team considers that the provider's academic regulations and policies should ensure that standards beyond the threshold are maintained. Based on the detailed scrutiny of the evidence, the review team considers that staff at the provider fully understand the provider's approach to maintaining such standards and have opportunities for engagement with peers and external experts in teaching and assessment activities. The review team considers the provider's plans for maintaining comparable standards appropriate, well documented and understood by staff members.

46 Therefore, the review team concludes, based on the evidence described above, that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers and this Core practice is met.

47 The lack of evidence relating to external examiner reports, formal third-party endorsements, assessed student work and views of students, while reflecting the provider's current stage in the programme validation process, means the effectiveness of the provider's approach to ensuring that students who are awarded qualifications should have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers could not be tested. However, while the programme specification clearly presents learning outcomes for each level of study with associated assessment methods and learning and teaching strategies, the provider's proposed programme, regulations and policies remain subject to the approval of the University, leading the team to have a moderate degree of confidence in this judgement.

S3 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them

48 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of its awards are credible and secure irrespective of where or how courses are delivered or who delivers them.

49 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

50 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Regulations for validated awards
- b The OU Handbook for validated awards
- c Due Diligence Framework
- d Community of Practice – Purpose and Draft Terms of Reference
- e Outline of Partnerships process
- f Stages of Partnerships Process
- g List of Contracted Partners as at 29 October 2019
- h Outline of Employer Induction Process
- i Partnerships Process Flowchart
- j NMiTE Partnership Memoranda of Understanding (MoU) with external organisations
- k Meeting with Senior Staff
- l Meeting with Academic and Support Staff
- m Final Meeting with Staff.

51 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

52 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

53 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

54 As highlighted, all of the evidence submitted by the provider was considered by the

review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

55 The review team examined the relevant academic regulations and policy of the University (the OU Regulations for validated awards and the OU Handbook for validated awards) and met senior and academic staff to identify how the provider will ensure the standards of the awards delivered on behalf of the University are credible and secure where these are delivered by partners.

56 The review team examined the Due Diligence Framework, Community of Practice – Purpose and Draft Terms of Reference, Outline of Partnerships process, Stages of Partnerships Process, List of contracted Partner organisations, as at 29 October 2019, Outline of Employer Induction Process, Partnerships Process Flowchart and NMiTE Partnership MoU to determine the provider’s policies, processes and plans for engaging and working with industry partners.

57 The review team met with provider staff, including those who manage the partnership with the proposed awarding body, and those who manage industry partnerships, to test that they understand and plan to discharge effectively their respective responsibilities for academic standards and how the implementation of agreements will be monitored.

What the evidence shows

58 The review team's analysis of the evidence led to the following observations.

59 The review team read the University’s regulations for validated awards and the associated handbook for validated awards to understand expectations placed on the provider in respect of work in partnership with other organisations.

60 The Academic Registrar, Provost and MEng Programme Leader will have responsibility for the implementation of the validation agreement through the University’s regulations for validated awards. The provider will report to the University on a regular basis, including through the Partnership Team.

61 There is limited guidance in the University’s regulations for validated awards in respect of working in partnership, but its handbook for validated awards states that the provider should develop work-based learning quality assurance resources, such as handbooks for employers and mentors, as part of its validation process. However, at the time of review these were incomplete or unavailable to the team. The provider noted that work-based learning is not undertaken before year two of the programme and therefore it has time to develop further policy and guidance for staff, students and employers. Senior and academic staff did recognise their responsibilities and duty of care for students and stated that close contact will be maintained throughout all work-based learning activities, including normal provision of personal tutors and additional support services. The review team considers the current lack of formalised guidance and policy in respect of work-based learning to be a potential risk to the student experience, but that academic standards should not be affected because external partners will not be directly engaged in summative assessment of students.

62 Staff who met the review team understand their responsibilities to the University and have well-developed plans to discharge their responsibilities effectively. The Academic Registrar, Provost and MEng Programme Leader will have responsibility for the

implementation of the validation agreement. The provider will report to the University on a regular basis, including through the Partnership Team meetings.

63 The provider has a policy and procedure in respect of due diligence and scrutiny prior to entering into an agreement with a new organisation. The Partnerships Process document details the different stages of engagement with industry and community partners from identification and due diligence of the appropriateness of partners through to formal engagement and monitoring, including an outline of the employer/partner induction process, due diligence assessment and overview of the relevant subject module.

64 These policies and approaches are appropriately designed to identify and manage suitable industrial settings that have direct relevance to the curriculum areas in the proposed MEng programme. Partnership Memorandums of Understanding (MoUs) are clear and set out the list of the activities proposed for both the external partner and the provider. An induction process for external parties delivering teaching at the provider's premises has been developed and all partners are expected to engage with the provider's Community of Practice, with outputs being fed into curriculum development as appropriate. Industrial relationships will be managed and monitored by the Head of Employer & Community Partnerships working under the Deputy CEO & Chief of External Engagement. Senior and academic staff articulated the process related to identifying and then working with industry partners to provide high-quality academic experiences. Part of that process is the provider's academic staff working with external partners in developing appropriate projects that would meet the learning outcomes within the relevant modules. The review team is confident that the provider has clear strategies and policies for the management of partnerships which will help to ensure that academic standards are secured.

65 The provider had 26 contracted partners at time of review and envisages a wide range of two-way cooperation and collaborative activity. The review team saw signed MoUs with two of these partners, which summarise the proposed activities, and the general nature of the relationship. External partners will contribute to the support and delivery of teaching and learning, including developing authentic work-based projects that may be undertaken in the workplace by students. External organisations, however, will not be involved in marking student work or other summative assessment activity.

66 Staff clearly articulated the process related to identifying and then working with industry partners to provide high-quality academic experiences. Part of that process is working with the provider's academic staff in developing appropriate projects that would meet the learning outcomes within the relevant modules.

Conclusions

67 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

68 The review team concluded that, where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the standards of awards are credible and secure irrespective of where or how courses are delivered or who delivers them. The provider cited clear and comprehensive policies for the management of the partnerships with its proposed awarding body and contracted partners, to ensure that the standards of the awards made by the awarding body are credible and secure. It is evident that staff from the provider understand their responsibilities for academic standards. The

provider has well-developed plans for the management of industry partnerships and the approach taken with these partners would ensure that student have high-quality academic experiences. The review team concludes that the Core practice is met.

69 The lack of evidence relating to external examiners, views of students and third-party endorsements from PSRBs concerning the operation of partnerships, and the limited evidence in respect of the partnership with the University, means that the effectiveness of the arrangements could not be fully tested. However, the available evidence of the comprehensive and strategic approach in the management and engagement of partners and the significant work already undertaken with partners lead the review team to have a high degree of confidence in this judgement.

S4 The provider uses external expertise, assessment and classification processes that are reliable, fair and transparent

70 This Core practice expects that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.

71 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

72 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Regulations for validated awards
- b OU Handbook for validated awards
- c Assessment Strategy Statement
- d Process for Writing of Assessments
- e Teaching and Learning Strategy Statement
- f Module Specifications for MEng
- g MEng in Integrated Engineering Programme Specification
- h MEng Regulations/Progression
- i Quality Assurance process for assessment Marking
- j Draft MEng Assessment Policy
- k MEng Assessment Policy Annex
- l Approach to Assessments
- m MEng Key elements of the Assessment Process
- n External Examiners Induction
- o Partnerships Process Flowchart
- p UK Professional Standards Framework
- q Accreditation of Higher Education Programmes Third edition
- r Outcomes from the Design Cohort
- s List of external stakeholders
- t Meeting with Senior Staff
- u Meeting with Academic and Support Staff
- v Final Meeting with Staff.

73 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

74 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

75 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

76 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

77 To assess the fairness and transparency of assessment and classification processes, the review team examined draft course documentation, including the University's Regulations for validated awards, the University's Handbook for validated awards, NMiTE's Assessment Strategy Statement and Process for Writing of Assessments, Teaching and Learning Strategy Statement, Course documentation – Module Specifications, MEng Programme Specification, MEng Regulations/Progression, Quality Assurance Process for Assessment Marking, Draft MEng Assessment Policy, MEng Assessment Policy Annex, Approach to Assessments and MEng Key elements of the Assessment Process.

78 The review team scrutinised the University's regulations for validated awards, the University's handbook for validated awards, the provider submission, the provider's induction for external examiners and held meetings with senior and academic staff to assess how the provider will use external expertise in maintaining standards and ascertain their understanding of the requirement to use external expertise.

79 The review team examined the UK Professional Standards Framework and Accreditation of Higher Education Programmes (AHEP) third edition in relation to the provider's design of the proposed MEng programme to ascertain the provider's utilisation of these external standards in developing a suitable and reliable curriculum.

80 The review team considered the Outcomes from the Design Cohort and List of external stakeholders to establish how the provider utilises views and feedback from external experts, stakeholders and exemplar students (the Design Cohort was not formally registered for an educational award at the provider).

What the evidence shows

81 The review team's analysis of the evidence led to the following observations.

82 The review team examined a range of draft course documentation to assess the fairness and transparency of the planned assessment and classification processes. The provider's Assessment Strategy Statement, Process for Writing of Assessments, Teaching and Learning Strategy Statement, Quality Assurance Process for Assessment Marking, Draft MEng Assessment Policy, MEng Assessment Policy Annex, Approach to Assessments and MEng Key elements of the Assessment Process clearly communicates the provider's approach to the assessment process. They encompass the arrangements for assessment setting, moderation and marking, clear and outcomes-focused assessment feedback to students, assessment security and integrity, reassessment, mitigating circumstances and personalised assessment arrangements. They also detail the provider's approach to ensuring fairness and consistency between markers. The programme and module specification set out the assessment methods for each module and the percentage weightings of each assessment task. Classification processes and progression requirements

are determined by the University's regulations for academic awards and are set out within the progression regulations.

83 The Board of Examiners will be authorised to determine the progression of students in accordance with the University's academic regulations and to recommend progression or the conferment of validated awards. Membership of the Board of Examiners must be agreed at the start of each academic year by the provider's Academic Council. The Board will include the external examiners and will be chaired by a senior member of staff not directly involved in the delivery of the programme or assessment of students.

84 All progression and award recommendations from the Board of Examiners are made to the University's Module Results Approval and Qualifications Classification Panel for ratification. The Panel is responsible for approving recommendations for module results and the award and classification of qualifications. Ultimate responsibility for progression and classification of qualifications therefore rests with the University.

85 The evidence set out in paragraphs 82-84 supports the team conclusion that the provider has developed fair and transparent draft policies and approaches to the assessment process and the award of credit, which are consistent with the University's regulations for validated bodies and its handbook for validated bodies. All policies are currently subject to approval by the University as part of the current course approval process.

86 The primary external expertise to be used in maintaining sector-recognised standards will come from external examiners appointed by the University. The use of external examiners to assist in maintaining sector-recognised standards is the sector-norm and a requirement of the University. External examiners are appointed by, and report to, the University, which determines the terms under which external examiners engage with the provider. The provider is responsible for nominating external examiners, briefing and inducting external examiners, ensuring the reports of external examiners are formally considered, sending external examiners a response setting out action taken (where appropriate) and providing the University with an account of the responses made to issues raised by external examiners (through an annual programme report).

87 External examiners will ensure that impartiality is applied to the individual student and that the sector-recognised standard of the University's awards is maintained. To carry out this responsibility, external examiners will moderate and approve examination papers or other end-of-module assessment, have access to all assessed work and see samples of the work of students proposed for each category or award and for failure. They will ensure that assessment criteria have been interpreted correctly and that there is parity of assessment across the cohort. External examiners will be members of the provider's Board of Examiners. The review team considers that regulations in respect of using external examiners are clear and comprehensive.

88 At the time of review, external examiners had not yet been appointed for the MEng programme, but the provider had produced a draft external examiner induction process and had embedded the role of the external examiner within its assessment processes and planned arrangements for programme monitoring and review. External examiners will participate in the decision-making process of the Board of Examiners, and their reports will be considered by the Teaching and Learning Committee and be used to inform programme monitoring and enhancement. External examiner reports will also be made available to students. The review team considers that the plans for using external examiners in maintaining sector-recognised standards, assessment and classification are robust and credible and are supported by the well-established policy and regulations of its University.

89 Senior and academic staff who met the review team conveyed an unambiguous understanding of the requirements for the use of external expertise and of the provider's assessment and classification processes and articulated the use of external examiners in assessment and moderation. Staff also communicated how industry partners had been approached early in the curriculum design stage to ensure that the range of subjects within the proposed programme reflected the needs of local employers.

90 The provider plans to apply for professional body accreditation for the proposed MEng programme through the Institution of Engineering and Technology (IET) once its first cohort of students graduate. IET accreditation requires that a programme aligns with Accreditation of Higher Education Programmes (AHEP) requirements. Additionally, the UK Professional Standards Framework provides a comprehensive set of professional standards and guidelines for everyone involved in teaching and supporting learning in higher education, including identification of a diverse range of teaching and support roles, and teaching environments. The review team could clearly see that the provider had undertaken a comprehensive consideration of AHEP in developing its proposed programme and had embedded the UK Professional Standards Framework within its ethos for delivering high-quality education programmes.

91 Prior to enrolling students on the proposed programme, the provider secured input and feedback from young people as a 'Design Cohort' consisting of both post-A Level and postgraduation level from a range of UK Universities. The provider then worked with the Design Cohort as a pilot study into all aspects of the student experience within the provider's provision. The Design Cohort was also utilised to assist in the development and refinement of elements of the provider's curriculum via a structured process with trial deliveries of teaching sessions followed by feedback and then further trials. The review team considered the use of the Design Cohort as a positive approach to developing and refining the wider curriculum and indicates an explicit engagement with external stakeholders. The provider has utilised the knowledge and experience of a wide range of stakeholders in order to develop its teaching, learning and assessment ethos. Furthermore, the provider asserts that external stakeholders have positively supported the development of the provider's processes and procedures.

Conclusions

92 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

93 The review team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent. This is evidenced through clear, transparent and comprehensive regulations and policies expressing requirements for using external expertise in maintaining high-quality academic standards. The processes for assessment and classification are clear, transparent and fair, and these are well understood by staff. Plans for the use of external examiners and their reports are robust and credible. Staff understand the requirements for the use of external expertise in all aspects of delivering high-quality academic experiences and in line with the proposed awarding body's procedures. The review team concluded that the Core practice is met.

94 The lack of external examiners reports, views of students and third-party endorsements from PSRBs, while reflecting the provider's current stage of development, means that the provider's use of external expertise, assessment and classification processes

could not be fully tested in respect to reliability, fairness and transparency. However, the provider's plans for the use of external expertise, including the use of external examiners, and their understanding of the assessment and classification processes lead the team to have a high degree of confidence in this judgement.

Q1 The provider has a reliable, fair and inclusive admissions system

95 This Core practice expects that the provider has a reliable, fair and inclusive admissions system.

96 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

97 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Draft Admissions Policy
- b Offer Letter (Material Information)
- c Draft Terms and Conditions
- d Draft Student Recruitment and Selection Process
- e Generic information for applicants on the provider's website
- f Meeting with Senior Staff
- g Meeting with Academic and Support Staff
- h The provider's website <http://nmite.ac.uk>
- i The provider's LinkedIn profile www.linkedin.com/company/nmite
- j The provider's Twitter profile https://twitter.com/nmite_ac
- k The provider's Facebook profile www.facebook.com/NMITE.AC/
- l The provider's YouTube channel www.youtube.com/channel/UCKV-LAv5OcPRDZ3FDV-2CEA

98 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

99 Arrangements with recruitment agents because the School reported that they do not use recruitment agents.

How any samples of evidence were constructed

100 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

101 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key

pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

102 The review team considered the Draft Admissions Policy, and Draft Student Recruitment and Selection Process document to assess whether the provider has a credible, robust and evidenced-based plans to ensure that its admissions processes are reliable, fair, and inclusive.

103 The review team examined the provider's plans, including Offer Letter (Material Information), Draft Terms and Conditions and Draft Student Recruitment and Selection Process for delivering the Draft Admissions Policy, to establish whether the provider has a credible plan for ensuring that its approach to admissions is reliable, fair, and inclusive.

104 The review team met with both academic and professional support staff that will be involved in the admissions and recruitment process to test the extent staff involved in admissions understand their roles and are appropriately skilled and trained.

105 The review team considered generic information for potential applicants published on the provider's website and linked social media accounts to determine whether the information provided to applicants is transparent, accessible, and fit for purpose.

What the evidence shows

106 The review team's analysis of the evidence led to the following observations.

107 The provider's Admissions Policy is currently marked as 'draft' pending course approval by the University. The Draft Admissions Policy was considered to assess whether the provider has a credible, robust and evidenced-based plans to ensure that its admissions processes are reliable, fair, and inclusive. The policy sets out an aim to recruit highly motivated, creative and curious students who will thrive in an active learning environment. Applicants must satisfy stated entry requirements published on the NMITE website (www.nmite.ac.uk). However, the policy also states that applicants who have not been in formal education or who do not otherwise satisfy the stated entry requirements may also be considered through the interview and selection process. The policy provides comprehensive information regarding admissions for applicants with additional requirements and recognises the provider's moral and legal obligations under the Equality Act 2010. This, therefore, indicates to the review team that the provider is committed to delivering an inclusive admissions system.

108 The Draft Admissions Policy provides a step-by-step description of the application and admissions process and the practical stages of this process are further outlined in the Draft Student Recruitment and Selection Process document. The draft Admissions Policy also establishes a process through which an applicant may submit a complaint or appeal regarding an admissions decision. Under the process, an applicant may submit a complaint to the Academic Registrar who will ensure that it is dealt with by the Academic Team and responded to within 15 working days. Applicants may also appeal against a decision to reject an application and such appeals will be considered by the Academic Registrar and the President & Chief Executive Officer (or nominee) according to criteria set out in the Admissions Policy. The Admissions Policy and associated procedures are aligned with the University's regulations for validated awards and underpin a system for the recruitment and admissions of students that is reliable, fair and inclusive.

109 The review team tested whether the provider has credible, robust and evidence-based plans for operating a reliable, fair and inclusive admissions system through scrutiny of its Draft Student Recruitment and Selection Process and Draft Terms of Conditions. The Draft Student Recruitment and Selection Process consists of two stages: an online

application process and a selection process. The online application process requires applicants to complete and submit directly to the provider an online application form, CV, a 600-word applicant statement and the answers to three questions (200 words each). Submitted applications are transferred to the Academic Registrar for initial triage and checking. The application is then scored by at least two members of academic staff using a pre-determined rubric (not available at the time of review). If the applicant score meets the threshold then their application proceeds to the Stage 2 selection process and an invitation to attend a selection day is issued. The selection day is planned to incorporate a range of activities, including interviews, during which applicants will be assessed for their suitability for the programme and scored against pre-determined criteria. The score achieved at this stage will determine whether an offer is made. Successful candidates will be issued an offer letter outlining the details of the offer alongside the provider's terms and conditions. The provider will not consider applications for recognition of prior learning (RPL) in its first year of operation, with the provider stating that this was because, as an in-prospect institution, it will only deliver FHEQ Level 4 modules. Subsequently, the provider's approach to RPL will be in accordance with the University's requirements. Applicants who are unsuccessful with their application to study at the provider will, on request, be given feedback regarding the reasons. However, at the time of review a rejection letter was not available to the team, and it was therefore unclear how unsuccessful applicants would know about the opportunity to obtain this feedback.

110 The review team noted that the published process is quite standardised and does not explicitly state how candidates with variation from the standard entry requirements (including RPL) or those with additional needs will be dealt with and supported and whether exceptions will be made to the scoring criteria used in such cases. There is, however, some consideration of this in the Draft Admissions Policy (particularly regarding additional needs) and academic staff met by the review team understood the process well and explained that, in making selection judgements, they will also consider the wider attributes associated with what makes good engineers. As no applications had been made to the course at the time of review, there were no admissions records available against which to test the robustness of the processes in practice. However, based on scrutiny of the relevant admissions policy, recruitment processes and meetings with academic and professional staff, the review team considers that the provider's current plans to support the successful recruitment and selection of students are credible and robust.

111 The review team met academic and professional staff to discuss their understanding of the provider's approach to recruitment and admissions and their respective responsibilities. Admissions decisions will ultimately be made by the academic programme team with administrative support provided by the Academic Registrar. Staff were able to articulate a good understanding of their responsibilities and the provider's planned approach to admission and recruitment. The individual roles of staff are outlined in the provider's Draft Admissions Policy. Those staff involved in making admissions decisions will be required to undertake unconscious bias training to ensure an equitable experience for all applicants, regardless of any particular characteristic. Based on discussions with academic and professional staff and consideration of the Draft Admissions Policy the review team is satisfied that staff likely to be involved in admissions understand their role and will be appropriately skilled and trained.

112 Information is provided for potential applicants on the provider's website. The website contains background information about the provider and outline details about the course, entry requirements and information about open days, accommodation, the location and a schedule for outreach activities with schools. At this stage, the website remains in development and full course details will be published following validation. The review team found that the website was mobile friendly and had a clear site map containing direct links to each content page, enabling visitors to access information more easily. The provider also

has active profiles on Facebook, Twitter, YouTube and LinkedIn which provides a mix of general information, videos and news. Based on scrutiny of current website and social media content, the review team is confident that Information for applicants will be transparent, accessible and fit for purpose.

Conclusions

113 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

114 At the time of the review the provider had not enrolled any students. Nevertheless, the provider has developed a reliable, fair and inclusive admissions system. The provider's plans for delivering its admissions policy are credible and comprehensive. Staff who have input into the admissions process have a clear understanding of their roles and responsibilities and will be appropriately trained to ensure each applicant receives an equal and fair opportunity. Information for applicants, primarily contained on the provider's website, is accessible and fit for purpose. The review team concludes, therefore, that the Core practice is met.

115 The lack of evidence in the form of admissions records and the views of students means the effectiveness of the provider's approach to ensuring a reliable, fair and inclusive admissions system could not be fully tested. Nonetheless, the in-prospect provider's plans for delivering its admissions policy are credible and comprehensive and in accordance with the University's validation requirements. Therefore, the review team has a high degree of confidence in this judgement.

Q2 The provider designs and/or delivers high-quality courses

116 This Core practice expects that the provider designs and/or delivers high-quality courses.

117 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

118 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Regulations for validated awards
- b OU Handbook for validated awards
- c Programme Approval Process
- d Assessment Strategy Statement
- e Process for Writing of Assessments
- f Maths and English Support
- g Illustrative Process for Module and Programme Evaluation
- h Due Diligence Framework for Work-based Learning
- i Teaching and Learning Strategy Statement
- j Academic Council Terms of Reference
- k Communities of Practice – Purpose and Draft Terms of Reference
- l Module Specifications for MEng
- m Accreditation for Higher Education Programmes (AHEP) Learning Outcomes progression mapping
- n NMiTE engagement with PSRBs
- o MEng in Integrated Engineering Programme Specification
- p Programme Proposal process to date
- q Enabling Student Achievement
- r Workshop_ Laboratory_ Studio and Study Areas
- s Outcomes from the Design Cohort
- t List of external stakeholders
- u Draft MEng Assessment Policy
- v Outline of Partnerships Process
- w Stages of Partnerships Process
- x List of Contracted Partners as at 29 October 2019
- y Outline of Employer Partner Induction Process
- z Approach to Assessments
- aa MEng Key elements of Assessment
- bb Library Facilities and Learning Resources
- cc Curriculum history overview
- dd Partnerships Process Flowchart
- ee Example of Curriculum Map
- ff Overview of Clusters

- gg Meeting with Senior Staff
- hh Meeting with Academic and Support staff
- ii Final Meeting with Staff.

119 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

120 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

121 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

122 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

123 The review team examined the University's academic regulations, including OU Regulations for validated awards and OU Handbook for validated awards, and the provider's Programme Approval Process to identify and test the provider's approach to designing and delivering high-quality courses.

124 The review team considered the provider's engagement with professional, statutory and regulatory bodies (PSRBs), Outcomes from the Design Cohort, List of external stakeholders, Draft MEng Assessment Policy, Programme Proposal process to date, Outcomes from the Design Cohort and List of external stakeholders to examine the provider's approaches to engaging students and external expertise in designing high quality courses to ensure that they are credible, robust and evidence-based.

125 The review team scrutinised draft programme policies, procedures, overview documents, and supporting development information to assess whether the provider has credible, robust and evidence-based plans for designing high quality courses, including OU Regulations for validated awards, OU Handbook for validated awards, Assessment Strategy Statement, Process for Writing of Assessments, Illustrative Process for Module and Programme Evaluation, Due Diligence Framework for Work-based Learning, Teaching and Learning Strategy Statement, Communities of Practice –Purpose and Draft Terms of Reference, Module Specifications for MEng, AHEP LO progression mapping, MEng in Integrated Engineering Programme Specification, Enabling Student Achievement, Workshop_ Laboratory_ Studio and Study Areas, Outcomes from the Design Cohort, Draft MEng Assessment Policy, Outline of Partnerships Process, Stages of Partnerships Process, List of Contracted Partners as at 29 October 2019, Outline of Employer Partner Induction Process, Approach to Assessments, MEng Key elements of Assessment, Library Facilities and Learning Resources, Updated NMiTE QSR Evidence List, Curriculum history overview, and Partnerships Process Flowchart, Example of Curriculum Map, and 079 Overview of Clusters.

126 The review team considered OU Regulations for validated awards, OU Handbook for validated awards, Module Specifications for MEng, AHEP LO progression mapping,

MEng in Integrated Engineering Programme Specification, to test that teaching, learning and assessment design will enable students to demonstrate the intended learning outcomes.

What the evidence shows

127 The review team's analysis of the evidence led to the following observations.

128 The provider is currently going through the process of validation with the University to secure both institutional and programme approval. The provider is responsible for the design and delivery of programmes, which will be approved by the University as part of the validation process. As a validated body, the provider must adhere to the University's regulations in respect of academic quality and standards. The provider asserts that, in order to meet national skill shortages, regional employment challenges and attract under-represented groups who would not normally engage in engineering, it is proposing an innovative educational approach utilising studio-based learning to deliver an accelerated three-year MEng. The provider explained that the programme is designed to integrate separate strands of engineering set in a variety of contexts, including social and artistic. The provider has developed an internal course design and approval process to ensure that this, and future programmes, are consistent with relevant external reference points, including *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ), sector-recognised standards, and the Subject Benchmark Statements for engineering. The provider is also committed to meeting the requirements of the Engineering Council's policy on Accreditation of Higher Education, which is essential for the proposed MEng Integrated Engineering to receive industry accreditation. The process aligns with the requirements of the University in respect of preparing for the validation and course approval event.

129 The course design and approval process involve several stages, with final responsibility for internal approval resting with the provider's Academic Council. The process starts with an initial outline programme proposal presenting the financial and resource implications, market position and delivery model. Following approval by the Academic Council, detailed development begins with production of a programme specification in line with external reference points, a list of modules and associated resource estimates. External opinion is sought at this stage from academic and non-academic experts. This detailed proposal is considered by the Teaching and Learning Committee and, if approved at that level, is subject to final review and sign-off by the Academic Council. The programme proposal and associated documentation then forms part of the process of gaining course approval from the University. This internal design and approval process should facilitate the design and delivery of high-quality courses because it builds in appropriate consideration of key external reference points (including the FHEQ and Subject Benchmark Statements) and external expertise.

130 The review team further scrutinised the provider's plans for designing high-quality courses by investigating its use of a student Design Cohort and other external expertise in the design process. The student Design Cohort comprised 31 undergraduate and postgraduate students from a local higher education provider undertaking the role of students to evaluate the delivery model and programme proposals. This took place over an academic year (2018-19), during which programme content, delivery methods and facilities were tested. Feedback was incorporated into programme development, including increased academic support in earlier modules to teach specific, relevant competencies at FHEQ Level 4, re-shaping delivery to provide core and flexible hours allowing for reflection to be balanced with individual academic support, re-shaping teaching spaces to provide increased provision of informal study space and introducing students to teamworking in advance of initial modules. The Design Cohort also took part in trials of mathematics tutorials which will be provided to small groups outside of the studio. Feedback examples from participants

suggest that the trials were successful in providing a positive and effective environment for the development of applied mathematics skills.

131 It is evident that the provider has engaged with a wide range of engineering industry and academic representatives to test and shape proposals and that input from the student Design Cohort has resulted in adjustments to the programme delivery model being made. The provider is also working with the Institution of Engineering and Technology (IET) to align the programme with its requirements, with the aim of securing accreditation in 2024. This would potentially offer students the opportunity to apply for Chartered Engineer registration following graduation. Similar work is being undertaken with the Chartered Management Institute.

132 The innovative use of the Design Cohort and input from wider external industry expertise assures the review team that the provider has a robust and credible plan for designing and delivering high-quality courses because it recognises the importance of external expertise and student views in course design.

133 Academic regulations, and the strategies and policies underpinning learning and teaching show that the provider has a coherent approach to the development of a high-quality and innovative programme underpinned by appropriate student support mechanisms.

134 Central to delivery of an innovative and high-quality course is the concept of studio-based delivery, supported by access to other facilities, including a suitably equipped laboratory (Factory). Students will work individually, and in teams, with constant access to academic and technical support with a proposed academic staff-student ratio of 1:15. The proposal is that students will attend approximately 40 hours per week (as in the workplace) undertaking industry-set challenges. The structured studio-based approach has been designed to encourage continuous discussion, reflection and feedback, and to facilitate regular, informal communication between those teaching on different modules to develop and enhance the quality of the provision. Modules will be delivered in a linear manner and are sequential. However, the flexibility to respond to external opportunities has been built in by accommodating the possibility of reordering the sequence of delivery within defined groups of modules.

135 To prepare students to address current and future engineering needs, employer engagement and work-based learning has been an important area of programme design and the provider has committed to providing assessment opportunities to include the ways engineers work in practice. This will be primarily through community-based challenges, engineering sprints and open-ended bachelors and master's projects arranged and managed by a Partnership team in collaboration with curriculum staff to support rigour and relevance. All summative assessments will be coursework based and no traditional end-of-year examinations will take place.

136 The review team noted that the proposed programme design contains some innovative and bold aspects, including the studio-based approach to delivering teaching and learning (rather than traditional lectures, practicals and tutorials), coursework-only assessment and no requirement for applicants to have post-GCSE mathematics and physics entry qualifications. The provider plans to deliver mathematics within the curriculum rather than, as would be traditional, as a separate module. The intention is to enable students to understand both the process and context of the mathematics. Additional tutorials will be offered to students requiring further support, particularly those who do not possess mathematics A Level, or those whom the provider describes as demonstrating mathematics anxiety or dyscalculia. The rationale for the provider's proposed teaching model is credible and draft plans support the provision of a high-quality learning experience.

137 The provider's plans for the design and delivery of a high-quality programme, reflected in learning, teaching and assessment strategies, are credible and designed to enable students to demonstrate the intended learning outcomes. The OU Regulations for validated awards make it clear that a student will only be assigned credit on the achievement of stated learning outcomes demonstrated through assessment. The OU Handbook for validated awards notes that all teaching staff should have a shared understanding of the learning outcomes of a programme and the strategies for ensuring that they are appropriately assessed.

138 The proposed MEng in Integrated Engineering Programme Specification, and Module Specifications for MEng, indicates that the teaching, learning and assessment design enable students to meet and demonstrate the intended learning outcomes. The module specification format covers the minimum set of information required by the University to which NMiTE clearly demonstrates the intended learning outcomes and stated Engineering Council's Accreditation of Higher Education Programmes (AHEP) third edition (www.engc.org.uk), the FHEQ and the Subject Benchmark Statement for Engineering and Engineering (Master's). The intended AHEP progression of learning outcomes relative to modules is demonstrated in a comprehensively mapped format. Senior, academic and professional staff were able to articulate an understanding of the importance of using external reference points in course design and it is evident that current staff cumulatively have substantial prior experience working in higher education.

Conclusions

139 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

140 The review team concludes that the provider designs and will deliver high-quality courses. This is because the academic regulations, strategies and policies underpinning learning and teaching, demonstrate a coherent approach to the design of a high-quality programme, supported by appropriate student support mechanisms. The provider's plans for the design and delivery, reflected in learning, teaching and assessment strategies, are credible and are designed to enable students to demonstrate the intended learning outcomes. Staff whom the review team met demonstrated extensive knowledge and experience of programme and assessment design and expressed confidence that the programme design would enable them to deliver a high-quality learning experience. The review team concluded that the Core practice is met.

141 The lack of evidence from approved programme documentation, external examiner reports, formal third-party endorsements, student views and observations of teaching and learning reflects the provider's current stage in the programme development and validation cycle and means the effectiveness of the provider's approach to designing and delivering high-quality courses in the planned innovative and original way could not be fully tested. However, the provider's plans for the design and delivery, reflected in learning, teaching and assessment strategies, are credible and are designed to enable students to demonstrate the intended learning outcomes. Therefore, the review team has a high degree of confidence in this judgement.

Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience

142 This Core practice expects that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.

143 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

144 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Handbook for validated awards
- b Talent Recruitment Policy
- c Academic Roles and Promotion Process
- d UK Professional Standards Framework
- e Draft Personal Tutor Handbook
- f Safeguarding Policy
- g Disclosure and Barring Service (DBS) process
- h NMiTE Job Descriptions
- i NMiTE CVs
- j Employer Induction Process
- k Staff Induction
- l External Examiner Induction
- m Outline of Employer Partner Induction Process
- n NMiTE Organisational Chart
- o Meeting with Senior Staff
- p Meeting with Academic and Support Staff.

145 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

146 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

147 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

148 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence

will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

149 The review team scrutinised draft policies and procedures to identify how the provider recruits, appoints, inducts and supports staff so that it has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience, including the Talent Recruitment Policy, Academic Roles and Promotion Process, UK Professional Standards Framework, Draft Personal Tutor Handbook, Safeguarding Policy, DBS Process, Employer Induction Process, Staff Induction, and External Examiner Induction, OU Handbook for validated awards, NMiTE Organisational Chart.

150 The review team considered the proposed NMiTE organisational staff structure to identify the roles or posts the provider has planned to ensure delivery of a high-quality learning experience and assess whether they are sufficient.

151 The review team examined a sample of Job Descriptions and CVs to determine if the staff the provider has employed, and intends to employ, to teach and support learning are appropriately qualified.

152 The review team met with senior academic, and professional staff to examine the provider's approach to supporting staff to deliver a high-quality learning experience.

What the evidence shows

153 The review team's analysis of the evidence led to the following observations.

154 The Talent Recruitment Policy sets out the process for the recruitment and appointment of suitably qualified and skilled staff. The policy's scope covers approval to recruit, candidate sourcing, applications, selection and induction. Each procedure is briefly covered, except for induction which is covered in a separate Human Resource induction checklist available in the Staff Induction documentation. The draft Employer/Partner Induction Process covers induction arrangements for external parties assisting in the delivery of teaching.

155 The recruitment process is managed by the Human Resources team, working with a Hiring Manager, and is clear in demonstrating a commitment to equality of opportunity. The provider states that applicants for all posts will be interviewed by a trained panel and that it is the provider's policy to appoint the best candidate for any vacancy as defined by a set of objective criteria, dependent on role and regardless of the candidate's background. The selection process includes an interview and one additional task such as a written exercise, video or role play exercise. Those being appointed to teaching positions undertake a micro teaching session in front of students, with performance evaluated against predefined criteria based on the UK Professional Standards Framework. Until the provider commences enrolment, students from another higher education college have been employed to undertake this role. Appointees' qualifications, experience and references are checked by the Human Resources team prior to confirmation of appointment. Staff, including those in student-facing roles, must complete the Disclosure and Barring Service (DBS) Process. Where an adverse history is reported, a risk assessment will be undertaken, and two members of the senior leadership team will decide whether the individual may commence or continue their employment role.

156 All new academic staff are assigned a mentor and to further ensure understanding and adoption of the studio-based teaching model, new appointees will observe at least one

module before leading studio teaching themselves. Ongoing staff development will include training on strategies for student engagement, safeguarding and training to support the role of personal tutor.

157 The review team found that senior staff are fully committed to the ongoing training of academic staff and to ensure they receive the support required during induction and throughout their teaching practice. To maintain currency and a dynamic relationship with industry there are comprehensive plans to actively encourage continuous professional development and the provider has identified £1,000 per annum for each member of the academic staff to engage with professional updating and research into engineering education which will positively impact on teaching and learning. In addition, the provider expressed a commitment to support members of the technical team in professional development activities in line with University requirements. These comprehensive procedures and requirements provide a credible and robust basis for the recruitment and support of appropriately qualified and skilled staff.

158 Academic staff will be encouraged and supported to pursue external examiner positions as part of their continuing professional development and as a means of ensuring two-way exchange of expertise with other higher education providers. There is a further commitment to fund academic staff's professional membership fees (for example IET and Institute of Structural Engineers (IStructE)) to support professional standing and knowledge. Academic staff who have been employed for five years are to be offered a four-month sabbatical to enhance and update skills and knowledge.

159 The meetings with senior, academic and support staff confirmed that staff will be well supported to deliver a high-quality learning experience and that the provider encourages and financially assists staff to undertake professional development opportunities.

160 The provider is led by the Chief Executive Officer and the staffing structure currently includes seven academic staff led by the Provost. Other organisational areas, covering 19 roles, include external engagement, financial management, planning, human resources, the registry and communications, marketing and student recruitment. At time of review, the provider was in the process of recruiting a Student Support Officer, and all other currently planned posts had been filled. A Head of Student Experience post, which is regarded as pivotal to delivering the provider's model of education, has been filled. The post-holder, along with the Student Support Officer, will be tasked with delivering coherent high-quality support services that align with established higher education institutions. The provider intends to have an academic staff-student ratio of 1:15 with approximately one in 10 teaching staff being from areas outside engineering to integrate other disciplines such as arts, humanities and business which the provider plans to thread through the curriculum. The provider's ability to expand its academic staff body to meet growing numbers will be critical to achieving a high-quality academic experience for students. Based on a projected initial cohort of 50 students, the structure is appropriate to the delivery and support of the programme under review.

161 A number of job descriptions and CVs were considered to determine whether the staff the provider has employed, and intends to employ, to teach and support learning are appropriately qualified. Nine job descriptions were reviewed, including two for staff involved in teaching (associate professor and full professor). Each job description provided a clear outline of the job role, key responsibilities and duties, qualifications and experience required and essential skills and behaviours. At present, a teaching qualification is not essential for academic roles, though staff will be supported to work towards achieving this through gaining fellowship of the Higher Education Academy. Job descriptions are comprehensive and appropriate to the level and requirements of the posts.

162 Twelve CVs of current employees were examined by the review team. Teaching staff, including assistant, associate and full professors, were found to have doctorates and significant research experience. Several staff had substantial prior experience of working at a senior level in other higher education institutions. The range and number of staff CVs examined (in the context of an organisation with 26 current employees) assure the review team that the provider employs staff who are appropriately qualified and skilled to perform their roles effectively and to deliver a high-quality learning experience. The provider's approach to staff recruitment and selection and the clear role descriptions for staff give confidence that the remaining vacancies will be filled with high-quality candidates.

Conclusions

163 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

164 The review team concluded that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience based on the evidence gathered during the review process. The provider has presented credible policies and robust plans for the recruitment and appointment of suitably qualified and skilled staff. The provider's policies and procedures, demonstrate a commitment to equality of opportunity alongside processes, including micro-teaching, to support the appointment of the best candidate. The staffing structure and academic staff-student ratio are appropriate to the delivery of a high-quality learning experience. Plans for staff induction and continuing professional development are credible and the clarity and transparency of these procedures was confirmed in meetings with staff. The review team therefore concludes that the provider meets this Core practice.

165 The lack of evidence from formal third-party endorsements, student views on the sufficiency, qualifications and skills of staff and observations of teaching and learning, while reflecting the provider's current stage in the programme delivery cycle, means that the effectiveness of the provider's approach to recruiting appropriately qualified and skilled staff to deliver a high-quality academic experience could not be fully tested. However, the evidence submitted, including the job descriptions and staff CVs, was judged to be appropriate to the delivery of a high-quality academic experience resulting in the review team having a high degree of confidence in this judgement.

Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience

166 This Core practice expects that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.

167 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

168 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Draft Personal Tutor Handbook
- b Draft Student Handbook
- c Draft Student Recruitment and Selection Process
- d MEng Programme Specification
- e Access and Participation Statement
- f Maths and English Support (indicative topics)
- g Development of Communication Skills
- h Committee Structure as of July 2019
- i Workshop, Lab, Studio and Study Areas (indicative content)
- j Computing Provision specification for Students at NMiTE
- k Description of Library Facilities and Learning Resources
- l Equipment purchasing commentary
- m Summary of equipment budget
- n Indicative list of equipment for Manufacturing related modules
- o Meeting with Senior Staff
- p Meeting with Academic and Support Staff
- q Direct assessment of facilities (tour of Blackfriars' Site by members of the review team).
- q Staff CVs.

169 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

170 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

171 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

172 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

173 The review team scrutinised the provider's plans for student support through examining the Draft Personal Tutor Handbook, the Draft Student Handbook, MEng Programme Specification, Draft Student Recruitment and Selection Process, staff CVs and the committee structure, and to test whether plans for providing student support are credible.

174 The review team considered Workshop, Lab, Studio and Study Areas, Computing Provision for Students at NMiTE, Library Facilities and Learning Resources, Equipment purchasing commentary, Summary of equipment budget and Indicative list of equipment for Manufacturing related modules to assess whether the provider has credible, robust and evidence-based plans for ensuring that it has sufficient and appropriate facilities to deliver a high-quality academic experience.

175 The review team met with senior, academic and support staff to assess their current and future plans with respect to the provision of student support, and to test their understanding of their roles and responsibilities.

176 Members of the review team carried out a direct assessment of teaching facilities and learning resources to test that the facilities and resources could deliver a high-quality academic experience.

What the evidence shows

177 The review team's analysis of the evidence led to the following observations.

178 The provider's primary academic and pastoral support for students is planned to be delivered through a personal tutoring system. Each student will be allocated an individual personal tutor upon registration and, as far as possible, a student's tutor will not be changed throughout their programme of study. During the first year of the programme it is planned that students and tutors will have weekly, timetabled meetings to ensure that an effective relationship develops. Later in the programme, tutors will be available to students on request. Academic staff noted that personal tutors would also play an important role in students' professional development. The Teaching and Learning Committee will monitor and maintain oversight of the operation of the personal tutor system. The review team therefore considers that the planned personal tutor system and draft Personal Tutor Handbook provide a credible basis to ensure that student support services deliver a high-quality academic experience.

179 The provider gave several examples to demonstrate its plans for ensuring that it will provide sufficient and appropriate facilities to deliver a high-quality experience. The provider states that it is committed to delivering an inclusive and engaging learning environment in which all students are supported to succeed. The provider has identified suitable locations for project-based teaching and tutorial spaces, workshops, and libraries to ensure students will have access to a variety of learning environments. The provider aims to have all teaching and accommodation space within 15 minutes' walk of the centre of Hereford. The provider intends to partner with Hereford public library and has envisaged that most print titles will be held there. Its priority, however, is to fulfil most requirements through provision

of e-books and e-resources. A full itemised list of equipment required for manufacturing-related modules has been costed and suppliers identified. A new computer network and cloud-based resources, including the Canvas virtual learning environment (VLE), are planned and are being implemented. The review team considers that the provider's plans for providing facilities, equipment and other resources are credible and should ensure the delivery of a high-quality academic experience.

180 The review team met senior academic and professional support staff to discuss the provider's current and future plans with respect to the provision of student support, and to ensure that staff understand their roles and responsibilities for providing a high-quality academic experience. Staff CVs demonstrate collective experience of working at different academic and professional levels in other higher education providers. Staff who met the review team understand their roles and responsibilities with respect to student support, both in terms of technical support, educational support and welfare support. Furthermore, staff elaborated on the provision of learning resources such as the VLE, planned usage of open access resources, where possible, on the VLE or through cloud-based systems for some computer software packages (such as MATLAB). The staff also outlined intentions to provide students with access to cloud-based high-speed computing resources if required (for example, for simulation of complex computation fluid dynamic problems). Staff detailed that student satisfaction with resources will be monitored through student feedback at module level, and through student representation on appropriate committees (such as the Teaching and Learning Committee).

181 Support staff who met the review team clearly understand their roles and responsibilities with respect to student support, which encompasses careers advice, counselling, and financial advice and support. Further, all staff met clearly communicated the role and purpose of the personal tutor. All students will be allocated a personal tutor upon arrival at the provider who will be responsible for identifying any additional support needs, both academic and pastoral, that will enable students to manage the intensive nature of the degree course. A clear understanding of the provider's plans and the responsibilities of individual staff is evident. The provider's staff demonstrate a collective commitment to delivering a high-quality student experience.

182 The review team considered the current building space and teaching facilities to test whether they are likely to ensure a high-quality student experience. The provider refers to its learning areas as either 'Studio' or 'Factory' dependent on their function (for example, group work learning, or practical article assembly). Both areas have been designed to provide appropriate and quality teaching and learning opportunities. The teaching facilities at the Blackfriars' site were viewed in their current partially complete state, with construction works in progress to convert the building into studios of around 100m², designed to allow group working for up to 25 students. The resources that were seen by the review team indicate a positive approach to designing and utilising learning spaces to support high-quality education. Clear progress is being made to create modern tailor-made teaching and learning spaces, social areas and teaching facilities. The overall planned resources should be sufficient to meet the programme's initial needs once it is operational at full capacity, with further planning underway of space requirements as student numbers grow. The review team considers that current plans and observed facilities will enable the provider to deliver a high-quality academic experience.

Conclusions

183 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their

judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

184 The review team, having reviewed the evidence presented by the provider and observed the facilities under construction, concluded that the provider will, at the commencement of delivery, have sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. The provider's strategies, plans and approaches for the development of facilities, learning resources and student support services are closely linked to the delivery of successful academic and professional outcomes for students. Plans for the development of facilities, learning resources and student support services are credible and realistic. Plans are in place to provide facilities and resources for teaching and learning in time for the start of programme delivery. Staff understand their roles and responsibilities for student support. The review team concludes that the Core practice is met.

185 The lack of evidence relating to views of students and third-party endorsements from PSRBs concerning facilities, learning resources and student support services, means that the provider's approach to satisfying this Core practice could not be fully tested. However, the provider's strategies, plans and approaches for the development of facilities, learning resources and student support services are credible. The review team, therefore, has a high degree of confidence in this judgement.

Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience

186 This Core practice expects that the provider actively engages students, individually and collectively, in the quality of their educational experience.

187 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

188 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Student Handbook
- b Teaching and Learning Strategy
- c Draft terms of reference of Academic Council
- d Process for module and programme evaluation
- e The Personal Tutor Handbook
- f Enabling Student Achievement Policy
- g Committee structure
- h Outcomes of the Design Cohort
- i Meetings with senior staff
- j Meeting with academic, and professional support staff.

How any samples of evidence were constructed

189 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

190 As highlighted, all of the evidence submitted by the provider [Annex 1] was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

191 The review team met senior academic and professional staff, and examined the Student Handbook, Teaching and Learning Strategy, Draft terms of reference of Academic Council, and the Process for module and programme evaluation to assess whether the provider has credible, robust and evidence-based plans for engaging students, individually and collectively, in the quality of their educational experience.

192 The review team examined the provider's use of a student Design Cohort to test whether the provider has a credible approach to designing and improving its provision through engaging students individually and collectively.

193 The review team met with both academic and professional support staff to discuss and further examine the credibility of the provider's approach to student engagement in the quality of their educational experience.

What the evidence shows

194 The review team's analysis of the evidence led to the following observations.

195 The review team noted that the in-prospect provider does not have an overarching strategy for student engagement which is encompassed within the evidence the team reviewed. There is incidental reference to student engagement in the Teaching and Learning Strategy. However, the Student Handbook states that students will be encouraged to contribute to the enhancement of their learning through detailed module evaluation and engagement with relevant committees. The Student Handbook also states that students will be members of the provider's Members' Advisory Committee and will have representation on the Academic Council. The review team confirmed that draft terms of reference for membership of the Academic Council includes representation from the student body. The provider says it will also seek nominated Student Representatives for the Committees directly relevant to students' academic experience, such as the Teaching and Learning Committee. It is also intended to establish a Student Experience Committee, though the provider is mindful of not trying to replicate the same mechanisms of well-established or large institutions as a matter of course. For example, with an initial cohort of only 50 students, on a single programme of study, the provider feels that it may be that a programme-level body covering all aspects of student engagement would be more appropriate at the outset, and the provider will be seeking students' views on these considerations. The review team also noted that the proposed Personal Tutor system will also provide students with regular opportunities to engage with staff on a one-to-one basis.

196 The process for implementing module and programme-level feedback mechanisms have been more clearly formalised. Student feedback will be collected through online questionnaires in three cycles: mid-point and end of each 14-credit module, at the mid-point and end of each level of study, and at the end of programme. The Teaching and Learning Committee will utilise the resulting data as part of its monitoring and review responsibilities. Plans for module and programme evaluation are credible and indicate that the provider intends to actively seek and use individual students' views in this way to enhance the quality of the educational experience.

197 The provider has appointed a Head of Student Experience who will assume responsibility for student wellbeing and engagement. However, at the time of the review visit the person had not started. Discussions with senior staff explored the role of the Head of Student Experience and the likely impact they will have on issues relating to this Core practice, for example, part of the new appointee's role will be to design and implement a formal representation structure in consultation with students. Nevertheless, the lack of a clear and robust strategy relating to student engagement is a current weakness that presents the risk that aspects of student engagement will not be implemented effectively.

198 The provider, in designing and developing its proposed programme of study, engaged a Design Cohort of 31 undergraduate and postgraduate students from a local higher education provider. The provider worked with the Design Cohort to test aspects of the student experience, including admissions, and the development and refinement of elements of the curriculum. The process involved trial delivery of curriculum content followed by

feedback and then further trials during which student feedback was used to inform the iterative design process. Examples of feedback from the Design Cohort included that more 'academic' scaffolding was needed in earlier modules, the timetable should include 'core' and flexible hours, teamworking should be introduced ahead of initial modules, and maths support needed to be timely and contextualised. The review team considers that the Design Cohort initiative is a credible and successful example of the provider changing and improving students' learning experience through effective student engagement.

199 Senior, academic, and professional support staff are clear and consistent in their roles as to how they plan to engage with students in their educational experience. Staff were also able to outline a number of specific mechanisms through which the student voice could be captured, such as the establishment of cohort representatives who would be on the membership of the Academic Council and Teaching and Learning Committee. Staff also expressed an interest in designing and formalising the provider's approach to student engagement in collaboration with their first cohort of students. As such, the provider's approach to student engagement is still very much in development pending the arrival of the provider's first student cohort.

Conclusions

200 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

201 The review team concluded that the provider will actively engage students, individually and collectively, in the quality of their educational experience. The provider does not currently have a specific student engagement strategy; nonetheless, staff are clear in their commitment to engaging students in the quality of their academic experience and could outline a number of specific mechanisms through which the student voice would be captured. However, they were unable to confidently outline the provider's vision for student engagement. The provider has expressed its desire to formalise its approach to student engagement in collaboration with its first cohort of students and provided examples of student engagement in the design and development of its curriculum. The use of a Student Design cohort in programme development shows that the provider is willing and has taken steps to engage students in the quality of their education experience. Plans for obtaining module and programme-level student evaluation feedback are also credible and more firmly developed. The review team concludes, therefore, that the Core practice is met.

202 The lack of evidence relating to the view of students and evidence of the provider acting upon student feedback, while reflecting the provider's current stage in the validation process, means that the effectiveness of the student experience system could not be tested. Nonetheless, the evidence demonstrated a clear intent to provide several different mechanisms and fora for student feedback and for analysing and acting upon it, and so the review team has a high degree of confidence in this judgement.

Q6 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students

203 This Core practice expects that the provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.

204 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

205 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Draft Complaints Policy
- b Draft Academic Appeals Policy
- c Student Handbook
- d Meetings with senior staff
- e Meeting with academic, and professional support staff.

How any samples of evidence were constructed

206 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

207 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

208 The review team examined the provider's draft Student Complaints Resolution procedure [021] and draft Student Academic Appeals Policy to assess whether the provider's processes for handling complaints and appeals were fair, transparent and accessible.

209 The review team considered the provider's Student Handbook to assess whether the information provided to students relating to complaints and appeals is accessible.

210 The review team met with senior staff to test their understanding of the plans for handling student complaints and academic appeals.

What the evidence shows

211 The review team's analysis of the evidence led to the following observations.

212 At time of review, the provider had produced a Draft Student Complaints Resolution Procedure and a Draft Student Academic Appeals Policy, both of which are subject to approval by the University as part of the course validation process. Both documents were examined by the review team to test whether they provided a fair and transparent basis for handling complaints and appeals. The Draft Student Complaints Resolution Procedure provides an overview of the complaints process, including the differentiation between the three different stages, and associated time scales, of a complaint (Informal, Formal Departmental Review, Formal Institutional Review). It clearly states the decision point at which students may appeal to the University and, where that outcome remains unsatisfactory, that students will be able to submit an appeal to the Office of the Independent Adjudicator for Higher Education (OIA). The draft procedure is aligned with the good practice for higher education providers issued by the Office for Students and with the requirements of the University. Registration with the OIA will be sought after registration with the Office for Students has been obtained.

213 The draft Student Academic Appeals Policy confirms to students that the policy only applies to academic work and not to any other aspect of the provider. The grounds upon which an academic appeal can be submitted are outlined in a clear and accessible manner. Academic appeals will be heard by the provider's ad hoc Assessment Appeals Board which consists of the Provost, Academic Registrar, and an additional academic member of staff not involved with the appeal. These arrangements should ensure cases are handled fairly. The draft policy details clearly how students may appeal decisions of the Assessment Appeals Board, including by submitting an appeal to the University's Board of Examiners.

214 Academic Council will monitor complaints and appeals by receiving an annual report detailing the number and types of complaints. This information will be used to inform enhancement and development activities. The provider's draft Student Complaints Resolution Procedure and draft Student Academic Appeals Policy demonstrate that the provider's approach to handling student complaints and appeals are fair and transparent and should deliver timely outcomes.

215 The review team examined the draft Student Handbook and current website to test whether information on complaints and appeals would be transparent and accessible to students. The draft Handbook includes a short section on 'complaints and appeals', although the text is specifically focused on complaints. Hyperlinks to the complaints procedure and appeals policy will be inserted into this section when they have been added to the relevant section of the website. The review team is satisfied by the contents of the draft Student Handbook and the main website structure that students will be able to find out information about complaints and appeals policies quickly and easily.

216 Senior staff have had direct involvement in drafting the complaints procedure and appeals policy and were able to provide the team with a clear understanding of the scope of the formal policy and the responsibilities of staff involved. The complaints and appeals procedures will be overseen by the Academic Registrar, who has relevant experience from work in other higher education institutions. Senior staff will encourage informal conciliation and resolution where possible, and relatively small student numbers may facilitate this. However, senior staff clearly recognised the importance of the formal procedures. The review team was satisfied that the provider has robust plans in place for implementing fair and transparent complaints and appeals procedures and that the importance of these is well understood by senior staff.

Conclusions

217 As described above the review team considered all of the evidence submitted [Annex 1] to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

218 The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students. The provider's approach and procedures for handling complaints and appeals are definite, fair and transparent, and plans are credible, including monitoring of complaints and appeals through Academic Council and the production of an annual report to inform development activities. Information for students relating to complaints and appeals is being developed and the team is confident that this will be accessible and clear. Senior staff, who had direct involvement in drafting the complaints procedure and appeals policy, understand their role in this area and the importance of the Core practice. The review team therefore concludes that the provider meets this Core practice.

219 The lack of evidence relating to the views of students and data on complaints and appeals, while reflecting the provider's current stage in the validation process, means that the effectiveness of the implementation of the procedures could not be fully tested. However, the provider's plans to develop fair, transparent and accessible complaints and appeals procedures are robust and credible, and the procedures it will implement for handling complaints and appeals are definitive, fair and should deliver timely outcomes. The review team, therefore, has a high degree of confidence in this judgement.

Q8 Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them

220 This Core practice expects that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high-quality irrespective of where or how courses are delivered and who delivers them.

221 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

222 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a Assessment Strategy
- b NMiTE engagement with Professional, Statutory and Regulatory Bodies (PSRB)
- c Due Diligence Framework
- d NMiTE's Organisational Chart
- e Community of Practice – Purpose and Draft Terms of Reference
- f Outline of Partnerships process
- g Stages of Partnerships Process
- h List of Contracted Partner organisations, as at 29 October 2019
- i Outline of Employer Induction Process
- j Partnerships Process Flowchart
- k NMiTE Partnership MoUs
- l Meeting with senior staff
- m Meeting with academic, and professional support staff
- n Final meeting with senior staff.

223 Some of the key pieces of evidence, outlined in Annex 4, were not considered by the review team. These pieces of evidence and the reason why they were not considered during this review are outlined below:

224 Third party endorsements as none are available for the provision on offer at the School.

How any samples of evidence were constructed

225 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

226 As highlighted, all of the evidence submitted by the provider was considered by the

review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

227 The review team scrutinised the Due Diligence Framework, partnership development processes, including Outline of Partnerships process, Stages of Partnerships Process and Partnership Memorandum of Understanding, to assess how the provider will ensure a high-quality academic experience is irrespective of where or how the courses delivered it.

228 The review team examined the provider's List of Contracted Partner organisations, a Partnership memorandum of understanding, the Community of Practice – Purpose and Draft Terms of Reference, the Outline of Employer Induction Process and the provider's Assessment Strategy to assess whether its plans for delivering a high-quality academic experience in partnership work are credible, robust and evidence-based. The review team also met a range of senior academic and professional staff to test their understanding of their responsibilities in relation to partnership arrangements.

229 The review team considered the provider's engagement with professional, statutory and regulatory bodies (PSRBs) to assess the level of engagement with PSRB organisations, namely The Institute of Engineering and Technology (IET), and Chartered Managements Institute (CMI), with respect to gaining views of other organisations on the quality of the programme.

What the evidence shows

230 The review team's analysis of the evidence led to the following observations.

231 There is limited guidance in the University's regulations for validated awards in respect of working in partnership, but its handbook for validated awards states that the provider should develop work-based learning quality assurance resources such as handbooks for the employers and mentors as part of its validation process. However, at the time of review these were incomplete or unavailable to the team. The provider noted that work-based learning is not undertaken before year two of the programme and therefore it has time to develop further policy and guidance for staff, students and employers. Senior and academic staff did recognise their responsibilities and duty of care for students and stated that close contact will be maintained throughout all work-based learning activities, including normal provision of personal tutor and additional support services. The review team considers the current lack of formalised guidance and policy in respect of work-based learning to be a potential risk to the student experience, but that academic standards should not be affected because external partners will not be directly engaged in summative assessment of students.

232 The provider has developed a Due Diligence Framework as a policy in respect of the scrutiny and approval of partnerships, including those involving provision of work-based learning. Organisational due diligence and scrutiny involves testing whether the employer meets the provider's ethical standards. If it does, then further due diligence is applied against criteria of location, sector relevance, interest in working with the provider, financial stability, scale and brand relevance. Each criterion is scored and only organisations reaching a threshold level are engaged. A Partnership Memorandum of Understanding, listing the range of activities to be undertaken, is then produced and signed. The process is supported by a dedicated partnerships team. The review team considers the policy and process to be

credible and that the due diligence framework should ensure the in-prospect provider only enters partnerships where a high-quality experience for students can be delivered, either through work-based learning or other teaching and learning activities.

233 Collaboration and partnership with industry is central to the provider's mission, its MEng curriculum model, and its plans for delivering a high-quality academic experience. At the time of review, the provider had contracted 26 organisations covering a wide range of sectors, including manufacturing, agriculture, food and drink, energy, education, IT, sport and transport. Industry partner relationships will be monitored by designated academic committees with oversight by the Academic Council. Staff have been allocated responsibility for the delivery and monitoring of specific aspects of the partnerships. A Communities of Practice to foster collaboration and innovation between the partners and the provider is being established.

234 Planned support for the curriculum by partners includes sharing expertise, providing real-world challenges to develop into projects, sponsoring community-based challenges and providing work-based projects. These examples of work-related activities and assignments are embedded at year two and above of the programme and support the provider's assessment strategy to employ varied assessment types that reflect the ways engineers work in practice. Staff confirmed the approach to involving industry partners with the educational programme, highlighting positive aspects such as linking an appropriate industry partner to a particular module to provide a realistic project for students to work on as an embedded part of their learning process. These plans provide a robust and credible basis for ensuring a high-quality academic experience in partnership work, because of the range of organisations engaged and the varied learning and assessment activities planned.

235 At the time of the review the in-prospect provider did not have any formal agreement with either PSRB (IET and CMI) because the programme had not been validated by an awarding body which is a requirement of the PSRBs, however there is clearly a dialogue between the various parties.

Conclusions

236 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

237 The review team concludes that, where the provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic experience is high quality irrespective of where or how courses are delivered and who delivers them. There is limited guidance in the University's regulations for validated awards in respect of working in partnership, but its handbook for validated awards states that the provider should develop work-based learning quality assurance resources such as handbooks for the employers and mentors as part of its validation process. There are comprehensive and positive processes for working with industry partners, such as the approach for selecting appropriate industry partners to work with and the proposed level of engagement by partners with the learning process. The provider has already engaged a wide range of partners from varied industrial sectors and is taking steps to build a community of practice. Learning activities and assignments involving industry input and work-based learning are embedded at year two and above of the programme. These support the provider's strategy to deliver a high-quality experience that reflects the ways engineers work in practice. Robust arrangements for due diligence and scrutiny of possible partners involved in supporting or

delivering educational activities ensures the quality of the student academic experience is maintained and allows the Core practice to be met. The review team concludes that the Core practice is met.

238 The lack of evidence relating to external examiners, views of students and third-party endorsements from PSRBs concerning the operation of partnerships, and the limited evidence in respect of the partnership with the University, means that the effectiveness of the arrangements could not be fully tested. However, the provider's strategy to deliver a high-quality academic experience is reflected in its plans for work-based learning in conjunction with employers and mentors which leads the review team to have a moderate degree of confidence in this judgement.

Q9 The provider supports all students to achieve successful academic and professional outcomes

239 This Core practice expects that the provider supports all students to achieve successful academic and professional outcomes.

240 The QAA review team completed an assessment of this Core practice in line with the principles and outcomes that are detailed in the [Quality and Standards Review for Providers Applying to Register with the Office for Students: Guidance for Providers](#) (March 2019).

The evidence the team considered

241 The QAA review team assessed the evidence presented to them, both prior to and at the visit, to determine if the provider could meet this Core practice at a threshold level. The Quality and Standards Review Guidance for Providers Applying to Register with the Office for Students includes a matrix (Annex 4) which identifies key pieces of evidence that a provider may present and which the team should consider when making a judgement against this Core practice to ensure that the relevant outcomes are being delivered. The review team utilised that matrix to ensure that the evidence they considered was assessed in a way that is clear and consistent with all other reviews and focused on relevant outcomes. A list of the key pieces of evidence seen by the team is below:

- a OU Regulations for validated awards
- b OU Handbook for validated awards
- c Draft Admissions Policy
- d Access and Participation Statement
- e Academic Roles and Promotion Process
- f Maths and English Support
- g Development of Communication Skills
- h Teaching and Learning Strategy Statement
- i Draft Personal Tutor Handbook
- j Draft Student Handbook
- k Enabling Student Achievement
- l Safeguarding Policy
- m DBS Process
- n Draft MEng Assessment Policy
- o NMiTE Partnership MoUs
- p Meeting with senior staff
- q Meeting with academic and professional support staff.

How any samples of evidence were constructed

242 As the provider had not commenced delivery, no sampling activity was undertaken.

Why and how the team considered this evidence

243 As highlighted, all of the evidence submitted by the provider was considered by the review team either prior to the visit, or at the visit itself. As such several pieces of evidence will have been considered to allow the review team to make their judgement regarding the providers ability to meet this Core practice. To ensure consistency in decision making and to ensure that those decisions focused on outcomes, the review team considered the key pieces of evidence outlined in Annex 4 of the Guidance for Providers. These key pieces of evidence and the reason for scrutinising them are outlined below:

244 The review team examined OU Regulations for validated awards, OU Handbook for validated awards, the provider's Teaching and Learning Strategy and its Statement on Enabling Student Achievement to identify the provider's approach to student support.

245 The review team assessed the provider's policies and plans, including the Draft Admissions Policy, Access and Participation Statement, Academic Roles and Promotion Process, Maths and English Support, Development of Communication Skills, Teaching and Learning Strategy Statement, Draft Personal Tutor Handbook, Draft Student Handbook, Enabling Student Achievement, Safeguarding Policy, DBS Process, and Draft MEng Assessment Policy, for supporting students to determine whether the provider has a credible approach to ensuring that all students are supported to achieve successful academic and professional outcomes.

246 The review team also met with senior academic, and professional support staff to test whether staff understand their responsibilities with respect to enabling student achievement.

What the evidence shows

247 The review team's analysis of the evidence led to the following observations.

248 The provider's planned use of the University's academic regulations and the provider's policies relating to enabling student achievement, demonstrate the holistic approach the provider will take to student support that is clear, comprehensive, and credible. The provider's teaching and learning strategy places a strong emphasis on knowledge and transferable skills development, embedding employer engagement and preparing students for professional lives in engineering.

249 The review team assessed the provider's plans for ensuring that all students are supported to achieve successful academic and professional outcomes. The provider considers that its personal tutoring system will be central to enabling student academic and professional achievement. All students are to be allocated a personal tutor on enrolment. Students who disclose a disability or additional learning requirement during the application process will be allocated a personal tutor on acceptance of a place, to offer an opportunity for an effective relationship to begin prior to arrival and ensure that appropriate additional support is in place from the start of the programme. The expectations and duties of the personal tutor are laid out clearly in the Personal Tutor Handbook. The provider is in the process of appointing a Senior Personal Tutor who will assume responsibility for managing the personal tutoring system. Working with the programme team, Academic Registrar, and Head of Student Experience, they will also ensure that the provider's approach to student support continues to facilitate successful academic and professional outcomes.

250 One purpose of the provider's curriculum is to encourage less well-represented groups into studying Engineering. As such, the provider has sought to remove the academic barriers to applicants, including removing the requirement to have previously studied mathematics and physics. To ensure that no individual student is unfairly disadvantaged by this, the provider has developed a comprehensive academic support package that will provide each student with mathematics and physics support on a needs-led basis. The provider is also working in collaboration with several external organisations to develop its curriculum and provide placements for its students, thereby enabling students with a non-typical educational background to succeed both educationally and professionally.

251 The provider has appointed a Head of Student Experience who will lead on student, wellbeing, and learning support issues. The provider will make all reasonable and necessary adjustments to accommodate students with a disability and will accommodate students with additional learning requirements. This includes a student-focused counselling service, which

will be provided under the responsibility of the Head of Student Experience. The Head of Student Experience will also be responsible for developing the provision of careers advice for students. The provider's plans to support students to achieve successful academic and professional outcomes are therefore comprehensive, robust and credible and take due regard of the needs of students with disabilities or additional learning needs and encourages wider participation in engineering through supporting students without the usual qualifications in mathematics and physics.

252 Feedback and feed-forward approaches will form a key part of the provider's assessment strategy. The studio-based model is designed to provide opportunities for continuous informal feedback to enable students to develop an understanding of the strengths and weaknesses of their work, and opportunities to improve. Formal written feedback will be provided within 15 working days following the submission of work. The provider is developing a programme-level Assessment Policy which details this approach. Where a group submission is to be assessed, the provider has made provision for individual contributions and achievement of learning outcomes to be recognised. Formal examinations will not be used as an assessment method. At the time of the review visit, the provider did not have any students; as a result, assessed student work was not sampled.

253 Staff involved with supporting students confirmed that they understand their roles and responsibilities in support student achievement. Academic staff outlined the approach to feedback and feed forward and how, while this would be challenging given the concentrated academic schedule, it would ultimately enable student academic achievement. Professional and technical support staff explained their multifaceted roles in terms of supporting students administratively and during practical teaching sessions, respectively [M2].

Conclusions

254 As described above the review team considered all of the evidence submitted to form a judgement as to whether the provider meets this Core practice. In making this judgement the team followed the process set out in Guidance for Providers and took account of the key statements outlined in Annex 5. In so doing the review team ensured that their judgement was consistent with all other reviews and remained outcomes focused. Their conclusions, based on the evidence considered, are detailed below:

255 The in-prospect provider's approach to student support will facilitate all students to achieve successful academic and professional outcomes when the provider starts delivering the programme. There are comprehensive and credible plans to support all students, including those from non-typical educational backgrounds. Staff involved in supporting and enabling student academic and professional achievement are clear in their responsibilities and are clearly committed to ensuring the best possible outcomes for their students. Approaches to feedback are well thought through and should ensure that they will be comprehensive, helpful and timely. The review team concludes, therefore, that the Core practice is met.

256 The lack of evidence relating to the views of students, while reflecting the provider's current stage in the validation process, means that the effectiveness of the provider's approaches to student support could not be fully tested. However, the provider has comprehensive and credible plans to support all students, including those from non-typical educational backgrounds, to achieve successful academic and professional outcomes. This means that the review team has a high degree of confidence in its judgement.

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