DQB

Designated Quality Body
in England

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

Assemblies of God Incorporated

Review Report

March 2022

Contents

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	High	From the evidence seen, the assessment team considers that the standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment 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 approach should ensure that standards are maintained appropriately. This is because the provider uses the University's academic regulations as a framework for all aspects of its quality assurance mechanisms. Mapping of learning outcomes at different levels of study is undertaken and the team found this to be consistent with the FHEQ. The marking criteria for tutors present the FHEQ framework for marking at Levels 4, 5 and 6 and feedback provided on assessment for students includes the relevant FHEQ criteria and relates to the learning outcomes. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria. The external examiner confirms that threshold standards are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those threshold standards have been met. Staff understand and apply the provider's approach to maintaining standards, the programme leaders and tutors demonstrated understanding of the summative and formative assessment processes.

The assessment team considers that, based on the evidence scrutinised, the standards that will be achieved |

					by the provider's students are expected to be line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment team also considers that the provider's approach will ensure that these standards are maintained. The assessment 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 scrutiny of the evidence provided, the assessment team concludes that this Core practice is met.
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.	Met	High		The assessment team concludes 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. The assessment team considered that the provider's approach to ensuring standards beyond the threshold are maintained. The assessment team determined that the provider has a credible approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards because it is based upon the University's regulations and procedures. As a small and specialist institution the provider does not have its own academic regulations but does have a framework that reflects the application of the regulations of the University. This is a proportionate and effective approach. Through setting and marking student assessments, the provider is executing its responsibilities for the maintenance of academic standards of awards delivered on behalf of the University. The provider's plans for maintaining

				comparable standards are robust and credible in that they are closely aligned with the University's well established and evidence-based regulations, and academic partnership processes. Sampled assessed student work reflects that credit and qualifications are awarded only where the relevant standards have been met. External examiner reports confirm that standards beyond the threshold are reasonably comparable with those achieved in other UK providers. Therefore, the assessment team concludes, based on the evidence described above, 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 and this Core practice is met.
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 assessment team concludes that where the 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. This is because the provider aligns with the University's well established and evidence-based regulations and academic partnership processes stated within the Organisational Agreement, Principles and Regulations and Quality and Standards Manual, which clearly set out the arrangements for partnership working between the University and the provider. The arrangements also include specific quality assurance mechanisms for academic standards including programme approval, external examining, programme monitoring and programme modification which the provider demonstrated working in practice. Staff from the provider attend the annual partnership information

					day held by the University which provides them with updates on changes to academic regulations, updates on academic registry processes and other quality assurance requirements, which further ensures that the understanding of staff of their responsibilities to the awarding body are current.
					Scrutiny of assessed student work confirmed that the provider's approach to assessment was consistent with the University's expectations. The Module Assessment Board held by the University confirmed that all marks presented by the provider were agreed, further supporting the team's view that the standards of awards are credible and secure. Additionally, external examiner reports scrutinised by the assessment team confirmed that the standards of awards delivered in partnership are credible and secure.
					The assessment team concludes, therefore, 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 assessment team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent because there are clear and comprehensive regulations where responsibilities, processes, and procedures relating to use of external expertise and assessment of students are agreed is stated in the Partnership Agreements, Programme Agreements and Handbooks. There is evidence of appropriate external involvement in the programme approval and review of the provider's courses. Through consideration of external examiner reports and the provider's responses to them, the team concludes that the provider, through the University 's processes, gives due consideration to external

| | | | | expertise. Assessed student work confirms assessment and classification are carried out in line with the University's requirements and staff understand the requirements for the use of external expertise and their responsibilities regarding the assessment of students.

Therefore, the team concludes that this Core practice is met. |
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| Q1 | The provider has a reliable, fair and inclusive admissions system. | Met | High | The assessment team concludes that the provider has a reliable, fair, and inclusive admissions system. The provider has a clear policy for the recruitment and admission of students that is inclusive and fit for purpose because it applies to all applicants and allows for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications, mature applicants and applicants with a disability.

The policy and information for applicants is transparent, fit for purpose and easily accessible through the provider's website, with further opportunity for applicants to discuss their intended course and application at taster days and through direct communication with the provider. The assessment team identified some minor inconsistencies between the wording in the Admissions Policy, the wording on the programme specifications and information on the provider's website. However, the assessment team was satisfied that these were minor inconsistencies and provided the same information but with slightly different wording which did not harm the overall integrity or transparency of the admissions processes.

Overall, the provider's plans for admissions systems are reliable, fair, and inclusive. However, the team identified |

				some elements in the initial evidence documentation that required further explanation by the provider, such as the requirement for an acceptance fee and the inclusion of some of the questions in the applicant reference questionnaire. The assessment team was assured by the provider's response and rationale that these were intended to be supportive and did not present significant risk to the offer of a place to applicants. The assessment team was also assured by the review of the Admissions Policy that was currently under way, which provided opportunity to review these practices to ensure that the Admissions Policy remained fair and inclusive. These inconsistences notwithstanding, the assessment team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions that were scrutinised by the assessment team, and is therefore reliable, fair, and inclusive for all applicants. This is supported by the provider having admissions staff who have a clear understanding of their roles and responsibilities and the admissions processes. Students tend to agree that the admissions system is reliable, fair, and inclusive, and placed particular emphasis on the quality of support provided to applicants. Overall, the inconsistencies identified do not appear to harm the integrity of the process, or present significant risk to applicants, therefore the assessment team concludes that the Core practice is met.
Q2	The provider designs and/or delivers high-quality courses.	Met	High	The assessment team concludes that the provider has in place a credible and robust approach to design and delivery of high-quality courses. This is because the

				provider actively engages with the University's annual programme renewal process. There is effective oversight through the provider's Board of Studies. The provider effectively operates the University's policies and procedures on assessment design and delivery and ensures that it follows the University's course approval processes that facilitate the design and development of high-quality, relevant courses which lead to credible and recognised positive outcomes for students.
				The provider uses external experts such as external examiners and advisers to inform course design and approval, and course review. Course design and review involves consideration of all elements leading to the delivery of a high-quality academic experience. The provider routinely monitors its course provision to allow objective assessment of whether it is providing a high-quality academic experience. The assessment team concludes, therefore, that this Core practice is met.
Q3	The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience.	Met	High	The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. Staff are composed of core teaching staff, visiting lecturers, professional staff, and staff from the wider corporate body of Assemblies of God Incorporated. Meetings with the provider's senior staff indicate that recruitment is targeted and enables the recruitment of sufficient appropriately qualified and skilled staff, including from within the existing visiting lecturer resource. The provider has recruited appropriately qualified and experienced academic and professional staff which is evident from staff qualifications and experiences. The staffing levels for teaching staff, although small, show that the provider has sufficient staff to deliver a high-

					quality learning experience for students and has credible plans for future recruitment.
					Academic and professional staff are appropriately inducted and supported. The assessment team considers that there is an induction process appropriate and proportionate given the small and specialist context of the provider. There is an approach to staff development which supports academic staff to engage with continuing professional development. The provider engages in a peer observation of teaching process to monitor the quality of teaching and visiting staff are closely observed to maintain oversight.
					Direct assessment of staff teaching showed that staff are knowledgeable in their subject area and skilled in the delivery of high-quality teaching. In the meeting with students, they indicated that they feel the provider's staff team are appropriately skilled. The students also noted that the staff team are highly skilled, committed, and responsive to issues that they raise. The assessment team concludes, therefore, that this Core practice is met.
Q4	The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience.	Met	High		The overwhelmingly positive feedback provided by students on the provider's resources and support services, through the student submission and the student meeting with the team, satisfied the assessment team that students tend to regard facilities, learning resources and student support services as sufficient and appropriate.
					Direct assessment of the provider's resources by the assessment team further confirms that the resources and support services are appropriate and proportionate to the size of the provider. The church location fully complements the specialist church context of the

					provider and, as such, provides a high-quality academic experience which demonstrably links to the delivery of successful academic and professional outcomes for students. The assessment team concludes, therefore, that this Core practice is met.
Q5	The provider actively engages students, individually and collectively, in the quality of their educational experience.	Met	High		The team concludes that the provider has a clear and effective approach to actively engaging students, both individually and collectively, in the quality of their educational experience that is well understood by students and staff. The approach is strongly embedded in all of the provider's ways of working with students, which emphasise a relational approach to engaging students that enables critical discussion and feedback. Students can provide feedback individually through direct conversations with staff in person, via videoconferencing or emails, and through surveys taken after each module and also at the end of their study. Collectively the student representative system represents students' interests through Student Faculty meetings and in the deliberative committee structure. As a result, students are confident that the provider engages with them in the quality of their educational experience and will act on their feedback. Students gave multiple examples of how feedback they had provided individually to teaching staff, or through their student representative systems, had resulted in positive changes to their curriculum and resources. Student representatives feel well supported in their roles and have a variety of opportunities to provide feedback to the provider, in Student Faculty meetings as well as through deliberative committees. Staff also gave examples of the provider changing and

				improving the students' learning experience as a result of student engagement, such as learning resources and programme reapproval, and described the approach to student engagement as being an important part of the relationship that they model with their students. Overall, the provider's ongoing plans to continue to engage students are robust and credible. The assessment team concludes, therefore, that the Core practice is met.
Q6	The provider has fair and transparent procedures for handling complaints and appeals which are accessible to all students.	Met	Moderate	The assessment team concludes that the provider's processes for managing complaints and appeals should deliver timely outcomes for students. The provider's procedures for the handling of complaints and appeals are fair and accessible to students. However, it was unclear as to whether the complaints and appeals policy could be considered transparent. This is because of, respectively, a lack of clarity about which of the three procedures (the provider's own processes and procedures; that of Assemblies of God, the provider's parent organisation; or the University's) to follow and under what circumstances. The team scrutinised the single formal complaint that the provider has received and dealt with in the past three academic years and is satisfied that the complaints procedures were followed in practice and the complaint has been dealt with in a fair and timely manner. Students were unfamiliar with the complaints and appeals procedures but did know where they could find them if they needed them. Students were confident that concerns they raised would be dealt with in a fair manner, consistent with the provider's relational approach. The team was informed that the staff team works closely together to identify student concerns at an

| | | | | | early stage and communicates frequently as a team to ensure that any concerns are dealt with fairly.

Despite the lack of clarity surrounding multiple complaints procedures of the provider, its parent organisations and the University, the team determined that the integrity of the process or interests of students have not been harmed. The policies and procedures are fair, accessible, providing timely outcomes, and are followed in practice. The team concludes, therefore, that this Core practice is met. |
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| Q7 | Where the provider offers research degrees, it delivers these in appropriate and supportive research environments. | Met | Low | | The assessment team concludes that where the provider offers research degrees, it delivers these in an appropriate and potentially supportive research environment. Although doctoral supervision capacity is limited, supervisors are actively engaged in research or scholarly activities and have appropriate skills and experience of supervising doctoral students to completion and examining research degrees. Staff understand and undertake their responsibilities in respect of research supervision. Responsibility for programme management, quality assurance, delivery and assessment is devolved to the provider from the University. While the provider does not have its own regulations or policies but instead uses those of the University, the assessment team concludes that, as a small and specialist provider, this is a proportionate approach.

Therefore, the assessment team concludes that, on balance, the Core practice is met. |
| Q8 | Where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the academic | Met | High | | The assessment team concludes that where a provider works in partnership with other organisations, it has in place effective arrangements to ensure that the |

| | | | experience is high-quality irrespective of where or how courses are delivered and who delivers them. | | | academic experience is high-quality irrespective of where or how courses are delivered, and who delivers them. The provider has clear, comprehensive, and up to date agreements in place with the University which reflect the provider's arrangements for the management of partnerships.

Student placements and the mission trip form an integral part of the undergraduate experience and the provider works successfully in partnership with external church providers to offer placements and mission trips which support a high-quality student learning experience.

The assessment team was satisfied that the provider has developed a robust and credible approach for ensuring that placements provide a high-quality academic experience, which are proportionate to the size and specialist church context of the provider and are clearly set out in the Church Placement Agreement.

However, the assessment team was concerned with the informal and undocumented nature of lines of accountability for placements within the provider's internal reporting structures, which could potentially, and present a risk to quality and the oversight of provision. However, the team determined that the integrity of the process or interests of students have not been harmed.

Staff who met the team were able to clearly articulate their understanding of their responsibilities for the quality of courses delivered in partnership, particularly with regard to student placements. Furthermore, students met by the team were overwhelmingly positive about their placements and the mission trip. Students specifically highlighted the support they received from |

| | | | | | the provider in preparing for placements.

The assessment team concludes, therefore, that the Core practice is met. |
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| Q9 | The provider supports all students to achieve successful academic and professional outcomes. | Met | High | | The assessment team concludes that the provider's approach to student support, along with the embedded requirements for ministry placement, facilitates students' achievement of successful academic and professional outcomes. The plans are also comprehensive, supporting students at all stages of their academic journey with a wide range of academic and professional outcomes. Staff understand their role in supporting student achievement, and assessed student work demonstrates that staff provide students with individualised, timely and helpful feedback.

Students are positive about the support received from both academic and non-academic staff. They agree that they are supported to achieve successful academic and professional outcomes, and particularly appreciated that their teaching staff, including visiting lecturers, were highly skilled and knowledgeable about both the curriculum and the realities of professional practice. The assessment team concludes, therefore, that the Core practice is met. |

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 QAA in March 2022, for Assemblies of God.

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 assessment team's decisions about the provider's 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: Mr Michael Cottam
Institution: Formerly Myerscough College
Role in assessment team: Institutional assessor

Name: Dr Gareth Longden
Institution: St Padarn's Institute
Role in assessment team: Institutional and Subject assessor

Name: Prof Minhua (Eunice) Ma
Institution: Falmouth University
Role in assessment team: Institutional assessor

The QAA officer for the review was: Ms Jo Miller.

The size and composition of this assessment 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 Assemblies of God Incorporated

Missio Dei (the provider) is a theological and leadership college based in Manchester. The provider is involved in the training and development of new ministers for and on behalf of Assemblies of God Incorporated, a Pentecostal denomination, although it has open access and therefore welcomes all students regardless of their church background or faith commitment.

Assemblies of God Incorporated, through a Board of Directors, has governance oversight of the provider. The Board of Directors has management of policy and operational decisions and is made up of independent members and the Assemblies of God National Leader who is an ex-officio member. The Board of Directors delegates authority for the day-to-day running

of the provider to the Senior Leadership Team and the Board of Studies. These groups meet regularly throughout the year to discuss matters related to the design and delivery of the programmes, and various other academic matters. Both include student members, normally the student representatives, who are chosen at the start of each academic year.

In 2019-20, the Board of Directors decided to have a year where there was no student intake as part of a broader strategic process of redeveloping the provider. The Strategic Plan sets out the long-term overarching plans for resources following the move to Manchester in August 2020 from Mattersey, confirming plans to work out of the Assemblies of God Incorporated National Leadership office in Manchester and rent teaching space from the affiliated Audacious Church, which will allow for five teaching spaces.

The Senior Leadership Team has overall operational responsibility for leading redevelopment of the provider through the Strategic Plan. As such, the Senior Leadership Team also has responsibility for the provision and development of resources and support services at the provider.

The provider's strategy is to change registration category with the Office for Students and re-design programmes such as the MA in Mission Leadership currently undergoing a review, with the aim of relaunching it in 2023-24.

The provider offers a range of degree courses at both undergraduate and postgraduate level. They are as follows:

Programme Delivered	Level	Type of provision	Number of full-time students	Number of part-time students	Discontinued
Certificate in Higher Education (CertHE) in Theology and Christian Leadership	Level 4	On Campus and Distance Learning	1	0	
Bachelor of Arts (BA) in Theology and Christian Leadership	Levels 4-6	On Campus and Distance Learning	20	2	
Bachelor of Arts (BA) in Biblical Studies and Theology	Levels 4-6	On Campus and Distance Learning	1	4	Discontinued, last intake September 2018
Graduate Diploma (GradDip) in Theological Studies	Level 6	On Campus and Distance Learning	0	0	
Master of Arts (MA) in Biblical Studies	Level 7	On Campus and Distance Learning	1	19	
Master of Arts (MA) in Practical Theology	Level 7	On Campus and Distance Learning	4	26	
Master of Arts (MA) in Missional Leadership	Level 7	On Campus and Distance Learning	0	0	Currently undergoing a review with the aim of relaunching in 2023-24.
Doctor of Ministry (Dmin)	Level 8	On Campus		1	

All courses are validated by the University of Chester. In 2020, the provider underwent a partnership review, which was renewed for five years to 2025.

How the assessment 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 assessment team. For this provider this includes Q7 because, at the time of the review, there was a single student registered on the DMin programme. However, the provider is not actively recruiting students for the DMin or other PhD programmes, while an internal review is undertaken. The provider plans to relaunch doctoral programmes in the 2024-25 academic year.

To form its judgements about the provider's ability to meet the Core practices, the assessment team considered a range of evidence that was submitted prior to the review visit and evidence gathered at the review visit itself. [Annex 1] To ensure that the assessment team focused on the principles embedded in the Core practices, and that the evidence considered was assessed in a way that is clear and consistent with all other reviews, the team used Annex 4 of the Guidance for Providers to construct this report and detail the key pieces of evidence seen. Annex 4 expects that assessment teams will sample certain types of key evidence using a combination of representative sampling, risk-based sampling and randomised sampling. In this review, the assessment team sampled the following areas for evidence for the reasons given below:

- The team reviewed a simple random sample of 58 from a total undergraduate and postgraduate student cohort of 78 admissions applications. This sample relates to the BA in Theology and Christian Leadership (20 full-time students), MA in Practical Theology (26 part-time students) and/or the MA in Biblical Studies (19 part-time students) for the past three academic years - 2018-19, 2019-20, 2020-21.

- The team reviewed a simple random sample of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback.

- The team considered a representative sample of three job profiles and accompanying academic qualifications and professional accreditations, covering senior leadership, operations staff support, and programme lead and tutor roles for staff working at the provider.

Further details of all the evidence the assessment team considered are provided in Annex 1 of this report.

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 assessment 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).

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

5   Third party endorsements, as none are available for the provision on offer at the provider.

How any samples of evidence were constructed

6   The team reviewed a simple random sample [092] of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

7   The assessment team's analysis of the evidence led to the following observations.

8   The Organisational Agreement [002] confers the University's endorsement for the delivery of Level 4 to 8 programmes. There are two Programme Agreements in place, one for Postgraduate Research [003, 153] and one for Taught programmes. [004, 154] These agreements govern the delivery of the programme by the provider and specify that the provider is responsible for programme development, delivery, and assessment. The Organisational Agreement [002] confirms that the University is responsible for setting academic standards in line with the sector-recognised standards and providing oversight of the provider's maintenance of those standards. In all cases the University retains the responsibility for setting standards and the authority to confer awards upon students and this authority is never delegated. All assessment is marked and moderated by the provider's staff and reviewed by the University appointed external examiner.

9   The provider's approach to maintaining sector-recognised standards is robust and credible because it is closely aligned with the University's academic regulations and policies as described in the Principles and Regulations [https://www1.chester.ac.uk/sites/default/files/Principles%20and%20Regulations%202021-22%20v2.pdf Accessed 09.01.2022] and in the Quality and Standards Manual, [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] and through the practices of the University's programme monitoring regime. The evidence from the agreements [002, 003, 004, 153, 154] and the provider's undergraduate [013] and postgraduate handbooks [014] demonstrates that the provider has a clear, coherent, and informed institutional approach to course and assessment design, marking and moderation which gives the assessment team confidence that the requirements for awards and approaches to classification as the underlying basis for awards are met. The assessment team concludes that the provider has credible and robust plans ensuring that its programmes align with sector-recognised standards, through continued engagement with the University's quality assurance and academic partnership processes.

10   The assessment team considered the provider's approach for maintaining threshold standards through assessment and found it robust and credible because it is based upon the University's regulations and makes explicit reference to the link between assessment and threshold standards in the Framework for Higher Education Qualifications (FHEQ). Students are provided with clear guidance in the programme handbooks [014 Undergraduate, 015 Postgraduate] on what is required to achieve the threshold. The provider's approach to assessment [138, Undergraduate External Examiner Questions 2021-22] is robust since it is well documented, is subject to external review from the external examiner at the point that the assessment is set from the University when changes are proposed, and from the external examiner again when marking is reviewed in advance of the Module Award Board. The assessment team found that the approach which determines which assignments should be first marked, which should be second marked, and which should be moderated are robust because they clearly identify which procedure should be followed.

11   The provider's Board of Directors' Terms of Reference [076] show that it is responsible for governance and oversight of the approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification. The Board minutes provide confidence to the assessment team that the Board is aware of its governance role and carries out its duties and undertakes effective actions. This was also demonstrated in the assessment team's meeting with members of the Board where they articulated a clear understanding of their roles and responsibilities. [M2] As part of the Organisational Agreement, [002] the Board of Studies and Extended Board of Studies [114 Terms of Reference] oversee the effective implementation and management of the academic programmes and have responsibilities to maintain academic standards and to monitor and review academic programmes.

12   Mapping of learning outcomes at different levels of study is consistent with the FHEQ qualification descriptors. Assessment measures the extent to which students achieve the learning outcomes both at and beyond the threshold level. Programme handbooks [013 Undergraduate, 014 Postgraduate] provide comprehensive and definitive information for students. Assessment criteria are included in the programme handbooks [013, 014] and on the assignment sheet which means that students can easily confirm the criteria against which they are being assessed. The assessment criteria are mapped against the appropriate level classification descriptors of the FHEQ. Module learning outcomes are repeated in the assignment sheet [041] which provides guidance to students on how they will be assessed for a particular assignment. The sector-recognised standards that are described in the programme specifications for both undergraduate [006, 007] for Levels 4, 5, and 6 and postgraduate study [008, 009] for Level 7 are consistent with the qualification descriptors of

the FHEQ. The assessment team therefore found that the threshold standards described in definitive course documentation are consistent with the relevant national qualifications' framework.

13   The provider's plans for maintaining threshold standards also include the University's Continuous Monitoring of Enhancement (CME) [031, 032] review. The CME process is ongoing rather than periodic in nature and is focused on responses to issues that have been identified through analysis of data, for example results, student feedback, and external examiner reports. The process requires the provider to identify how it intends to measure the impact of any intervention it proposes to address the issue. Staff [M1, M4] articulated how the process provides clear and comprehensive actions and updates and contributes to the maintenance of threshold standards. The process is credible because it makes use of the University's review process, it is robust since it is based upon an evidence-led approach and because it sets measurable targets for the provider to track the effectiveness of interventions to maintain threshold standards, for example application of the full range of marks to reflect students' achievement aptly.

14   The external examiner [028, 029] reports confirm that the provider's threshold standards are consistent with the sector-recognised standards, and that credit and qualifications are awarded only where those standards have been met. The University maintains oversight of the award of credit through the Module Award Board and the Progression and Award Board. Credit and qualifications are only awarded by the University including applications for credit awarded under the Accreditation of Prior Learning regime. [004, section 3.5] The provider's approach to the use of external expertise is credible and robust as there is evidence to show the contribution made by the external examiners in assessment approval and the review of assessed work. Issues raised by the external examiners, for example the lack of evidence for internal moderation (monitoring forms), are addressed directly in letter form to the examiner by the provider and taken into the CME process which is monitored and overseen by the University. The assessment team was confident that the provider's use of external examiners ensures that threshold standards are consistent with sector-recognised standards and that the award of credit and qualifications is only given where those threshold standards have been met.

15   Assessed student work [092] demonstrates that for both undergraduate and postgraduate programmes work is only awarded credit and qualifications when the relevant threshold standards are met. The sample [095-101] examined by the team also included the evidence of the second marking or monitoring processes. [116-127, Monitoring forms] Assessment criteria and learning outcomes are clearly described in the assignment sheets [e.g. 041] and are also available in the provider's course management system. The assessment team concludes that the specified threshold standards for courses sampled are consistent with the sector-recognised standards.

16   During the meeting with representatives from the University, [M6] it was confirmed that communication between the partnership link tutor and the provider had taken place extensively with regard to the setting of assessment tasks and that it is expected the provider will take the initiative in such planning in the future, but the partnership link tutor is available to support the provider as needed. Staff also demonstrated [M6] maintenance of standards set by the University through engagement with the University's programme renewal process which is the University's annual review process of programmes and modules.

17   The Senior Leadership Team staff [M1] and tutors [M4] demonstrated an understanding of the learning outcomes, the marking criteria, [025] the threshold levels, and the marking procedures. Staff were able to explain [M1] their understanding of the FHEQ and how they have worked with the University to ensure that assessment is linked to

threshold standards; this understanding was confirmed in the meeting with the awarding body. [M6] Academic and professional staff were able [M4, M7] to articulate the processes and plans for ensuring threshold standards such as in the setting of assessment tasks. The assessment team concluded that staff understand and apply the provider's approach to maintaining threshold standards.

Conclusions

18   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

19   From the evidence seen, the assessment team considers that the standards set for the provider's courses are in line with the sector-recognised standards defined in paragraph 342 of the OfS's regulatory framework. The assessment 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 approach should ensure that standards are maintained appropriately. This is because the provider uses the University's academic regulations as a framework for all aspects of its quality assurance mechanisms. Mapping of learning outcomes at different levels of study is undertaken and the team found this to be consistent with the FHEQ. The marking criteria for tutors present the FHEQ framework for marking at Levels 4, 5 and 6 and feedback provided on assessment for students includes the relevant FHEQ criteria and relates to the learning outcomes. Learning outcomes are appropriate to the level of study in line with the FHEQ criteria. The external examiner confirms that threshold standards are consistent with the relevant national qualifications' framework, and credit and qualifications are awarded only where those threshold standards have been met. Staff understand and apply the provider's approach to maintaining standards; the programme leaders and tutors demonstrated understanding of the summative and formative assessment processes.

20   The assessment team considers that, based on the evidence scrutinised, 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 the OfS's regulatory framework. The assessment team also considers that the provider's approach will ensure that these standards are maintained. The assessment 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 assessment team concludes that this Core practice is met.

21   The evidence underpinning this judgement reflects all evidence described in the QSR evidence matrix, except with regard to how other organisations regard threshold standards and award procedures. Therefore, the assessment team has a high 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

22   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.

23   The QAA assessment 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).

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

25   Third party endorsements, as none are available for the provision on offer at the provider.

How any samples of evidence were constructed

26   The team reviewed a simple random sample [092] of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

27   The assessment team's analysis of the evidence led to the following observations.

28   The provider's approach to course and assessment design, marking and moderation, the requirements for awards, and approaches to classification are based upon the academic regulations of the University and in particular the requirement to comply with all relevant sections of the University's Principles and Regulations [https://www1.chester.ac.uk/sites/default/files/Principles%20and%20Regulations%202021-22%20v2.pdf Accessed 09.01.2022] and the University's Quality and Standards Manual. [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] Section C of the Quality and Standards Manual clearly defines the relationship with the provider being responsible for provision which is approved and awarded by the University with the University retaining responsibility for assuring academic standards. Responsibility for programme management, quality assurance, delivery and assessment is devolved to the provider from the University. The provider uses the academic regulations of the University and there are no exemptions from these regulations or agreements. The provider's approach for maintaining comparable standards is robust and credible in that it aligns with the University's well established and evidence-based regulations and academic partnership processes: Organisational Agreement, [002] Principles and Regulations, and Quality and Standards Manual. As a small and specialist provider, the assessment team is of the opinion that the provider's alignment with the University's regulations is a proportionate approach.

29   Information on progression and classification is given to the students in the programme handbooks [Undergraduate 013, Postgraduate 014] and assessments and

marking criteria are provided in the programme specifications. [006-009] The learning outcomes and FHEQ descriptors are provided as a basis for informing feedback to students on their assignments. [092 student assessed work sample] These handbooks [013, 014] confirm that assessments are marked anonymously (unless this is impossible, for example in the case of face-to-face presentations), the marking criteria are signposted, the pass mark is confirmed as 40% for undergraduate programmes and 50% for postgraduate programmes (for students enrolled on postgraduate modules prior to 2019 the pass mark was 40%). Classification is explained in the handbook, as is the method of calculating the classification. The process for marking and second marking [095-115 Second marking forms] by the provider is effectively set out in the programme handbooks. [013, 014] Marking is reviewed by the University appointed external examiner. Marks are provisional until they are confirmed at a University Module Assessment Board (MAB).

30   Students have the opportunity to achieve standards beyond the threshold. This is because the marking criteria document [025] provides clear evidence of the differentiation in classification thresholds and is structured by deciles (that is, <30, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, and 90+). The Level 5 assessment criteria, for example, describe an assignment awarded between 70-79% as demonstrating knowledge and understanding of the subject that is excellent; and shows command of highly relevant, extensively researched material; an extensive and systematic coverage of the topic; with excellent understanding of key issues, concepts and arguments; a sound understanding of the complexities of theoretical models; and an excellent and systematic critical engagement with text and a comprehensive understanding of context. Whereas the same criteria at Level 5 describe an assignment awarded between 30-39% (a fail mark) as demonstrating little evidence of background reading; very little detail, with issues poorly identified; little understanding of subject area and little understanding of text and context. The assessment team found that the programme handbooks link to the definitive documents for the programmes and are therefore consistent and credible.

31   The programme specifications [006–009] describe the programmes and their constituent modules in relation to the FHEQ level, and criteria such as the length of study, the educational aims of the programme, programme outcomes (including by level), and the programme structure, for example which modules are compulsory, and which are optional. The formative assessment section of the programme specifications [006–009] indicates that the staff team, work with the students to ensure they are actively engaged with their own learning. All summative assessment is second marked. [095-115] The module descriptor [040] includes the submission dates, a description of the different types of assignments and the marking criteria. This information enables students to understand what is expected of them to enable them to go beyond the threshold standards. The assessment team confirms that the standards described in definitive course documentation are credible and demonstrate that students have the opportunity to achieve standards beyond the threshold level that are reasonably comparable with those achieved elsewhere in other UK providers. The provider uses external expertise to assess whether standards are reasonably comparable with those of other UK providers and that credit and qualifications are only awarded when those standards are met. External examiner reports [028, 029] confirm that all standards are appropriate to the level of study and that credit and qualifications are awarded only when the standards are met. The undergraduate examiner [028] comments that 'the range of assessment tasks encompasses sufficient breadth, in substance and in style, so as to provide scope for students to attain the required standards whilst equally providing ample opportunity for students to be stretched, and to excel'. The external examiner confirms that students can excel, that is, achieve beyond the threshold standard.

32   The external examiner reports [028, 029] discussed as part of the Continuous Monitoring of Enhancement (CME) [031, 032] raised a concern about assessors not using the full range of higher marks, in effect compressing the range used. The provider

responded [032] to this concern by scheduling a staff training event where marking criteria will be discussed and what an essay receiving 80% would look like. The provider anticipates that as a result some of the best assignments will see marks being awarded in the high 70s and above, thus reflecting the students' achievement more accurately.

33   CME is the method of programme monitoring and uses an online action plan [031, 032] through which programmes are continually evaluated. The process is robust because assignments are subject to review by an external examiner. The postgraduate CME [031] identifies a similar observation about high marks being compressed in postgraduate programmes as well as the undergraduate ones.

34   The assessment team concluded that the external examiners and external adviser confirm that standards beyond the threshold for courses sampled are generally comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met. Greater consistency in the alignment of language to marks would enable students to understand their achievement.

35   The assessment team reviewed assessed student work [092] and confirmed that the marks and awards given to students are only awarded where relevant standards have been met. The marking is clear and consistent and provides confidence that the marks awarded are reliable. There has been a tendency towards a compression of marks at the highest end of the marking scale, but this is being addressed by the provider and was not evident as an issue in the review of the assessed student work for the current academic year. Assessed student work therefore demonstrates that credit and qualifications afford the students to achieve beyond the threshold.

36   Students [M5] informed the assessment team that information about how to achieve at and beyond the threshold was discussed in essay clinics and in personal tutor meetings. Students commented that feedback helped them to move up assessment bands in future assignments. The distance learning students commented upon the necessity to be proactive in improving their learning and their marks, and that although helpful information was available and support offered, ultimately it was their own responsibility to take on board the advice and act intentionally.

37   The student submission [150] was based upon a survey between student representatives and postgraduate and undergraduate students. The students were asked about their understanding of what they had to do both to reach the required standard and to achieve beyond that threshold. MA students commented that '100% [of the] students asked agreed there was clear guidance and information in the marking criteria to know how to reach a particular standard' furthermore that 'Tutors have been very open about how they mark assessments and their approaches to marking'. Students on the undergraduate programmes endorsed this view by adding 'Students are in agreement that the provider has made it clear what we are to do to reach a particular standard [and that] lecturers have also been thorough during each Module, making it clear what the learning objectives are and introducing the assignment questions at the beginning of each Module. Students feel that the feedback on essays is detailed and provides good steps to help us improve. The feedback that we have been given is productive and encouraging to help us to continue to improve throughout our course'. The undergraduate students also praised the transparency of the information on assessment criteria and what was expected of them in order to achieve beyond the threshold, saying 'There is a clear and concise section within the student handbook that gives a description of the marking criteria and what is expected at each level. The student handbook provides information on what is expected from these areas: knowledge and understanding, cognitive skills: critical engagement with sources, cognitive skills: structure and argument, professional/practical skills and communications skills. Our teachers have also explained these areas in more detail through study skills webinars'.

38   The assessment team concluded that students understand what is required to reach standards beyond the threshold, were able to articulate how feedback helped them to improve, that staff were available to offer support and guidance, and that arrangements such as essay clinics and the personal tutor system provided them with additional mechanisms to engage with staff.

39   Staff were able to describe their responsibilities in respect of maintaining comparable standards and the requirement to comply with the regulations and policies of the University. [M1, M4] Staff articulated how the CME process provides clear and comprehensive actions and updates on items of concern such as the apparent reluctance to award marks at the highest end of the marking range. The CME engagement with this marking issue has led to training events which seek to support staff to adapt to the expectation to use the full range of marks.

40   The team concludes that staff understand, and generally apply, the provider's approach to ensuring 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.

Conclusions

41   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

42   The assessment team concludes 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. The assessment team considered that the provider's approach to ensuring standards beyond the threshold are maintained. The assessment team determined that the provider has a credible approach to course and assessment design, marking and moderation, requirements for awards and approaches to classification as the underlying basis for the standards of awards because it is based upon the University's regulations and procedures. As a small and specialist institution, the provider does not have its own academic regulations but does have a framework that reflects the application of the regulations of the University. This is a proportionate and effective approach. Through setting and marking student assessments, the provider is executing its responsibilities for the maintenance of academic standards of awards delivered on behalf of the University. The provider's plans for maintaining comparable standards are robust and credible in that they are closely aligned with the University's well established and evidence-based regulations, and academic partnership processes. Sampled assessed student work reflects that credit and qualifications are awarded only where the relevant standards have been met. External examiner reports confirm that standards beyond the threshold are reasonably comparable with those achieved in other UK providers.

43   Therefore the assessment team concludes, based on the evidence described above, 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 and this Core practice is met.

44   The evidence underpinning this judgement reflects all evidence described in the Annex 4, except with regard to how other organisations regard the standards and award procedures. Therefore, the assessment team has a high 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

45   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.

46   The QAA assessment 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).

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

48   Third party endorsements, as none are available for the provision on offer at the provider.

How any samples of evidence were constructed

49   The team reviewed a simple random sample [092] of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

50   The assessment team's analysis of the evidence led to the following observations.

51   As a collaborative partner, the provider has a shared responsibility, working with the University to ensure that the standards of its awards are credible and secure irrespective of where or how the programmes are delivered. Specific areas of responsibility are set out in the Responsibilities Checklist [005] and documented in the Organisational Agreement [002] and programme handbooks. [Undergraduate 013, Postgraduate 014] Responsibility for programme management, quality assurance, delivery and assessment is devolved to the provider from the University. The provider does not have its own regulations or policies but instead uses those of the University and there are no exemptions from these regulations or agreements. The provider's approach for maintaining comparable standards in partnership with the University and placement organisations is robust and credible in that it aligns with the University's well established and evidence-based regulations and academic partnership processes. [Organisational Agreement [002] Principles and Regulations and Quality and Standards Manual] As a small and specialist provider the assessment team is of the opinion that this is a proportionate approach.

52   The provider has an effective approach in place to ensure that the standards of its awards are credible and secure because it aligns with and reflects the comprehensive Organisational, [002] Postgraduate Research Programme (PGR) [003, 153] and Taught Programme [004, 154] Agreements in place between the provider and the University, which clearly set out the arrangements for partnership working between the University and the provider. These agreements are formal university documents which are signed by the

provider and the University. These agreements are clear, comprehensive and up to date. For example, the Taught Programme Agreement [004, 154] sets out specific quality assurance mechanisms for academic standards including programme approval, external examining, programme monitoring and programme modification.

53   The PGR [003, 153] and Taught Programme Agreements [004, 154] also include a Programme Protocol checklist of respective responsibilities of the University and the provider. Additionally, the Responsibilities Checklist [005] clearly identifies where responsibilities lie for the University and for the provider.

54   The provider's Academic Enhancement Strategy [010] sets out a clear scope for its Board of Studies (BOS), [021-024, 141] which are formal minuted meetings with primary responsibility for the monitoring and strategic review of programmes to ensure that relevant academic standards are met and that they are fit for purpose. The Terms of Reference for the BOS (which also apply to the Extended Board of Studies (EBOS)) [141] confirm that the primary responsibilities of the Board include to set and maintain academic standards; to monitor and review academic programmes, and individual modules, in order to consider their continuing effectiveness and usefulness, and their compliance with the appropriate national standards; to ensure compliance with the provider's obligations in relation to its organisational and programme agreements with the University, and to ensure that local arrangements are in line with University requirements; and to receive, consider and respond to the reports by external examiners and other external bodies, such as the University. The assessment team found that the minutes of the EBOS [023, 024] confirm that this review and monitoring function of academic programmes and modules is taking place. The assessment team affirms the provider's approach for securing standards in partnership work is credible, robust and evidence based.

55   The University's Periodic Review of the Partnership (PPR) report from 02 July 2020 [081] noted no areas of potential risk, confirmed the programmes were fit for purpose and recommended that the partnership with the provider be renewed for a further five years to 2025. Outcomes were taken forward as part of the provider's overall Enhancement Action Plan [019, 089] and reported to the Board of Studies and Extended Board of Studies meetings. [021-024] The assessment team concluded that this approach to ensuring standards in partnership with the University is credible, secure and effective.

56   External examiners confirm that standards are credible and secure because the 2020-21 external examiner reports [028, 029] confirmed that all arrangements for academic standards are in place. The external examiner identified no concerns over the final marks awarded.

57   Further confirmation of the effectiveness of arrangements to ensure that standards are credible and secure was provided by the 2020-21 Continuous Monitoring of Enhancement (CME) Reports [031, 032] provided to the University, which gave clear and comprehensive updates to the University on progress with actions in response to external examiner reports.

58   The assessment team formed the view that the standards of awards delivered in partnership are credible and secure through scrutiny of a simple random sample of assessed student work [092] which confirmed that the provider's approach to assessment was consistent with the University expectations. The Module Assessment Board [046] held by the University confirmed that all marks presented by the provider were agreed, further supporting the assessment team's view that the standards of awards are credible and secure.

59   The underpinning arrangements to ensure that the standards of awards are credible and secure are effective, corroborated by representatives from the University, [M6] who

highlighted the strong and close working relationship with the provider and confirmed that the University had identified no areas of risk or issues arising from the University annual monitoring processes. This was supported by the partnership link tutor's visit report from May 2021, [162] which summarised discussions on assessment, curriculum and recruitment held between the provider and University department with responsibility for oversight of the programmes.

60   Representatives of the Senior Leadership Team [M1] and academic staff [M4] were able to clearly state their responsibilities to the University in relation to processes such as programme approval, module review, module changes and assessment. Staff from the provider also attend the annual partnership information days [159-161] held by the University which provide them with updates on changes to academic regulations, updates on academic registry processes and other quality assurance requirements, which further ensure that the understanding of staff of their responsibilities to the awarding body are current. The assessment team therefore concludes that the provider has a clear understanding of its responsibilities in ensuring the standards delivered within the partnership with the University are credible and secure.

Conclusions

61   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

62   The assessment team concludes that where the 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. This is because the provider aligns with the University's well established and evidence-based regulations and academic partnership processes stated within the Organisational Agreement, Principles and Regulations and Quality and Standards Manual, which clearly set out the arrangements for partnership working between the University and the provider. The arrangements also include specific quality assurance mechanisms for academic standards including programme approval, external examining, programme monitoring and programme modification which the provider demonstrated working in practice. Staff from the provider attend the annual partnership information day held by the University which provides them with updates on changes to academic regulations, updates on academic registry processes and other quality assurance requirements, which further ensures that the understanding of staff of their responsibilities to the awarding body are current.

63   Scrutiny of assessed student work confirmed that the provider's approach to assessment was consistent with the University's expectations. The Module Assessment Board held by the University confirmed that all marks presented by the provider were agreed, further supporting the team's view that the standards of awards are credible and secure. Additionally, external examiner reports scrutinised by the assessment team confirmed that the standards of awards delivered in partnership are credible and secure.

64   The assessment team concludes, therefore, that the Core practice is met.

65   The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with three different staff groups and the University. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

67 The QAA assessment 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).

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

69 Third party endorsements, as none are available for the provision on offer at the provider.

How any samples of evidence were constructed

70 The team reviewed a simple random sample [092] of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

71 The assessment team's analysis of the evidence led to the following observations.

72 The team reviewed the Partnership Agreements between the provider and the University on taught and postgraduate research programmes, [003, 004] where responsibilities, processes and procedures relating to the use of external expertise and assessment of students are agreed. The agreements also clearly state that the University is responsible for the standards of awards and that the University appoints external examiners in accordance with its procedures.

73 The setting of assessment tasks and responsibilities for marking, monitoring and moderation are subject to annual written confirmation between the provider and the University. Individual assessment tasks are proposed to the University by the provider and to the external examiner through submission to the University of the Assignment Sheet. [041]

74 Marking and moderation are conducted under the regulations outlined in the University 's Quality and Standards Manual [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] and is made clear in the Taught Programme Agreement [004] between the provider and the University. Marks are provisional until they are confirmed at a University Module Assessment Board (MAB), which is chaired by a member of the University's staff. The partnership link tutor and the University appointed external examiner are also in attendance. Decisions taken at the MAB proceed to a University Award and Progression Board where the student is formally awarded a qualification if they have met the required standard or are confirmed as meeting the criteria to progress with their studies.

75 Information about assessment is available for students in the programme handbooks. [013, 014] These handbooks are clear and reflect the information provided in the Quality and Standards Manual. The handbooks [013, 014] confirm that assessments are

marked anonymously (unless this is impossible, for example in the case of face-to-face presentations), the marking criteria are signposted, the pass mark is confirmed as 40% for undergraduate programmes and 50% for postgraduate programmes (for students enrolled on postgraduate modules prior to 2019 the pass mark was 40%). Classification is explained in the handbook, as is the method of calculating the classification. Qualifications at Levels 4 and 5 plus the graduate diploma are distinguished between pass and fail only. The BA degree classification is described in traditional form as class 3, 2:2, 2:1, and 1. The degree class boundaries are confirmed as a rounded weighted average mark of:

i   70+ First Class (Honours)
ii   60-69 Second Class, Upper Division (Honours)
iii   50-59 Second Class, Lower Division (Honours)
iv   40-49 Third Class (Honours)
v   35-39 Fail

76   The postgraduate handbook [014] confirms that degrees are classified as pass (>50%), Merit (>50%), and Distinction (>70%). The Doctor of Ministry (DMin) is awarded after the dissertation is satisfactorily examined (the Level 7 component of the DMin is assessed as for a postgraduate taught programme). The team considers these classifications to be clear, fair and transparent.

77   General assessment criteria for undergraduate and postgraduate provision are clearly articulated in the undergraduate and postgraduate assessment criteria. [025] It is noted that assessment criteria are not module specific nor task specific, that is there are no specific marking criteria in the sample module descriptor [040] and the module proposals, which form part of the Programme Renewal Pack. [017] The provider uses the same marking criteria for presentations and essays. [090] All assessments are marked using the general assessment criteria in the undergraduate and postgraduate assessment criteria. [025] Although this is uncommon in the sector and for the subject discipline, the marking criteria provide clear evidence of the differentiation in classification thresholds, and these have been clearly explained to students. [M5]

78   The team queried with academic staff, adjunct faculty and visiting lecturers [M4] the use of general assessment criteria in all undergraduate and postgraduate assessments [025] for essays and presentations. The team heard that in the provider's view although marking criteria are broad, key elements of learning outcomes have been assessed adequately in each assignment. The presentation assessments are a new development in response to external examiners' suggestion on offering a variety of assessment methods. The provider recognised a lack of task-specific marking criteria for presentations and is in conversation with the University to improve these assessment criteria. [M4]

79   The assessed student work sampled [092] confirms that assessment has been carried out in line with the provider's requirements [006-009 Programme specifications, 025 Marking criteria] at each level of study. Examples of assessment monitoring form, [026] second marking form [027] and 132 samples of assessed student work across FHEQ Levels 4 to 7 [092] show that these assessment processes and classification processes are reliable, fair, evidence-based and followed in practice.

80   The undergraduate external examiner [028] comments that 'the template used for setting out assignments explicitly lists the module learning outcomes associated with each task, ensuring that students have this in view as they undertake their assignments. Since the module learning outcomes correlate with the overall programme learning outcomes, cohesion between the two is ensured. Their achievement is then appropriately reflected in student attainment'.

81   The University approves, appoints, trains, and funds an external examiner for all

provision based on a nomination from the provider.

82   The provider follows the University's policy on the use of external expertise, for example external examiners and tutors approved by the University (visiting lecturers) in programme design, development (redevelopment), approval (reapproval), change and other quality assurance processes for maintaining standards. In terms of maintenance and application of academic standards through assessment by external examiners, the assessment team found clear evidence of external examiner input through a variety of evidence including Programme Renewal Pack, [017] external examiner reports, [028, 029] the provider's response to an external examiner report, [030] and Continuous Monitoring of Enhancement reports. [031, 032] Correspondence between course teams and external examiners showed discussion on moderation of assignment briefs and questions, [136-139] where suggestions made by the external examiner have been taken to improve assessment design and to enhance learning and teaching. The assessment team confirms that external examiner reports and the provider's responses to them confirm the use of external expertise and that the provider gives that expertise due consideration.

83   The assessment team found evidence of the provider's use of external expertise during the course development process. The assessment team scrutinised the commentary on the programme approval of BA Theology and Christian Leadership and Cert HE Theology and Christian Leadership [135] and found the provider considers recommendations of external expertise when developing new programmes or changing existing programmes, for example, separately learning between classroom-based modules and placement-based modules.

84   External examiners regard assessments as fair and transparent. Although there have been issues raised in external examiner reports around lack of evidence for internal moderation (monitoring forms), this has been addressed by the provider in the response to an external examiner report [030] and evidenced in the Second Marking Forms and Assessment Monitoring Forms. [026, 095-134]

85   The assessment team considered the sample external examiner reports, [028, 029] response to an external examiner report, [030] the Continuous Monitoring of Enhancement (CME) reports [031, 032] and sample Module Assessment Board minutes, [046] which indicated to the assessment team that the provider gives external expertise due consideration in line with the University's policy and regulations. For example, the CME report for postgraduate courses [031] considered the external examiner's comment on overly generous marks at the lower end of the marking scheme (40-50) and found that this was due to the change in pass marking from 40 to 50 at postgraduate level and having students under both schemes sitting within the same module during the transition. The course team took the comment on board and ensured that marks accurately reflect the level of critical engagement. Similarly, the inclusion of presentations as an assessment type is an example of improvement based on feedback from external examiners. [M4, M6]

86   The provider shares external examiner reports with students via the provider's website and the University's portal. [Taught Programme agreement 004, Undergraduate Programme handbook 013, Postgraduate Programme handbook 014] Although students did not know about the role of external examiners and who the external examiner is for their course, they are aware that they can find relevant information in the programme handbook. [M5]

87   When exploring the matter of the use of external expertise in the meeting with the Senior Leadership Team [M1] and the academic staff, adjunct faculty and visiting lecturers, [M4] the team heard that externals looked at the theological framework in each module, and new courses were designed and developed with the University in an iterative process and

with input from an external adviser for theology and religious studies. This is also evidenced in the reviewer commentary for programme approval of BA/Cert HE Theology and Christian Leadership. [135] All assessment and marking are submitted to external examiners, who attend the end-of-year Board of Studies, and written responses to external examiner reports are sent to the University and external examiners and were discussed at the Extended Board of Studies. [M4] The team confirms that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent.

88   The academic staff, adjunct faculty and visiting lecturers confirmed [M4] that two to three external experts were consulted each year on curriculum development; assessment briefs and questions were sent to and discussed with external examiners. Student work and marking were moderated by external examiners, who attend the end-of-year Board of Studies, and written responses to external examiner reports are sent to the University and external examiners and were discussed at the Extended Board of Studies.

89   The team met students [M5] including student representatives. Students indicated that they understand the assessment criteria is in their programme handbook [undergraduate 013, postgraduate 014] and is provided in the feedback from assignments. Students confirmed that they understood the marking process. Students noted that they have continual formative feedback. Due to small class size every student is seen and provided with individual feedback that is accessible and easy to understand. [M5] The students agreed that the programme handbook [Undergraduate and postgraduate programme handbooks [013, 014] is comprehensive providing the information they need on their assessment, placement, and supervision. The team concluded that students understand what is required to reach standards beyond the threshold.

Conclusions

90   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

91   The assessment team concludes that the provider uses external expertise, assessment and classification processes that are reliable, fair and transparent because there are clear and comprehensive regulations where responsibilities, processes and procedures relating to use of external expertise and assessment of students are agreed as stated in the Partnership Agreements, Programme Agreements and handbooks. There is evidence of appropriate external involvement in the programme approval and review of the provider's courses. Through consideration of provider responses to external examiner reports, the team concludes that the provider, through the University's processes, gives due consideration to external expertise. Assessed student work confirms that assessment and classification are carried out in line with the University's requirements and staff understand the requirements for the use of external expertise and their responsibilities regarding the assessment of students.

92   Therefore, the team concludes that this Core practice is met.

93   The team was able to review all of the evidence recommended in Annex 4, this evidence was triangulated in meetings with students, staff and the awarding body. Therefore, the team has a high degree of confidence in this judgement.

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

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

95   The QAA assessment 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).

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

97   Arrangements with recruitment agents because the provider reported that they do not use recruitment agents.

How any samples of evidence were constructed

98   The assessment team reviewed a random sample of 58 admissions applications and outcomes from a total undergraduate and postgraduate student cohort of 78 where applicants were not successful. This sample relates to the BA in Theology and Christian Leadership (20 full-time students), MA in Practical Theology (26 part-time students) and/or the MA in Biblical Studies (19 part-time students) for the past three academic years - 2018-19, 2019-20 and 2020-21.

What the evidence shows

99   The assessment team's analysis of the evidence led to the following observations.

100   The provider's approach to the selection and admission of students is clearly set out in the provider's Admissions Policy, [015, 047] which details arrangements for roles and responsibilities, entry criteria, information for students, admissions processes, interviews, offer, acceptances, arrangements for fees, admissions appeals and English language requirements. The policy clearly identifies that the Vice Principal (Academics) position has overall responsibility for delivery of the Admissions Policy and procedures, and those admissions decisions are delegated from the Board of Directors to the Vice Principals. The provider is responsible for undergraduate student admissions, [Taught Programme Agreement 004, 154] and this is confirmed in the Responsibilities Checklist. [005] For postgraduate research admissions, [003, 153] the provider recommends admittance of a student to the programme to the University, but the University retains control of final admission decisions.

101   The provider's approach to marketing for the recruitment of students is set out in the provider's Strategic Plan, [156] which outlines the approaches that the provider is focusing on to support student recruitment. These include open days between November and July; taster lectures throughout the year to provide an opportunity for applicants to participate in a lecture; a promotional video including highlights from classroom interaction and short interviews which are also posted on social media platforms; and a prospectus and open day flyers sent to all churches within the movement. The provider is also offering a fee discount for Assemblies of God Ministers and dependants which will be launched for the 2022 intake.

102   The admissions system is inclusive and fit for purpose because it applies to all applicants and the entry criteria outlined in the programme specifications [006-009] and in

the Admissions Policy [015, 047] allow for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications, mature applicants, applicants with a disability and overseas applicants.

103   Information given to applicants is transparent and accessible because the provider's Admissions Policy is easily accessible for applicants on the provider's website. [https://www.missiodei.ac.uk/student-life/policies/, accessed 03/03/2022] The policies page on the provider's website also provides further information for applicants, including the provider's Student Protection Plan, minutes of Student and Staff Faculty meetings and other student-facing policies including policies for anti-harassment and bullying; bursaries; complaints and appeals; payments, refunds, and compensation; data protection; and fitness to study.

104   The Admissions Policy confirms that applications for Accredited Prior Certificated Learning and Accredited Prior Experiential Learning will be considered, and these will need to be submitted to the University. This is in line with the Taught Programme Agreement, [004, 154] which states that the provider shall not, without the University's prior written approval, grant Accreditation of Prior Learning (APL), either certificated or experiential, for which the University retains sole and exclusive responsibility. The Taught Programme Agreement [004] also states that, in cases where APL allows a student to enter a programme at an advanced level it must be sought by the provider and confirmed by the University in writing in advance of a student being admitted to a programme.

105   The undergraduate and postgraduate programme specifications [006-009] also make provisions for students wishing to transfer credits into the scheme from other UK universities and recognised institutions and confirm that the rules followed will comply with the rules and processes for accreditation of prior certificated and experiential learning of the University.

106   The assessment team noted that the next review date for the Admissions Policy [015, 047] was 26 November 2021, and that the Enhancement Action Plan [019, 089] identifies that a review of the Admissions Policy commenced in November 2021 and was currently under way, reflecting on lessons learned from previous years. The Senior Leadership Team confirmed [M1] that the updated policy would be presented to the Student and Staff Faculty meetings for comment and to the Board of Directors for agreement and the updated policy would be in place before the next academic year. Progress with the monitoring and review of the Admissions Policy and procedures is being tracked through the Enhancement Action Plan, [019, 089] and updates on admissions are provided to Board of Studies meetings [021-024] which are formal minuted meetings.

107   The assessment team also noted that the Admissions Policy [015, 047] does not specifically include reference to the Certificate in Higher Education in the programme list or in the admissions criteria. The Senior Leadership Team [M1] confirmed that this would be included as part of the current review of the Admissions Policy. The provider confirmed that it is reviewing the interview process and considering any changes needed to documentation and process to ensure a consistent approach. The assessment team was assured that the provider will have a clearer policy for the recruitment and admission of students.

108   The team endorses that the provider's plans for ensuring that the admissions systems are reliable, fair, and inclusive are robust and credible.

109   The provider reported that no complaints or appeals on admissions had been received to date. [Request for further evidence] However, admissions staff [M3] were able to articulate clearly the process in the event of an admissions complaint or appeal being received. The admissions staff confirmed that admissions complaints would be dealt with under the Complaints and Appeals Policy, [038] although the team noted that admissions

complaints or appeals are not specifically referred to in the provider's Complaints and Appeals Policy. [038] The admissions staff outlined that in the event of an admissions complaint or appeal being received, this would be referred to the Senior Leadership Team who would investigate, informally first then formally if necessary, and then respond to the applicant. Admissions complaints or appeals would also be discussed in informal weekly meetings with any decisions also discussed at the Board of Studies meetings. The assessment team was concerned about the inconsistency within this policy. However, the team agreed that as a small and specialist provider, on balance, the process would be reliable although not robust.

110   The programme fees, costs and arrangements for payments are clearly set out for applicants on the provider's website. [https://www.missiodei.ac.uk/apply/fees/, accessed 03/03/2022] The undergraduate fees document states that when submitting an application for any course, a non-refundable fee of £100 is payable. All new first-year undergraduate students are also required to pay £200 upon acceptance (refundable within 14 days of accepting the offer), in order to hold their place on the course. These will be offset against the first year's fees. Postgraduate students are required to pay a £50 non-refundable application fee and the £200 acceptance fee.

111   The assessment team queried the charging of an acceptance fee for applicants. Members of the Senior Leadership Team [M1] confirmed that the acceptance fee was not an additional fee but was part of the tuition fee and acted as a deposit, giving applicants opportunity to buy into the process as a formal commitment to joining the course. The Senior Leadership Team [M1] also outlined that the acceptance fee also helped them to offset some of the costs of the intensive teaching period at the start of the academic year. The Senior Leadership Team confirmed [M1] that the acceptance fee would not stand as a barrier to any applicants who were experiencing financial difficulties as these would be considered on a case-by-case basis with the potential to use the bursary scheme. [052] The bursary funds are donated by alumni and Assemblies of God churches enabling the provision of financial support for students who experience financial difficulties over the course of their studies. Students [M5] confirmed that they were fully aware of the acceptance fee prior to application and how fees were broken down and listed in the prospectus.

112   The Extended Board of Studies meeting on 22 February 2021 [023] states that there is a need to say that students will be primarily responsible for where their placement will be prior to being accepted on to a programme and that, if an applicant does not have a church placement, the provider will help them find a placement although this did not appear to be stated anywhere for applicants in the Admissions Policy [047] or on the provider's website. The assessment team was assured [M1, Senior Leadership Team] that this would be considered as part of the policy review process and does not harm the integrity of the process for students. Students [M5] confirmed that they felt well supported by the provider in preparing for their placement.

113   The Admissions Policy [015, 047] and the Access and Participation Statement state that an essay may be used for some applicants who do not have formal academic qualifications. A letter [016] sent to applicants without formal qualifications outlines the requirements for an essay including topics, tips such as referencing, style guide and that the essay will be passed through academic integrity software as an alternative for students who do not have a BA in theology, religious studies, or a related discipline. The letter [016] also states that the essay must be of Level 6 pass standard.

114   The Admissions Policy [015, 047] states that, prior to enrolment, prospective students will also be required to undergo a DBS check to ensure their suitability for working with children and other vulnerable groups. However, admissions staff [M3] explained that, while DBS checks are undertaken, the provider had taken advice from an external

organisation, and have moved to using just the DBS organised by the church placement as it is the placement that the DBS is required for, rather than the overall course. The provider confirmed that it receives a copy of the DBS from the placement provider but can organise DBS for students as part of Assemblies of God if they do not have a placement church. The provider noted the change from the stated policy and confirmed that this would be updated as part of the current review of the policy. The assessment team found that this was a minor inconsistency between the policy and the process but did not harm the integrity of the process as the DBS was still undertaken for all students.

115   The assessment team noted that an example applicant record [142] contained a reference questionnaire which included questions on whether the applicant has a stable home background (Q15), whether they are discreet in their relationship with the opposite sex (Q16) and their marriage (Q19). The team was initially concerned about the rationale for these questions and whether they could potentially impact on the inclusiveness of the admissions processes. Members of the Senior Leadership Team [M1] clarified that the questions were from a church context. More importantly the questions provided a pastoral understanding of where an applicant was coming from with the aim of providing appropriate pastoral support, where required. The Senior Leadership Team confirmed [M1] the questions would also be considered as part of the current review of the Admissions Policy that was underway. Given that the rationale for including the above questions in the applicant reference questionnaire focused on the church context and supporting the provision of pastoral support, the assessment team was satisfied that this did not impact on the inclusiveness of the admissions processes. However, the assessment team welcomed the provider's review of the questionnaire as part of the wider review of the Admissions Policy.

116   There are minor inconsistencies between the wording in the Admissions Policy, [015, 047] the wording on the programme specifications [006-009] and information on the provider's website. However, the assessment team was satisfied that these inconsistencies did not harm the overall integrity or transparency of the admissions processes, as they were minor and provided the same information but with different wording.

117   Admissions records [091] demonstrate that the provider's policies are implemented in practice because the random sample of 58 applicant records that were scrutinised by the assessment team [091, 142-147] showed clear evidence that admissions were dealt with in line with the provider's stated policies and procedures. For example, detailed records were provided for undergraduate applicants who did not meet the academic entry criteria; [142] postgraduate applicants who had church experience in lieu of academic qualifications; [143-146] and applicants who did not have English as a first language. [147] Applicants were asked to complete a pre-entry essay in line with the provider's stated admissions requirements and applicants were provided with clear and timely outcomes of the decision along with feedback on the pre-entry essay.

118   The admissions records were requested for applicants who had declared a disability or learning difficulty. However, no written documentary evidence was available as the provider explained that contact with applicants was through phone calls in these circumstances. [Request for further evidence] Admissions staff and the Student Liaison Officer [M3] were able to articulate the process in the event of an applicant declaring a disability or learning difficulty. The admissions staff and Student Liaison Officer [M3] confirmed that conversations started with applicants who declared a disability or learning difficulty as soon as the application was received. The Student Liaison Officer attended the interviews with applicants who declared a disability or learning difficulty to discuss their needs and applicants were provided with the relevant information including any assessment of need, access to support and financial support needed. The provider then made appropriate adjustments with both the applicant and tutors informed of any adjustments needed. Students [M5] who had declared a learning difficulty confirmed that they felt very

well supported through the application process and confirmed the provider's approach outlined above. When they applied, they were contacted directly by the provider, and had follow-up meetings with the Student Liaison Officer to discuss their needs and any reasonable adjustments required. The assessment team confirms that admissions requirements are consistently applied as set out in the provider's policy.

119   Staff from the Senior Leadership Team [M1] and admissions staff [M3] were able to clearly articulate their roles and responsibilities in the admissions processes. For example, members of the Senior Leadership Team [M1] were able to articulate that they undertake their responsibilities to monitor and review the admissions processes to ensure they remain valid and inclusive by reviewing the policy and reflecting on their experience of the process from previous years. This approach is further evidenced by the current review of the Admissions Policy that had already commenced, as detailed above. The Senior Leadership Team also explained that it intended to further strengthen the process by getting more formal feedback from applicants in future, probably through use of an applicant questionnaire.

120   Admissions staff [M3] confirmed that all formal academic entry qualifications were validated by requesting copies of certificates as proof of qualifications, photocopies were retained as proof of entry qualifications and provided to the Vice Principal who takes the applications to the Board of Studies for approval. Admissions staff [M3] also articulated that all applicants have an interview with a Vice Principal and confirmed that there is no fixed set of questions or checklist for the interview, it was more a case of working through the application form with the applicant. Furthermore, admissions staff [M3] were able to clearly articulate their approach to admissions processes including the validation of entry requirements, arrangements for interviews, interview decisions, communication with applicants, including those with a declared disability or learning difficulty, and the process that would be followed in the event of an admissions complaint or appeal. The assessment team confirms that staff involved in admissions understand their role and are appropriately skilled and trained.

121   Students tend to agree that the admissions process is reliable, fair, and inclusive. In the student submission [150] most students confirmed that the admissions process was fair, well supported, and clear, and any concerns identified were minor (such as the online application form timing out). Undergraduate students confirmed that they were all in agreement that the process of application and interviews was very satisfactory.

122   Students [M5] were unanimous in their agreement that they felt fully supported throughout the admissions process, highlighting that they felt the process was very straightforward and the provider created a 'can-do' culture. For example, one student commented positively on the taster and open day where they had opportunity to discuss their background, workload and module selection, and support and reasonable adjustments for their dyslexia. Another student commented positively on the opportunity to have a conversation with a tutor before applying, highlighting how they found the interview a two-way process. Further, a mature postgraduate student with no formal undergraduate degree also commented positively on the opportunity to discuss the course prior to applying. The mature student also highlighted that they had completed a pre-entry essay which they had found very useful in helping them to understand the scholarly approach and academic language required for the course. The student confirmed they had received feedback on their pre-entry essay within two to four weeks along with the confirmation of the decision to offer them a place on the course.

Conclusions

123   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

124   The assessment team concludes that the provider has a reliable, fair, and inclusive admissions system. The provider has a clear policy for the recruitment and admission of students that is inclusive and fit for purpose because it applies to all applicants and allows for reasonable adjustments to be made for applicants with particular circumstances, including those without formal academic qualifications, mature applicants and applicants with a disability.

125   The policy and information for applicants is transparent, fit for purpose and easily accessible through the provider's website, with further opportunity for applicants to discuss their intended course and application at taster days and through direct communication with the provider. The assessment team identified some minor inconsistencies between the wording in the Admissions Policy, the wording in the programme specifications and information on the provider's website. However, the assessment team was satisfied that these were minor inconsistencies and provided the same information but with slightly different wording which did not harm the overall integrity or transparency of the admissions processes.

126   Overall, the provider's plans for admissions systems are reliable, fair, and inclusive. However, the team identified some elements in the initial evidence documentation that required further explanation by the provider, such as the requirement for an acceptance fee and the inclusion of some of the questions in the applicant reference questionnaire. The assessment team was assured by the provider's response and rationale that these were intended to be supportive and did not present significant risk to the offer of a place to applicants. The assessment team was also assured by the review of the Admissions Policy that was currently under way, which provided opportunity to review these practices to ensure that the policy remained fair and inclusive.

127   These inconsistences notwithstanding, the assessment team found that fair and inclusive admissions decisions had been made based on the sample of admissions decisions that were scrutinised by the assessment team, and is therefore reliable, fair, and inclusive for all applicants. This is supported by the provider having admissions staff who have a clear understanding of their roles and responsibilities and the admissions processes. Students tend to agree that the admissions system is reliable, fair, and inclusive, and placed particular emphasis on the quality of support provided to applicants.

128   Overall, the inconsistencies identified do not appear to harm the integrity of the process, or present significant risk to applicants, therefore the assessment team concludes that the Core practice is met.

129   The assessment team was able to review all the evidence recommended in Annex 4, and this was triangulated in meetings with students and staff. The team identified some inconsistences, such as minor variations in the wording of admissions criteria between the Admissions Policy, programme specifications and information on the provider's website; minor deviations from the Admissions Policy in processes for DBS; and lack of formal written documentary evidence of the process for applicants who declare a learning difficulty or disability. However, the assessment team was satisfied that these did not harm the overall integrity of the process or present significant risk to applicants.

130   Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

132　The QAA assessment 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).

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

134　Third party endorsements, as none are available for the provision on offer at the provider.

What the evidence shows

135　The assessment team's analysis of the evidence led to the following observations.

136　The Postgraduate Research Agreement [003, 153] and the Taught Programme Agreement [004, 154] together with the University's academic quality and regulatory frameworks state that it is the provider's responsibility that all new provision must be approved by the University and similarly all modifications to existing programmes must be approved by the University. [003, 004, item 19.e]

137　The provider's approach to designing and delivering high-quality courses is informed by its Teaching and Learning Strategy. [018] This document details 13 principles that express the provider's aims and values as they apply to teaching and learning; for example, to support and enable a well motivated academic staff and to facilitate the continuing professional development of teaching faculty, both in their areas of subject specialism and in educational theory and praxis. [018]

138　The provider refers in the undergraduate programme specifications [006 and 007] to the Subject Benchmark Statement for Theology and Religious Studies. [https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-theology-and-religious-studies.pdf?sfvrsn=70e2cb81_5 Accessed 10.01.2022] The undergraduate programmes and the individual modules are informed by the subject knowledge, qualities of mind, and generic skills detailed in the Subject Benchmark Statement. There is no Subject Benchmark Statement at Level 7 for Theology and Religious Studies. There is, however, Appendix A to the Subject Benchmark Statement which sets out additional standards as examples of good practice. The programme specifications for postgraduate programmes [008, 009] effectively incorporate these additional standards into the programme outcomes and thus reflect an approach to programme design that is informed by good practice and subject knowledge.

139　The provider has a clear set of practices which informs planning for high-quality courses. The provider acknowledges in its submission [000] that the process could be more formally constituted and involve greater student representation. The assessment team, however, find that the provider's processes are appropriate and sufficient for the small and specialised context. Initial discussions about courses take place in curriculum planning days [079] and are discussed at Boards of Study or Extended Boards of Study. These boards have both student and staff representation; there is no representation at these meetings from the University. The programme renewal process, [017] which formally proposes the changes, is produced and approved by the members of the Extended Boards of Study [141]

then forwarded to the University for consideration and approval. Staff were able to describe the procedure for requesting changes to programmes. [M4]

140   To inform programme design, as in the case of the BA Theology and Christian Leadership, the provider draws on the views of both current staff and students and external stakeholders, such as staff from the University, [M6] external advisers [135] and ministers from within Assemblies of God Incorporated (AoG), [M1] who may be potential employers for students graduating from the provider. The provider also uses Curriculum Planning Days [079] as a means to ensure high-quality courses and delivery. These meetings include discussions of the perceived strengths and weaknesses of current modules, the benefits of introducing new modules, and proposals for changing patterns of delivery. The Curriculum Planning Days offer the provider the opportunity to take a holistic view of the programmes and explore improvements to ensure high-quality courses and delivery. The assessment team determined that the provider's regulations and policies for course design and delivery facilitate the design and delivery of high-quality courses.

141   Modules are reviewed each year, initially by the module leader who will update module content, bibliographies, assessment weighting including any updates to programme specifications incorporating changes such as new modules or modules that have been withdrawn. Any changes proposed are presented to the University in the programme renewal process [017] as part of a Programme Renewal Pack (PRP) in March/April, for approval for the next academic year. The process is credible because it makes use of the University's integrated review process, it is robust since it is based upon an evidence-led approach and because it sets measurable targets for the provider to track the effectiveness of interventions. The assessment team determines that the provider has a robust and credible approach for designing and delivering high-quality courses as they are closely aligned with the University's processes and procedures.

142   The quality of church placement and mission trip are key elements of the programme which needs to be set up effectively to support students. The programme handbooks [undergraduate 013, postgraduate 014] and programme specifications [006-009] have comprehensive information for students regarding placements and supervision. These handbooks and specifications have robust and reliable information for students regarding the importance of the placement relationship between the church, student and provider, expected hours of placement work, attendance on placement, and assessment, as well as practical information. The placement agreement [055] and placement checklist [059] set out the requirements for each stakeholder, namely the students, the placement coordinator and the provider.

143   The provider also offers all students the opportunity to participate in an Enrichment Week held at the end of the academic year which provides opportunities for a debrief following the mission trip, feedback on the year of study, as well as preparation for the next academic year. [M1]

144   During the COVID-19 pandemic the provider moved towards hybrid delivery with students able to attend lectures in person or online. The BA programme specification [006] outlines the provider's response to the COVID-19 pandemic including the recording of lectures and delivering webinars and worship activities online. This is a proportionate and student-focused solution. Student feedback recorded in the Student Faculty Meeting minutes [033-035] is very positive following the changes that the provider has made during the pandemic.

145   Full-time students attend the Manchester site for several intensive study weeks where either full or parts of modules are delivered through a mixture of lectures, seminars, webinars, and other learning activities. The number of intensive study weeks varies

dependent upon the number of modules a student may be studying. Part-time students attend and engage in the same way as full-time students but on a pro rata basis.

146   Distance learning students do not attend the site and are primarily supported with a study guide or textbook [082] that provides a self-guided learning experience with self-evaluation questions and suggestions for further reading. The example provided for module TH6352 New Testament Theology [082] is a comprehensive document that provides clear information on the module aims, learning outcomes, mode of assessment, and extensive learning materials that offer students opportunities to engage with complex issues and resources and reflect upon their theological and ministerial implications and significance. Distance learning students can also access recorded webinars and lectures available on the course management system but do not attend any teaching sessions. The provider acknowledges that it has been a challenge ensuring that distance learning students receive an equivalent experience to on-campus students. The provider is seeking more feedback from distance learning students and has expanded the learning resources available to them to enhance their learning experience. Distance learning students also have more access (four to five hours per module) to module tutors and personal tutors on a one-to-one basis to discuss their studies.

147   The provider's approach to assessment is outlined in the Teaching and Learning Strategy. [018] The regulations that determine how assessment is organised are those of the University and are detailed in the University's Quality and Standards Manuals. [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality-and Accessed 09.01.2022] The programme specifications [006-009] articulate those regulations in the context of the provider and a student-focused version of this information is provided in the programme handbooks. [013, 014]

148   The programme specifications [006-009] describe how modules are assessed and explain the type of tasks that are used to address the module learning outcomes. Changes to assessment tasks are not permitted by the provider unless included in the Programme Renewal Pack [017] and are subject to approval by the University.

149   The assessment team determined that the provider has in place the procedures and practices to ensure that all course elements are of high quality and that students are able to demonstrate the learning outcomes.

150   The external adviser report [135] confirms that the BA Theology and Christian Leadership 'is very much cohesive, systematically structured and entirely fit for purpose' and 'I think it is well suited to purpose, academically and practically credible, and should have significantly better employability outcomes than those identified by recent graduates'.

151   The external examiner reports and the report of the external adviser confirm the team's view that the programmes at the provider are of good quality and comparable with those elsewhere and furthermore that they prepare students well for future employment.

152   The Senior Leadership Team (SLT) [M1] and academic staff [M4] involved in programme and module review and development articulate the provider and University's approach to providing high-quality programmes. Staff liaise with the partnership link tutor [M6] and the external examiner on issues of course development such as in relation to the validation of the new BA Theology and Christian Leadership, or as assessment setting. There is extensive evidence of staff engagement with issues such as the style of feedback that the external examiner raises through training events and discussions of good practice within the provider. [M3] The academic staff engage with the University's review process both in the form of the Continuous Monitoring of Enhancement (CME) process [031, 032] and the Periodic Review of the Partnership in 2020 [081] as an active process that leads

toward improvement. The team concludes that staff are able to articulate what 'high quality' means in the context of the provider, and to show how the provision meets that definition.

153   During the visit the team observed a recorded lecture accessed through the course management system, delivered as part of the module TH4370 Bible Survey. [Obs 1] This is a Level 4 module delivered during a week-long intensive teaching week. The room was appropriate for the delivery and the single student who participated through videoconferencing was able to engage effectively with learning materials and interact with peers and the tutor. The tutor demonstrated a sound knowledge of material and was effective at communicating this material to the group in an engaging and professional manner. In addition to addressing the stated learning outcomes the tutor was able to demonstrate linkages to the students' own professional, ministerial, and personal contexts which made the learning more authentic and relevant to the students. This reflects the provider's desire to support students to be both subject knowledgeable but also reflective ministerial practitioners.

154   The observation of the teaching session [Obs 1] and the views of the students [M5] confirm in the team's view that not only does the provider offer high-quality courses but that the value is both recognised and appreciated by the students. Observations of teaching and learning demonstrate clarity of objectives, good planning and organisation, a sound approach, good delivery, appropriate content, effective use of resources, and student engagement.

155   The team also assessed a study guide to the module TH6352 New Testament Theology [082] which supports distance learning students. This is a comprehensive document that provides extensive information about the module content. It is designed to support students to structure their independent learning. Distance learning students can also access recorded webinars and lectures and the online course management system but do not attend any synchronous teaching sessions. The provider acknowledges that it has been a challenge ensuring that distance learning students receive an equivalent experience to on-campus students but in the view of the team the study guide, the access to online resource hosted on the provider course management system, and participation in webinars provides a different but equivalent experience which is of high quality. The distance learning student [M5] confirmed that, in their opinion, the course was of high quality, and their pattern of study was effective for them and aligned well with their other personal and professional commitments.

156   The assessment team met with students [M5] including undergraduate and postgraduate, from both full-time and part-time modes of study, from in-person and distance learning modes of delivery, and from those who were elected as student representatives. The students confirmed that in their opinion their courses were interesting, challenging, and rewarding. Students valued the opportunity to study in smaller groups with a dedicated staff team. They felt that the courses prepared them well for their current or intended work in ministry. Undergraduate students particularly saw value in the placement opportunities and mission trips provided as part of their courses. Distance learning students particularly valued the flexibility that studying their course allowed. Students described [M5] their courses as 'life changing and life affirming'.

157   The student submission [150] was based upon a discussion between student representatives and postgraduate and undergraduate students. Students reported that when issues were raised about their courses, for example in relation to the timing of lectures, that the provider responded in a positive and engaged way and sought to resolves issues quickly to make the courses better.

158   All students whom the team met [M5] assured the team that they very much valued

their study at the provider and welcomed the support that staff provided to enhance the quality of their studies. Students commented favourably on the quality of the provider's courses compared to that offered by the other institutions at which they had studied. Students felt that their courses were both life changing and affirming and felt privileged to study at the provider. The team established that the students tend to regard their courses as being of high quality.

Conclusions

159   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

160   The assessment team concludes that the provider has in place a credible and robust approach to design and delivery of high-quality courses. This is because the provider actively engages with the University's annual programme renewal process. There is effective oversight through the provider's Board of Studies. The provider effectively operates the University's policies and procedures on assessment design and delivery and ensures that it follows the University's course approval processes that facilitate the design and development of high-quality, relevant courses which lead to credible and recognised positive outcomes for students.

161   The provider uses external experts such as external examiners and advisers to inform course design and approval, and course review. Course design and review involves consideration of all elements leading to the delivery of a high-quality academic experience. The provider routinely monitors its course provision to allow objective assessment of whether it is providing a high-quality academic experience. The assessment team concludes, therefore, that this Core practice is met.

162   The evidence underpinning this judgement reflects all evidence described in the QSR evidence matrix, except with regard to third parties' views about the quality of the courses sampled. Therefore, the assessment 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

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

164   The QAA assessment 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)](#).

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

166   Third party endorsements, as none are available for the provision on offer at the provider.

What the evidence shows

167   The assessment team's analysis of the evidence led to the following observations.

168   The Partnership Agreements between the provider and the University on taught and postgraduate research programmes [003, 004] outline responsibilities, processes and procedures relating to staff appointment, approval and development. Under these agreements [003, 004] the provider is responsible for the appointment and continued employment of adequate numbers of staff with suitable skills, qualifications and experience. [004] The provider is also responsible for appropriate induction, training and staff development opportunities for its staff. All academic staff significantly involved in programme delivery or in any assessment are required to become approved tutors of the University prior to their involvement in delivery or assessment. [004] Similarly, for postgraduate research (PGR) programmes, staff at the provider involved in the provision of supervision to PGR students are required to become an accredited supervisor of the University prior to being appointed to a supervisory team. [003]

169   Staffing needs are identified within the Senior Leadership Team and approved by the Board of Directors. [M7] Recruitment for posts is by way of circulating advertisements within the Assemblies of God (AoG) network and on the AoG website. Job descriptions [053 Job description for Student Liaison Officer, 152 Draft job description for Leadership Tutor and Academic Support] are written with regard to essential and desirable characteristics in the fields of qualifications; skills, abilities, and knowledge; experience relevant to the role; personal qualities; and commitment to the vision and values of the provider. The assessment team met with members of staff [M3, M4] who had been recruited into their current role after undertaking other roles within the provider, including student administrator, examiner, and visiting lecturer. These members of staff confirmed [M3, M4] that they were recruited in line with the agreement. [004]

170   In addition to the core teaching team, the provider draws upon a number of other teaching staff who support the delivery of programmes either as approved tutors, two at the time of the visit [073 Approved Tutor Description of Services] or as visiting lecturers, 17 at the time of the visit. [074 Visiting Lecturer Description of Services] The team considers these roles to be appropriate and proportionate to deliver a high-quality learning experience given the small and specialist context of the provider. Staff recruited for the roles of approved tutor [073] and visiting lecturer [074] are given a contract for the provision of services rather than a contract of employment.

171   The provider's Organisational Chart [001] identifies the roles and posts the provider has in place to deliver a high-quality academic experience. These roles include three faculty staff who deliver academic teaching and learning, approved tutors who undertake teaching and assessment duties, and visiting lecturers who teach with the oversight of the faculty staff. The approved tutors, according to their description of services, [073] undertake a number of activities including preparing lectures, delivering lectures, being available for student discussion, supporting the module leader, participating in college training, setting assessment tasks, marking student work, and supervision of dissertations. The visiting lecturers according to their description of services [074] undertake similar tasks to the approved tutors with the exception that they do not set or mark assessments or supervise dissertations. Some of the visiting lecturers are drawn from the senior leaders of AoG and these staff lecture on their areas of professional expertise, for example, youth ministry, education, community outreach, leadership, and finance. Collectively they add significantly to the diversity of experience and skills available to support a high-quality learning experience for students.

172   There are three professional staff - the Academic Manager who helps organise programmes and liaises with external bodies including the University; the Student Liaison Officer who provides pastoral support to students including those with a disability or learning support, oversees church placements and mission trips; and the Academic Administrator who provides support during the application process and for general student enquiries. In the view of the assessment team the provider has sufficient posts to deliver a high-quality learning experience.

173   The number of teaching staff is acknowledged to be small (section 3.2 of the Student Protection and Continuation of Studies Plan), [https://www.missiodei.ac.uk/wp-content/uploads/2021/09/Student-Protection-Plan-April-Current-Published-Version.docx.pdf Accessed 07.01.2022] the provider believes, however, that there is still sufficient expertise for teaching to be covered by other members of faculty in the case of staff leaving or, if necessary, for additional visiting staff to be introduced. The provider's intention to recruit more visiting staff to increase resilience and broaden perspectives was confirmed during the Periodic Review of the Partnership in 2020. [081]

174   The meeting with the Board of Directors [M2] confirmed that the provider intends to recruit more teaching staff to address subject areas in which the current faculty are less familiar. The intention is to appoint a new staff member in 2022. This is confirmed in the Academic Partnership Monitoring Form [011] and in the Strategic Plan [156] and from meeting with the Senior Leadership Team. [M1] The provider has developed a draft job description [152] for the role of Leadership Tutor and Academic Support with the intention to advertise the post in the summer of 2022. The plan to recruit staff is credible as it recognises the expansion of the BA programme and the consequent demands on staff-student ratios; it is transparent as it is supported by the job description [152] and is detailed in the Strategic Plan. The Strategic Plan [156] proposes that up to four further full-time equivalent (FTE) roles will be established by academic year 2024-25 although this is dependent upon future levels of student recruitment. The assessment team acknowledges that plans to recruit staff as student numbers increase is credible and is evidence-based ensuring that there are sufficient staff to deliver a high-quality academic experience.

175   Information provided on staff qualifications and related experience [086, 094] confirms that the staff identified as approved tutors meet the required minimum criteria for the role, that is, academic qualification at the same level that they will teach, relevant subject knowledge, and teaching experience or a teaching qualification.

176   The visiting lecturers who have not been designated as approved tutors by the University do not necessarily hold qualifications at the level at which they teach. However,

10 (of 17) hold a relevant master's level qualification and three of these also hold a doctoral qualification. [086, 094] The Summary of Staff CVs [094] also shows that the visiting lecturers typically possess considerable ministerial or professional experience which will inform their practice and support student learning. There is limited evidence demonstrated from the Summary of Staff CVs [086, 094] of advanced scholarship among the staff in the form of publication - only four members of staff possess a publication record, for example books, chapters, and journal articles. The provider's current use of visiting lecturers to provide expert ministry insights and for students to receive different perspectives while also offering support and resilience to the core teaching team is credible and robust and gives confidence to the assessment team that the provider's approach to ensuring that there are sufficient appropriately qualified and skilled staff is appropriate.

177   Professional staff also possess relevant academic qualifications, such as BAs in Biblical Studies and MAs in Biblical Studies and Theology, and considerable practical experience in either student-focused or ministry-focused administration.

178   The assessment team concluded that the provider's staff, both academic and professional, are appropriately qualified and skilled to perform their roles effectively.

179   The team met with professional staff [M3] who confirmed that they had undergone an induction process appropriate to their role. The member of staff who had been appointed most recently (September 2021) had used a bespoke online induction tool which they felt to have been effective and helpful. This online tool will continue to be used for future appointees. Other members of staff in the meeting had been in role for much longer and had received a face-to-face induction with their line manager and with other senior staff, such as the Director of Operations at Assemblies of God Incorporated. The assessment team considers that the provider recruits, appoints, inducts and supports staff to deliver a high-quality academic experience.

180   The Taught Programme Agreement [004, 154] confirms that the provider can make use of staff development opportunities offered by the University. The assessment team confirmed in meetings with academic staff, [M4] professional staff, [M3] and representatives of the University body [M6] that staff from the provider had attended training events offered by the University. The provider's staff said that they found these training opportunities to be useful and informative. [M3, M4]

181   The provider confirmed [M7] that support for staff development is available to all staff and includes both academic and professional staff. The draft appendix [087] to the Mini Handbook [088] outlines how staff can request training or continuing professional development (CPD) and details what financial support may be available and under what conditions funds will be provided. Staff are supported in CPD in a number of ways and as appropriate to their role. Examples of support included the pursuit of Level 8 qualifications [010, M4] with two staff undertaking PhDs who are provided with ringfenced study time; pursuit of Level 7 qualifications for non-academic staff in the fields of Biblical Studies or Public Administration, [M2, M3] again with study time offered; academic staff have attended relevant conferences; [M1, M4] professional staff have also attended training events by external organisations and agencies which support them in their role. Staff at the provider also attend the Partner Information Day organised by the University [159-161] at which sessions address a range of issues such as changes to University procedures, examples of good practice in different domains such as academic integrity and online teaching, and student wellbeing.

182   Academic staff [M4] also commented about how they had been provided with the opportunity to attend an Introduction to Teaching course offered by the University of Birmingham where they were able to observe and engage with experienced faculty while

they carried out their role at the University.

183   Academic staff at the provider are also supported in their work through the Peer Observation of Teaching procedure described in the Teaching and Learning Strategy. [018] Peer observation of teaching is a compulsory process for core teaching and the approved tutors that the provider uses to support teaching staff in their development, to evaluate consistency in programme delivery, and to identify good practice for dissemination. The assessment team confirmed staff engagement with the process through evidence submitted [020 Peer Observation form] and in meetings. [M1, M4] Visiting lecturers (who are not also approved tutors) do not engage with the peer-review process but these staff only teach under the direct supervision of core staff and are thus under continuous oversight. Visiting lecturers [M4] confirmed the quality of the feedback they received from the observing member of core staff. Good practice that is identified from the peer-review process is disseminated either through the informal weekly staff meeting or at a planned staff training event.

184   Visiting lecturers [M4] confirmed that they had received copies of course documentation and had met with a member of the core teaching faculty prior to their first teaching session and that a member of the core teaching staff had observed all of their teaching sessions.

185   The team met with undergraduate and postgraduate students, [M5] from both full-time and part-time modes of study, from in-person and distance learning modes of delivery and from those who were also elected as student representatives. The students confirmed that in their opinion the academic staff were highly skilled and well qualified professionals who demonstrated both academic and ministry strengths. Students also commended the skills and experiences of the visiting lecturers for bringing an authentic dimension to their teaching which was important in preparing students for their intended destinations after their studies were completed. The students all agreed that there were sufficient academic and professional staff to effectively support their learning.

186   The students also commended the professional staff for their efficiency and care and their ability to make processes work smoothly for the benefit of students. The pastoral support offered to students was universally acknowledged by those in the meeting.

187   The team observed a recorded Level 4 teaching session on the course management system [Obs 1] for the module TH4370 Bible Survey. The session lasted for approximately 50 minutes and was the first in a sequence of lectures that explored the historical development and textual characteristics of the New Testament. The session was delivered as part of a week-long intensive teaching programme. Most of the students were with the tutor in the same room on the provider's site, one student attended via videoconferencing. The session had clear learning outcomes which were introduced effectively at the beginning of the session. The session was introductory in nature and was effectively supported by opportunities for students to question the tutor and to participate in 'mini-quiz' activities to test knowledge and understanding and further supported by a presentation. The tutor sought to engage students throughout and employed different strategies to engage those with different preferences for learning. The material was confidently delivered at an appropriate pace and students were able to seek clarification when needed. The tutor offered suggestions for further reading and independent learning activities which would effectively address the learning outcomes. The tutor demonstrated a familiarity with the subject matter and contemporary scholarship; this was presented in such a way as to engage students rather than to distract them from the planned learning. In the class discussion of how the session related to the assessment for the module there were many opportunities for students to understand what the threshold standards were, and advice was offered for how they might achieve beyond the threshold. The tutor also was

effective in relating the academic subject matter to broader issues of mission, practical theology and lived experience. The session ended with a brief recap, but as the session was to be followed immediately after a short break by the next session in the historical/textual sequence it was more appropriate to highlight the links to the next lecture.

188   The direct assessment of teaching and learning indicates that the tutor was appropriately skilled in theory and practice and was able to effectively engage with the students. The assessment team therefore determined that the provider has appropriately skilled staff to deliver a high-quality learning experience for students.

Conclusions

189   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

190   The assessment team concludes that the provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. Staff are composed of core teaching staff, visiting lecturers, professional staff, and staff from the wider corporate body of Assemblies of God Incorporated. Meetings with the provider's senior staff indicate that recruitment is targeted and enables the recruitment of sufficient appropriately qualified and skilled staff, including from within the existing visiting lecturer resource. The provider has recruited appropriately qualified and experienced academic and professional staff which is evident from staff qualifications and experiences. The staffing levels for teaching staff, although small, show that the provider has sufficient staff to deliver a high-quality learning experience for students and has credible plans for future recruitment.

191   Academic and professional staff are appropriately inducted and supported. The assessment team considers that there is an induction process appropriate and proportionate given the small and specialist context of the provider. There is an approach to staff development which supports academic staff to engage with continuing professional development. The provider engages in a peer observation of teaching process to monitor the quality of teaching and visiting staff are closely observed to maintain oversight.

192   Direct assessment of staff teaching showed that staff are knowledgeable in their subject area and skilled in the delivery of high-quality teaching. In the meeting with students, they indicated that they feel the provider's staff team are appropriately skilled. The students also noted that the staff team are highly skilled, committed, and responsive to issues that they raise. The assessment team concludes, therefore, that this Core practice is met.

193   The evidence underpinning this judgement reflects all evidence described in the QSR evidence matrix, except for other organisations' views about sufficiency, qualifications and skills of staff and, therefore, the assessment team has 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

194   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.

195   The QAA assessment 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).

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

197   Third party endorsements, as none are available for the provision on offer at the provider.

What the evidence shows

198   The assessment team's analysis of the evidence led to the following observations.

199   The Postgraduate Research Agreement [003, 153] and the Taught Programme Agreement [004, 154] identify that it is the provider's responsibility to provide all necessary learning resources and facilities including but not limited to learning and information technology resources and specialist facilities. These agreements also identify that it is the provider's responsibility to provide academic, pastoral and welfare support, careers guidance, and disability support to students. The resources and support available to students are clearly detailed for students in the programme handbooks. [013, 014] The programme handbooks also include details for students of what is included on the virtual learning environment (VLE).

200   The provider's plans for how the facilities and support services contribute to delivering a high-quality academic experience are set out in the aims of the Academic Enhancement Strategy [010] which are to strengthen and enhance the quality of the learning experience of the provider's students; to promote a learning environment which encourages both excellence in teaching and the continuing refinement and improvement of teaching practice; and to encourage the active participation of all of those involved in teaching and supporting learning in both ensuring and enhancing the quality of the provider's academic provision.

201   The provider's Strategic Plan [156] sets out the long-term plans for facilities following the move from Mattersey to the current site, confirming plans to work out of the Assemblies of God building in Manchester and rent teaching space from Audacious Church, which allows for five teaching spaces which will accommodate the provider through to 2023-24. The Strategic Plan also outlines plans to purchase a new building to accommodate the provider full time and to create regional hubs for the delivery of parts of the programme, which would enable the provider to reduce the travel time and costs for some students while at the same time connecting them and the provider to other Assemblies of God churches. The provider's Enhancement Action Plan [019, 089] outlines actions being taken to improve facilities, learning resources and support services including reviews of resources, the Resource Centre and online resources; monitoring and review of pastoral support for students; and monitoring and review of the provision of resources and practical support to

enable staff to fulfil their responsibilities.

202   Members of the Board of Directors [M2] confirmed that discussions had commenced to purchase the current site to extend the facilities with a potential timescale of 14 months, and that conversations had started on developing the regional hubs for teaching and learning to assist with accessibility for students. They also confirmed that the Senior Leadership Team has overall operational responsibility for leading the timeline for rebuilding the provider through the Strategic Plan; as such, the Senior Leadership Team also has responsibility for the provision and development of resources and support services at the provider.

203   The provider's plans for development as outlined confirmed for the assessment team that the provider has successfully completed a major relocation, investing to consolidate all resources on one principal site and that the provider's plans for further development of facilities and learning resources are credible and realistic.

204   Updates on resources are provided to Board of Studies meetings [021-024] which is a formal minuted meeting. The Continuous Monitoring of Enhancement Reports [031, 032] also provide an update on progress with the actions to improve resources. For example, regular updates were provided to the Board of Studies meetings [012-024] on the improved access to library resources by increasing the number of journals available and introduction of an eBooks platform. The Academic Partnership Monitoring Form [011] also confirmed that students were given access to the online eBooks platform and library in addition to an online journal resource in response to the concerns from students about access to resources during lockdown.

205   At the Student and Faculty meeting on 27 October 2021 [034] and 15 December 2021, [035] students commented that some recommended books were not available on the online book platform. The student submission [150] also identified that some postgraduate students identified that they found that some books were not available but did not feel that this hindered their work. The Academic Partnership Monitoring Form [011] also states that student feedback on the VLE resources is less positive and requires some attention. The provider intends to seek student views on what they would like to see on their VLE sites. Members of the Senior Leadership Team [M1] confirmed that the provider was working with the resource provider and had created bibliographies which were tailored to assessments and sent to the resource provider for them to update the database. Students [M5] did not identify any concerns with lack of books on the eBooks platform, confirming they found it a useful tool.

206   The programme handbooks [013, 014] state that students should be aware that possession of a usable computer is a requirement of studying with the provider. Members of professional staff [M3] confirmed that where a student did not have access to a laptop or were experiencing Wi-Fi issues, this would be looked at on a case-by-case basis through conversation with the student to discuss their needs. The professional staff identified that three loan laptops were available for students to borrow in these circumstances. The team felt that this was proportionate given the size of the provider. A College Bursary [052] is also available for students who are experiencing financial difficulties. The bursary funds are donated by alumni and Assemblies of God churches enabling the provision of financial support for students who experience financial difficulties over the course of their studies. Typically the bursary may be used to pay for books, accommodation, equipment or transport.

207   The Academic Partnership Monitoring Form [011] states that the library had changed to a non-lending library for the 2021-22 academic year. Members of the Senior Leadership Team [M1] explained the rationale for change to a non-lending library reflected

the provider's move to a delivery method of an intensive teaching period supported by periods of remote learning. More focus was being provided in the provision of e-resources while retaining access for students to the Resource Centre as a study space. The Senior Leadership Team also confirmed that while the library had changed to non-lending, it was working well so far. The Senior Leadership Team confirmed that they are still able respond to requests for resources on a case-by-case basis and students can make informal arrangements for borrowing.

208   Members of professional staff [M3] explained the processes for ensuring the quality of the VLE and confirmed that module tutors were responsible for uploading and amending their own materials and that the VLE pages are rolled over each academic year. The Academic Manager undertakes an annual check of VLE sites to ensure they are current and fit-for-purpose. The Board of Studies minutes from 13 December 2021 [022] state that it was also agreed that at the start of the next academic year access to VLE and online resources would be made available sooner and will work towards making video tutorials to guide students with how to use the online resources and VLE. The assessment team endorses that learning resources available to students on the VLE are credible and linked to successful academic outcomes.

209   The provider's plan for ensuring it has sufficient and appropriate support services is robust, because there is a single point of contact for students. The draft Disability Policy [042] clearly details the provider's approach to equality of opportunity and provision of support for students with disabilities. The Student Liaison Officer, [053] who also has clear designated responsibility at the provider as the Disability Officer, is the main point of contact for all students for guidance on accessing disability support and for pastoral-related matters. The team found that this single point of contact was appropriate and proportionate given the size and specialist context of the provider.

210   The Student Liaison Officer will make lecturers aware of any student needs and any adjustments that need to be made. [054 reasonable adjustment example] This was supported in the meeting with professional staff, [M3] where the Student Liaison Officer confirmed that students who declared a disability or learning difficulty at application would be provided with the relevant information including any assessment of need, access to support and financial support needed. The provider then made appropriate adjustments with both the applicant and tutors informed of any adjustments needed.

211   A review by the team of the provider's VLE [https://moodle.chester.ac.uk/, accessed 03/03/2012] confirmed that the site was clearly laid out with easy access to module information, assessment information and comprehensive learning resources in a variety of formats (including presentations, webinar and audio recordings, document files and direct access to the e-library). Each module site also provided students with access to additional study skills resources to support students with assessments.

212   In the student submission, [150] students tended to agree that the provider has sufficient good quality facilities, learning resources and support services to deliver a high-quality learning experience, highlighting the good teaching facilities, social areas, Wi-Fi access and access to online resources as positives. Some undergraduate students identified that they had been given a guide on how to use the eBook platform, but some students still were not confident, which they had raised in student representative meetings, and this had been resolved through further support from staff. Students also confirmed that student support staff were good at responding to enquiries, highlighting that support and care from all staff was high and intentional throughout their learning experience, and that financial enquiries were dealt with swiftly and respectfully.

213   Students whom the team met [M5] did not identify any concerns with the VLE,

commenting that it contained a range of learning materials including recordings, lecture notes and course details. Students [M5] confirmed that they felt the Resource Centre was a great environment providing local, accessible quiet study space. Students also commented that as it was a non-lending library, it meant that the books were always available and not out on loan. Students who [M5] had declared a learning difficulty confirmed that they felt very well supported. One student gave an example of how their tutors 'read the room' perfectly and broke down the concepts and language of topics to help them. Another student outlined how tutors added notes and pinned books and references on the eBooks platform to help them. The positive feedback from students [M5] satisfied the team that students tend to regard facilities, learning resources and student support services as sufficient and appropriate, and facilitating a high-quality academic experience.

214   The assessment team carried out a direct assessment of the provider's facilities, learning resources and support services through a tour of the resources during the on-campus visit. [Obs 2] The main findings from the direct assessment were that the provider has a relationship with the nearby Audacious Church to book rooms and facilities for teaching. Five rooms are available for teaching, learning and support plus the large auditorium. The rooms are block-booked by the provider and vary in size from small rooms used for seminars to rooms that can comfortably accommodate full groups. One room is normally used for MSc students. The Student Liaison Officer has access to a range of rooms in the church and at the provider's own offices to conduct 1:1 tutorials and meetings with students on pastoral matters. The venue at the church also has a very welcoming and contemporary reception area ('Hub Space') with social areas for students, informal seating, and a café area for refreshments.

215   Each teaching room has a large projection screen for teaching. The large teaching room has dual front screens and a rear screen which will display students who are joining online so the tutor can see them and interact with them and facilitate 'hybrid' teaching and learning sessions (delivery simultaneously to onsite and online students). The large teaching room also has a central microphone which covers the whole room so that students who are joining online can hear everything from both tutors and other students. Tutors bring their own laptops to teaching rooms to cast to the screens.

216   The assessment team concluded from its own assessment of facilities and learning resources that the provider offers a high-quality academic experience because resources are proportionate given the size of the provider and the provider's change to a delivery method that is based on an intensive teaching period supported by periods of remote learning. The assessment team also noted that the use of the church as the venue for the teaching perfectly complemented the specialist church context of the provider and the interests of students.

217   The assessment team was assured that relevant staff understand their roles and responsibilities because all groups of staff met by the team were able to clearly articulate their roles in ensuring that the provider had sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. For example, the Board of Directors [M2] outlined the long-term plans for resources as part of the provider's Strategic Plan; the Senior Leadership Team [M1] clearly articulated their rationale for making the Library a non-lending library and how they were working with the eBooks provider to improve online resources for students; professional staff [M3] were able to explain their role in ensuring the quality of the VLE sites by undertaking annual checks to ensure the content remained current and valid; the Student Liaison Officer gave a clear and comprehensive account of how support was provided for students with a declared disability or learning difficulty; and academic staff [M4] were able to clearly articulate their roles in the personal tutor process.

218   Furthermore, the tour of resources provided during the visit [Obs 2] was led by a member of the Senior Leadership Team and the Student Liaison Officer who were able to give a full and comprehensive account of the provider's resources and how the resources supported teaching and learning and provided a high-quality experience for students, for example access to the eBooks platform and online journals.

Conclusions

219   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

220   The assessment team concludes that the provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. This is because their development is part of a long-term strategic plan which is credible and realistic and includes ongoing plans for development and improvement in terms of facilities, resources, and support services. The learning resources and support services are entirely proportionate to the size of the provider and complement the provider's recent change of delivery to an intensive teaching period supported by periods of remote learning for students.

221   The overwhelmingly positive feedback provided by students on the provider's resources and support services through the student submission and the student meeting with the team, satisfied the assessment team that students tend to regard facilities, learning resources and student support services as sufficient and appropriate.

222   Direct assessment of the provider's resources by the assessment team further confirms that the resources and support services are appropriate and proportionate to the size of the provider. The church location fully complements the specialist church context of the provider and, as such, provides a high-quality academic experience which demonstrably links to the delivery of successful academic and professional outcomes for students. The assessment team concludes, therefore, that this Core practice is met.

223   The evidence underpinning this judgement reflects all evidence described in the QSR evidence matrix. Therefore, the assessment team 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

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

225   The QAA assessment 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).

What the evidence shows

226   The assessment team's analysis of the evidence led to the following observations.

227   The provider has in place student engagement systems that allow students to engage in the quality of their educational experience both individually and collectively. The provider's Senior Leadership Team (SLT), the Board of Governors, and the Board of Studies (BoS) and Extended Board of Studies (EBoS) meet regularly to discuss matters related to the design and delivery of programmes and other academic matters such as learning resources and practicalities of teaching intensive weeks. SLT and BoS (including EBoS) meetings include student representatives, who are nominated (or self-nominated) and selected by the student body at the start of each academic year. [000, 141 BoS Terms of Reference, M5] Training for student representatives is provided by the Vice Principal during a meeting prior to students attending their first formal SLT or BoS meetings.

228   There is also a Student and Faculty meeting, attended by student representatives which meets regularly throughout the year. [000] Minutes of the Student and Faculty meetings [033-035] demonstrate that students actively engage and contribute to the discussion of this meeting. Students are actively engaged in the continuous improvement of the quality of their educational experience, as evidenced in the terms of reference [141] and minutes [021-024] of BoS and EBoS meetings. For example, the student representatives provided feedback on the review of the first term of teaching including the structure and delivery, as well as resources for the undergraduate programme. [021 BoS minutes]

229   Student engagement with the provider's quality system is thoroughly described in the taught [004] and research [003] programme agreements with the University, where the provider agrees to ensure use of appropriate recorded mechanisms in line with the awarding body's guidance, to ensure that students provide feedback on academic programmes and evidence the use of student feedback in action plans, reports or other documentation which it is required to provide for the University. This is evidenced in the minutes of BoS [021-024] and Student and Faculty meetings, [033-035] and the Enhancement Action Plan 2021-22. [089] As a result, the team is of the opinion that the student representative system is credible and accessible and so enables students to actively engage in the quality of their academic experience.

230   End-of-module student feedback has also been reviewed and issues raised were addressed at the staff meeting to review teaching. [093] For example, following student suggestions, lecture notes are made available on the course management system before lectures; each intensive week includes essay clinics to support students on essay-writing skills; and a second academic staff attending sessions via videoconferencing to monitor and respond to questions on the chat channel.

231   Lack of (or delayed) access to the virtual learning environment (VLE) has been mentioned a few times by students in the minutes of a staff meeting to review teaching [093]

and in the meeting with the assessment team. [M5] The problem was due to the registration process with the University. The provider usually registers students with the University after payment has been received and registers all students at once. This caused delay in students getting access to the VLE. The team queried the SLT[M1] and was informed that this has been resolved by bringing forward the induction programme and sorting out payment earlier, so students would have access to the VLE when teaching begins. The team was clear that the ongoing discussion of student feedback is being used by the provider to change and improve provision.

232   Students also have individual means to provide feedback in module feedback surveys, [036, 037] which take place at the end of each module, and the National Student Survey (NSS). [012] The team was informed by both students [M5] and teaching staff [M4] about how this feedback is considered at either BoS [021-024] or Student and Faculty meetings, [033-035] with students confident that their feedback is reviewed and acted upon. Students confirmed [M5] that the provider has made changes where possible in response to their feedback and explained clearly the reasoning when changes are not made. Both students [M5 students] and staff [M3 professional staff; M4 academic staff] also confirmed that feedback is often informally exchanged directly between students and staff, for example regarding car parking and parking fines or the balance of emphasis of Old and New Testament teaching modules.

233   The minutes of Student and Faculty meetings [033-035] and the Continuous Monitoring of Enhancement reports [031, 032] provide examples of the provider improving provision as a result of student engagement. For example, student feedback in the Student Faculty meetings indicated that learning resources could be improved. The provider has now significantly improved student access to books and online learning resources. Students have access to twice as many journals directly through the provider and e-book platforms, which amounts to over 27,000 academic theology books. This provision, accessible online for students, has been successful and well received by the students. [Student submission 150, Meeting with students M5]

234   The provider has engaged students and graduates in programme and module development, as evidenced by student engagement in the development of BA Theology and Christian Leadership [048] and the Dissertation in Practical Theology module. [050] For example, the provider used surveys, focus groups, Student Faculty meetings, and Boards of Studies to engage students on Levels 5, 6, and 7 and recent graduates in the programme development processes. Students commented that there have not been enough opportunities to practically apply theology learnt in the church context, and that they would like to learn vital skills for being a Pastor such as managing people, handling confrontation, managing events, leading worship, organising church services, safeguarding, and dealing with policies and procedures. [048 Evidence of Student Engagement in Programme Development] The provider took this feedback into consideration when designing and developing the BA Theology and Christian Leadership programme, which has a split between classroom-based modules and placement-based modules. These two types of modules involve different delivery and assessment modes. [006] Each student on the Certificate in Higher Education or BA (Hons) Theology and Christian Leadership has a Ministry placement as part of their study. [055] The programme also has a compulsory module on organisational management in Christian leadership, [006] which covers the management skills that students raised in consultation.

235   The provider's approach for engaging students in the quality of their educational experience is effective because there are multiple examples of the provider changing and improving the students' learning experience as a result of the student engagement processes described. Examples students mentioned in the meeting [M5] and the student submission [150] include adaptation of course material, increasing online learning resources,

and changing arrangements of the intensive learning weeks in response to student feedback.

236   Students met by the team, [M5] including student representatives, agreed that they have opportunities individually and collectively to engage in the quality of their educational experience and made reference to the strong relational approach taken by the provider as a whole which encourages ongoing critical dialogue between students and staff. [M5] Students who attended the meeting [M5] all agreed that they found it easy to provide feedback on their course to the provider, and that student representatives feel well supported to fulfil their roles. [M5]

Conclusions

237   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

238   The team concludes that the provider has a clear and effective approach to actively engaging students, both individually and collectively, in the quality of their educational experience that is well understood by students and staff. The approach is strongly embedded in all of the provider's ways of working with students, which emphasise a relational approach to engaging their students that enables critical discussion and feedback. Students can provide feedback individually through direct conversations with staff in person, via videoconferencing or emails, and through surveys taken after each module and also at the end of their study. Collectively the student representative system represents students' interests through Student Faculty meetings and in the deliberative committee structure.

239   As a result, students are confident that the provider engages with them in the quality of their educational experience and will act on their feedback. Students gave multiple examples of how feedback they had provided individually to teaching staff or through their student representative systems had resulted in positive changes to their curriculum and resources. Student representatives feel well supported in their roles and have a variety of opportunities to provide feedback to the provider, in Student Faculty meetings as well as through deliberative committees.

240   Staff also gave examples of the provider changing and improving the students' learning experience as a result of student engagement, such as learning resources and programme reapproval, and described the approach to student engagement as being an important part of the relationship that they model with their students. Overall, the provider's ongoing plans to continue to engage students are robust and credible. The assessment team concludes, therefore, that the Core practice is met.

241   The assessment team was able to review all of the evidence indicated above, this evidence was triangulated in meetings with students and staff. Therefore, the assessment 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

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

243 The QAA assessment 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).

What the evidence shows

244 The assessment team's analysis of the evidence led to the following observations.

245 The provider's complaints and appeals processes and procedures are clearly stated in their Complaints and Appeals Policy. [038 Appendix 2] This policy [038] states that it must be read in conjunction with the University complaints and appeals policy which is available on the University website. Complaints and academic appeals define and outline the provider's ethos for dealing with complaints and appeals 'amicably and in a spirit of fellowship and cooperation'. [038] The provider's Complaints and Appeals Policy [038] includes two appendices: Complaints procedures for Assemblies of God Incorporated, a parent organisation of the provider; and College Complaints Procedures of the provider. Although both sets of procedures for handling complaints and appeals are fair and transparent, it could cause confusion for potential and actual complainants and appellants with regard to which procedure to follow and under what circumstances. The Complaints and Appeals Policy, [038] regardless of whether a complaint or appeal has been made, is periodically reviewed as part of the Enhancement Action Plan [089] by the Senior Leadership Team.

246 The Complaints and Appeals Policy is accessible through the provider's website. The policy [038] states that 'minor complaints and suggestions for general improvements are advised to be discussed with the student representatives, who attend Student and Faculty and bi-annual Extended Boards of Studies meetings.' Students can also raise concerns informally with the three Vice-Principals for issues relating to the campus and to student life or academic related issues, including complaints about members of faculty. Students are able to make a formal complaint, in writing, to the Senior Leadership Team and will receive a reply within two weeks of the receipt of the complaint, to discuss the matter further. Full written and confidential records are kept for these meetings. During the discussions with staff, either formal or informal, students may invite an independent person to attend, for example another student or student representative. [038] Should a student seek legal representation, notification is required to be given to the provider. A formal response, outlining proposed action(s), will be given to the student within two weeks. At the completion of the complaints procedure the student will be sent a Completion of Procedures letter. The team formed the opinion that the provider's procedures for handling complaints are definitive, fair and accessible for students.

247 The policy [038] informs students of their right to raise a complaint to the University following the formal stage if they remain dissatisfied with the outcome. Reference to the University policy is available within the provider's policy for students. Students are also informed of their option to refer to the Office of the Independent Adjudicator (OIA) following this if they are still concerned. The provider is a member of the OIA scheme.

248 The team noted that inconsistent names of the Board of Governors, now known as

the Senior Leadership Team, [M1, M2] and reference to a previous name for the provider (Mattersey Hall) may cause confusion for potential and actual complainants with regard to whom they should write when making a formal complaint. This minor documentation error, which the assessment team noted, could undermine the fairness, robustness and credibility of the policy.

249   One student complaint was submitted by the provider [Correspondence of a student complaint in 2019 [063-067] and considered by the team. The provider confirmed that this is the only complaint received in the past three academic years. The complaint was investigated by the provider and not upheld. The assessment team evaluated correspondence [063-067] concerning this complaint and considered that the complaint had been dealt with according to the provider's policy and procedure and been fairly investigated. The outcomes had been communicated to the student in a clear and detailed manner. [067] However, the outcome of the complaint [067] is not dated. The assessment team questioned professional staff [M3] about the date of the outcome letter and was satisfied that the complaint had been dealt with in a fair and timely manner, that is, responding within two weeks of receipt of the complaint and informing the outcome within two weeks of the time of contact, in accordance with the provider's Complaints Policy. [038 Appendix 2] The assessment team considers the policy for handling complaints to be robust and credible.

250   Students are entitled to use the University's academic appeals procedure and to access independent and impartial support from the University Students Union. [038] The University confirmed that only one academic appeal was received from students studying with the provider in the past three academic years [M6] which was not upheld. University representatives [M6] confirmed that the provider had followed the Complaints and Appeals Policy. [038]

251   The Responsibilities Checklist for Providers without Degree Awarding Powers [005] indicates that the provider is solely responsible for dealing with student complaints and appeals and the awarding body has no responsibility on these. However, the provider's College Complaints Procedures [038 Appendix 2] states that for student complaints 'If all attempts to resolve the matter internally are still deemed unsatisfactory, a student may appeal directly to the University of Chester'; for academic appeals 'Once a mark has been finalised, any appeal must take place in line with the appeals procedure of the University of Chester'; and 'Issues relating to progression and awards need to be taken up in an appeal directly to the University of Chester'. The information provided in the Responsibilities Checklist [005] and the provider's Complaints and Appeals Policy [038] are inconsistent. The team queried this at meetings [M3, M6] and the provider confirmed that this was a documentation mistake in the Responsibilities Checklist and would be amended. [005]

252   To collate information about students' informal concerns and critical feedback so that trends can be identified, the team heard that staff regularly meet to share the feedback they receive from students at their weekly staff team meetings and that they would bring any such issues to these meetings to discuss them. [M1 with the Senior Leadership Team; M4 with Academic staff; and M3 with professional staff] Due to the small size of the provision and the ongoing communication between staff and students, all staff were confident that any informal issues would be shared in this way and themes could be identified. This process for handling informal issues was shared between staff in all meetings, and so the assessment team considers the process to be credible.

253   Students met by the team did not raise any concerns about the fairness, transparency or accessibility of the complaints and appeals procedures available to them, but also admitted that they were unfamiliar with these policies and what they covered since they had never needed them. [M5] However, students further informed the team that they knew where they could find these policies if they needed them, and that they could ask staff

for this information if it was required. [M5] Students were confident that if they did have a complaint or appeal the provider would deal with this fairly.

Conclusions

254   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

255   The assessment team concludes that the provider's processes for managing complaints and appeals should deliver timely outcomes for students. The provider's procedures for the handling of complaints and appeals are fair and accessible to students. However, it was unclear as to whether the complaints and appeals policy could be considered transparent. This is because of, respectively, a lack of clarity about which of the three procedures (the provider's own processes and procedures; that of Assemblies of God, the provider's parent organisation; or the University's) to follow and under what circumstances.

256   The team scrutinised the single formal complaint that the provider has received and dealt with in the past three academic years and is satisfied that the complaints procedures were followed in practice and the complaint has been dealt with in a fair and timely manner.

257   Students were unfamiliar with the complaints and appeals procedures but did know where they could find them if they needed them. Students were confident that concerns they raised would be dealt with in a fair manner, consistent with the provider's relational approach. The team was informed that the staff team works closely together to identify student concerns at an early stage and communicates frequently as a team to ensure that any concerns are dealt with fairly.

258   Despite the lack of clarity surrounding multiple complaints procedures of the provider, its parent organisation and the University, the team determined that the integrity of the process or interests of students have not been harmed. The policies and procedures are fair, accessible, providing timely outcomes, and are followed in practice. The team concludes, therefore, that this Core practice is met.

259   Due to a lack of clarity about the multiple complaints procedures attributed to the provider, its parent organisation and the awarding body in respect of which procedure to follow and under what circumstances, and the mistake (inconsistency) in documents regarding the provider and awarding body's responsibility for complaints and appeals, this led the assessment team to have a moderate degree of confidence in this judgement.

Q7   Where the provider offers research degrees, it delivers these in appropriate and supportive research environments

260   This Core practice expects that where the provider offers research degrees, it delivers these in appropriate and supportive research environments.

261   The QAA assessment team conducted an assessment of this Core practice 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).

What the evidence shows

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

263   As a collaborative partner, the provider has a shared responsibility, working with the University to offer research degrees in a supportive environment. Specific areas of responsibility are set out in the Responsibilities Checklist [005] and documented in the Organisational Agreement, [002] Postgraduate Research (PGR) Agreement [003] and Programme Handbook. [Postgraduate 014]

264   The agreement [002] also confirms that the programme remains the overall responsibility of the University and is delivered by the provider and the provider shall comply with all relevant requirements of the University's Principles and Regulations [https://www1.chester.ac.uk/sites/default/files/Principles%20and%20Regulations%202021-22%20v2.pdf Accessed 09.01.2022] and Section G of the University's Quality and Standards Manual. [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] The PGR Agreement [003, 153] includes a Programme Protocol checklist of respective responsibilities of the University and the provider.

265   Responsibility for programme management, quality assurance, delivery and assessment is devolved to the provider from the University. Roles and responsibilities of admission, delivery and assessment of PGR programmes are clearly articulated in the PGR programme agreement, [003] for example applications are made to the provider and following consideration of the application the provider makes a recommendation to the University for final decision to admit the applicant. The provider does not have its own regulations or policies but instead uses those of the University and there are no exemptions from these regulations or agreements. As a small and specialist provider with one student registered on the programme, the assessment team is of the opinion that this is a proportionate approach.

266   The Doctor of Ministry (DMin) is a Level 8 (partially taught) professional doctorate. The DMin can be taken over three years full-time or up to six years part-time. The DMin comprises five taught modules, a dissertation and oral examination (viva). [014 Programme Handbook] The assessment team considered the programme specification [155] to be clear and comprehensive detailing the programme outcomes, structure, modules and credits, and assessment methods which should enable students to meet and demonstrate the intended learning outcomes which align with the Framework for Higher Education Qualifications (FHEQ).

267   Due to the lack of supervision capacity, the provider has taken a strategic decision [Strategic Plan 156] to not actively recruit students for the DMin or PhD programmes. The provider plans to relaunch these programmes in the 2024-25 academic year. [Strategic Plan 156]

268   Under the current arrangements, each doctoral student would be assigned a supervisor of the provider, secondary supervisor external to the provider and a University supervisor. Doctoral supervisors are actively engaged in research or scholarly activities and have appropriate skills and experience of supervising doctoral students to completion and examining research degrees. [068 CV, 069 Supervision Experience, 072 CV] The two sample records of research degree supervision [070, 071] and the staff that the team met [M4] indicated that supervisory staff understand their responsibilities and are appropriately qualified and skilled.

269   The provider's Admissions Policy [015] incorporates information regarding Postgraduate Research Degrees and students on these programmes go through a process of admission with the provider and also need to be approved by the University before being admitted to the programme. The Admissions Policy [015] is to be read in conjunction with Section G of the University's Quality and Standards Manual [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] which outlines the admission, registration and University and Faculty induction requirements.

270   Section G of the University's Quality and Standards Manual [https://www1.chester.ac.uk/social-responsibility/academic-quality-support-services/academic-regulatory-information/quality Accessed 09.01.2022] also clearly states supervision roles and responsibilities; student roles and responsibilities; ethics and research integrity; annual progress monitoring and reporting; and examination. The assessment team confirms that policies for research degree provision are clear and comprehensive providing an appropriate and supportive research environment.

271   The provider has a bespoke Resource Centre located on the ground floor of its premises that incorporates a non-lending library. This Centre offers a wide range of books and journals and space for individual study and meetings between students and supervisors. Students also have online access for journals and books. The team endorses that the resources available to students provide a research environment that facilitates the achievement of successful outcomes by research students.

272   The provider offers a range of online sessions to support students with their studies, for example a monthly research lounge where students can join and ask questions about their research and meet with staff. The provider hosts research symposiums in December and June, where students at the dissertation stage can present their work and receive feedback from staff and peers. The team endorses that the provider offers a research environment that is appropriate and supportive for students to develop research skills.

Conclusions

273   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other assessments and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

274   The assessment team concludes that where the provider offers research degrees, it delivers these in an appropriate and potentially supportive research environment. Although doctoral supervision capacity is limited, supervisors are actively engaged in research or scholarly activities and have appropriate skills and experience of supervising doctoral students to completion and examining research degrees. Staff understand and undertake their responsibilities in respect of research supervision. Responsibility for programme

management, quality assurance, delivery and assessment is devolved to the provider from the University. While the provider does not have its own regulations or policies but instead uses those of the University, the assessment team concludes that, as a small and specialist provider, this is a proportionate approach.

275   Therefore, the assessment team concludes that, on balance, the Core practice is met.

276   The assessment team was unable to review all of the evidence indicated in Annex 4 or triangulate the evidence in meetings with students due to the low number of current research students. Coupled with the strategic intent of the provider to not actively recruit further students at this time the assessment team has a low 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

277   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.

278   The QAA assessment 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).

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

280   Third party endorsements, as none are available for the provision on offer at the provider.

What the evidence shows

281   The assessment team's analysis of the evidence led to the following observations.

282   Representatives from the University met by the assessment team [M6] clearly articulated the procedures in place to ensure that responsibilities for academic standards are effectively discharged, including arrangements for periodic review, annual monitoring, external examiner reports and action plans, and monitoring of student data. Representatives from the University also outlined the role of the link tutor who has responsibility for monitoring of academic process and chairs the University module assessment boards where grades presented by the provider are confirmed. The link tutor confirmed that they had a close working relationship and weekly communication with the provider. [M6]

283   Staff from the provider also attend the annual partnership information days [159-161] held by the University which provide them with updates on changes to academic regulations, updates on academic registry processes and other quality assurance requirements, which further ensure that the understanding of staff of their responsibilities to the awarding body are current.

284   Academic staff, [M4] as well as the professional staff [M3] and the University [M6] explained that evidence reviewed including arrangements for periodic review, annual monitoring, external examiner reports and action plans supported successful delivery in partnership with the University. Staff from both the delivery partner and the University understand and articulated their respective responsibilities for quality to ensure that the academic experience is high quality in partnership.

285   The assessment team is of the opinion that the Organisational Agreement, [002] Taught Programme Agreement, [004, 115] programme handbooks [undergraduate 013, postgraduate 014] and programme specifications [006-009] underpin a credible and robust approach to ensure a high-quality academic experience for provision delivered in partnership.

286   Each student on the Certificate in Higher Education or the BA in Theology and Christian Leadership has a Church Placement. Undergraduate students are also required to

undertake a short-term mission trip as a component part of module TH4377 (Foundations for Ministry: Team Formation and Dynamics). [061]

287   The Taught Programme Agreement [004, 154] identifies that the provider and the University department with oversight for the programme shall agree responsibilities for the management of any placement learning on the programme. However, the Responsibilities Checklist [005] further clarifies that the provider is responsible for managing relationships with other partner organisations (such as placement providers). Discussions in meetings with professional staff [M3] confirmed to the assessment team the provider's oversight of arrangements for student placements.

288   The provider has created clear and simple governance oversight of placements, consisting of the Board of Studies [141, Terms of Reference] and Senior Leadership Team. However, none of these bodies has been explicitly formally charged with responsibility for placements delivered through external partnership with placement organisations. The assessment team concluded that the informal and undocumented nature of lines of accountability within the provider's internal reporting structures for such a critical aspect of delivery could potentially present a risk to quality and the oversight of provision.

289   The programme handbooks [undergraduate 013, postgraduate 014] and programme specifications [006-009] have comprehensive information for students regarding placements and supervision. These handbooks and specifications have robust and reliable information for students regarding the importance of the placement relationship between the church, student and provider, expected hours of placement work, attendance on placement, and assessment as well as practical information. The assessment team found that the placement agreement [055] and placement checklist [059] set out the roles and responsibilities for each stakeholder namely the students, the placement coordinator and the provider.

290   The Organisational and Partnership Agreements [002-004] are clear and comprehensive, up-to-date and reflect the provider's effective arrangements for the management of partnerships, although the provider does not have a separate policy for the management of placements.

291   The arrangements and requirements for placements and the expectations of each of the parties are clearly and comprehensively set out in the Taught Programme Agreement, [004, 154] programme handbook [013] and Church Placement Agreement, [039, 055] which is a formal document signed by the student, the provider, and the placement church. Students are expected to nominate a sponsoring church as their placement church; however students may nominate another church to broaden their scope of learning. It is, however, an expectation that students will remain at the same placement throughout the academic year. If a student does not have a sponsoring church, the Student Liaison Officer will facilitate placement arrangements to locate a suitable placement for a student. [059]

292   The Church Placement Agreement [039, 055] states that it is a requirement of the provider's undergraduate programmes, recognising the programmes' vocational element explicitly related to Christian ministry, and tailored especially for an Assemblies of God UK local church setting. [039, 055] The assessment team considered that these arrangements for placements were proportionate to the size and the specialist theological context of the provider.

293   Further detail of how the placement is embedded in the programme is provided in the programme handbook, [013] programme specifications, [006, 007] relevant module descriptors [040, 061] and the Teaching Plan, [060] which outline the difference between classroom-based modules and placement-based modules.

294   Placements are for eight hours per week over 25 weeks and there is flexibility over which days students are on placement. A placement checklist [059] provides a check on measures to ensure the suitability and delivery of placements, such as confirmation of the administrative arrangements required by the Placement Coordinator (person responsible at the church) and provider. Professional staff [M3] confirmed that health and safety arrangements are discussed in meetings with Church Placement Coordinators, each church has their own risk assessment and the provider requests copies of these from the church. A Placement Coordinator is appointed by the church [039, 055] and a virtual induction session is held for Church Placement Coordinators, mainly to go through the placement checklist.

295   Students are asked to provide a reference from the Church Placement Coordinator [055-058] to confirm the students engagement with the church. The assessment team noted that the template for the Church Placement Coordinator's reference [055-058] includes the question 'Has the applicant, to your knowledge, suffered emotional distress, or had occasion to seek treatment for psychological difficulties?'. The assessment team was initially concerned about the rationale for this question and whether it could potentially impact on the fairness or inclusiveness of the placement processes. However, professional staff who the team met [M3] assured the team that the rationale for the question was purely for pastoral support to ensure students experiencing difficulties were fully supported. Personal tutors will consult with the Placement Coordinator should any pastoral issues arise regarding their students and signpost any serious matters. [013]

296   The Extended Board of Studies meeting minutes from 22 February 2021 [023] states that the Student Protection Policy may need to be updated to include what support is provided for students if the church where they have their placement closes. This was discussed with professional staff [M3] who clearly articulated that if a student loses their placement or the placement relationship breaks down, the Student Liaison Officer (SLO) would meet with the student and Church Placement Coordinator to discuss either changing the area of work within the church they were placed at or negotiating with the student to move to another placement and the transition arrangements needed to make the change. The provider noted [M3] that this situation was rare, and students did not often need to change their placement.

297   Students pay a placement fee of £500 to Assemblies of God which is passed on to the church placement and Assemblies of God supplements this with a further £500 to the church. The Church Placement Agreement [039] states that other costs related to the church placement setting are to be agreed between the student and the local church. The fees document on the provider's website outlines all fee requirements for students. [https://www.missiodei.ac.uk/student-life/policies/, accessed 03/03/2022]

298   The Student Liaison Officer arranges an induction for students involved in ministry placements before the start of the academic year. [039, 055] The Student Liaison Officer will then keep in regular contact with the church and the student to ensure that expectations are being fulfilled, as well as to address any problems that may arise. [013] The Student Liaison Officer has a meeting with each student and Placement Coordinator each half term to ensure the placement is working effectively for all parties. These arrangements ensure the academic experience is high quality and robust because the Student Liaison Officer [053] has clear designated responsibility at the provider for overseeing placements.

299   The placement feeds into the summative assessment of a number of modules on the programme. [060] However, the assessment team noted that the methods of learning and teaching and formative assessment in module TH4376 - Introduction to Christian Leadership [040] also include placement observation, feedback, and reflection for on-campus students. Academic staff whom the team met [M4] explained that the placement observation was an informal process, undertaken by the Student Liaison Officer and the

Church Placement Coordinator, to provide feedback to students on progress with their placement. The assessment team also noted that the wording in the same module descriptor [040] for distance learning students does not include the placement observation. However, academic staff [M4] confirmed that it applied to all students on the programme. The assessment team was satisfied that this was a minor oversight in the module descriptor document and would be revised accordingly by the provider.

300   Students are expected to keep a written journal of their placement experience, which they submit to their Church Placement Coordinator and the Student Liaison Officer each half term. [039, 055] The Student Liaison Officer [M3] explained that the journal forms a log of how the student works through their placement and provided a type of formative assessment, but it was also important pastorally if any concerns were identified.

301   The Undergraduate Programme Handbook [013] details that students are required to undertake a short-term mission trip as a component part of module TH4377 (Foundations for Ministry: Team Formation and Dynamics). [061] The mission trips are for a minimum of one week (40 hours) and are assessed by means of a critical reflective report. Mission trips are delivered in partnership with the Missions Department of Assemblies of God, and a Mission Trip Checklist [062] is in place which details measures to ensure the suitability and delivery of mission trips.

302   Students who wish to participate in a short-term mission trip arranged by their placement church as an alternative to those arranged by the provider can submit a proposal to the provider to ensure that this alternative is compliant with the provider's academic and practical requirements. [013]

303   Students [M5] were overwhelmingly positive about their placements and the opportunities for mission trips. Students specifically highlighted the support they received from the provider in preparing for placements; the advice and guidance on trying to take on too much workload; how the placement fits in with life, study, and work; how their placements help them learn about how to work as part of the team; and the tangible link between theory and placement practical aspects, quoting the example of how knowledge learned supports their mission trips.

304   Students [M5] were fully aware of how their placement and mission trip feed into assessment of their modules, for example through reflection activity. Students also commented on how their placement prepares them for employment, noting that they were on a journey but starting to see outcomes in the early stages.

305   Students [M5] commented on how the intensive teaching weeks supported their placement learning and development and one student commented that they went back to their placement feeling empowered from the teaching they had received. Another student identified that they had a specific interest and previous experience in media and were able to use that to tailor their church placement to their own intended career outcomes.

306   The professional [M3] and academic [M4] staff were able to clearly articulate how the placement processes operate in practice. Examples provided by the staff included the liaison with Church Placement Coordinators; arrangements for ensuring the suitability of placements; how students are supported while on placement including the support provided for students in the event where a student loses their placement; how the placement observation process works; and how the placement feeds into assessment of the programme.

307   Given these clear explanations provided by the relevant groups of staff, the team is confident that this demonstrates that the provider has clear understanding of its responsibilities for the quality of courses delivered in partnership, particularly with regard to

student placements.

Conclusions

308   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

309   The assessment team concludes 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. The provider has clear, comprehensive, and up-to-date agreements in place with the University which reflect the provider's arrangements for the management of partnerships.

310   Student placements and the mission trip form an integral part of the undergraduate experience and the provider works successfully in partnership with external church providers to offer placements and mission trips which support a high-quality student learning experience.

311   The assessment team was satisfied that the provider has developed a robust and credible approach for ensuring that placements provide a high-quality academic experience, which are proportionate to the size and specialist church context of the provider and are clearly set out in the Church Placement Agreement.

312   However, the assessment team was concerned with the informal and undocumented nature of lines of accountability for placements within the provider's internal reporting structures, which could potentially, and present a risk to quality and the oversight of provision. However, the team determined that the integrity of the process or interests of students have not been harmed.

313   Staff who met the team were able to clearly articulate their understanding of their responsibilities for quality of courses delivered in partnership, particularly with regard to student placements. Furthermore, students who met the team were overwhelmingly positive about their placements and the mission trip. Students specifically highlighted the support they received from the provider in preparing for placements.

314   The assessment team concludes, therefore, that the Core practice is met.

315   The assessment team was able to review all the evidence recommended in Annex 4, this evidence was triangulated in meetings with three different staff groups and the University. Therefore, the assessment team has a high degree of confidence in this judgement.

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

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

317   The QAA assessment 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).

How any samples of evidence were constructed

318   The team reviewed a simple random sample [092] of 130 individual pieces of student work from 58 students derived from a total student body of 79 for the 2020-21 academic year. The work was submitted for 19 modules across Levels 4 to 7. The sampled work comprised the original student assessment submitted, mark sheets and tutor feedback for the 2020-21 academic year.

What the evidence shows

319   The assessment team's analysis of the evidence led to the following observations.

320   Courses are delivered through full-time, part-time and distance learning routes. The majority of students study part-time. Specific areas of responsibility are set out in the Responsibilities Checklist [005] and documented in the Organisational Agreement [002] and programme handbooks. [Undergraduate 013, Postgraduate 014]

321   As a collaborative partner, the provider has a shared responsibility, working with the University to ensure that students are supported to achieve academic and professional outcomes. The provider's approach supporting students to achieve academic and professional outcomes is comprehensive and robust because it aligns with the University's well established and evidence-based regulations and processes. [Organisational Agreement 002, University Principles and Regulations and Quality and Standards Manual accessed 17/02/2022] As a small and specialist provider the assessment team is of the opinion that this is a proportionate approach.

322   Relevant information from the University regarding academic support and outcomes is translated into the provider's programme handbooks. [undergraduate 013, postgraduate 014] Programme specifications [006-009] document the professional and practical outcomes students should be able to demonstrate upon graduation, for example apply a well-developed knowledge and understanding of theological ideas to contemporary church leadership and mission contexts. [006]

323   The provider's approach to student support, including how it identifies and monitors the needs of individual students, is demonstrated in the relevant policies [Draft Disability policy 042 and Fitness to study policy 043] to ensure that reasonable provisions are made for students with disabilities so that they may participate in all learning activities without disadvantage. Students [M5] gave examples of how the provider supported students with learning difficulties, including dyslexia, or if English is not a student's first language.

324   The provider also offers a range of online sessions to support students with their studies, for example, a monthly research lounge where students can join and ask questions about their assignments, essay clinics, academic integrity session, and research symposiums where students at the dissertation stage can present their work and receive

feedback from staff and peers.

325   A dedicated Student Liaison Officer (SLO) [Role description of Student Liaison Officer 053] is involved in the pastoral care of students from acceptance to graduation and being the first point of contact for students with disability. The SLO also oversees the church placements and mission trips, working closely with the academic team and the Placement Coordinators in local churches, and acting as the bridge between the provider, the student and their home church.

326   The Undergraduate Programme Handbook [013, 051] establishes the provider's approach to personal tutoring, which is that all students are assigned a personal tutor who will provide general academic support and advice and support them to achieve successful academic outcomes. Personal tutors meet with students three times per year either face-to-face or via videoconferencing. Personal tutors are also available at any time for students via email. The SLO consults with the Placement Coordinator and should any pastoral issues arise regarding their students the SLO will signpost any serious matters with the personal tutor. Under normal circumstances a student will keep the same personal tutor throughout their studies. [013, 051] In the student submission [150] and the meeting with students, [M5] students confirmed that they had been assigned a personal tutor who will give extra support if needed with advice on writing essays, formatting and time management.

327   Samples of assessed student work demonstrate that feedback is timely. Feedback is returned to students within four weeks of the deadline for coursework submission. [Undergraduate and postgraduate programme handbooks 013, 014] Feedback given by staff is helpful because it identifies what students need to do to improve. The feedback is comprehensive, covering writing skills such as referencing, sentence structure and argument flow, and the students' approaches to theory, with suggestions for further reading or alternative interpretations of the theories discussed by the students to stretch them further. The assessment team formed the view that students are given comprehensive, helpful and timely feedback which further supports successful academic achievement.

328   Students are provided with feedback and a numeric mark within four weeks [M5] which enables them to act on the feedforward provided by the markers. The undergraduate external examiner [028] commented on the subject of feedback: 'it was good to see markers regularly setting out their feedback in a manner directly corresponding to the categories set out in the marking criteria, permitting students more readily to grasp the specific areas of strength and/or weakness in their work'. Students also explained [M5] that they have opportunities to participate in formative feedback and engage with academic staff through the Personal Tutor system [051] and during lectures and weekly essay clinics to identify how they can improve their marks and achieve beyond the threshold standard. The student submission [150] includes the observation that 'students felt able to ask tutors for guidance into how to improve their future assignments, while the majority felt the feedback was sufficient to know areas to improve'. The submission [150] also includes the comment that 'Feedback is individual and can be transferred to other modules to ensure the best work students can produce'.

329   Students were happy with the feedback they received from their assignments, describing it as being timely, constructive, and stretching them to further improve their grades. [M5] Students were particularly satisfied with the personalised feedback provided by the academic staff. Due to small class sizes, every student felt they were able to speak with staff and are provided with individual feedback that is accessible and easy to understand.

330   Students confirmed that career support has been embedded in teaching, learning and placements. In most cases the provider expects church placement to be the student's own church, but where this is not the case, the provider offers advice and guidance to

students on finding an appropriate placement. The Student Liaison Officer explores students' individual interests, for example specific ministry commitment, which could be in youth, children, worship, or other ministry in a church context [006-009 programme specification] to inform their placement arrangements. [M5] Students said that they found the Enrichment Week effective. Enrichment Week is held in May at the end of the academic year and is an opportunity for students to debrief on their mission trip, collectively feed back on the past academic year and to support students in preparation for the future academic year, for example to discuss module selection options, mission trips, and extracurricular activities beyond their courses.

331   Students [M5] tend to agree that they are adequately supported to achieve successful academic and professional outcomes. They particularly appreciated the provider's open-door policy and responsiveness of staff to their requests for support and help, and the depth of knowledge of the academic staff. The students also said they found it useful that teaching staff are practising professionally, and so are able to provide up-to-date information and advice on questions students have about professional practice. [M5] Students felt very positive about the impact the course has on them professionally and personally. One student described their study at the provider as a 'life changing experience'. The assessment team noted that students feel adequately supported by staff to achieve academic and professional outcomes.

332   The academic and professional services staff were clear that they understood their roles, as Personal Tutor, Module Tutor, Student Liaison Officer, Academic Manager and Academic Administrator, in supporting student achievement and gave many examples of ways in which they work with their students to help them achieve both academically and professionally. [M3, M4] For example, to better support distance learning students, they are contacted once per month near assignment time to touch base, either via videoconferencing or phone calls. The assessment team confirms that staff, both academic and professional understand their role in supporting student achievement.

333   Visiting and adjunct faculty also understand their responsibilities in supporting students to achieve successful academic and professional outcomes because the provider has an induction process where the line manager and other relevant staff work through the Assemblies of God handbook [088] with new members of staff, including adjunct faculty and visiting lecturers.

Conclusions

334   As described above, the assessment 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 assessment team ensured that its judgement was consistent with all other reviews and remained outcomes focused. The team's conclusions, based on the evidence considered, are detailed below.

335   The assessment team concludes that the provider's approach to student support, along with the embedded requirements for ministry placement, facilitates students' achievement of successful academic and professional outcomes. The plans are also comprehensive, supporting students at all stages of their academic journey with a wide range of academic and professional outcomes. Staff understand their role in supporting student achievement and assessed student work demonstrates that staff provide students with individualised, timely and helpful feedback.

336   Students are positive about the support received from both academic and non-academic staff. They agree that they are supported to achieve successful academic and

professional outcomes, and particularly appreciated that their teaching staff, including visiting lecturers, were highly skilled and knowledgeable about both the curriculum and the realities of professional practice. The assessment team concludes, therefore, that the Core practice is met.

337   The evidence underpinning this judgement reflects all of the evidence described in the QSR evidence matrix for this Core practice and for this reason the assessment team has a high degree of confidence in this judgement.

Annex 1

000 Missio Dei Provider Submission.pdf
001 Organisational Chart.pdf
002 Organisational Agreement.pdf
003 PGR Programme Agreement.pdf
004 Taught Programme Agreement.pdf
005 Responsibilities Checklist.pdf
006 BA TCL Programme Specification.pdf
007 CertHE Programme Specification.pdf
008 MA PT Programme Specification.pdf
009 MA BS Programme Specification.pdf
010 Academic Enhancement Strategy.pdf
011 Academic Partnership Monitoring Form.pdf
012 NSS Results.pdf
013 UG Programme Handbook.pdf
014 PG Programme Handbook.pdf
015 Admissions Policy.pdf
016 Essay Letter.pdf
017 Programme Renewal Pack.pdf
018 Teaching and Learning Strategy.pdf
019 Enhancement Action Plan 2021 22.pdf
020 Peer Observation Form.pdf
021 BoS Minutes.pdf
022 BoS Minutes.pdf
023 EBoS Minutes.pdf
024 eBoS Minutes.pdf
025 Marking Criteria.pdf
026 Monitoring Form.pdf
027 Second Marking Form.pdf
028 UG EE Report.pdf
029 PG EE Report.pdf
030 Response to UG EE Report.pdf
031 PG CME Report.pdf
032 UG CME Report.pdf
033 Student Faculty Minutes.pdf
034 Student Faculty Minutes.pdf
035 Student Faculty Minutes.pdf
036 Module Feedback Form.pdf
037 Module Feedback Data.pdf
038 Complaints Policy.pdf
039 Church Placement Agreement.pdf
040 Module Descriptor.pdf
041 Assignment Sheet.pdf
042 Disability Policy.pdf
043 Fitness to Study Policy.pdf
044 SPRB Minutes August 2021.pdf
045 PRP Queries and response.pdf
046 PG MAB Minutes November 2021.pdf
047 Admissions Policy.pdf
048 Evidence of Student Engagement.pdf
049 Example Module Options MA Practical Theology.pdf
050 Student Feedback for New Module Proposal TH7441.pdf
051 Information on Personal Tutors.pdf

052 College BursaryPolicy.pdf
053 Student Liaison Officer.pdf
054 Anonymous HE Provider Support Reasonable Adjustments.pdf
055 Signed Placement Agreements.pdf
056 ██████████ Placement Coordinator's Reference.pdf
057 ██████████ Placement Coordinator's Reference.pdf
058 ██████████ Placement Coordinator's Reference.pdf
059 Placement Checklist.pdf
060 Teaching Plan.pdf
061 TH4377 Module Descriptor.pdf
062 Mission Trip Checklist.pdf
063 Complaint 1a.pdf
064 Complaint 1b.pdf
065 Complaint 1c.pdf
066 Complaint 1d.pdf
067 Complaint 1e.pdf
068 Resume AE Dyer 2022 Academic.pdf
069 ██████████ Supervision Experience.pdf
070 DS Supervision Aug2021.pdf
071 DS Supervision Dec2021.pdf
072 Balfour G (CV).pdf
073 Approved Tutor Description of Services.pdf
074 Visiting Lecturer Description of Services.pdf
075 Response to PG EE 2020 21.pdf
076 BoD Terms of Reference .pdf
077 BoD Minutes combined.pdf
078 Curriculum Derivation.pdf
079 Curriculum Planning Day Minutes 7 12 2021.pdf
080 Focus Group 2020 01 08.pdf
081 PPR Report Mattersey.pdf
082 TH6352 New Testament Theology.pdf
083 Assessment Structure.xlsx
084 NSS Results.xlsx
085 Summary of Staff CV Information.pdf
086 Missio Dei Description.pdf
087 APPENDIX TO HANDBOOK Learning & Development AoG DRAFT.pdf
088 AoG Mini Handbook Jan 2022.pdf
089 Enhancement Action Plan 2021 22.xlsx
090 Missio Dei QSR request to provider for additional evidence DBA.docx
091 Admissions sample
092 Assessment sample
093 Peer Observations review.pdf
094 Summary of Staff CV Information.xlsx
095 TH7435 Second Marking AD RR 2020-21.pdf
096 TH7435 Second Marking LB 2020-21.pdf
097 TH7435 Second Marking MB 2020-21.pdf
098 TH7435 Second Marking MB EB 2020-21.pdf
099 TH7435 Second Marking MB RR 2020-21.pdf
100 TH7435 Second Marking RR 2020-21.pdf
101 TH7435 Second Marking RR MB 2020-21.pdf
102 TH7440 158949199 2nd Marking Form 2021-22.pdf
103 TH7440 159126535 2nd Marking Form 2021-22.pdf
104 TH7440 159385309 2nd Marking Form 2021-22.pdf
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106 TH7440 159739463 2nd Marking Form 2021-22.pdf

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109 TH7441 159088254 2nd Marking Form 2021-22.pdf
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116 TH7401 Monitoring Form RR MB 2020-21.pdf
117 TH7401 Monitoring Form 2021 22.pdf
118 Monitoring Form TH7416 2020-21.pdf
119 Monitoring Form TH7437 2020-21.pdf
120 TH7407 Monitoring Form 2021-22.docx.pdf
121 TH7438 Monitoring Form 2021-22.pdf
122 TH5350 Monitoring Form 2020-21.pdf
123 TH5373 Monitoring Form 2020 21.pdf
124 TH6341 Monitoring Form 2020-21.pdf
125 TH6346 Monitoring Form 2020-21.pdf
126 TH6395 Monitoring Form 2020-21.pdf
127 TH5380 monitoring Form 2020-21.pdf
128 TH6362 Second Marking Form 2020-21.pdf
129 TH4370 Monitoring Form 2021 22.pdf
130 TH5370 Monitoring Form 2021-22.pdf
131 TH5373 Monitoring Form 2021-22.pdf
132 TH6341 Monitoring Form 2021-22.pdf
133 TH6352 Monitoring Form 2021-22.pdf
134 TH6343 Monitoring Form 2021-22.pdf
135 Reviewer Commentary Proforma.pdf
136 Assemblies of God Incorporated Mail UG Assignment Titles 2021 22.pdf
137 Assemblies of God Incorporated Mail PG Assignment Titles.pdf
138 EE Comments Missio Dei Assignments 21 22.pdf
139 PG EE Comments on TH7411 Assignment Questions.pdf
140 Revised TH7411 Assignment Questions 2021 22.pdf
141 Board of Studies TOR.pdf
142 1625263 Application.pdf
143 2126539 Exegesis of Gen 11 1-9.pdf
144 2126533 Matthew Exegesis Final.pdf
145 2126539 Emails.pdf
146 2126533 Emails.pdf
147 2126522 Entry Essay.pdf
148 TH4376 Intro to Christian Leadership Assignment Questions.pdf
149 TH4378 Introduction to Leading Christian Organisations Assignment Questions.pdf
150 Student submission QSR - Missio Dei.pdf
151 Second Marking Form TH6362.pdf
152 Leadership Tutor and Academic Support.pdf
153 PGR Programme Agreement - Completed.pdf
154 Taught Programme Agreement - Complete.pdf

155 DMin Programme Specification.pdf
156 Missio Dei Strategic Plan.pdf
157 College Bye Law extract.pdf
158 Missio Dei Complaints.pdf
159 Partner Info Day 2019.pdf
160 Partner Info Day 2020.pdf
161 Partner Info Day 2021.pdf
162 Mattersey 2021 LT site visit report.pdf
Obs 1 QSR Observation of teaching and learning COMPLETED TH4370 Bible Survey.docx
Obs 2 QSR Observation facilities-learning resources-support services .docx
QSR QAAO request to provider for additional evidence TPM (002).docx

Meeting with the Senior Leadership Team [M1]
Meeting with the Board of Directors [M2]
Meeting with Professional staff [M3]
Meeting with Academic Staff, Adjunct Faculty and Visiting Lecturers [M4]
Meeting with students [M5]
Meeting with University [M6]
Final meeting with Senior Leadership Team [M7]