



Designated Quality Body
in England

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

Birmingham Christian College



Review Report

December 2022

Contents

| | |
|--|----|
| Summary of outcomes and confidence levels..... | 1 |
| About this report..... | 2 |
| About Birmingham Christian College | 2 |
| How the assessment was conducted | 3 |
| Explanation of findings..... | 5 |
| S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks..... | 5 |
| 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 | 7 |
| Q2 The provider designs and/or delivers high-quality courses | 9 |
| Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience..... | 11 |
| Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience..... | 13 |
| Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience..... | 15 |
| Q9 The provider supports all students to achieve successful academic and professional outcomes | 17 |
| Annex 1 | 19 |

On 14 July 2023, QAA was notified by Birmingham Christian College, following QAA's notification of intent to publish their Quality and Standards Review report, that there was a factual inaccuracy on page 2 under the heading 'About Birmingham Christian College', in respect to dates for when the College was founded and incorporated.

QAA's withdrawal from the Designated Quality Body role on 31 March 2023 means that the final report that was submitted to the Office for Students in February 2023 cannot be amended. Therefore, QAA acknowledges the requested change by Birmingham Christian College and includes here the amended dates:

The College was founded in 1953 and incorporated in 1988.

The inclusion of this information is not material to the assessment of quality and standards made of Birmingham Christian College, and therefore has no impact on the findings of the report and the judgements made by the assessment team.

Summary of outcomes and confidence levels

| Core practice | Outcome | Confidence |
|--|---------|------------|
| S1 The provider ensures that the threshold standards for its qualifications are consistent with the relevant national qualifications' frameworks. | Met | High |
| 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 |
| Q2 The provider designs and/or delivers high-quality courses. | Met | High |
| Q3 The provider has sufficient appropriately qualified and skilled staff to deliver a high-quality academic experience. | Met | High |
| Q4 The provider has sufficient and appropriate facilities, learning resources and student support services to deliver a high-quality academic experience. | Met | High |
| Q5 The provider actively engages students, individually and collectively, in the quality of their educational experience. | Met | High |
| Q9 The provider supports all students to achieve successful academic and professional outcomes. | Met | High |

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 December 2022 for Birmingham Christian College.

A Quality and Standards Review (QSR) is a method of assessment 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 assessment was:

Name: Dr Matthew Armstrong
Institution: Newcastle University
Role in assessment team: Institutional assessor

Name: Grace Cappy
Institution: Coventry University
Role in assessment team: Student assessor

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

The QAA officer for the assessment was: Gavin Harrison

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 assessment to identify and resolve any possible conflicts of interest.

About Birmingham Christian College

Birmingham Christian College (the provider) is a training college for Christian ministry and mission established in 1988. It operates from a single site comprised of leased premises on the Selly Oak campus of the University of Birmingham.

The annual student intake is approximately 30 full-time and 235 part-time and the provider currently offers the following programmes:

- BA Hons/Dip HE/Cert HE Theology - two pathways (Biblical and Pastoral Theology; Theology and Missional Leadership) - blended
- MA/PG Dip/PG Cert Theology - three pathways (Pentecostal/Charismatic Missions; Pastoral Theology and Leadership; Strategic Leadership in Christian Ministry) -

blended

- Certificate in Christian Ministry and Leadership (CCML) - Level 4 - online
- Introduction to Christian Counselling (ICC) - Level 4 - online.

The BA and MA suite of programmes are delivered by blended learning and the Level 4 programmes delivered entirely online. Teaching is delivered by two full-time and two part-time academic staff (one full-time member of staff was on secondment at the time of the visit) and supported by 22 visiting lecturers.

The provider currently works in partnership with Newman University (the University), which has been the awarding body for its BA programme since 2020 and its MA programme since 2022. It has also been partnered with the NCFE (the accrediting body), formerly the Northern Council for Further Education, which since 2018 has been the awarding body for the Introduction to Christian Counselling programme and since 2020 for the Certificate in Christian Ministry and Leadership. In this report the term 'awarding bodies' is used to refer to Newman University and the NCFE collectively.

At the time of the visit, the provider's Senior Management Team included the Principal, Academic Dean, Director of Finance, Business and Operations, and the Registrar.

The Board of Trustees has ultimate responsibility and accountability for the provider's mission, strategic vision, long-term academic business and academic plans, and key-performance indicators (KPIs). It is also tasked with ensuring that an effective framework is in place for the maintenance of academic standards and for managing the quality of the student academic experience. The Academic Board's role is to ensure that the provider's policies, procedures and regulations are in place so it can be reliably informed about the quality and standards of the provider's programmes and fulfil its reporting duties to the Board of Trustees. The Student Representative Council (SRC) represents the views of the student body in the provider's decision-making, with recommendations from the SRC taken forward by Student Representatives on the Academic Board.

How the assessment was conducted

The assessment 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 July 2022*.

When undertaking a QSR all 13 of the Core practices are considered by the assessment team. However, for this assessment it was clear that the provider does not offer a research degree programme. Therefore, the assessment team did not consider Q7 (where the provider offers research degrees, it delivers these in appropriate and supportive research environments). The Office for Students (OfS) has also instructed QAA as the Designated Quality Body (DQB) to undertake this assessment reporting on a specified seven of the 13 Core practices only. These are S1 and S2, Q2, Q3, Q4, Q5 and Q9. 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 assessment visit and evidence gathered at the assessment 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 assessments, the team utilised 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 assessment, using the random sampling calculator, the assessment team sampled the following areas for evidence for the reasons given below:

- A random sample of 25 pieces of assessed student work from a total of 683 instances of module assessment for the 2021-22 academic year.

The assessment team was able to observe teaching across all programmes through attending online teaching on 13 December 2022 and receiving access to a bank of recorded teaching sessions for the first semester of the 2022-23 academic year. The assessment was conducted onsite and included four meetings: one meeting with the Senior Management Team (Principal, Academic Dean, Director of Finance, Business and Operations, Registrar, Chair of the Board of Trustees, Head of Student Support, Director of Church Partnership); one meeting with students (the current Student President and Student Representatives from across all levels); one meeting with academic staff (including visiting lecturers); one meeting with awarding body representatives (the academic link tutor from Newman University).

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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

1 The provider has clear and comprehensive academic regulations and frameworks to support the setting and maintenance of academic standards at the relevant threshold level. The provider is responsible for maintaining the standards set by the University¹ and those of the accrediting body.² There is a comprehensive framework of regulations, policies, and procedures³ that reflect the two awarding bodies' expectations for the maintenance of standards but are expressed in a way that is relevant to the provider's context. These identify variations between the two awarding bodies and provide clarity to students about the regulations under which the programme operates.⁴ The threshold standards that underpin the programmes are reflected in definitive programme information.⁵

2 Plans for maintaining standards are robust because they rely upon both internal and external procedures with oversight that is exercised independently by both the Academic Board and the awarding bodies. Processes employed to maintain standards address potential areas of weakness, such as the appointment of new staff who are not familiar with the provider's context,⁶ by effectively supporting those staff to appreciate the provider's approach. The processes also include the contribution of staff, students, external experts, and professionals within the awarding bodies. There is also a combination of ongoing (the gathering of student feedback⁷) and periodic (the annual review processes⁸) monitoring, which demonstrates that the provider will both identify potential issues quickly and provide the opportunity to reflect over a longer timeframe.

3 The definitive documentation for all programmes clearly identifies the pass threshold and explains the marking criteria in a way that is consistent with the sector-recognised standards. This is clearly outlined in the respective student handbooks for each programme.⁹

4 External examiner reports confirm 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. Reporting by the external examiner¹⁰ confirms that assessment compares positively with module aims and learning outcomes.

5 Assessed student work¹¹ from both undergraduate and postgraduate students, and whether awarded by the University or by the accrediting body, demonstrates that credit and

¹ 029 Signed Newman collaboration agreement

² 030 NCFE Centre agreement

³ 051 BCC Academic quality assurance policy manual

⁴ 063 Newman university general academic regulations

⁵ 045 BA validation document; 046 MA validation document; 047 NCFE accreditation application (CCML)

⁶ 022 Staff induction policy

⁷ 048 End of programme evaluation form; 049 End of module evaluation forms; 095 Student feedback meeting minutes

⁸ 027 Annual Enhancement Report (AER); 072 Collaborative partners review

⁹ 016 Student Handbook (BA); 123 Student Handbook (MA); 010 CCML AND ICC Course Handbook

¹⁰ 071 Response to external examiner annual report

¹¹ 121 Sample of assessed work; 131 Further assessment examples

qualifications are awarded only where the relevant threshold standards have been met. The threshold standard demonstrated in the student work is consistent with the sector-recognised standards.

6 Trustees have an understanding of their role in ensuring that the provider maintains standards.¹² Senior staff and teaching staff¹³ were able to explain how their approach to programme design ensures that sector-recognised standards are embedded within their programmes and how the review processes they undertake are a key mechanism in ensuring that standards are maintained. While some staff exhibited confusion over the role of the Quality Assurance Agency and the status of the Framework for Higher Education Qualifications (FHEQ) it was nevertheless clear that they understood the key principles of the sector-recognised standards and were able to explain how the provider's programmes reflected those standards.

7 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. Based on the scrutiny of all the evidence provided the assessment team concludes that this Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

8 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with the Academic Dean and with academic staff involved in assessment across all programmes. Therefore, the assessment team has a high degree of confidence in this judgement.

¹² M1 Meeting with Senior Management Team

¹³ M3 Meeting with staff teaching and/or otherwise supporting students

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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

9 The provider has clear and comprehensive academic regulations and frameworks to support the maintenance of academic standards beyond the threshold level that are reasonably comparable with those achieved in other UK providers. For the BA and MA suite of programmes the provider adopts the University's assessment and classification processes¹⁴ that include comprehensive information about the grading bands that operate at Levels 4-7 and detailed marking rubrics that enable the provider to assess a student's performance using the full range of marks. Students on programmes awarded by the accrediting body similarly receive individual marks that reflect their achievement beyond the pass threshold; however, they do not receive a final classification that is expressed in terms other than pass and fail. This is a condition of NCFE accreditation, and the provider has no influence over this. The provider ameliorates the effect of this by providing students with written confirmation of their actual achievement in percentage terms.

10 The standards set for students to achieve beyond the threshold on the provider's programmes, as described in the approved programme documentation,¹⁵ are consistent with the levels set out in the sector-recognised standards and are therefore reasonably comparable with those in other UK providers. At both undergraduate and postgraduate level, classifications beyond the threshold are clearly identified, for example Merit and Distinction as 60% and 70% respectively for postgraduate programmes. Marks are also banded (A-E) to further help describe to students how they have performed. Details of marking criteria organised by five categories (Understanding and Knowledge, Application of Knowledge, Reading and Research, Structure and Argument, and Referencing) are given in the programme documentation and repeated on the grading form.¹⁶ This is an effective way of describing the threshold level and explaining to students what they need to do to achieve beyond the threshold.

11 Assessed student work¹⁷ demonstrates that credit and qualifications are awarded only where the relevant standards have been met. It shows marking to be clear and consistent and provides confidence that the marks awarded are reliable. Marks are only awarded when merited and therefore credit and qualifications are awarded only when the standards have been met.

12 Staff understand and apply the provider's approach to maintaining standards.¹⁸ They describe how they use the marking criteria and the marking rubric to mark consistently and accurately. They also describe how moderation provides an important quality check on their marking.

13 Students understand what is required to reach standards beyond the threshold. The provider has taken care to explain what students need to do to achieve beyond the threshold

¹⁴ 063 Newman University general academic regulations

¹⁵ 045 BA validation document; 046 MA validation document; 047 NCFE accreditation application (CCML)

¹⁶ 121 Sample of assessed work; 131 Further assessment examples

¹⁷ 121 Sample of assessed work; 131 Further assessment examples

¹⁸ M3 Meeting with staff teaching and/or otherwise supporting students

in a number of complementary ways that are accessible to students. The students¹⁹ are aware of the information in the handbooks²⁰ and can explain what they need to do to achieve beyond the threshold. They are able to articulate how feedback helps them to improve and that staff are available to offer formative advice and additional feedback on assessed work through arrangements such as the personal tutor system.

14 The reports of the external examiner²¹ and the external quality verifier²² confirm that standards beyond the threshold are reasonably comparable with those achieved in other UK providers, and that credit and qualifications are awarded only where those standards have been met.

15 The assessment team, based on the evidence presented, determined that the standards set for students to achieve beyond the threshold on the provider's programmes are reasonably comparable with those set by other UK providers. The assessment team considered that the standards described in the approved programme documentation and in the provider's academic regulations and policies should ensure that such standards are maintained appropriately. Therefore, the assessment team concludes 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 that this Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

16 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, with the Academic Dean and with academic staff involved in assessment. Therefore, the assessment team has a high degree of confidence in this judgement.

¹⁹ M2 Meeting with students, including Student Representatives

²⁰ 010 CCML and ICC course handbook; 016 Student handbook (BA); 123 Student handbook (MA)

²¹ 067 External examiner report Dr Richard Burgess

²² 073-075 NCFE EQA Visit Reports 2019-2021

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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

17 The provider's plans for designing and delivering²³ high-quality programmes are robust because they are formally defined and ensure that programme design is considered as a holistic process. They are credible as they involve consultation with all of the provider's major stakeholders and oversight of programme development by the Academic Board prior to approval through the University's and the accrediting body's processes for managing academic partnerships. The provider engages with a cycle of external annual review through its awarding bodies²⁴ which is an effective and sufficient means of assuring itself that the quality of its programmes remains high.

18 Within the partnership model with the University,²⁵ it is principally the University's regulations and policies that facilitate the effective design and delivery of high-quality programmes. Nonetheless, the provider operationalises those regulations and policies in an effective and proportionate way. It also has a number of its own policies which enable it to be assured that delivery of its programmes is of a high standard²⁶ through direct observation of teaching,²⁷ identifying staff development needs,²⁸ listening to the student voice²⁹ and through a formal student engagement plan.³⁰

19 Approved programme documentation indicates that the teaching, learning and assessment design enables students to meet and demonstrate the intended learning outcomes.³¹ The Academic Dean reviews all assessment tasks prior to their confirmation³² to ensure that they effectively address the module learning outcomes and allow students to reach and exceed the threshold standard. This ensures a consistency of approach to assessment which is robust and proportionate for a smaller provider.

20 Observations of teaching and learning³³ demonstrated clarity of purpose, good planning and organisation, a sound approach that makes connections between the subject matter and the students' ministerial contexts, appropriate content and an effectiveness at engaging all students. Students are constructively supported in their use of technology.

21 Students feel that the programmes are high quality,³⁴ preparing them well for their current or intended work in ministry and they particularly praise what they see as the authentic learning opportunities that the programmes provide.

22 Staff are able to articulate what high quality means, and show how the provision meets that definition. In doing so, they relate the approach to designing and delivering high-quality programmes to wider sector indicators of good practice such as the Subject

²³ 051 BCC academic quality assurance policy manual; 132 Programme development plan; 063 Newman university general academic regulations

²⁴ 061 Annual Enhancement Round Report; 073-075 External Quality Assurance Monitoring Visit Report 2019-2021

²⁵ 029 Signed Newman collaboration agreement

²⁶ 005 Course Delivery Policy

²⁷ 083 Observation form with notes for tutors; 084 Guidelines for observation

²⁸ 021 Staff development policy

²⁹ 095 Student feedback meeting minutes

³⁰ 147 BCC Student Engagement Plan 2022-23

³¹ 016 Student Handbook (BA); 123 Student Handbook (MA); 010 CCML AND ICC Course Handbook

³² 019 Policy for the Production of Assessments

³³ 157 Recordings of teaching

³⁴ M2 Meeting with students, including Student Representatives

Benchmark Statement for Theology and Religious Studies.³⁵ They see such benchmarks as the minimum standard to achieve as their programmes also promote the personal Christian formation of their students.

23 The external examiner report³⁶ and the reports of the external verifier³⁷ confirm that the programmes are well designed, of excellent quality, and comparable with those at other UK providers, and that they prepare students well for future employment.

24 The provider's plans, policies and its use of University regulations support the design and delivery of high-quality programmes. This was corroborated through observations of teaching and learning, the testimony of students and staff, and reports from an external examiner and from external verifiers. The assessment team concludes, therefore, that the Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

25 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, with the Senior Management Team and with academic staff involved in programme design and delivery. Therefore, the assessment team has a high degree of confidence in this judgement.

³⁵ M3 Meeting with staff teaching and/or otherwise supporting students

³⁶ 067 External examiner report Dr Richard Burgess

³⁷ 073-075 NCFE EQA visit reports 2019-2021

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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

26 The provider has robust and credible plans for the recruitment, appointment, induction and support of a sufficient number of appropriately qualified and skilled staff. Its approach to recruitment of staff is supported by formal policy,³⁸ which allows the differentiation of candidates and ensures appropriately qualified and skilled staff are appointed. It is credible as it expects that academic staff have a minimum qualification one level above the level at which they will be teaching, which also aligns with the University's requirement.³⁹

27 The provider's regulations and policies for the recruitment, appointment, induction and support of staff provide for a sufficient number of appropriately qualified and skilled staff. Its academic recruitment model is largely centred around employing visiting lecturers to deliver modules as required.⁴⁰ This recruitment model is appropriate given the small size of the provider, and offers a flexible and responsive approach ensuring sufficiency of staff on taught programmes, thus providing a high-quality learning experience for students. The induction process⁴¹ is comprehensive and supports newly appointed staff to understand their role and the expectations of the provider.

28 There is evidence that staff are engaging well with the staff development process⁴² and the provider shows a clear commitment to staff training and development, employing a range of staff support services that apply to all staff, including visiting lecturers and professional services staff. Staff show good awareness of the development opportunities available to them⁴³ and are able to provide examples of development activities in which they have, or are currently, engaged.

29 Staff have been recruited, appointed, inducted and supported according to the provider's regulations and policies. Appropriate checks of previous employment and qualifications are carried out and reference checks are robust⁴⁴ as they seek to determine the integrity, reliability, work standard, and the strengths and weaknesses of each candidate.

30 Observations of teaching and learning⁴⁵ indicate that teaching staff are appropriately qualified and skilled. The teaching approach is suitable for online delivery, with imaginative use of software. A range of different teaching styles are employed, including using presentation software, class discussion, and the use of breakout rooms for peer discussion.

31 Students agree that there are sufficient appropriately skilled and qualified staff to deliver a high-quality academic experience. They are positive regarding the accessibility of staff, and the quality of teaching.⁴⁶ Reports from the awarding bodies are equally supportive

³⁸ 023 Staff recruitment and employment policy

³⁹ M4 Meeting with awarding body representatives

⁴⁰ 000 QSR provider self-evaluation

⁴¹ 022 Staff induction policy

⁴² 021 Staff development policy

⁴³ M3 Meeting with staff teaching and/or otherwise supporting students; M5 Final meeting with Senior Management Team

⁴⁴ 102 Staff recruitment - checks carried out; 103 Reference check 1; 104 Reference check 2

⁴⁵ 157 Recordings of teaching

⁴⁶ 042 Student Submission; M2 Meeting with students, including Student Representatives

of the quantity, quality and qualifications of the teaching staff.

32 The provider's staff are appropriately qualified and skilled to deliver the programmes to a high standard. By employing visiting lecturers to deliver modules as required, the provider has a recruitment model that can adapt to different circumstances to ensure a sufficient number of academic staff are in place. Furthermore, there is a clear staff development process and evidence that it is being used effectively. The assessment team concludes, therefore, that the Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

33 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, the Senior Management Team, academic staff and with representatives from the University. 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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

34 The provider's strategies and plans for facilities, learning resources and student support are credible, realistic and demonstrably linked to the delivery of successful academic and professional outcomes for students. It has formal and informal ways of capturing enhancement opportunities⁴⁷ that inform planning for facilities, learning resources and student support services. Evaluation of the effectiveness of the enhancement opportunities is through reference to key performance indicators (KPIs) including pass rates, student evaluations, audit results, and external examiner reports which are demonstrably linked to the delivery of successful academic and professional student outcomes. A consistent approach to monitoring student feedback and success ensures the facilities, services and resources meet the needs of students.⁴⁸

35 Facilities, learning and teaching resources provide a high-quality academic experience. They are appropriate to facilitate the provider's approach to online and blended learning and are suitably sized for current student numbers. Physical and online libraries host a range of books and resources relevant to theological studies. A clear and comprehensive set of programme-specific learning resources are available on the provider's virtual learning environment (VLE). The newly refurbished facilities in the Crowther Hall building demonstrate a commitment from the provider to invest in learning, teaching and social spaces.

36 Reports from the University,⁴⁹ the accrediting body⁵⁰ and the Accreditation Service for International Colleges (ASIC)⁵¹ confirm that facilities, learning resources and student support services are sufficient and appropriate. The provider has acceptable mitigations that it can put in place to address an accessibility issue, highlighted by ASIC, due to the lack of a lift in the main teaching building.

37 Students from across all levels, and those studying online and in person,⁵² confirm they are satisfied that the provision of facilities, learning resources and student support services facilitates a high-quality academic experience.

38 Staff understand their roles and responsibilities for ensuring that facilities, learning resources and support services are appropriate and sufficient to deliver a high-quality academic experience.⁵³ The Senior Management Team is closely engaged with the operational delivery of the facilities and services and keeps them under ongoing review through stakeholder feedback and external reports.⁵⁴

39 The provider's plans for facilities, learning resources and student support services are clearly linked to delivering successful academic and professional student outcomes.

⁴⁷ 024 Student enhancement strategy

⁴⁸ 050 Student Rep meeting minutes 031221

⁴⁹ 045 BA validation document; 046 MA validation document

⁵⁰ 073-075 NCFE EQA visit reports 2019-2021

⁵¹ 033 Accreditation Service for International Colleges Re-accreditation Report

⁵² M2 Meeting with students, including Student Representatives

⁵³ M1 Meeting with Senior Management Team; M3 Meeting with staff teaching and/or otherwise supporting students

⁵⁴ 033 Accreditation Service for International Colleges Re-accreditation Report

Direct observations undertaken by the assessment team show that they are sufficient and appropriate, and there is evidence of ongoing investment. The assessment team concludes, therefore, that the Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

40 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, the Senior Management Team, academic staff and with representatives from the University. 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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

41 The provider has robust and credible plans to actively engage students, individually and collectively, in the quality of their educational experience. It clearly defines the election process for the appointment of Student Representatives⁵⁵ as well as the responsibilities of both parties in the collection of, and response to, students' views on their educational experience. Its plans for collective feedback are robust as there are minimum expectations for how often the Student Representative Council shall meet, and Student Representatives are engaged to ensure discussion of student feedback at all levels of the governance structure. The provider's informal mechanisms for individual feedback are supported by the use of clear survey instruments⁵⁶ to engage students in providing individual feedback on all aspects of their educational experience.

42 The provider has a clear and effective approach to engaging students, individually and collectively, in the quality of their educational experience. It operationalises its plans through a series of touchpoints for student feedback,⁵⁷ demonstrating a credible approach encompassing processes such as induction, programme and module evaluation, personal tutoring and formal meetings with Student Representatives. Strategies are in place to improve the low level of student engagement with formal surveys, with teaching staff allotting time at the end of lectures for students to complete them.⁵⁸

43 There are examples of the provider changing and improving students' learning experience as a result of student engagement,⁵⁹ as well as providing 'You said, we did' updates⁶⁰ to publicise to students the actions taken as a result of their feedback. When an issue with delays to the marking timeframe was raised via the Student Representatives Council, the provider undertook a consultation with students on appropriate timeframes, overseen by its Academic Board.⁶¹ This resulted in making academic staff more accountable for turnaround times by increasing student awareness of feedback deadlines, as well as making it easier for them to meet deadlines by expanding the verbal and written feedback mechanisms.⁶²

44 Students report that the provider engages them in the quality of their educational experience. They feel listened to and valued by teaching and support staff⁶³ and highlight a range of improvements that have been made based upon their feedback over the duration of their studies. Student Representatives can clearly identify the formal and informal mechanisms that exist to engage them in the quality of their educational experience and comment on the ease with which they can raise issues directly with staff.

45 The provider has robust and credible plans to actively engage students, individually and collectively, in the quality of their educational experience through a well-defined Student Representative structure that clearly outlines the responsibilities of students and staff, as

⁵⁵ 020 Student Representative policy

⁵⁶ 048 End of programme evaluation form; 049 End of module evaluation forms

⁵⁷ 147 Student engagement plan 2022-23

⁵⁸ M1 Meeting with Senior Management Team

⁵⁹ 050 Student Rep meeting minutes; 125 Student Rep meeting minutes 09 Feb 2022; 041 Academic Board meeting minutes; 042 Student submission

⁶⁰ 020 Student Representatives policy

⁶¹ 041 Academic Board Meeting Minutes

⁶² M1 Meeting with Senior Management Team; M2 Meeting with students, including Student Representatives

⁶³ M2 Meeting with students, including Student Representatives; 042 Student submission

well as a range of surveys delivered at key points in the student journey to assess key elements of the student experience including facilities, teaching and learning, and support. Students report that their views are valued and that they see improvements made as a result of their feedback. The assessment team concludes, therefore, that the Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

46 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, the Senior Management Team and academic staff. 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

Summary of findings

The team concluded that the Core practice is met for the following reasons:

47 The provider's plans to support students to achieve successful academic and professional outcomes are comprehensive, robust and credible. Its plans for student support⁶⁴ and making reasonable adjustments,⁶⁵ when taken collectively, demonstrate a considered approach from the point of application through to programme completion.

48 The provider's approach to student support facilitates successful academic and professional outcomes. There is a coordinated approach to student support and academic progression which is captured through the creation and maintenance of student files.⁶⁶ Meetings with personal tutors⁶⁷ help students to balance the professional demands of their Church sponsor with the academic demands of the programme.

49 Assessed student work⁶⁸ shows that staff are providing appropriate levels of informative and helpful feedback on all types of assessment. In the majority of cases, feedback is uploaded within the published timeframe. Grading forms for essays demonstrate a comprehensive approach to feedback, containing the mark for the assessment and several paragraphs explaining the mark awarded for sub-components of assessment. A similar style grading form is completed by assessors for presentations and portfolio submissions.

50 Staff can articulate how their roles contribute to successful student outcomes.⁶⁹ Academic staff are aware of how development opportunities inform curriculum development, learning and teaching strategies, and have a positive impact on student professional and academic achievement.

51 Students feel adequately supported to improve their skills and achieve successful academic and professional outcomes.⁷⁰ They consider the feedback provided to be generally of good quality and comprehensive as they receive written feedback on assessed work, and sometimes additional recorded verbal feedback uploaded to the VLE. In addition to the formal feedback provided, students state that staff are readily accessible to answer questions and provide further details if needed. The provider has been responsive to previous issues relating to the timeliness of feedback.⁷¹ Students give a generally positive picture of the current situation regarding timely feedback and so this is not considered to be a systemic or ongoing matter of concern.

52 The provider's approach to student support is comprehensive, robust and credible. Students have regular access to senior staff and can discuss issues openly. Staff understand their roles in supporting successful student outcomes. The assessment team

⁶⁴ 001 Student admissions, enrolment and registration policy; 005 Course delivery policy; 011 Monitoring academic progress policy; 019 Policy for the production of assessments; Learning, teaching and assessment policy

⁶⁵ 008 Disability and LSA strategy statement

⁶⁶ 017 Procedure for Creating & Maintaining Student Files

⁶⁷ 149a, 149b Student Welfare Record examples; M2 Meeting with students, including Student Representatives

⁶⁸ 121 Sample of assessment student work

⁶⁹ M1 Meeting with Senior Management Team; M3 Meeting with staff teaching and/or otherwise supporting students

⁷⁰ M2 Meeting with students, including Student Representatives; 042 Student submission

⁷¹ 042 Student submission; 050 Student Rep meeting minutes; 125 Student Rep meeting minutes 09 Feb 2022; 041 Academic Board meeting minutes

concludes, therefore, that the Core practice is met.

The team had a high degree of confidence in this judgement for the following reasons:

53 The assessment team was able to review all of the available evidence recommended in Annex 4. This was triangulated in meetings with students, the Head of Student Support, professional services staff and academic staff who act as personal tutors. Therefore, the assessment team has a high degree of confidence in this judgement.

Annex 1

| |
|--|
| Initial submission 13 October 2022 |
| 000 QSR PROVIDER SELF-EVALUATION SUBMISSION .pdf |
| 001 Student Admissions, Enrolment & Registration Policy.pdf |
| 002 Accredited Prior Learning Policy.pdf |
| 003 Attendance Policy & Procedures.pdf |
| 004 Course Monitoring and Review Policy.pdf |
| 005 Course Delivery Policy.pdf |
| 006 Curriculum Development.pdf |
| 007 GDPR Policy.pdf |
| 008 Disability & LSA Strategy Statement.pdf |
| 009 Equal Opportunity Policy.pdf |
| 010 CCML AND ICC Course Handbook.pdf |
| 011 Monitoring Academic Progress Policy.pdf |
| 012 Online Learning Policy.pdf |
| 013 Academic Misconduct Policy & Procedure.pdf |
| 014 Students Complaints Policy & Procedure.pdf |
| 015 Students Disciplinary Policy & Procedure.pdf |
| 016 Student Handbook (BA).pdf |
| 017 Procedure for Creating & Maintaining Student Files.pdf |
| 018 Students Induction Programme.pdf |
| 019 Policy for the Production of Assessments.pdf |
| 020 Students Representative Policy.pdf |
| 021 Staff Development Policy.pdf |
| 022 Staff Induction Policy.pdf |
| 023 Staff Recruitment & Employment Policy.pdf |
| 024 BCC Student Enhancement Strategy.pdf |
| 025 Lesson observation Policy & Procedure.pdf |
| 026 Personal Tutorial Staff Guidelines.pdf |
| 027 Annual Enhancement Report (AER).pdf |
| 028 External Examiner's Report (Newman University).pdf |
| 029 Signed Newman Collaboration Agreement Document.pdf |
| 030 NCFE Centre Agreement.pdf |
| 031 Newman University Annual Programme Annex.pdf |
| 032 NCFE Accreditation Confirmation (CCML).pdf |
| 032 NCFE Accreditation Confirmation (ICC).pdf |
| 033 ASIC Re accreditation Final Report.pdf |
| 034 Staff List.pdf |
| 036 Learning Teaching and Assessment Policy.pdf |
| 037 IQA Standardisation Moderation Procedure.pdf |
| 039 Staff Appraisal Policy.pdf |
| 041 Academic Board Meeting Minutes.pdf |
| 042 Students Submission.pdf |
| 044 Job Description of Staff Employed in Relevant Function.pdf |

| |
|--|
| 045 BA Validation Document.pdf |
| 046 MA Validation Document.pdf |
| 047 NCFE Accreditation Application (CCML).pdf |
| 048 End of Programme Evaluation Form.pdf |
| 049 End of Module Evaluation Forms |
| 050 Students Rep Meeting Minutes 031221.pdf |
| 051 BCC Academic Quality Assurance Policy manual.pdf |
| 052 Collaborative Partners Review (CPR).pdf |
| 053 BA Programme Amendments Approval.msg |
| 053 Error duplicate document.pdf |
| 054 Faculty Meeting Minutes.pdf |
| 055 BCC Study Skills Handbook.pdf |
| 056 End of Year Faculty Meeting minutes 2021-22.pdf |
| 057 Student ID List.xlsx |
| Further evidence 11 November 2022 |
| 058 Staff Appraisals Self Assessment Form 1.pdf |
| 058blnaugural Blank Annual Staff Appraisal Form.pdf |
| 059 Blank Annual Staff Appraisal Form 2.pdf |
| 060 Curriculum Development Policy.pdf |
| 061 Newman University Assessment of the AER.pdf |
| 062 Newman Confirmation of Validation for BA Programmes.msg |
| 062a Newman - Confirmation Masters Programme Approved.msg |
| 063 Newman University General Academic Regulations.pdf |
| 064 Error duplicate document.pdf |
| 065 Conclusions of the BA Approval Panel 21-02-2020.pdf |
| 066 Newman Post Validation - BA Summary Response (completed).pdf |
| 067External Examiner Report-Dr Richard Burgess .pdf |
| 068 External Examiner Nomination Form - R Burgess.pdf |
| 069 External Examiner Appointment confirmation.msg |
| 070 Programme Assessment Board Minutes.pdf |
| 071 Response to External Examiner Annual Report.pdf |
| 072 Collaborative Partners Review .pdf |
| 073 NCFE EQA Visit Report July 2019.pdf |
| 074 NCFE EQA Visit Report Feb 2020.pdf |
| 075 NCFE EQA Visit Report Feb 2021.pdf |
| 076 Newman Link Tutor Report.pdf |
| 077 Error duplicate document.pdf |
| 078 Classroom Observation of Teaching and Learning DAVE GIDNEY.pdf |
| 079 Classroom Observation of Teaching and Learning WESLEY LUKOSE.pdf |
| 080 ONLINE OBSERVATION GRACE M- INTRO TO NT-21.pdf |
| 081 ONLINE OBSERVATION OCT21-COUNSELLING.pdf |
| 082 Developmental Lesson Observation Record Form.pdf |
| 083 Observation Form with notes for tutors.pdf |
| 084 Guidelines for Observation.pdf |
| 085 Annual Strategic Partnership Meeting Report - BCC 13.07.22.pdf |
| 086 BA Curriculum Development Meeting - Student Consultation.pdf |

| |
|--|
| 087 Development of BA Programme with Newman University .pdf |
| 088 Faculty Meeting Minutes Jan 2022.pdf |
| 089 Staff Appraisals Self Assessment Form-Completed.pdf |
| 090 Completed- Annual Staff Appraisal Form.pdf |
| 091 Completed Staff Appraisals Self Assessment Form-MG.pdf |
| 092 Completed Annual Staff Appraisal Form-MG.pdf |
| 093 SRC TRAINING 2022-23.pdf |
| 094 Strategy Meeting Minutes 211007.pdf |
| 095 Student Feedback Meeting minutes.pdf |
| 096 BA Programme Feedback (Level 4 2020-21).pdf |
| 097 BA Programme Feedback (Level 5 2020-21).pdf |
| 098 Student Support Strategy Meeting Notes.pdf |
| 099 BA Programme Feedback (Level 5 2021-22).pdf |
| 100 New BCC accounts login for students.pdf |
| 101 Students Orientation Induction day.pdf |
| 102 Staff Recruitment - Checks Carried Out.pdf |
| 103 Reference check 1.pdf |
| 104 Reference check 2.pdf |
| 105 Job Advert PT Lecturer in Theology and Counselling.pdf |
| 106 Invitation for Interview JD.pdf |
| 107 PT Lecturer Interview Questions.pdf |
| 108 PT Lecturer Microteach Feedback Form.pdf |
| 109 Offer of Post of PT Lecturer in Theology & Counselling.pdf |
| 110 PT Lecturer Induction Timetable.pdf |
| 111 Administrative staff Employment Contract.pdf |
| 112 Job Description-Administrative Assistant.pdf |
| 113 Tutor online Teaching & Learning training guide.pdf |
| 114 Director of Finance Job Description.pdf |
| 115 College Registrar Job Description.pdf |
| 116 Job Description - Director of Ministerial Leadership & Formation.pdf |
| 117 Academic Dean Job Description.pdf |
| 118 College Principal Job Description.pdf |
| 119 Staff CVs |
| 120 Student Numbers 2014-22.pdf |
| 121 Sample of assessed student work |
| 123 Student Handbook (MA).pdf |
| 124 External Quality Verifier Report (NCFE).pdf |
| 125 Students Rep Meeting Minutes 09 Feb 2022.pdf |
| 126 Result of Final Stage Validation for BCC Theology MAs .pdf |
| Further evidence (post-TPM) 12 December 2022 |
| 127 3.063 QSR DQBO request to provider for additional evidence DBA .pdf |
| 128 Responsibilities checklist .PDF |
| 129 Record of Academic misconduct |
| 130 CCM & ICC Action Plan.PDF |
| 131 Further Assessment Examples |
| 132 Programme Development Plan.PDF |

| |
|---|
| 133 Students Complaint .PDF |
| 134 Job Description for MA Visiting Lecturers .PDF |
| 135 Annotated Staff information .XLS |
| 136 Head of Students Support Job Description .PDF |
| 137 End of year Faculty Meeting minute.PDF |
| 138 Academic Calendar Key dates .PDF |
| 139 Academic Board Meeting Action Plan.PDF |
| 140 BCC Trustees Board Meeting minute 02122021.PDF |
| 141 BCC Trustees Board meeting minute 30062022.PDF |
| 142 Access to audio feedback .PDF |
| 143 Level 4 Marking Deadlines .PDF |
| 144 Level 5 Marking Deadlines .PDF |
| 145 Level 6 Marking Deadlines .PDF |
| 146 Marking Deadlines MA.PDF |
| 147 BCC Students Engagement Plan 2022-2023.PDF |
| 148 QSR DQBO Request to Provider for additional evidence post TPM.PDF |
| Evidence submitted during visit 14-16 December 2022 |
| 149a Student Welfare Record example.jpg |
| 149b Student Welfare Record example.jpg |
| 150 CPCAB L4 -Progress update.docx |
| 151 Email clarification re reasonable adjustments.msg |
| 152 BCC Progress Report to Board of Trustees June 2022.pdf |
| 153 200127 Faculty Meeting Minutes.pdf |
| 154 200914 Faculty Meeting Minutes.pdf |
| 155 BCC Trustees and Executives Terms of Reference.pdf |
| 156 NCFE Assessment Processes.pdf |
| 157 Recordings of teaching |
| Meetings |
| M1 Meeting with Senior Management Team |
| M2 Meeting with students, including student representatives |
| M3 Meeting with staff teaching and/or otherwise supporting students |
| M4 Meeting with awarding body representatives |
| M5 Final meeting with Senior Management Team |

QAA2788 - R13464 - Aug 23

© The Quality Assurance Agency for Higher Education 2023
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Tel: 01452 557050
Web: www.qaa.ac.uk