

Annual Monitoring and Academic Review Operational Handbook

September 2020

Contents

Summary.....	4
Annual Monitoring	4
1. Introduction	5
2. Tools.....	5
3. Quality Improvement.....	6
3.1 Risk-based action planning.....	6
3.2 Developing Action Plans.....	7
3.3 Faculty and University-level annual review and reporting.....	9
4. Sharing Excellence.....	11
4.1 Disseminating good and improving practice.....	11
Academic Review	12
5. Principles of Academic Review.....	12
6. Course Review.....	12
7. Collaborative Course and Partnership Review.....	14
8. Postgraduate Research Review.....	14

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Summary

What is this document about?

This operational handbook document sets out the University's risk-based approach to annually monitoring and review of its courses, assessing the maintenance of academic standards, the quality of learning opportunities for our students, and the outcomes they achieve. It specifies the mechanisms through which this takes place including the use of data to support identification of areas requiring improvement, and the co-production of quality improvement plans with students.

Who is this for?

This document will be of most interest to our staff, students and external subject advisers. It will be of interest also to professional, statutory and regulatory bodies (PSRBs), the UK Quality Assurance Agency (QAA), and the Office for Students (OfS). It may additionally be of some interest to the wider public.

How does the University check this is followed?

This processes set out in this document is checked intrinsically through the processes it details, through consideration at Quality Assurance Committee (QAC), and operationally through Academic Standards, Quality and Partnerships (ASQP) within the Department of Student and Academic Administration (DSAA).

Who can you contact if you have any queries about this document?

If you have questions about this document please contact Academic Standards, Quality and Partnerships, Department of Student and Academic Administration (DSAA) asqp@port.ac.uk

Annual Monitoring

1. Introduction

- 1.1 This document sets out the operational details for the University's annual monitoring and academic review of credit and award-bearing academic provision. This process document supports the Annual Monitoring and Academic Review Policy. Refer to the Policy document for full details regarding the annual monitoring and academic review principles, scope and organisation, and purpose.

2. Tools

- 2.1 Colleagues will be expected to engage proactively with the following tools when implementing the annual monitoring policy:
 - The **Quality Assessment Dashboard (QuAD)**, which captures the core quality data at each academic level. The QuAD will be accessed via the University's business intelligence dashboards, and will be periodically refreshed through the year in line with updates to the individual metrics it includes. This will build a data picture over a number of months and will automatically indicate any variance from agreed University or external (sector) benchmarks to enable easy identification of any shortfalls and ongoing evaluation of performance. An action plan will be required where one or more of the quality indicators in the core quality data set results in a red outcome being applied.
 - The **Excellence and Quality Improvement Plan (EQuIP)**, which captures any good practice for wider dissemination, as well as actions that are required to address quality shortfalls indicated red in the QuAD (where these are identified), within an appropriate timeframe. **An EQuIP will need to be completed by all courses and Departments** (for undergraduate and postgraduate taught courses), and by Department Research Degree Co-ordinators (for postgraduate research provision), but the nature of the content required will vary dependent upon performance against the agreed benchmarks. The EQuIP is intended to be a living/working document, that will evolve as planned interventions progress and are evaluated, and that facilitates regular ongoing review of the impact of any interventions at the appropriate level(s). The two aspects of the EQuIP – *Quality Improvement* and *Excellence*– are detailed in the following sections.

3. Quality Improvement

3.1 Risk-based action planning

3.1.1 The online Quality Assessment Dashboard (QuAD) captures the core quality data at each academic level. Data for different quality indicators will be available at different points throughout the year (e.g. National Student Survey, EvaSys course and module questionnaires, Postgraduate Research Experience Survey, recruitment, assessment, progression, and employability data), and colleagues will continue to access this as it becomes available. The core quality data set covers three academic years, and data will be presented against the relevant internal or external (sector) benchmark(s). The metrics against which we will evaluate the quality of our provision may be reviewed and adjusted on a regular basis against competitor and wider sector data, as well as the University's key strategic priorities. The following outcomes will be automatically applied within the QuAD:

- **Green:** the agreed benchmark has been met comfortably
- **Amber:** the agreed benchmark has been met, but the provision is potentially at risk of dropping below the benchmark
- **Red:** the agreed benchmark has not been met and immediate action is required.

3.1.2 The specific quality indicators that are included within the QuAD at each level of the annual monitoring process are detailed in additional operational guidance. Separate data sets are in place to support risk-based, collaborative action planning at the levels of modules¹, undergraduate and taught postgraduate courses, and research degrees; data can be filtered and viewed at course, department, and faculty levels, and also enable reporting at the level of the University as a whole. The data comprise both a core quality data set comprising the agreed quality indicators and the benchmarks that are to be applied, and a supplementary data set, which is provided to support contextually-relevant analysis.

3.1.3 Outcomes relating to the following will be determined based upon the number of red outcomes in place:

- **Action planning:** For courses and research degrees, where one or more of the categories in the core quality data set is indicated red, the relevant section(s) of the EQuIP pertaining to the quality indicator(s) in question will need to be completed⁷. The good practice section of the EQuIP should be completed in all cases (see chapter 4 below). For action planning purposes, the EQuIP will need to address only those aspects of the provision to which red outcomes have been applied, as well as indicate any relevant comments made by External Examiners or Professional, Statutory and Regulatory Bodies (PSRBs) (see paragraph 3.6 below); commentary is not required on every aspect of the provision.
- **Overall health:** For those courses where three or more of the categories in the core quality data set are indicated red, the course will be deemed to be a quality risk. Courses that are considered to be a quality risk can expect a greater degree of

¹ Collaborative courses datasets is planned to be available in the QuAD from 2021/22

scrutiny at Department and Faculty level.

- 3.1.4 Colleagues with specific responsibility for engagement with the annual monitoring reporting process should remain alert to any outcomes that are applied as data becomes available throughout the year, enabling timely, cumulative action planning and review. Our quality monitoring processes are based on intelligent use of shared information that is accessible and transparent across the academic community. Colleagues are encouraged to consider the data pertaining to the provision they deliver or participate in against the information available for the University's other successful provision, and to use this to identify and explore possibilities for the adoption of practice that has been proven to be effective elsewhere. Further detailed operational guidance is available regarding this approach.

3.2 Developing Action Plans

- 3.2.1 EQuIPs produced at successive levels of the annual monitoring process should take an increasingly holistic view; they should not simply replicate what has already been produced. At the most granular level, good practice and interventions will be identified by Course Leaders and Departmental Research Degree Coordinators in their respective EQuIPs. The EQuIPs produced by Heads of Department, Faculty Research Degree Coordinators and Associate Deans (Academic) respectively will necessarily take a broader department or faculty-wide approach.
- 3.2.2 Where required, the action plan should provide an explanation for the data for the red quality indicator(s) in question (and any trends observed in that data), and the steps that will be taken, by whom, and within what timescale, to meet or exceed the required benchmark and enable movement towards amber or green within the next annual reporting cycle. These steps should be reported via the action plan within the Excellence and Quality Improvement Plan (EQuIP), and progress should be reviewed on a regular basis, with planned actions being adjusted accordingly where necessary. There is a clear expectation that colleagues will outline what they might reasonably achieve locally and within their own sphere of experience; it is essential that action plans demonstrate **ownership** of the issues identified, rather than circumvention.
- 3.2.3 Course leaders and Departmental Research Degree Coordinators should also be mindful of the following, as appropriate:
- actions that are relevant to some of the quality indicators may already have been agreed through other local action planning activities (for example, those led by the Associate Dean (Students) in relation to the National Student Survey). Colleagues should feel free to signpost these rather than seek to duplicate effort, but should reflect on the likely/desired impact of such activities **at a course level**. However, colleagues should be mindful that the EQuIP is the principal action plan within which **all** relevant actions need to be captured;
 - whether an action plan is required or not, the EQuIP should also provide commentary in relation to any attainment gap evidenced in the data pertaining to progression, good degrees and graduate outcomes. Course leaders should consider and provide commentary on course-level interventions to address any gaps;

- the EQuIP should also capture any specific actions arising from module² and subject **External Examiners' reports**, or from reviews undertaken by **Professional Statutory and Regulatory Bodies (PSRBs)**;
 - for **collaborative provision**³, the course leader should liaise with the relevant University Contact and Partner Contact to ensure that the actions outlined in the EQuIP are produced collaboratively. Particular attention should be paid to ensuring clarity around which actions are the responsibility of the partner, and which are the responsibility of the University.
- 3.2.4 Actions at module⁴ and course levels, and at departmental level of research degrees, should be agreed in collaboration with relevant colleagues, and, where appropriate, students. This ensures local ownership of any risks that are identified, and exploration of how students could be involved in evaluating and implementing potential solutions (more detailed plans for co-production of the action to be taken in response form part of the departmental EQuIP; see paragraph 3.8 below). Students may be consulted in focus groups to explore specific issues that have been identified, and actions should be considered routinely as part of Board of Studies, Faculty Research Degree Committees, and Student Voice Committees, as appropriate. For taught courses, a summary of actions identified within each EQuIP, and an initial indication of how students might best be involved in taking actions forward in collaboration with staff, should be presented to the Student Voice Committee, with updates on progress subsequently being considered routinely by the Board of Studies. Colleagues should also be mindful of the need for careful co-ordination of co-production activities, particularly at Department level (see paragraph 3.8 below), to ensure that students' expert input is harnessed as effectively as possible.
- 3.2.5 At **departmental** level, the Head of Department is responsible for ensuring that the course EQuIPs are complete and of an appropriate quality, and should:
- review the good practice that has been shared, ensuring that this appropriately reflects expectations (see chapter 4 below), and that its impact has been articulated;
 - review the validity of the actions each of the above individuals has reported in light of the data provided on the QuAD (i.e. that they are SMART – specific, measurable, appropriate/achievable, realistic, and time- restricted – and they demonstrate appropriate ownership of the issues highlighted);
 - work with colleagues to refine or expand the actions captured in the EQuIP as necessary;
 - identify themes present across the course EQuIPs, and address each of the Department's red quality indicators, outlining improvement priorities for the Department as a whole over the year ahead, and beyond, with support from their Associate Dean (Academic); and
 - provide a plan for the development of specific interventions in relation to those red outcomes, through co-production with students across the

² Module datasets is planned to be available in the QuAD from 2021/22

³ Collaborative Courses will be included in this annual monitoring methodology from 2021/22. During 2020/21 Collaborative Courses continue to complete an Annual Standards and Quality Evaluative Review report (ASQER)

⁴ Modules will be included in this annual monitoring methodology from 2021/22. During 2020/21 Module Evaluative Review (MER) reports should be completed.

Department, to be developed in partnership with the Associate Dean (Students), and further developed with the wider student body in the appropriate forum (see paragraph 2.8 above).

3.2.6 Throughout the cycle, the Head of Department is responsible for:

- overseeing timely progress towards completion of the actions identified in each EQuIP (for example, through regular course leaders meetings or fora, as appropriate to the departmental structures in place);
- signing off that actions have been satisfactorily completed (or, where actions are ongoing, that they remain valid); and keeping their AD(A) apprised of:
 - any actions that have not been completed on schedule (and the reasons for any delay); and
 - any actions that have not achieved, or appear unlikely to achieve, the expected results;
- Feeding back to colleagues on good practice recognised in other fora (see, for example, paragraph 3.14 below).

3.3 Faculty and University-level annual review and reporting

3.3.1 At **Faculty** level, the Associate Dean (Academic) is responsible for ensuring that the departmental course EQuIPs are complete and of a good quality.

Whereas the Faculty Research Degree Coordinator is responsible for ensuring that the Departmental research degree EQuIPs are complete and of a good quality.

3.3.2 Academic Standards, Quality and Partnerships (ASQP) will be responsible for convening a **Faculty Quality Review Meeting** to consider Faculty and departmental performance against benchmarks. The meeting will be Chaired by the Executive Dean with support from the AD(A), and will be attended by the Associate Dean (Students), the Faculty Research Degrees Co-ordinator (FRDC), and those Heads of Department whose provision is to be considered at the meeting. Where relevant, and at the discretion of the Executive Dean, Associate Heads may be invited to attend. Members of the University Executive and other senior colleagues may also attend Faculty Quality Review Meetings to further embed integration of quality assurance and enhancement processes with other relevant activities across the University.

3.3.3 The Faculty Quality Review Meeting also acts as a forum for the discussion of good practice to be shared across the Faculty, in particular identifying how those courses and Departments carrying higher numbers of red outcomes can learn from the practices adopted by those courses and Departments that perform well against the University's benchmarks, and, more generally, how good practice identified by Departments will be extended across the Faculty as a whole.

3.3.4 The primary output of the Faculty Quality Review Meeting will be agreement of the actions that will inform the draft Faculty-level Excellence and Quality Improvement Plan (EQuIP). The Associate Dean (Academic) will complete the Faculty-level EQuIP, and once complete, this will be ratified by the Faculty Executive Committee. The Faculty-level EQuIP is then formally reported to the Quality Assurance Committee and University Education and Student Experience Committee. The Faculty-level postgraduate research EQuIP is submitted to the

University Research Degrees Committee.

- 3.3.5 The Faculty, led by the Associate Dean (Academic) and Faculty Research Degree Coordinator, as appropriate, will monitor progress against Faculty and Departmental EQUiPs – both in relation to action planning and extension of good practice – at regular intervals across the year; for example, through established fora for Associate Heads (or similar as appropriate to individual Faculty structures). They should ensure that effective networks are in place to communicate achievements and challenges discussed in these fora, as appropriate, across the Faculty’s academic community.
- 3.3.6 At University level, ASQP will work with Associate Deans (Academic) to review the data available across the institution as a whole, and to identify priorities for the University based on that analysis. ASQP will co-ordinate meetings with relevant stakeholders to discuss the identified priorities and support development of appropriate actions for inclusion in a University action plan. The draft University action plan will be developed collaboratively with the relevant Heads of Service, where appropriate, and shared with the Quality Assurance Committee. Once finalised, it will be reported to the University Education and Student Experience Committee (UESEC). UESEC will subsequently monitor progress against the actions identified within the University action plan.

4. Sharing Excellence

4.1 Disseminating good and improving practice

- 4.1.1 Colleagues at all levels are asked to identify **good practice**. For the purpose of this policy, good practice is defined as general ways of working or specific interventions that have led to either:
- demonstrable improvement where improvement was required (for example, to address a gap in performance against agreed quality indicators); or
 - maintenance or extension of established practice that is generally accepted as contributing positively to a specific aspect of the student experience.
- 4.1.2 This definition of good practice is intended to be inclusive of specific, targeted interventions to encourage change and/or improvement, as well as of broader strategies to develop and sustain positive practices.
- 4.1.3 Good practice may be identified where one or more of the quality indicators are green, or in relation to those red or amber indicators for which specific, measurable improvement has been demonstrated over time in response to a particular quality concern. Good practice may also be identified that directly or indirectly addresses a range of quality indicators, and in some cases colleagues may wish to highlight good practice that is located outside of the framework provided by the quality indicators in use for annual monitoring purposes.
- 4.1.4 The purpose of capturing good practice at these levels is to prompt reflection, conversation, discussion and the sharing of ideas in wider fora, and to ensure

that excellence is recognised and rewarded where appropriate. A good practice highlight should capture:

- the context for the practice being described (for example, the problem or
- issue that the good practice in question has helped to address or prevent).
- the specific action taken;
- the impact of the action or practice;
- how that impact was measured (this could include formal measures, or more anecdotal evidence or feedback);
- next steps (for example, to maintain or further develop the impact of the action, or to build in additional evaluation); and a named contact for other colleagues who might consider applying a similar intervention in their own context, for whom a more detailed conversation would be valuable.

4.1.5 At department level, the EQuIP should include:

- an overview of the range of good practice that the Head of Department has observed through consideration of relevant EQuIPs;
- a narrative outlining how that good practice has helped to address any priority areas for improvement previously identified;
- discussion of the strategies that Department has already, and will in future, put in place to nurture and (where appropriate and feasible) extend the good practice identified.

4.1.6 When reviewing the good practice highlighted in course leader EQuIPs, Heads of Department should consider how course leaders and their teams can be recognised and, where appropriate, rewarded for their good practice and the impacts it has enabled them to have. This might include:

- nomination for a Vice Chancellor's award;
- encouragement to apply for a learning and teaching grant to enable the good practice in question to be further developed and evaluated;
or
- encouragement to utilise the good practice highlight as the basis for a case study towards an application for Senior Fellowship of the Higher Education Academy.

Academic Review

5 Principles of Academic Review

- 5.1 Academic Review is the overarching term for the review of award bearing academic provision. Academic Review encompasses the following:
- Course Review for level 4 to 7 provision, and level 3 where relevant
 - Collaborative Course and Partnership Review (CCPR) for all provision delivered with others
 - Postgraduate Research (PGR) Review for level 8 provision, including Professional Doctorate level 7 where relevant.
- 5.2 The principles which govern our approach to the above three forms of Academic Review are consistent with those which govern our approach to annual monitoring. These are:
- Data-informed
 - Transparent
 - Risk-based
 - Timely
 - Action-focused
 - Inclusive
 - Proportionate

6 Course Review

- 6.1 The purpose of Course Review is to provide an evidence and risk-based review of academic standards, quality, student experience and student outcomes at course level that have not met university expectations and have not been satisfactorily addressed through annual monitoring. Course Review is applicable to all award bearing undergraduate and postgraduate taught courses delivered by Portsmouth.
- 6.2 The frequency of a Course Review is based on a risk assessment and evaluated against a review criteria. Courses that perform broadly in line with the University's expectations as evidenced through annual monitoring, and receive no causes for concern from students, External Examiners, and Professional Bodies are regarded to be in good academic standing and meeting national benchmarks. These courses will not be reviewed as a matter of course. However, courses that **do not meet** the University's minimum expectations **over a period and/or concerns are raised by students and other external parties** will undergo a review. University Executive Members and Quality Assurance Committee reserve the right to request an extraordinary review of any provision at any time if there are concerns regarding academic standards and/or the student experience.
- 6.3 Where a course has been identified for Course Review, as far as possible, the review will take place as soon as possible within the academic session. For example, an undergraduate course that meets the criteria for review based on the October data release should aim to be reviewed by close of the academic session. A postgraduate taught course that meets the review criteria based on the December data release, should aim to be reviewed at the earliest opportunity, and preferably no later than end of Teaching Block 1 in the following academic session. There may be some adjustments to this timeline for courses with nonstandard starts.

- 6.4 There may be occasion when a course undergoes a Course Review in the previous academic session and is identified again under the Review Criteria the following year. This may occur if course changes being put in place have not had sufficient time to embed and create a positive impact on the student experience and/or outcomes. In this situation, the Associate Dean (Academic) will provide a written report of progress against the Course Review action plan and submit a report to Quality Assurance Committee.
- 6.5 A table of courses that meet the Taught Review Criteria will be submitted each year to Quality Assurance Committee for monitoring purposes. This information will include the primary areas for review i.e. those Quality Indicators that meet the review criteria.
- 6.6 A Course Review may be organised to consider a single course or a small group of relevant courses. However, bear in mind, two key concepts of Course Review is that it is targeted and action-focussed, therefore, it is not recommended to group together more than two or three courses in any one event. The Review Meeting is between a Review Panel and the Head of Department and Course Leader, or nominees.
- 6.7 At any time, 'meeting' can refer to either a virtual or physical meeting, or a combination of both.
- 6.8 The standard Course Review documentation includes:
- Commentary report from Course Leader responding to the primary areas of concern
 - Data analysis report from Associate Dean Academic spanning 3 years
 - Summary module and course student feedback report from UPSU and/or Associate Dean Student
 - Course Leader EQulP x 3 years
 - Head of Department EQulP x 3 years
 - Subject and Award External Examiner Reports x 3 years
 - Professional Body approval/review report and action plan within last 3 years (where applicable)
 - Current Module Specification
 - Current Course Specification, Course Structure and Mapping Documents
- 6.9 The standard Course Review Panel consists of:
- Independent external subject and/or professional expert
 - Associate Dean Academic or Students
 - Head of Academic Standards, Quality and Partnerships, or representative
 - Sabbatical Officer, UPSU staff member or student representative
 - Academic Standards and Quality Adviser (report writer in attendance)
- 6.10 The review meeting will make two judgements. The first judgement relates to academic standards and student outcomes, and the second relates to quality and student experience. For each judgement, there is an Outcome. Outcomes can be differentiated per course.

Judgement 1 - Academic Standards and Student Outcomes

Judgement 2 – Quality and Student Experience

Outcome:

i) Meets University Expectations this outcome may include recommendations for future development which will enhance the curriculum and/or student experience further.

ii) Requires Improvement to Meet University Expectations - This outcome indicates there are minor to moderate elements that do not currently meet university expectations but will be addressed through the completion of conditions. This judgement always includes conditions, and may include recommendations. Conditions must be completed at the earliest opportunity, date to be confirmed by panel.

iii) Does Not Meet University Expectations – This outcome indicates there are significant elements that do not currently meet university expectations and will require some time and/or investment to address. This outcome indicates that it is not feasible to address some significant conditions within a reasonable timescale and therefore the course should be suspended, or potentially proposed for closure to the Chair of University Education and Student Experience Committee. A subgroup with reduced membership of the Course Review panel will reconvene to consider the revisions to the course to consider if the course meets University expectations before the suspension can be lifted. The judgements available to the reconvened panel include all review outcomes.

- 6.11 The course review report and action plan is submitted to the Faculty Executive Committee and Quality Assurance Committee to receive the review judgements, outcomes and action plan.

7. Collaborative Course and Partnership Review

- 7.1 Collaborative Course and Partnership Review (CCPR) applies to all sub-contractual and validated UK and transnational collaborative award bearing taught courses and partnerships. Owing to the added considerations of operating collaborative arrangements, collaborative courses and partnerships are reviewed on a default rotating five yearly basis. The five yearly cycle resets from the last date of review. However, if collaborative course and student outcomes meet the Taught Review Criteria for Course Review, the arrangement will be reviewed earlier and in line with the approach for Course Review. Where feasible, the partnership arrangement will be reviewed at the same time as the course. However, for partnerships that offer a range of provision, it may be more appropriate to review cognate areas separately, which may mean at different times. When deciding this, it is important that consideration be given to any potential added burden on the partner and the university.
- 7.2 A table of courses and partnerships scheduled for review is submitted each year to Quality Assurance Committee for monitoring purposes, noting if the review is scheduled as part of the standard five yearly cycle or if it has been identified for an earlier review as a result of meeting the Taught Review Criteria.
- 7.3 The Review Meeting is between the Review Panel, the Heads of Departments at the university and the partner institution, and the respective Course Leaders, or nominees.
- 7.4 The standard Collaborative Course and Partnership Review documentation includes:

- Commentary report from University Contact, or equivalent, highlighting key developments since the last review/approval
 - Data analysis report from Associate Dean Academic spanning 3 years
 - Summary module and course student feedback report from Associate Dean Student and/or UPSU.
 - University Contact/Course Leader EQUiP x 3 years (ASQERs until EQUIPs available)
 - Head of Department EQUiP x 3 years
 - Subject and Award External Examiner Reports x 3 years
 - Professional Body approval/review report and action plan within last 3 years (where applicable)
 - Current Module Specifications
 - Current Course Specification, Course Structure and Mapping Documents
- 7.5 The standard Collaborative Course and Partnership Review Panel membership consists of:
- Independent external subject and/or professional expert
 - Associate Dean Academic or Students
 - Member of Academic Standards, Quality and Partnerships, or representative
 - Sabbatical Officer, UPSU staff member, or student representative
 - Academic Standards and Quality Adviser (report writer in attendance)
- 7.6 The Review Panel meeting may be held virtually or physically, or a combination of both. The Review Panel will decide at the review meeting if a follow up visit to the partner institution is required. If appropriate, a visit may be conducted virtually via a video tour.
- 7.7 The review meeting judgements and outcomes are the same as for Course Review, but may include conditions that relate to partnership management and operations. The review report and action plan (including site visit report if applicable) are submitted to the Faculty Executive Committee and Quality Assurance Committee to receive the review judgements, outcomes and plan of action.

8. Postgraduate Research Review

- 8.1 Postgraduate Research (PGR) Review applies to all postgraduate research degrees no matter where or how they are delivered, this includes with a partner. PGR Review is conducted at Department level.
- 8.2 The frequency of PGR Review is based on a risk assessment that is evaluated against a PGR review criteria. Departments that perform in line with the University's expectations for PGR academic standards, quality and student outcomes, as evidenced through annual monitoring, will not be reviewed as a matter of course. However, departments that do not meet the University's minimum expectations over a period, will participate in a PGR Review.
- 8.3 A department's PGR provision that meets the PGR review criteria should aim to be reviewed at the earliest opportunity, and preferably no later than end of Teaching Block 1 in the following academic session.
- 8.4 There may be occasion when a Department's PGR provision undergoes a review in the previous academic session and is identified again under the review criteria the following year. This may occur if the changes being put in place have not had sufficient time to embed and create a positive impact on student outcomes and/or experience. In this situation, the

Faculty Research Degree Coordinator will provide a written report of progress against the PGR action plan and submit the report to University Research Degree Committee.

- 8.5 Postgraduate Research Review is data informed using the PGR Quality Indicators that support annual monitoring. A Department will be identified for review if it meets one or more of the PGR review criteria. University Executive Members and University Research Degree Committee reserve the right to request an extraordinary Review of any provision at any time if there are concerns regarding academic standards and/or the student experience.
- 8.6 The PGR Review may be organised to consider all departments in a faculty that meet the review criteria. The review meeting is between the Review Panel, the Faculty Research Degree Coordinator, Head of Department and Departmental Research Degree Coordinator.
- 8.7 The standard PGR Review documentation includes:
- Commentary report from Faculty Research Degree Coordinator addressing primary areas of discussion
 - Data analysis report from Associate Dean Academic spanning 3 years
 - FRDC EQUiP x 3 years
 - DRDC EQUiP x 3 years
- 8.8 The standard Review Panel membership consists of:
- Independent external expert
 - Director of Graduate School
 - Associate Dean Academic or Students
 - Member of Academic Standards, Quality and Partnerships, or representative
 - Sabbatical Officer, UPSU staff member or student representative
 - Academic Standards and Quality Adviser (report writer in attendance)
- 8.9 The PGR review meeting judgements and outcomes are the same as for Course Review. The PGR review report will be submitted to the Faculty Executive Committee and University Research Degrees Committee to receive the judgements, outcomes and plan of action.