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| QUALITY ENHANCEMENT VISIT REPORT – PARTNERSHIp Provision |

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| **Document Owner:** Student Learning & Academic Registry  **Version number: 4.3**  **Effective date:** September 2024 (Academic Year 2024-25)  **Date of next review:** July 2025  *This document is part of the University Quality Framework, which governs the University’s academic provision.*  *This document should also inform the Continuous Monitoring and Enhancement processes.* |



**Academic Board**

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| **QUALITY ENHANCEMENT VISIT REPORT – PARTNERS** |

**To be completed by the Teesside University staff conducting the visit.**

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| **Section A - Overview** |

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| **Academic Year:** | Choose an item. |
| **Partners Name** (incl. Location/Campus): |  |

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| **Teesside University School conducting the visit:** | Choose an item. |

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| **Date of Visit:** | Click or tap to enter a date. |
| **Teesside University Staff** (name & job title): |  |
| **Teesside University Link Tutor** (name) |  |
| **Partner Staff** (name & job title ): |  |

| **Course Title(s)** (add more lines as required). | **Typology (Franchise/Validated)** | **No. of Student Registrations** |
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| **Section B – Course Evaluation** |

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| 1. **Academic Standards**   *Consider the Academic Standards of the course(s), using the information provided in the Continuous Monitoring and Enhancement (CME) Report. Paying particular attention to where academic standards are either met or above the benchmarks for the modules/courses. [e.g., continuation on the course, completion, degree classifications, progression (graduate outcomes)].* |
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| 1. **Quality of Learning Opportunities**   *Please summarise the actions the course team has taken to enhance the students’ learning experience.* |
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| 1. **Learning Resources**   *Provide a summary of any recent enhancements to the course learning resources (e.g., access to electronic resources, specialist equipment, software etc.):* |
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| 1. **Staff Development**   *Please give details of specific staff development activity that has taken place since the last QEV and any further development or enhancements that have been identified for progression by the Course Team.* |
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| 1. **Teaching Team**   *If the course teaching team has changed since approval or the previous QEV, please confirm that CVs have been approved by SSLESC.*  *If no, please ensure this is actioned.* | Yes / No\* |

\* Delete as appropriate

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| 1. **Student Voice**   *Summarise the discussion with students related to their learning experience of the course**(including National Student Survey (if appropriate), External Examiner Reports, support, and guidance from the Partner (and TU if relevant), opportunities to give feedback and student representation).*  *Particular attention should be given to:*   1. *Module feedback and how it led to interventions to improve the quality of learning opportunities, teaching and student attainment.* 2. *Where students are studying an award, as part of an apprenticeship, ensure the quality of delivery, student support and progress of achievement is being managed in line with external requirements.* |
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| 1. **Public Information**   *Confirm that modification(s) have been discussed with relevant stakeholders, and that changes have been reflected in the course specification(s) and relevant course documentation, including modules, course handbooks, specialist documentation and publicly available information, in line with University requirements.* | Yes / No\* |

\* Delete as appropriate

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| 1. **Assessment of the Operation of the Provision**   *Evaluate the operation of the provision, including any matters raised relating to the Operations Manual (e.g., response to queries, communication of regulations to students, policy and processes, timely submission of reports, general feedback etc.).* |
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| 1. **Future Developments**   *Outline proposed future development opportunities that could strengthen/enhance the provision or partnership.* |
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| 1. **Good Practice**   *Please include* ***a minimum of three*** *areas of good practice or particular successes in relation to the courses covered in this report. Add additional lines as required.* |

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| **No.** | **Item** |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Section C: Action Planning** |

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| 1. Please complete **Appendix 1**. |

I confirm that an accuracy check has taken place with the Partners representative(s) prior to the submission of this report.

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| **Report Author:** |  | **Date:** | Click or tap to enter a date. |

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**Process following completion of the report:**

| **Activity** | **Role Responsible** |
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| 1. A copy of the final report must be submitted to the relevant School Student Learning & Experience Sub-Committee (SSLESC) for consideration [**APRMeetings@tees.ac.uk**](mailto:APRMeetings@tees.ac.uk) | Report Author |
| 1. Following approval, the report must be circulated to: 2. Student Learning & Academic Registry (QAV) 3. College/Institution Partner Manager, responsible for quality 4. Other University Departments for consideration/action, where appropriate. 5. Link Tutor (if not the Report Author) | 1. SSLESC Secretary 2. Report Author 3. Report Author 4. Link Tutor (School) |
| 1. Schools must ensure that the Partner and students are updated on the progression of the actions. | Report Author/Link Tutor |

**Appendix 1**

**QEV Action Planning**

Actions should be addressed and approved via SSLESC meeting (as per the above timeline) and outcomes confirmed and reported back to the Partner.

Please add more rows as required.

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| **Section 1 – Previous Actions** |

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| Please comment on the effectiveness and impact of the strategies put in place to deliver the course actions identified in the previous report. Include data to evidence the impact/outcomes where available (add more lines as required).  ***Please note these actions are those that were identified at the last QEV.*** |

| **No.** | **Action** | **Complete *(if N please give rationale).*** | **Outcome and Impact** |
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| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Outstanding actions must be carried forward to the Action Plan for this current visit.

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| **Section 2: Action Plan** |

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| Please identify actions in relation to the courses and student learning experience covered in this report that will be progressed during the next academic year. Add more lines as required. |

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| **No.** | **Action** | **Responsibility (role)** | **Timescale for completion** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

I confirm that an accuracy check has taken place with the Partners representative(s) and both parties agree to operationalise the actions agreed above.

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| **Report Author:** |  | **Date:** | Click or tap to enter a date. |