PSRB Management Protocol

Mae'r ddogfen hon ar gael yn Gymraeg ac yn Saesneg | This document is available in Welsh and English

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1. Introduction

1.1 The University works with a range of Professional, Statutory and Regulatory Bodies (PSRBs) has a number of accredited programmes with a wide range of PSRBs, details of which are provided in PSRB Registers (see section 5.9).

1.2 This Protocol outlines the expectations of PSRB management in respect of programme approval, review, modification, awarding, accreditation/re- accreditation, reporting and risk management.

2. Purpose

2.1 Professional, Statutory and Regulatory Professional Bodies (PSRBs; the 'accrediting body') approve, prescribe, accredit, identify exemptions, recognise or endorse named awards in particular areas of study ('accredited provision'). They constitute a wide range of organisations from professional, membership and employer bodies, to regulators with statutory authority over a particular profession.

2.2 Some PSRBs have a prescribed statutory or regulatory responsibility to approve or recognise programmes and/or to determine the academic standards and professional or vocational components of such programmes. In such cases, accreditation of a university course is essential for a student to graduate, qualify and become a registered professional who can practice the profession e.g. courses leading to Qualified Teacher Status.

2.3 Some statutory regulatory bodies are responsible for regulating and assessing all aspects of education standards and programmes e.g. the Architects Registration Board. In other cases, approval of accreditation is the responsibility of one body and assessment or inspection the responsibility of a different body e.g. in teacher education in Wales, the Education Workforce Council and Estyn respectively.

2.4 The involvement of and engagement with PSRBs provides external assurance in the setting and maintenance of academic standards, meeting required standards for professional practice and the quality of the student learning experience; and supports the University's objectives around graduate employability and skills development.

2.5 PSRBs normally accredit a particular programme or modules for a specific period of time, after which there will be a period of re-accreditation or review. Accreditation may take the form of self-assessment/confirmation that the provision continues to meet the required standards, desk-based reviews, inspections and visits.

2.6 The University also works with a range of external bodies who endorse programmes or modules in a "value added" context. Whilst these do not form a part of formal PSRB monitoring, they are included in a separate section on the PSRB Registers in order to collate the details for information and monitoring purposes.

3. Scope

3.1 This Protocol applies to:

- All academic programmes and modules accredited, recognised, or regulated by PSRBs.

- All Academic Disciplines, Institutes, Collaborative Partners (where relevant), and Professional Services involved in PSRB engagement.

- All forms of accreditation, approval, recognition, validation, inspection, and review by external PSRBs, including external inspection bodies such as Estyn and Ofsted.

- The responsibilities in this Protocol are also applicable to UK partner institutions. In these cases the responsibilities attributed to the University are undertaken by partner institutions, in liaison with the University as appropriate. For provision overseas, the principles and procedures set out in this Protocol shall apply. The application and implementation of those principles and procedures must, however, be determined on a case-by-case basis, through consultation and agreement between the relevant departments within Academic Services, the Institute, and the partner institution.

4.   Principles

4.1   The University manages relationships with PSRBs under the following principles. This protocol aims to ensure that:

a. Effective and positive relationships with PSRBs are established and maintained to enhance the quality of provision, student experience and student outcomes, and to ensure entry to regulated professions, where applicable.

b. Prospective and current students' rights, including their data rights, are protected by providing clear information about the accreditation arrangements for their programmes of study and any implications for their studies, and by ensuring that information about students on accredited programmes is shared securely and in line with policy.

c. Institutional oversight and reporting mechanisms oversee and mitigate any risks arising from accreditation arrangements.

d. Internal processes, regulations and frameworks are applied consistently and proportionately with respect to the requirements from PSRBs; reducing unnecessary duplication where provision is subject to multiple regulators.

e. There are clear roles and responsibilities with respect to PSRB management.

5.   Governance and Reporting

5.1   The majority of accredited provision can be effectively overseen through the existing quality assurance and academic governance frameworks. These frameworks have been designed to ensure compliance is reported and monitored.

5.2   Expertise in the requirements of particular PSRBs is usually held by subject academics. Therefore the role of those outside of the discipline area is to provide guidance and oversight of preparedness, compliance and follow-up activity.

5.3   The Academic Director is responsible for ensuring alignment and compliance with aspects of PSRB standards that are within the Academic Discipline's remit or operation.

5.4   Where aspects of alignment and compliance for accredited provision span multiple Academic Disciplines or Professional Services teams (as is normally the case with statutorily regulated programmes), the Pro Vice-Chancellor (PVC) (Education) is responsible for ensuring compliance with these aspects of the accreditation standards, and for overall risk ownership for statutorily regulated provision.

5.5 Where accreditation issues exceed the boundaries of any single Academic Discipline or have significant institutional impact (e.g. on resources, student consumer rights or student recruitment) then the PVC (Education) as senior risk-owner will consult with appropriate senior colleagues and act as the final authority on the matter.

5.6 For some statutory regulators (for example, Estyn and Ofsted), the nature of the statutory requirements may require adapted Academic Discipline approaches to oversight, monitoring, programme review, and action planning. In this instance the Director of Academic Services will agree revised approaches to management and reporting with the Academic Director, the Head of Quality, the relevant Assistant Dean (Quality and Enhancement) and the PVC (Education).

5.7 Academic Discipline Based PSRB Contact

5.7.1 Each programme that holds accreditation from a PSRB should have a listed Academic Discipline Based PSRB Contact, who must be appropriately qualified/hold accreditation membership with the relevant PSRB. The Contact will be determined at Institute level. This Contact is to be recorded on the Institute PSRB Register and their role is as follows:

a. To be the key contact between the University and the PSRB, responding to formal communication and acting as the lead for submissions (the Academic Director must also attend any meetings with the PSRB, alongside the Contact). Where institutional level contacts are required by PSRBs, the PVC (Education) will assign this accordingly.

b. To propose accurate wording for Definitive Programme Documents (DPDs), and liaise with relevant colleagues, Academic Office and Marketing to ensure that programme webpages accurately reflect details of the PSRB accreditation, and ensure these are kept up to date should PSRB requirements or accreditation status change.

c. To work with the relevant Assistant Dean (Quality and Enhancement) and Academic Office to seek any required exemptions from academic policies, regulations and frameworks for accredited provision.

d. To confirm with the accrediting partner which sites and partners are covered by accreditation, ensure that DPDs and the Institute PSRB Register record this accordingly, and liaise with the Head of Collaborative Partnerships (Operations) and the relevant Assistant Dean and Link Tutor at the partner about accreditation standards and review processes as required.

e. To liaise with the Institute Quality Team/Collaborative Partnerships Office (CPO) to enter the accredited provision onto the Institute/Partner PSRB Register at the point of accreditation and keep it up to date.

f. To liaise with the Academic Director and Programme Manager to ensure that they are fully aware of all matters relating to the PSRB.

g. To notify the Assistant Dean (Quality and Enhancement) and Director of Academic Services where accreditation standards require reports to be made publicly available, or where the accrediting body otherwise puts these in the public domain.

h. To monitor changes in PSRB standards and facilitate relevant amendments to courses through Major/Minor Modifications or Revalidation.

i. To inform the relevant accrediting bodies of any programme modifications as required.

j. To liaise with the Director of Academic Services and relevant Assistant Dean (Quality and Enhancement) about any PSRB standards that impact on University-wide quality assurance processes. This may include, for example, a certain requirement, frequency or standard for internal programme review.

k. To work with the Academic Director to ensure that staff teaching on accredited programmes are aware of set PSRB standards and regulations as required, and the implications this has for students. This includes ensuring that teaching staff who are supporting students' learning are aware of where exemptions to University frameworks are applied.

l. To work with the Dean, Assistant Dean (Quality and Enhancement) and Academic Director to ensure that ongoing or emerging risks associated with PSRB provision are accurately recorded on the Institute Risk Register.

m. To work with the Dean and Academic Director to ensure that any resourcing requirements set by PSRBs (e.g. around staffing levels or competence) are in place and monitored.

n. To oversee the progress of actions and meeting of conditions set by PSRBs, reporting back to the PSRB and to the Academic Discipline Board as required.

o. To notify the Assistant Dean (Quality and Enhancement) and Director of Academic Services about upcoming accreditation and re-accreditation exercises; to lead any working groups for the purposes of preparing submissions; and to facilitate the administration team's storage of accreditation evidence, preparation of visit logistics and panel briefings.

p. To be the Contract Manager in respect of any formal agreement with the PSRB, liaising with the Legal and Compliance team and relevant operational colleagues as necessary.

q. To work with the Head of Data Protection to ensure that data subject rights are protected.

5.8 Definitive Programme Documents

5.8.1 Programme descriptors within Definitive Programme Documents (DPDs) include the detail of professional body accreditations. Programme Managers and the relevant PSRB Academic Discipline Based Contact are responsible for proposing the wording in the relevant section and the Academic Office will check the wording at the point of both programme approval and accreditation prior to approval by the Academic Standards Committee, where relevant.

5.8.2 Information in DPDs should include:

a. The full name of the accrediting body.

b. The nature of the accreditation (for example, this may be that the programme is professionally recognised by that body and/or allows students to be exempted from professional examinations; or provides a professional status or title to graduates).

c. Detail of any exemptions from academic frameworks and regulations.

d. Details of any Non-Standard PSRB set admission requirement, student performance thresholds or other conditions that must be met for either admission, accreditation or further registration processes (for example, if students need to achieve a certain classification of award).

e. Where DPDs include delivery across more than one campus or franchised

provision, list the sites/educational delivery partners that are covered by the accreditation arrangements.

5.8.3 This information may then be used e.g. in marketing materials and Programme of Study Handbooks, to ensure that prospective and current students are fully aware of the nature of accreditation on their programme of study, and any additional related requirements around professional registration with that body following graduation.

5.8.4 DPD wording must be clear and unambiguous to students if accreditation approvals are pending but not yet granted. In general, potential accreditation plans for the future should not be mentioned in the DPD to avoid confusion; these should be added to the DPD via the relevant modification process once the accreditation has been achieved. However, it is appropriate to include details of the accreditation if the accreditation approval process is tied to the validation process, and delivery of the programme may not commence until accreditation has been achieved. In the case of programmes that may not be considered for accreditation until a certain milestone has been achieved, such as the graduation of the first cohort of students, if this is an essential professional accreditation it would be appropriate to refer to the future accreditation process in the PV2a Narrative Document, ensuring that it is clear that the programme is not currently accredited by the relevant PSRB. Once the accreditation has been achieved, the Definitive Programme Document may be updated via the process agreed between the Institute and the Academic Office (normally a PV9 Minor Modification or housekeeping process).

5.8.5 Appendix PV1a Major Modification should be used to request approval to seek new PSRB accreditation for an existing programme of study. The guidance set out in section 7 of this Protocol will need to be followed in relation to the accreditation activity and any submission and inspection/visit. The DPD will need to be revised to include details of the accreditation, as set out above.

5.8.6 If the PSRB's requirements change, the DPD will need to be revised, using Appendix PV1a Major Modification if the changes have CMA or significant resource implications, or Appendix PV9 for minor amendments. Appendix PV1a Major Modification must be used for the removal of accreditation e.g. due to the loss of accreditation status.

5.8.7 DPDs may need to be updated to reflect re-accreditation by the PSRB. Institutes/CPO should liaise with the Academic Office to seek guidance on the appropriate mechanism for undertaking this work (e.g. Appendix PV9 or housekeeping process, depending on the extent of the changes required).

5.8.8 If a collaborative partner develops their own programme for validation by the University, mirroring an existing University PSRB-accredited programme (as required by some overseas educational authorities), the position regarding accreditation must be made clear. In most cases, the PSRB accreditation will not apply to the partner programme and no references to accreditation should be included in the DPD. In addition, consideration will need to be given to the PSRB's regulations in order to comply with any restrictions in relation to the use of the programme title.

5.9 Institute/Partner PSRB Register

5.9.1 The Academic Office oversees the effective recording of incoming, current and outgoing accredited provision through Institute/Partner PSRB Registers. The relevant PSRB Academic Discipline Based Contact is responsible for ensuring that their entry is accurate and up to date.

5.9.2   Collaborative Partner accreditations will be recorded on a single, separate PSRB Register maintained by the CPO.

5.9.3   The PSRB Register records:
   a. The name of the Institute/Academic Discipline.
   b. The name of the Partner (if any).
   c. The full award title, or module title if accreditation or exemption is at module level only.
   d. Delivery sites/partners covered by the accreditation.
   e. The name of the accrediting body.
   f. Status of the accreditation (Current / Expired).
   g. Date of the latest confirmed approval of accreditation.
   h. Date of any renewal of accreditation.
   i. Method of gaining/renewal of accreditation (e.g. self-certification, continual approval with notification/by exemption reporting, inspection and review).
   j. Timeline for gaining/renewal of accreditation (e.g. prior to validation/during validation/post validation).
   k. Detail of the accreditation (e.g. exemption, accreditation/recognition of programme, ability to apply for entry to a professional body or for professional status; use of a protected title or entry into a certified profession). Any PSRB-set standard for admission, degree classification or pass rates should also be listed.
   l. Internal review requirements set by the PSRB (specific standards for internal programme review, annually/periodically, including frequency, content and purpose).
   m. Name of Academic Discipline Based PSRB Contact.
   n. PSRB Website reference - a link showing the relevant listing on the PSRB website of the accredited programmes and/or recent visit reports/conditions.
   o. Link to PSRB Accreditation Handbook/Regulations on website.
   p. Details of any ongoing actions, recommendations or conditions as a result of accreditation visits, reviews, or changes to the accreditation standards.
   q. "Value added" endorsements listed in a separate section.
   r. Latest date of update to the Register.

5.9.4   The PSRB Registers will normally be presented to the first and third Academic Partnerships Committee meetings of the academic year. In addition, an annual overview report will be presented to the first meeting of the academic year before being presented to the Academic Standards Committee.

5.9.5   This overview report will record:
   a. The total number of active PSRBs that the Institutes/Partners work with.
   b. The number and names of any new PSRB accreditations achieved during the previous year.
   c. The total number of active accredited programmes (i.e. with students enrolled on them).
   d. The number and details of recurrent issues raised by more than one PSRB during the previous academic year and a summary of how the Institute is addressing each of these issues.
   e. The number and names of any programmes where accreditation failed during the previous academic year and the key reason(s) for the failure.
   f. The number and names of any programmes that were meant to be accredited during the previous academic year but where the Institute did not submit the paperwork to the accrediting body, the reasons for not proceeding and any implications for stakeholders.

5.9.6   The Academic Office will publish a summary list of the PSRBs associated with each Institute/Partner on its intranet page, in order to share information and facilitate a co-ordinated approach to working with PSRBs.

5.10   Academic Discipline Boards

5.10.1   Academic Discipline Boards, or equivalent at the partner, are responsible for reviewing their Academic Discipline's sections of the Institute PSRB Register, discussing any changes, recording the preparations for upcoming accreditations/reaccreditation, and reporting progress against action plans and conditions from PSRBs.

5.10.2   The Academic Discipline PSRB Contact should report any risks relating to PSRB provision to the Academic Discipline Board and the Academic Director, ensuring these are recorded on the Institute and/or Institutional Risk Register if required.

6.   Quality Assurance

6.1   Programme Design and Approval

6.1.1   Programme design for a new programme that is in the process of seeking, or plans in the future to seek accreditation by a PSRB should be planned and deliberate in its alignment with the relevant PSRB requirements and standards; irrespective of the timeframe for submission to the PSRB for recognition. This ensures that the frequency and significance of future programme modifications and programme redesigns are minimised for students; and accreditation seeking processes are simplified.

6.1.2   Documentation for programmes submitted for initial approval through the Programme Approval and Validation procedure should list the accreditation intentions on the Appendix PV1 and/or Business Case, and provide information regarding the requirements of the relevant PSRB, particularly in relation to resources. The documentation should confirm whether the programme can be delivered in advance of accreditation being confirmed.

6.1.3   The PV2 Programme Document should be mapped against the requirements of the relevant PSRB, and provide a supporting narrative about the mapping, engagement with the PSRB and expected process and timeframes for the accreditation submission and approval processes (see also section 5.8 of this Protocol). Where accreditation is required before the programme can be delivered (normally the case for statutory bodies), Academic Standards Committee approval of the programme will be listed as 'Conditional' until this has been received.

6.1.4   If the Proposer for the new programme is different from the intended or actual Academic Discipline PSRB Contact, the Academic Discipline PSRB Contact should work with the Proposer to design the programme and conduct their duties as required under section 5.7 of this Protocol.

6.1.5   Wording appearing on DPDs and course pages about the nature of accredited provision should be proposed by Academic Discipline PSRB Contacts, and approved by the relevant Assistant Dean and Head of Marketing and/or Head of Corporate Communications and PR to ensure that it complies with both parties' requirements for use of logos, names and trademarks.

6.2   Programme Modification and Review

6.2.1   When programme or module level modifications are proposed, Proposers are prompted to confirm that the amendments are not contrary to any standards set by the accrediting body. Modification rationales should confirm where changes at module or programme level have been driven by amendments to accreditation standards. If the Academic Discipline Based PSRB Contact is different to the relevant module/programme leaders, they should work together to submit modifications.

6.2.2   Academic Discipline Based PSRB Contacts are responsible for informing and/or seeking approval from the relevant accrediting body about any programme or module modifications. Where separate approval of programme modifications is required from an accrediting body before implementation, this must be noted in the Programme Modification submission and Institute Board/Curriculum Planning Group approval of the Modification will be listed as 'Conditional' until this has been received.

6.2.3   Whilst the cycles and timelines for programme modification and review of accredited provision should follow the normal timelines for non-accredited provision, PSRB standards may change and require programme amendment or redesign outside of normal timelines. In this instance, the Assistant Dean (Quality and Enhancement), working with the Academic Office, will provide support to Academic Discipline Based PSRB Contacts and Academic Directors to risk-assess the implications of this and consider whether exceptional modifications can be submitted.

6.2.4   The completion of the Academic Performance Review (APR) Process provides the tool by which programme teams for accredited programmes can record and monitor engagement with the relevant PSRB, such as achievement of actions/conditions set by the accrediting body, confirming ongoing alignment with PSRB requirements, reviewing any changes implemented as a result of standard changes and setting objectives for upcoming changes.

6.3   Admission and Transfer

6.3.1   Any PSRB specific entry requirements for admission to accredited programmes should be listed on the DPD, course pages, and Institute PSRB Register. Students joining accredited programmes under the Recognition of Prior Experiential Learning Policy; or transferring to or from accredited programmes under the Recognition of Prior Certificated Learning Policy will be informed at the point of approval of any implications for, or conditions relating to the accredited status of their award.

7.   Accreditation and Re-accreditation

7.1   Preparation Activity

7.1.1   Preparation for initial and re-accreditation activity is the responsibility of the Academic Discipline, led by the Academic Discipline Based PSRB Contact.

7.1.2   The Assistant Dean (Quality and Enhancement) and Director of Academic Services must be informed of activities relating to initial and re-accreditation activity and will:

- Provide support and oversight as to Academic Discipline management of accreditation processes, including risk management, as required.

- Attend preparation and visit meetings, as required.

- Advise on membership, remit, frequency of meeting and organisation of working groups and task and finish groups, in alignment with accrediting body requirements and level of risk, as required.

7.1.3 Depending on the nature of accreditation and re-accreditation requirements, working groups (for ongoing detailed monitoring) or task and finish groups (for upcoming accreditation visits) can provide structured forums for overseeing preparations for accreditation and re-accreditation activity.

7.1.4 The Academic Discipline Based PSRB Contact is responsible for coordinating, in conjunction with the Academic Director, Assistant Dean (Quality and Enhancement) and Director of Academic Services, the administrative support required for accreditation and re-accreditation processes. This includes servicing of working groups, task and finish groups, and preparation for mock reviews, where required.

7.1.5 Where accrediting bodies require formal agreements/contracts to be entered into, or where student data is required to be shared with accrediting bodies, Academic Discipline Based PSRB Contacts must contact the Legal and Compliance team as required, as well as other operational stakeholders, including Head of Corporate Communications and PR and Head of Data Protection.

7.2 Submissions, Visits and Inspections

7.2.1 The Academic Discipline Based PSRB Contact is normally responsible for liaising with the accrediting body in respect of accreditation and re-accreditation, coordinating visits, internal staff briefings, evidence gathering and submission narratives.

7.2.2 Formal self-evaluation and submission documentation should be reviewed by relevant stakeholders and approved prior to submission. The approval process will vary according to the level of the accreditation and risk factors. For example, a standard routine re-accreditation submission may be completed in consultation between the Academic Discipline Based PSRB Contact and the Academic Director, with the agreement of the relevant Assistant Dean (Quality and Enhancement). For regulatory, statutory and professional accreditations, documentation should be checked by the Assistant Dean (Quality and Enhancement) and PVC (Education) or nominee before being submitted to accrediting bodies. All returns of statistical data should only be prepared by the Information Systems team.

7.2.3 Where formal visits, inspections and/or meetings are required as part of accreditation or re-accreditation process, the Academic Director and Academic Discipline Based PSRB Contact, with the support of the Assistant Dean (Quality and Enhancement) and Director of Academic Services, will identify staff and student attendees, deliver pre-visit/meeting briefings and debriefings, and conduct any mock review activities.

7.2.4 A PSRB may also ask for a meeting or a visit not related to accreditation activity. The Academic Discipline Based PSRB Contact must inform the Academic Director and Assistant Dean (Quality and Enhancement) in advance of all such meetings or visits.

7.2.5 The Academic Discipline Based PSRB Contact should refer to the Academic Office's Inspection and Audit Visit Logistics Guidance document which will be published on the Academic Office's intranet page.

7.2.6   The Academic Partnerships Board will undertake high level monitoring on progress on preparations for (re)accreditation on behalf of the Academic Standards Committee.

7.2.7   Accreditation outcomes will be reported to the Academic Partnerships Board and Academic Standards Committee in the format advised for each committee.

7.3   Removal of Accreditation or Discontinuation of Accredited Provision

7.3.1   In the event that a PSRB removes accreditation, the Academic Director should inform the Assistant Dean (Quality and Enhancement) and Director of Academic Services at the earliest opportunity, who will in turn inform the PVC (Education).

7.3.2   In the event that the University decides to cease offering accredited provision (either by closure of the entire programme or removal of accreditation compliance only), the relevant discontinuation processes will be enacted.

7.3.3   The Director of Academic Services will work with the Academic Director and Assistant Dean (Quality and Enhancement) to identify the key internal stakeholders and draw up an associated action plan for accreditation removal or discontinuation to include:

a.   Clarification on which applicants, offer holders and current students are impacted, and agree required actions and communications.

b.   Submission of Appendix PV1a, amendment of DPDs and programme webpages.

c.   Management and response to formal communications from the PSRB and notification to any other regulatory bodies as required.

d.   Facilitation of quality assurance processes for programme suspension/ discontinuation; review and/or redesign and reapproval as required.

e.   Notifications to staff, external examiners and educational partners of the decision, implications and any required actions.

8.   Working with Pearson

8.1.1   The University has a number of validated Higher National Certificate (HNC) and Higher National Diploma (HND) programmes and has also validated a number of HNC/HND programmes for its FE collaborative partners.   These programmes have been developed and validated in accordance with the University's standard procedures, and subsequently approved by Pearson which owns the HNC/HND award brand.

8.1.2   All HNC and HND programmes must be approved by Pearson before delivery commences.   The final submission date for programme proposals to Pearson is normally 30 June annually in order to gain approval for the September intake, although it is recommended that proposals are submitted well in advance of that date in order to allow time to make any necessary changes required by Pearson.

8.1.3   If the relevant HNC/HND programme has the same or a very similar title as a Pearson programme, or very similar content, the programme will need to be mapped against the Pearson programme specification.   The template and guidance for mapping is included in the PV2b Programme Document template.   The Head of Quality can advise whether or not mapping is required.

8.1.4 Pearson approves programmes for a period of five years, and may grant short extensions to the approval period. All revalidations will need to be approved by Pearson, together with a range of major/minor modifications, depending on the nature of the revision, as advised by the Head of Quality.

8.1.5 Once the programme is approved by Pearson, it will be included on Edexcel Online, which will enable the University Registry to enter the students on the system and to record progression, completions and withdrawals. The University will be charged a fee for each student enrolled on Edexcel Online together with a late registration fee for each student, where relevant.

8.1.6 The University is required to provide annual schedules to Pearson indicating anticipated intake numbers for the following academic year for its own programmes and those of its collaborative partners. Pearson normally issues the schedule templates early in the Summer Term each year and sets a submission deadline. The completion of the schedules is co-ordinated by the Head of Quality, working with Registry and the CPO.

8.1.7 The University is also required to submit an Annual Institutional Review Report for the previous academic year. The completion of the report is co-ordinated by the Head of Quality, with input from Information Systems, relevant Institutes, the CPO and Head of Student Cases. The report is submitted to the Academic Partnerships Board, Academic Standards Committee and Senate.

8.1.8 The University's provision with Pearson is set out in a Trademark Licence Agreement which is normally renewed every five years.

8.1.9 The Head of Quality is responsible for all (other than Registry functions relating to Edexcel Online) communication with Pearson including submitting proposals for programme approval, extensions and modifications. The Head of Quality also acts as a source of advice and guidance for Institutes and the CPO for HNC/HND related matters.

9. Misuse of Protocol

Failure to comply with the procedures set out in this Protocol may result in significant financial and reputational risk for the University.

10. Links to other policies / procedures
Insert hyperlinks to related published policies or procedures.

Policy author(s):

……Teleri James……………………………………..Job Title……Head of Quality…..

Version No:	Reason for change:	Author:	Date of change:
0.1	Approved by ASC	TJ	15.10.2025

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Policy review date: day / month / year**

For publication: on UWTSD website / ~~MyDay / Not to be published.~~

*Delete as appropriate

** insert when available

Approval

The policy will be formally considered and approved in accordance with Committee Terms of Reference outlined in the Academic Quality Handbook.

If the policy affects staff, advice should be sought from HR at the outset to ascertain if consultation is required at JCC. HR will also provide advice on the most appropriate stage to consult with JCC and on whether approval by Council is required

ALL policies submitted for approval must be accompanied by a completed:

- *Equality and Welsh Language Impact Assessment*
- *Institutional Impact Assessment*
- *Data Protection Impact Assessment*

Prior to submission to committee, authors are asked to consult the Policy and Planning Team who will check that the document complies with University requirements. The Policy and Planning Team will complete the section below.

For completion by the committee secretary

Please tick to confirm the following:

An institutional Impact Assessment has been completed ☐

An EIA and Welsh Language Assessment has been completed ☐

A DPIA has been completed ☐

Matters requiring consideration by the approving committee:

_____