Academic Management Review Report 2015-16

BTEC

Visit Details	
Academic Management Reviewer	James Heagney
AA Number	901212
Reviewer email address	jamesheagney@hotmail.com
Date of review visit	21/03/2016 and 22/03/2016 covering two sites.
Time started	10.00
Time completed	17.30
Name and designation of people involved in the review	Professor Khan Director,Dr Tommie Anderson Dean of Quality,Policy and Research,Sri Dean Head of Teaching and Learning,Rama Head of Admin and all 6 Academic Heads of Department.

Essential Actions and Recommendations Review	
Essential Actions from previous report	
There were no essential actions arising from the previous report.	
Progress Made	Resolved?
N/A	Please select
Recommendations from previous report	
Provide more detailed IV feedback to teaching staff on the assignment briefs and on the assessed work.	
Progress Made	Resolved?
This has been fully implemented and I evidenced it across all 6 departments and also had a detailed discussion with the Heads of department regarding how this was implemented in their departments.	Resolved

Instructions for Academic Management Reviewers
Please submit your completed report to amr@pearson.com within 10 days of your visit.

You must use the following file naming protocol: "AMRreport[centre number].doc", e.g. "AMRreport98765.doc".

1. Centre details and management

Centre Details	
Centre name	St Patrick's International College
Centre number	11191
Principal / Head of Centre	Professor Daniel Khan
Centre email address	info@st-patricks.ac.uk
Centre telephone number	+44 (0) 20 7287 6664
If the Principal / Head of Centre name, centre email address or centre telephone number are incorrect, please instruct the centre to contact: ukvqapproval@pearson.com	
Quality Nominee	Dr Tommie Anderson- Jaquest
Quality Nominee email address	tommie.anderson@st-patricks.ac.uk
Quality Nominee telephone number	02035351432
If the Quality Nominee name, email address or telephone number are incorrect, please instruct the centre to update them on Edexcel Online	
Centre type	Private College
Is this centre in its first year of delivery?	No
Number of subsites at centre	There are 2 sites one at Stratford and a new one at 30 Holborn London
If subsites exist, please provide full address details of all subsites below:	
The main site is Duncan House Stratford and the most recent site is at 30 Holborn London. The Duncan site provides for Business,Technology and Art (Fashion)courses ,whilst the Holborn site provides for Law,Hospitality and Health and Social care programmes.	
Are there any collaborative, sub-contracting, partnership or consortia arrangements in place with other centres?	No
Does the centre operate any distance learning?	No
Does the centre operate any overseas provision?	No
If collaborative, sub-contracting, partnership, consortia, distance learning or overseas arrangements exist, please provide full details below:	
N/A	

Quality Objective		
1. Your organisational structure is clearly defined and complies with Pearson approval requirements.		
Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
1.1	Pearson centre approval and recognition requirements are complied with fully.	Yes
1.2	Collaborative arrangements with other sites, centres or organisations are approved by Pearson and appropriately recorded on Pearson systems, including: • Subsites. • BTEC consortia. • Sub-contracting. • Other collaborative partnerships.	Yes
1.3	There is an organisation chart, providing clear reporting relationships, which is communicated to all members of the organisation, ensuring that they understand what their responsibilities are and know to whom they are accountable.	Yes

If 'No' for any quality measures above, an Essential Action is required* Recommendations may be made at any time	
Essential Action	None
Recommendation	None
Comments:	
1.1 All of Pearsons centre approval and recognition requirements are fully complied with. The new site at 30 Holborn has been visited by Sally Peacock who verbally approved the site for immediate delivery.The formal approval letter has not as yet been received.All building work was completed in January 2016 and the Schools of Law,Health and Social care and Tourism and Hospitality Management. 1.2 No colloborative arrangements currently exist. 1.3 The current organogram shows all reporting relationships and this is communicated to all staff members who are fully aware of their responsibilities and line management reporting relationships.	

2. Student recruitment, registration and certification

2a. Audit of student records
The Reviewer must select a minimum of 3 students. If there are programmes that have claimed certificates, this must include at least one student who has been certificated.

Student 1 name	Lyboth Victorien Ntsana	**Programme**	HND Network Engineering and Telecommunication Systems (NETS)
Enrolment date	04/11/2013	Registration date	25/11/13
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes
Accurate and timely certification process seen?	Yes	Issues identified?	No
Comments:	There were no issues and all evidence was immediately available to me.		

Student 2 name	Karina Katarzyna Oleksy- Opalka	**Programme**	HND Business Management
Enrolment date	28/01/2013	Registration date	04/02/13
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes
Accurate and timely certification process seen?	Yes	Issues identified?	No
Comments:	There were no issues and all evidence was immediately available to me.		

Student 3 name	Anselme Abbon Agbedjekou	**Programme**	HND Fashion and Textiles
Enrolment date	29/06/2015	Registration date	02/12/15
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes

Accurate and timely certification process seen?	Yes	Issues identified?	Yes
Comments:	This registration was late but the college had requested registration on 08 /07/2015 but Pearson didn't reply until 02/12/2016.This has been evidenced by an e mail to Ben Green.		

If extra students are required to be audited, please include them below:

Student 4 name	Felicia Orefo	**Programme**	HND Health & Social Care Management
Enrolment date	09/09/2013	Registration date	09/09/13
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes
Accurate and timely certification process seen?	Yes	Issues identified?	No
Comments:	There were no issues and all evidence was immediately available to me.		

Student 5 name	Crystal Grant	**Programme**	HND LAW
Enrolment date	04/11/2013	Registration date	04/11/13
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes
Accurate and timely certification process seen?	Yes	Issues identified?	Yes
Comments:	There were no issues and all evidence was immediately available to me.		

Student 6 name	Savannah Storm Roberts	**Programme**	HND Hospitality Management
Enrolment date	19/10/2015	Registration date	19/10/15
Timetable seen?	Yes	Accurate and complete attendance records seen?	Yes
Accurate and complete assessment records seen?	Yes	Accurate and timely IV records seen?	Yes
Accurate and timely certification process seen?	Yes	Issues identified?	Yes
Comments:	There were no issues and all evidence was immediately available to me.		

2b. Quality Objective

2. Your administrative processes and procedures ensure that recruitment, registration and certification processes:
- are accurate and timely.
- are auditable.
- reflect a student's course of study, time spent on programme and level of achievement.
- provide safe and accurate certification.

Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
2.1	Suitable processes are in place to assure the integrity of student recruitment onto the centre's L4 -7 provision.	Yes
2.2	The centre publishes information that is accurate and provides students with a basis for making an informed choice about enrolment decisions.	Yes
2.3	There is a student recruitment process that enables the applicant to discuss learning needs, additional help that might be required on programme, and takes account of progression aspirations.	Yes
2.4	There is a procedure for the timely and accurate registration of students that is operational and monitored and is compliant with awarding organisation and regulatory requirements.	Yes
2.5	There is a mechanism for checking the accuracy of student registrations.	Yes
2.6	Accurate and up-to-date records of attendance are kept for every student, showing appropriate time spent on programme in relation to the qualification guided learning hours.	Yes
2.7	There is a procedure which ensures timely and accurate certification claims that are checked and verified against assessment records.	Yes
2.8	There is a procedure for checking certificates received against assessment records, prior to issue.	Yes
2.9	The centre will investigate and report to us all inaccurate, early/late and fraudulent registrations or certification claims, via internal senior management.	Yes
2.10	The centre provides unit certification claims for students where appropriate.	Yes

If 'No' for any quality measures above, an Essential Action is required* Recommendations may be made at any time	
Essential Action	None
Recommendation	None
Comments:	

2.1 All admission requirements are set out in the handbook and this is also published on the college website.There are also set down appeal procedures for appealing decisions regarding admissions and this is also published on the college website.

2.2 The admission procedures sets out the requirements and programme details including

future career prospects.

2.3 Students have an opportunity to discuss their learning needs with the admissions team prior to registration.In addition they can discuss their requirements with the registrar.During my visit on day two I witnessed this process in operation.Personal interviews are conducted and at this stage students have an opportunity to discuss learning needs and progression aspirations.If students have a disability they may speak to the registrar who is also the director of student services.She can confirm what assistance is available in respect of college support and also access to Government funding under the diabilities legislation.

2.4 The process for enrolling and registering students is professionally carried out.Details are always checked by at least 2 people to ensure accuracy.

2.5 As mentioned in 2.4 two people check the data to ensure that it is accurate.

2.6 The college uses electronic registers to record attendance.The records show that students are provided with appropriate time and this meets the guided learning hours.The attendance records are retained by student services.

2.7 Robust procedures exist to ensure accurate and timely certification claims which are verified against assessment records.All claims are doubly checked by the Internal Verifier to ensure accuracy.

2.8 All certificates are checked against the assessment records by 2 members of staff before being distributed to students.

2.9 All fraudulent claims will be investigated and reported to Pearson via Senior Management.

2.10 Unit certification will be provided as and when necessary.

3. Managing assessment and verification

Quality Objective

3. Your assessment strategy, processes and management underpin an assessment and internal verification system that:
- confirms authenticity of student evidence.
- delivers valid and reliable assessment outcomes.
- follows Pearson regulations and requirements.
- reflects national standards.
- enables internal verification to drive and maintain assessment standards.
- leads to the safe certification of student achievement.

Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
3.1	All higher level qualifications have an accurate Programme Specification, as defined by the QAA Quality Code, which includes clear requirements for authenticity of student evidence.	Yes
3.2	There are clearly defined assessment procedures that are operational and auditable at all assessment locations and for all assessors, units and students.	Yes
3.3	Assessment recording documentation is clearly understood by assessors and students and is used consistently across the centre and all assessment locations.	Yes
3.4	Assessment methodology leads to valid and reliable assessment outcomes against national standards, which are in line with regulatory and standards setting body requirements.	Yes
3.5	There is open and equal access to fair assessment for all students, including any students with particular needs.	Yes
3.6	The internal verification process is compliant with awarding organisation and regulatory requirements and ensures that: • assessment instruments are fit for purpose. • assessment outcomes are valid, reliable and to national standards.	Yes
3.7	There are processes for dealing with weaknesses in assessment, whether highlighted internally or externally.	Yes
3.8	The centre utilises the outcomes of Pearson's external monitoring to improve internal systems, processes and assessment.	Yes

If 'No' for any quality measures above, an Essential Action is required* Recommendations may be made at any time	
Essential Action	None required.
Recommendation	None required
Comments:	

3.1 The programme specifications are clearly laid out and comply with the QAA Quality code.It clearly states the requirements for authenticity of student evidemnce. The college handbook also sets out the College's position on plagiarism in respect of assessments.

3.2 The assessment procedures are clearly set out and are standard across both sites.I checked all of the programmes and this was clearly evidenced.All students submit their

assignments online, through the VLE Stponline. All assignments are sent through Turnitin and scrutinised for authenticity. Assignments to be marked are placed securely in the stponline directory (mail box) and placed in Unit folders. Unit Leaders have standard clearance to enter the folders of the Units. They cannot enter other units. Academic Administration has clearance to enter the folders and Heads of Schools may be given clearance as well.All lecturers mark all assessments on line. In rare exceptions, particular projects associated with IT or with Fashion, where practical projects cannot go through customary processes, because they involve particular practical outputs online marking is not utilised. Such projects are secured through Academic Administration and Marked accordingly. Marked work is Internally Verified on line, save the exceptions noted above. In cases where the first marker has substantial experience in marking, IV is carried out on a sampling basis extended over all grades (i.e., pass, fail, merit and distinctions). In cases where new markers have assessed student work, the Internal Verifier will review 100% of the assignments.Final grades (i.e., final decision of 1st marker and Internal Verifier) for each student in each programme unit are recorded by the Academic Administrator and presented at the Unit Assessment Boards. Discussions taking place in the UAB, confirm the marks awarded. The internal decision on the marks is reached in the UAB, subject to the approval of Pearson's Standards Verifier, who will sample student work during her/his visit, which, customarily has been once a year.

3.3 My audit confirms that recording documentation is clearly understood by Teachers and students alike in both locations.Performance records are maintained by the Head of Academic Administration.

3.4 A wide variety of different assessment methods are used across each programme, and the standard verfier reports confirm that these lead to valid and reliable assessment outcomes, and are in line with regulatory and standard setting body requirements.

3.5 There is equal and open access to fair assessment for all students, and consideration is given to students with particular needs, provided that this has been supported by evidence. I was able to sit in on a training session on supporting students with particular needs conducted by the Head of Technology.This dealt with aspects such as teaching students in a widening participation setting,attendance and punctuality,assignment briefs and how they can be presented together with alternative forms of assessment.

3.6 The IV system is robust across all 6 departments and this was confirmed by my visit.The standard Pearson IV forms are used, and more detailed feedback has been provided this year as a result of the previous AMR report, which highlighted that this was an area for improvement.All 6 departments carry out standardisation prior to marking and verification, and this process ensures that all staff are marking to the same set of rules.There was extensive evidence of changes made to the assignment briefs in the Law course,as a result of robust IV procedures.It has been found to be extremely worthwhile for the new teaching staff.The SV reports confirm that IV has been robust.

3.7 All weaknesses in assessment are quickly dealt with whether this has been highlighted by either internal or external verification.Each Head of School devises an action in response to the SV reports.This is carefully monitored by Senior Management in the College.

3.8 The centre have implemented the recommendation from the previous AMR report.Some SVs have commented that the quality of teacher feedback was rather limited, and they suggested feedback should be provided against each criterion within each learning outcome.This has now been implemented across the college in a standard fashion.

4. Staff resources

	Quality Objective

4. The delivery and assessment of your Level 4-7 qualifications is enhanced by an appropriate programme team that:
- is appropriately qualified in the skill of teaching and assessment.
- is vocationally competent to teach and assess the subject.
- has sufficient time to effectively fulfil all aspects of the role.
- views quality and improvement as an inherent part of their job role.
- is supported by a formal programme of continuous professional development.

Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
4.1	There are fit-for-purpose staff job descriptions providing details of duties for all roles.	Yes
4.2	Staffing on Level 4-7 programmes is continuously monitored in order to maintain adequate numbers of appropriately qualified and vocationally experienced personnel.	Yes
4.3	There is an effective recruitment and selection process which ensures the maintenance of adequate and appropriate staffing.	Yes
4.4	Teaching and assessing staff are given sufficient time for programme planning, delivery, assessment, verification and evaluation activities.	Yes
4.5	Any external experts who deliver and assess on programmes are familiar with the specification and able to conduct appropriate and accurate assessment.	Yes
4.6	There are suitable programmes of induction and development for the centre's L4 -7 provision to assure that staff are in step with national standards, business trends and developments in teaching, assessment and learning.	Yes
4.7	There is an ongoing and formally recorded programme of continuous professional development for staff to ensure that knowledge, skills and qualifications are appropriate and up to date.	Yes

If 'No' for any quality measures above, an Essential Action is required*	
Recommendations may be made at any time	
Essential Action	None
Recommendation	None
Comments:	

4.1 Job descriptions are available for all roles.These clearly document roles and responsibilities.

4.2 The staffing levels are adequate for the programmes delivered and for the number of students.Heads of School submit teaching requirements for each School to the Vice Principal, who ensures that staffing levels are adequate.This year there were a number of new staff recruited for Fashion, as numbers in that programme increased significantly.The CVs indicate that they are all appropriately qualified and suitably experienced.

4.3 All teaching staff positions are advertised externally and a strict process is followed.In

addition to interviews staff are required to carry out a 20 minute teaching demonstration which is carefully evaluated by the panel.All references are checked before offering the position.

4.4 Sufficient teaching and preparation time is allocated which meets the guided learning hours stipulated by Pearson.This has been confirmed by the timetables for each programme.

4.5 All external staff delivering on the programmes are required to become familiar with the specification and on assessment procedures.College wide induction takes place for any new staff members, and their marking activities are carefully monitored by the Internal Verifier for that subject.

4.6 Staff development and induction are given a high priority. Induction is provided to staff to ensure that they are familiar with National standards and any developments in teaching and learning.This is evidenced by the induction programme and by the staff development records seen during my 2 day visit.

4.7 Continuous professional development is treated as a priority in the college ,and staff are encouraged to undertake CPD within their areas.Many staff are also working in their vocational area as practitioners.They also must complete appropriate CPD for their professional bodies.This is evidenced in issue 1 and 2 of the Patriach, the College research journal, and on the annual staff conference details.

5. Physical resources

Quality Objective		
5. There is adequate provision of physical resources that will: • support general learning and assessment at Level 4-7. • enhance subject specific and technical learning and assessment at Level 4-7. • ensure student and staff safety.		
Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
5.1	There are suitable specialist and general resources available that are sufficient for student volumes.	Yes
5.2	There are the required facilities and resources required by Pearson for the conduct of external assessment, where this forms part of a BTEC programme.	Yes
5.3	The centre monitors all resources regularly to ensure they are fit for purpose and safe to use.	Yes
5.4	The centre considers the sufficient provision of general and subject specific resources when planning the introduction of new programmes.	Yes
5.5	When used, external resources are contractually available, fit for purpose, appropriate and safe.	Yes
5.6	There are appropriate and fair access arrangements for all enrolled students regardless of ability, disability or other protected characteristics.	Yes

If 'No' for any quality measures above, an Essential Action is required* Recommendations may be made at any time	
Essential Action	none
Recommendation	none
Comments:	

5.1 The resources are good in both centres.The library has a stock of books with multiple copies in each discipline, but the Law School in particular has many copies available of appropriate texts.The main focus is now on the E- Library provision.Students can access the E-library from anywhere in the world.Within the library tablets are available at Duncan House. The college is currently in the process of upgrading its computer provision.Staff and student computers have been replaced with more modern machines.New computers have recently been installed in Duncan House and a purchase order has been signed for an additional purchase of 30 computers at 30 Holborn.

5.2 Not applicable as this is not yet part of the programme.They are however set up for this, in the event of external testing occurring in future.

5.3 All resource needs are monitored by Heads of School and Programme Leaders, and the heads of School request resource needs to the SMT for authorization and purchase.Equipment is periodically reviewed by the Operations Manager and his assistant, to ensure that all machines are safe to use.Unsafe equipment is removed from action until repaired or replaced.

5.4 This is now a requirement for all new programmes being introduced.This is considered

by the programme development and enhancement committee.

5.5 The only external resource used is Capita. They are used to provide additional opportunities for students in Health and Social care Management, to meet the 200 hours work requirement for completing their HNDs.All workplaces are checked for appropriateness and safety before students are allowed access to them.

5.6 Fair arrangements are made for all enrolled students providing any difficulties are made known to the Registrar and supported by sufficient evidence.I was provided with detailed reports for this during my visit.

6. Assessment tracking, recording and reporting

Quality Objective		

6. You record assessment decisions in a way that:
    • is clearly measured against recognised, regulated standards.
    • allows student progress to be accurately tracked.
    • allows the assessment process to be reliably verified.
    • provides clear evidence of the safety of certification.		

Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
6.1	All assessment records are stored securely and safely.	Yes
6.2	Up to date records of student achievement are maintained and are regularly reviewed and tracked accurately against recognised, regulated standards.	Yes
6.3	Assessment records are retained for centre and awarding organisation scrutiny for a minimum of three years following certification.	Yes
6.4	All current student evidence is available for centre and awarding organisation verification processes.	Yes
6.5	All current records of assessment feedback are available for awarding organisation verification processes.	Yes

If 'No' for any quality measures above, an Essential Action is required Recommendations may be made at any time	
Essential Action	None
Recommendation	None
Comments:	

6.1 All assessment records are stored securely and safely in electronic format.This was demonstrated to me during my visit.

6.2 I was able to check records of student achievement for each course, and I can confirm that they are regulary reviewed and accurately tracked against the standards.

6.3 The centre keeps all records for more than 3 years following certification.The actual learner work is stored in electronic format.

6.4 My audit confirmed that all student evidence is available for all 6 programmes.

6.5 Detailed feedback records are available and feedback is standardised throughout the college.Feedback is provided against eack learning outcome .Annotation is also used to good effect by all staff.It is clear that this is developmental to students.

7. Policies and procedures

Quality Objective		
7. You have effective systems and procedures developed and agreed by managers, which cover Level 4-7 assessment processes and are: • regularly reviewed and updated. • readily available to all staff and students. • operational throughout the organisation.		
Quality Measures	Details	Is there sufficient evidence that all quality processes are in place and effective?
7.1	There are centre-wide quality assurance procedures for Level 4-7 provision, that: • are supported by appropriate policies. • are appropriate to centre size and the qualification requirements. • are supported by senior managers and implemented by assessment and delivery teams • manage and report on academic standards. • include quality standards documentation and working practices suitable for higher education. • embrace the precepts contained in the QAA Quality Code. • have continuous compliance with our published policies, procedures and regulatory requirements.	Yes
7.2	Policies and procedures are in place for managing: • equality and diversity. • health and safety. • special consideration & reasonable adjustments. • recognition of prior learning. • assessment, internal verification. • student/staff malpractice, including plagiarism. • student appeals. • distance/flexible learning and assessment, if relevant.	Yes
7.3	Centre policies and procedures are reviewed and evaluated annually, incorporating student feedback, improvement planning and actions.	Yes
7.4	The accuracy and consistency of internal and external communications are effectively managed to ensure the timely dissemination of correct key messages to all stakeholders.	Yes
7.5	There is a means for ensuring all students and staff are aware of: • what constitutes an appeal and what is considered assessment malpractice. • the related processes for instigating an appeal or investigating malpractice. • the possible outcomes that may be reached. • the consequences of both internal and external outcomes. • the process that exists to enable students to make an appeal to Pearson. • how the potential for any assessment malpractice informs programme planning and delivery.	Yes
7.6	There are robust systems for recording and managing all assessment appeals and malpractice, including plagiarism.	Yes
7.7	There is a process for reporting serious assessment malpractice to Pearson.	Yes

	If 'No' for any quality measures above, an Essential Action is required Recommendations may be made at any time
Essential Action	None
Recommendation	7.1 Systematically use information from peer observation to formulate an Action plan to improve teaching and learning. 7.3 Use the outcomes of annual programme monitoring and review, including reports from Standards Verifiers (external examiners) and feedback from stakeholders, to identify cross-College themes for development and the sharing of good practice

Comments:

7.1 The quality folders has a wide variety of centre policy procedures that are supported by Senior Management and implemented by programme teams and staff.Peer observation is ongoing and appears to be very successful.It is important that where any good practice is identified that this is cascaded to all staff as a means of improving overall teaching and learning.The documentation is fit for purpose and meets the needs of Higher Education.They embrace the precepts contained in the QAA quality code.The most recent QAA reports of November 2015 confirm that the QAA team has confidence in the colleges management of academic standards,enhancement of quality of learning opportunities, and it is making acceptable progress with continuing to monitor and review its HE provision.

7.2 Policies and procedures are all in place for the areas identified. These are reviewed anually and are available to studnets in the student handbook and also on the website. RPL is taken into account but students are required to pass numeracy and Literacy tests as well as the personal interview.The college has recently designed and implemented a clear and robust academic appeals process for staff and students and this is detailed in the student handbook.

7.3 Annual reviews and evaluations take place taking into account student feedback,strategic planning and action plans.The appeals process has recently been amended as a result of feedback from the QAA team.The annual review and evaluation should be identified to identify cross college themes for development and to share good practice amongst colleagues.

7.4 Key stakeholders are kept up to date by efficient managing of both internal and external communications.The learner handbook contains a wealth of information for this purpose and the website is also fully utilised.

7.5 The college takes positive steps to prevent and reduce the occurrence of student malpractice.Students are informed about malpractice in induction sessions.Procedures for academic appeals are set out in the college student handbook.A member of staff provides workshops on referencing.Students submit work electronically and access is controlled by their unique student number.Heads of school a assure that teachers are made aware of the importance Pearson place upon malpractice,in particular the guidance available for centres on dealing with malpractice (2015) and the procedures set in place by pearson for students to appeal to them directly.I was able to see details of a number of appeals which had been made and the process was fair and equitable.

7.6 Robust systems exist for recording and managing assessment appeals and instances of academic malpractice including plagiarism. I was able to see details of a number of appeals which had been made and the process was fair and equitable.I also saw minutes of plagiarism panels.

7.7 In cases where students are suspected of malpractice matters are addressed and decisions taken at School level in Plagiarism committees.All serious cases will be reported to Pearson.

General Comments
St Patrick's School was founded in the parish of St Giles, Westminster, in 1803. Funded by the Catholic Church, its aim was to educate the poor living in the Soho Area.It has now developed into a private educational establishment.Since inception as an HE provider, it has adopted a progressive stance in respect of curriculum development and growth, in response to a rapidly changing HE environment. The College currently delivers HND programmes in 6 different subject areas, located within six schools. Recruitment is now predominantly domestic and the student population is now over 2000 having dropped from a previous high of about 4000, with about 5% coming from non EU countries. The College offers a number of programmes that have been approved for student loans by Student Finance England and is a subscribing member of UCAS, to facilitate prospects for recruiting students in domestic and EU markets.The most recent QAA report of November 2015 deemed that the college meets UK expectations for maintaining academic standards and quality of learning opportunities.

Areas of Exemplary Practice
1.A robust system is in place for obtaining student feedback on teaching and learning. 2.Plagiarism panels are utilised to maximum effect and which highlight the importance of proper referencing by students.

PEARSON USE ONLY		
Reporting Outcome		
No Actions Required		
Name	Designation	Date
Sally Peacock	Head of Centre Management	6 April 2016