BRITISH ACCREDITATION COUNCIL INSPECTION REPORT

**INTERIM VISIT AND SUPPLEMENTARY INSPECTION
CHANGE OF MANAGEMENT
(Independent Higher Education)**

INSTITUTION:	Redcliffe College
ADDRESS:	College Green Gloucester GL1 2LX
HEAD OF INSTITUTION:	Dr Rosalee Vellosos Ewell
DATE OF INSPECTION:	16 November 2017

ACCREDITATION COMMITTEE DECISION ON ACCREDITATION: Continued accreditation 14 December 2017

PART A - INTRODUCTION

1.   Background to the institution

Redcliffe College (the Institution) was established in 1892. It was initially based in Chelsea, later moving to Redcliffe Gardens in Kensington, from which the current name of the Institution is derived. The Institution originally offered training to single women, who wished to be involved in missionary work and was the first of its kind in England. It moved from London to Gloucester in 1995.

The Institution's mission is to enable students to fully engage in God's mission through empowering them with the theological, personal and practical tools which can be used in all areas of life. The Institution provides education and training to students from over thirty countries. It is an interdenominational evangelical college focused on providing bible based training at postgraduate level.

The Institution is situated in a pleasant location in the centre of the city, close to Gloucester cathedral. It is comprised of two large buildings, from which all academic, administrative and pastoral needs are delivered. More recently, the Institution has begun to deliver some intensive face-to-face elements of the programmes through learning hubs overseas to which staff travel to carry out this delivery. This aspect of the provision is not accredited by BAC.

The Institution is legally structured as a charity, limited by guarantee. It is overseen by a Board of Trustees, which meets four times per year. Day-to-day management of the Institution is the responsibility of a Principal who leads a team of senior academic, administrative and support staff. The current Principal is a recent appointment, having joined the Institution on the departure of the previous Principal in September 2017.

The Institution's relationship with the University of Gloucestershire commenced in 1997 with the introduction of an undergraduate programme. Postgraduate provision was introduced in 2003. After a strategic review, it was decided to concentrate on delivering a small number of postgraduate programmes and the Bachelor of Arts (BA) course was phased out in 2016. A review of the collaborative arrangements was on-going, in order to provide, inter alia, clarity over the status of Redcliffe students and their access to University resources and complaints processes.

2.   Brief description of the current provision

The Institution currently offers five Master of Arts (MA) programmes, which are validated by the University of Gloucestershire. These are MA Contemporary Missiology, MA Member Care, MA Leadership in a Complex World, MA Field Linguistics and MA Literary Programme Development.

Programmes are delivered in a blended learning mode, which includes on-campus via face-to-face instruction through intensive summer schools or other intensive form, for example weekend mode or hub delivery, and self-study learning. Whilst students studying in the United Kingdom (UK) have the option to study at the Oceania hubs, these centres are not covered by BAC accreditation.

There are currently 103 students registered on programmes. All students are over the ages of 18. A majority of the students are from either the UK or from elsewhere in the European Union. The remainder of students come from a wide range of other countries. The small majority of students are female. Students are able to enrol for programmes on three occasions each year. These are February, July and October.

3.   Inspection visit process

The inspection was carried out by one inspector over the course of a day and included two meetings with senior and administrative staff and a review of a significant amount of documentation. The Institution had undertaken significant preparation for the inspection, which included efficient collation and presentation of comprehensive

documentation. This documentation effectively supported the supplementary aspects of the inspection in terms of the change in Principalship and provided relevant evidence to illustrate how the Institution has addressed the actions and recommendations of the last inspection. The meetings took place in a highly collegiate and co-operative manner.

4.   Inspection history

Full inspection: 25-26 August 2016

PART B – JUDGMENTS AND EVIDENCE

The following judgments and comments are based upon evidence seen by the inspector(s) during the inspection and from documentation provided by the institution

1. Significant changes since the last inspection

The most significant change since the last inspection concerns the departure of the previous Principal and the appointment of a new Principal. The process of appointing a replacement was extremely robust and transparent. The process involved full discussions by the Board of Trustees, the establishment of a search committee and the production of a comprehensive job pack for applicants. Three candidates were short-listed for interview and were required to make a presentation to Institution staff prior to interview by an interview panel. The person appointed was previously a Trustee of the Institution and is an extremely well-qualified individual with a strong academic and professional background highly suited to the mission and work of the Institution. There was a handover period during which time the previous and new Principals worked together. The new Principal officially took over the role in September 2017. Governance, strategic and management arrangements have remained the same and there have been no changes to academic management and administration as a result of the change in Principal. There have been no other personnel changes apart from the appointment of a new course leader for the programme, which had been led by the previous Principal.

There have been no changes to the programmes delivered although one has undergone an award title change. The MA Global Leadership in Intercultural Contexts has been changed to MA Leadership in a Complex World to more closely reflect the current terminology used in this academic and professional field. This change was formally processed and approved through the University's modifications process. There are some students completing the programme using the original award title, whilst all new students have been enrolled on the new award title. There were three programmes being phased out at the time of the last inspection, MA European Mission and Intercultural Christianity, MA Bible and Mission and MA Justice, Advocacy and Reconciliation in Intercultural Contexts. This phasing-out has been completed.

The Institution's long-standing agreement with the University of Gloucestershire is continuing although the basis of the agreement is currently the subject of discussion. This is due to revisions to the University's definition of the status of students on validated provision, delivered through collaborative partners, which has clarified student entitlement to University resources and procedures for complaints.

The Institution continues to effectively manage and deliver its provision with the best interests of its students at heart. In particular, it continues to enhance the extent and nature of learning resources and has increased its library budget significantly to enable the purchase of a further range of e-resources to include additional journal databases and e-books. Also, it continues to seek feedback from its students on aspects of their experience and there has been a recent survey to gauge student views on the dissertation process in order to make enhancements. Another survey is planned to gauge student views on the effectiveness and helpfulness of assessment feedback.

2. Response to action points in last report

5.5 The Institution must reinstate a formal approach to the recording of classroom observations.

The Institution has taken appropriate steps to formalise its peer observation process. It has developed a formal Peer Observation Policy, which requires all academic staff to engage in at least one, or preferably two, observations each year. It was implemented in July 2017 and involves staff pairing up to observe each other in a collegiate and supportive manner. A standard template is used to record the observation and this provides for the identification of good practice for wider dissemination across the Institution. Time is provided for a full discussion and feedback at the end of each observation. A summary report is written by the Vice Principal and considered at

course committees and at Academic Board meetings. Individual outcomes feed into staff appraisal. The Institution is finding the formality of the process to be most helpful.

25.8 The Institution must produce a comprehensive Redcliffe quality handbook containing all the relevant quality processes to include moderation, annual monitoring, student feedback, external examiners and the committee structure.

The Institution is in the process of addressing this action, which the leadership team has delegated to its Academic Co-ordinator. Work is underway to update the previous quality handbook. This work has been affected by a number of parallel developments, including the redefinition of the nature of the collaborative arrangements with the University of Gloucestershire and revisions to University quality assurance procedures. The Institution is also aware of the imminent changes to the UK Quality Code for Higher Education and plans to ensure that the handbook reflects any substantial changes. Finally, it is anticipated that the new Principal may wish to make some changes. The result is that there is a draft version in place at present with the first definitive version planned to be launched in January or February 2018. However, the current draft indicates that it will be appropriately comprehensive and include reference to the critical quality assurance processes. These include the Institution's framework for academic quality and standards, which encompasses its Committee structure, programme approval, monitoring and evaluation, externality and the role of students.

3.   Response to recommended areas for improvement in last report

It is recommended that the Board of Trustees takes steps to ensure that it has representation at meetings of the Academic Board.

The Institution appointed an academic trustee in January 2017 to fulfil this role. Unfortunately, this person resigned from the role before attending an Academic Board meeting. The Institution is following a process to engage a replacement for this role with the aim of having a trustee in place in early 2018 who will then attend the Academic Board's March 2018 meeting.

It is recommended that the College frequently checks and updates its website content to ensure that it is maintained up-to-date.

The Institution has introduced a Published Information Policy. This policy clearly outlines the processes in place to ensure the completeness and accuracy of information regardless of the medium through which it is to be provided. This includes the website. The policy includes the processes for checking information and for identifying and rectifying errors. It confers specific responsibilities on key post holders including the Communications Manager, the Web Manager and the Academic Co-ordinator, who has a specific role in the oversight of published information.

4.   Compliance with BAC accreditation requirements

4.1   Governance, Strategy and Financial Management

The numbers below refer to the standards as presented in the Independent Higher Education scheme document and main full inspection report

INSPECTION AREA – GOVERNANCE, STRATEGY AND FIACIAL MANAGEMENT

1.	The institution is effectively and responsibly governed	
1.1	The organisational structure, including the role and extent of authority of any owners, directors or governing body, is clearly defined, documented and understood by stakeholders	YES
1.2	The head of the institution, directors and other relevant persons are suitably qualified and experienced, understand their specific responsibilities and are effective in carrying them out	YES

1.3	Policies, procedures and systems linking governance and management are well documented and effectively disseminated across the institution	YES
1.4	The institution engages in appropriate risk management planning, which is administered and monitored by named individuals	YES
1.5	There is a clear separation of ownership and responsibility for financial matters from academic decision-making	YES
1.6	The governing body conducts regular risk assessment exercises in all areas of the institution's provision	YES
1.7	All relationships with other educational institutions and organisations are defined formally and are fully transparent, with institutions compliant with partner or parent institutions' requirements, where applicable	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

The Institution is continuing with its established effective procedures for governance, strategy and financial management and these have not changed with the appointment of the new Principal.

Revised Risk Management was carried out during the appointment process for the new Principal.

2.	The institution has a clear and achievable strategy	
2.1	The institution has a clear strategy for the development of its higher education provision which is supported by appropriate financial management	YES
2.2	There is provision for stakeholder input to inform the strategic direction of the institution	YES
2.3	The strategy is well communicated to all stakeholders within and outside the institution	YES
2.4	The governing body and senior management conduct a regular and systematic review of their own and the institution's overall performance and measure this performance against strategic targets	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

The Institution's strategy remains as it was at the time of the last inspection and has not changed with the appointment of the new Principal.

3.	Financial management is open, honest and effective	
3.1	The institution conducts its financial matters transparently and with appropriate probity	YES
3.2	The institution's finances are subject to regular independent external audit	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

Financial arrangements remain in place as they were at the time of the last inspection and there have been no changes due to the appointment of the new Principal.

4.2   Academic Management and Administration

The numbers below refer to the standards as presented in the Independent Higher Education scheme document and main full inspection report

INSPECTION AREA – ACADEMIC MANAGEMENT AND ADMINISTRATION

4.	The institution is effectively managed	
4.1	The management structure is clearly defined, documented and understood by all stakeholders including governors, management, staff and students	YES
4.2	The head of the institution and other senior managers are suitably qualified and experienced, understand their specific responsibilities and are effective in carrying them out	YES
4.3	There are clear channels of communication between management, the governing body, staff, students and other stakeholders	YES
4.4	There are clearly delineated responsibilities and reporting arrangements at institutional, faculty, departmental, programme and course levels. This should include provision for academic leadership at programme and individual course level	YES
4.5	There is an effective committee structure with appropriate reporting lines which informs management decision-making and provides feedback to stakeholders	YES
4.6	Committees and other meetings have clear and appropriate terms of reference, are scheduled to meet regularly and are minuted accurately	YES
4.7	There is a set of comprehensive policies, regulations and procedures for staff and student conduct	YES
4.8	Management ensures that all information, internal and external, including publicity material, is accurate and fit-for-purpose	YES
4.9	A policy exists and is administered effectively regarding collection of and refund of student fees	YES
4.10	Management compiles reports at least annually presenting the results of the institution's reviews and incorporating action plans. Reports include analysis of year-on-year student satisfaction, retention and achievement, staff performance (including research and other forms of scholarship) and a review of resourcing issues	YES
4.11	Action plans are implemented and reviewed regularly, with outcomes reported to management and subsequently to the governing body	YES
4.12	Management monitors and reviews academic and administrative staff performance through a clearly documented and transparent appraisal system	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments
The Institution continues to be managed effectively and efficiently using the same systems and processes in place at the time of the last inspection.

5.	Academic management is effective	
5.1	There are appropriate procedures for the proposal, design and validation of programmes of study which take cognisance of the mission of the institution, national imperatives, market demand and resource issues and reflect international norms	YES
5.2	Management ensures that the stated curricula are delivered as presented in the prospectus and other related documentation, and that requirements from professional or other relevant bodies are met	YES
5.3	There are regular scheduled and minuted meetings of academic staff to review academic programmes	YES

5.4	There is an appropriate policy and effective procedures exist for the acquisition of academic resources to support programmes	YES
5.5	Appraisal of academic staff includes regular classroom observation which is used for the dissemination of good practice	YES
5.6	Academic staff are supported in their continuing professional development and enabled to develop further pedagogic techniques to enhance the learning of students	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

Academic management continues to be effective. In particular, the Institution has ensured that the formalisation of the peer observation process includes a requirement for individual outcomes to be taken into account in staff appraisals.

The provision of a summary report, which is considered by course committees and the Academic Board, ensures that good practice is disseminated across the Institution.

Two new modules have been introduced this year. These are Gender and Mission and Life and Work in Muslim Contexts. These modules were approved through the University's formal modifications process.

The Institution's approach to the management of its staff is both collegiate and supportive and benefits staff and students.

6.	**The institution is effectively administered**	
6.1	Administrators are suitably qualified and experienced and understand their specific responsibilities and duties	YES
6.2	The size of the administrative team is sufficient to ensure the effective day-to-day running of the institution	YES
6.3	The administrative support available to the management is clearly defined, documented and understood and appropriately focused to support its activities	YES
6.4	Policies, procedures and systems are well documented and disseminated effectively across the institution	YES
6.5	Data collection and collation systems are effective and accurate	YES
6.6	Classes are timetabled and rooms allocated appropriately for the courses offered	YES
6.7	Comprehensive administrative records are organised and stored efficiently, easily accessed and used effectively	YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

Administration continues to be effective and there have been no changes to systems and processes with the appointment of the new Principal.

7.	**The institution employs appropriately qualified and experienced managerial and administrative staff**	
7.1	There are appropriate policies and effective procedures for the recruitment and continuing employment of suitably qualified and experienced staff	YES
7.2	There are effective procedures for the induction of all staff	YES
7.3	There is a transparent and well-documented appraisal system for all staff	YES
7.4	There are clear and appropriate job specifications for all staff	YES
7.5	All staff are treated fairly and according to a published equality and diversity policy	YES

		Met	Partially met	Not met	
7.6	The institution has a clear policy regarding the handling of legal issues relating to the employment of staff				YES
7.7	Staff have access to a complaints and appeals procedure				YES
7.8	Opportunities are provided for the continuing professional development of administrative and managerial staff				YES

	Met	Partially met	Not met
This standard is judged to be	✓		

Comments

The appointment process for the new Principal demonstrates the Institution's effective and transparent approach to the appointment of its staff.

4.3   Teaching, Learning and Assessment (spot check)

	Met	Partially met	Not met	
The standards are judged to be	✓			

Comments

Learning and teaching continues to take place in line with the Institution's learning and teaching strategy.

The formalisation of the peer observation process is enabling the identification and dissemination of good practice across the Institution to the benefit of its students.

Whilst there have been no concerns raised about the quality of assessment feedback to students, the Institution is planning to survey students on their views of the feedback and how useful it is to them in enhancing their performance in future assessments. This will inform discussions as to how to enhance the feedback process. It illustrates the Institution's ongoing concerns to enhance the quality of its provision particularly in terms of supporting students to greater academic achievement.

4.4   Student Recruitment, Support, Guidance and Progression (spot check)

	Met	Partially met	Not met	
The standards are judged to be	✓			

Comments

The Institution is continuing to provide effective levels of support to its students.

Students continue to perform well as confirmed by retention and achievement data. Retention rates are high at over 96 per cent across programmes.

External examiner reports confirm that students are achieving the relevant academic standards, which are comparable across the UK higher education sector.

4.5   Premises, Facilities and Learning Resources (spot check)

	Met	Partially met	Not met	
The standards are judged to be	✓			

Comments

The Institution continues to deliver its provision from premises for which valid lease agreements are in place.

Particular emphasis has been given to the enhancement of learning resources and the library budget has been significantly increased to enable the acquisition of additional e-resources to journal databases and e-books. This concern, to ensure students have access to as wide a range of appropriate resources as possible, is a strength.

4.6   Quality Management, Assurance and Enhancement (spot check)

	Met	Partially met	Not met	
The standards are judged to be	✓			
Comments The key development with regard to quality management has been the ongoing work to establish a quality handbook. Whilst this is under development, the Institution is effectively implementing some of the key academic quality processes. These include the provision of comprehensive annual monitoring reports, detailed attention to matters arising out of the University's Partnership Reports and the handling of external examiner reports. The use made of an Action Plan to monitor actions arising from external and internal encounters is a particular strength.				

PART C – SUMMARY OF STRENGTHS AND ACTION POINTS

INSTITUTION'S STRENGTHS
The collegiate and supportive working and learning environment which benefits staff and students.
The steps taken to ensure that students have access to a wide range of relevant learning resources.
The close attention given to the monitoring of actions arising from external and internal encounters.

ACTIONS REQUIRED	Priority H/M/L
None	

RECOMMENDED AREAS FOR IMPROVEMENT
None

COMPLIANCE WITH STATUTORY REQUIREMENTS	
Declaration of compliance has been signed and dated.	YES
Further comments, if applicable	