



Riseladder School of Business and Technology

Staff Development Policy

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1. Purpose

This policy outlines the Centre's commitment to ensuring that all staff engaged in teaching, assessment, learner support, and quality assurance are competent, supported, and continually developed. It ensures compliance with:

- OTHM and Pearson awarding-body requirements.
- The OfS regulatory framework (Conditions B2, B3 and E2).
- The QAA UK Quality Code for Higher Education (2024).
- UK Professional Standards Framework (UKPSF).

Our aim is to assure academic quality, enhance the student experience, and improve student outcomes (continuation, attainment, and progression) in line with OfS expectations.

2. Scope

This policy applies to **all individuals engaged in the academic, administrative, and governance activities of the Centre**, regardless of employment status, contract type, or location of delivery. It therefore covers:

2.1 Academic and Teaching Staff

- Lecturers, tutors, and trainers responsible for delivering teaching sessions, tutorials, seminars, or workshops.
- Staff delivering modules or units under OTHM, Pearson, or other awarding-body frameworks.
- Staff with responsibility for curriculum design, learning resources, and assessment activities.

2.2 Assessment and Quality Assurance Staff

- **Assessors:** Individuals responsible for marking, grading, and providing feedback on learner assessments.
- **Internal Quality Assurers (IQAs):** Individuals responsible for verifying the consistency, accuracy, and fairness of assessment decisions.
- Staff engaged in moderation, standardisation, or assessment design.

- External examiners appointed to provide independent oversight of assessment standards.

2.3 Academic Management and Governance Staff

- Programme Leaders, Module Leaders, and Course Coordinators who oversee delivery, assessment planning, and student progression.
- Members of the **Academic Board, Quality Assurance Committee, and other governance bodies** responsible for overseeing teaching quality, learner outcomes, and policy implementation.
- Senior leaders with oversight of strategy, compliance, and OfS/awarding body liaison.

2.4 Professional Services and Administrative Staff

- Student services staff providing advice, guidance, and support to learners.
- Registry and admissions staff responsible for enrolment, learner records, and certification.
- Staff supporting compliance with safeguarding, Prevent Duty, EDI, and GDPR.
- Technical staff who manage the VLE, LMS, and online learning resources.

2.5 Contracted and Associate Staff

- Freelance tutors, sessional staff, or visiting lecturers engaged to deliver specialist teaching or assessment.
- Contractors or consultants engaged in curriculum development, training delivery, or policy review.
- Collaborative or partner-centre staff involved in delivering qualifications on behalf of the Centre.

2.6 Expectations Across All Categories

- All staff are expected to engage in induction, mandatory training, and continuous professional development (CPD) appropriate to their role.
- All categories of staff are required to uphold the principles of academic integrity, safeguarding, inclusivity, and professional conduct.

- The Centre ensures that staff development extends equally to permanent and non-permanent staff, recognising that freelance or part-time tutors must be given equitable access to induction, CPD, and quality assurance processes.
- This policy applies regardless of delivery mode (face-to-face, blended, or online) and covers UK-based and international collaborative provision.

3. Principles

The Centre's approach to staff development is governed by a set of principles that align with OfS regulatory conditions, QAA expectations, and awarding-body compliance. These principles ensure that staff development is purposeful, evidence-based, and demonstrably linked to the enhancement of student outcomes.

3.1 Student Outcomes and Experience (OfS B3)

- All staff development must demonstrably contribute to the improvement of **continuation, completion, progression, and graduate outcomes**.
- Training in inclusive pedagogy, Universal Design for Learning (UDL), and digital accessibility will be prioritised to ensure **all students, including those from under-represented backgrounds, succeed**.
- Staff development will be evaluated not only for activity (completion of CPD) but for **impact on student learning and achievement**, using metrics and learner feedback.

3.2 Quality of Teaching, Learning, and Assessment (OfS B2, QAA Quality Code)

- Staff must maintain subject-level expertise, contemporary pedagogical skills, and up-to-date assessment practice.
- Assessors and IQAs are expected to uphold consistent standards through **regular training, peer standardisation, and EQA feedback integration**.
- Staff development must embed the principles of **validity, reliability, fairness, and accessibility** in assessment.

3.3 Professional Standards and Benchmarking (QAA, UKPSF)

- Staff development will be mapped against the **UK Professional Standards Framework (UKPSF)**, supporting pathways towards **Advance HE Fellowship** (AFHEA/FHEA/SFHEA/PFHEA).
- The Centre will encourage participation in external peer networks, external examining, and scholarly dissemination to **benchmark practice against sector standards**.
- Professional body membership and external recognition will be supported where relevant.

3.4 Mandatory Training and Compliance (OfS E2, Statutory Duties)

- All staff must complete **annual mandatory training** covering:
 - Safeguarding and Prevent Duty.
 - Equality, Diversity and Inclusion (EDI).
 - Data protection and GDPR.
 - Academic integrity and the responsible use of AI tools.
 - Health and safety.
- These areas will be refreshed regularly and monitored by the Quality Assurance Committee.

3.5 Research-Informed and Scholarly Practice (QAA Quality Code, Scholarship Expectation)

- Staff development encompasses **three strands**:
 1. **Professional Updating** – short courses, CPD workshops, awarding-body training.
 2. **Scholarly Activity** – curriculum innovation, pedagogy research, sector engagement.
 3. **Research-Informed Teaching** – integration of subject research and scholarship into delivery.
- The Centre will encourage staff to engage with sector journals, conferences, and knowledge-exchange initiatives to ensure **currency of curriculum and pedagogy**.

3.6 Equity, Inclusion, and Access (OfS Condition E2, Equality Act 2010)

- Development opportunities will be **equitably accessible** to all categories of staff, including part-time, freelance, and international delivery staff.
- The Centre will monitor CPD engagement across demographic groups to ensure there are **no barriers to professional growth**.
- Training in inclusive curriculum design will be a core expectation.

3.7 Externality, Peer Learning, and Sector Engagement (QAA externality principle)

- Staff are expected to engage in **cross-centre standardisation, external examining, and peer observation**.
- External perspectives, including **EQA reports and external examiner recommendations**, will inform staff development planning.
- The Centre will support staff participation in **OfS, QAA, and awarding-body consultations** to remain sector-aligned.

3.8 Succession Planning and Capacity Building (OfS E2 – Governance)

- Staff development will support **progression pathways**, enabling junior staff to develop into senior roles (e.g., assessor → IQA → programme leader).
- Training will be aligned to the Centre's **risk register**, ensuring capacity is available to protect programme delivery if key staff leave.
- Leadership development will be embedded for those with governance or management responsibility.

3.9 Digital Competence and AI Literacy (QAA 2024 guidance)

- Staff development will ensure competence in **digital pedagogy, online delivery tools, and cyber-secure assessment practices**.
- Mandatory training will cover the **responsible use of AI** in learning and assessment, equipping staff to both harness opportunities and mitigate risks.

4. Induction

The Centre recognises induction as a critical foundation for ensuring that all staff, regardless of role, contract type, or delivery location, can perform their duties effectively and in full compliance with regulatory, awarding-body, and statutory requirements.

Induction is mandatory for:

- Newly appointed permanent staff.
- Freelance, sessional, and part-time tutors.
- Administrative, support, and technical staff.
- External examiners and collaborative/partner staff.

4.1 Objectives of Induction

The induction programme is designed to ensure that all staff:

1. Understand the Centre's mission, values, and governance framework.
2. Are aware of their responsibilities under **OfS Conditions B2, B3 and E2** and the **QAA Quality Code**.
3. Are familiar with all **mandatory policies and procedures** (e.g., safeguarding, EDI, GDPR, complaints, academic integrity).
4. Are equipped to use the Centre's **digital learning platforms (VLE, LMS)** and accessibility tools effectively.
5. Recognise their responsibility for **protecting academic standards, ensuring student success, and upholding integrity**.

4.2 Core Components of Induction

The induction programme will include, but is not limited to:

- **Governance and Regulatory Framework**
 - Introduction to the Centre's organisational structure, Academic Board, and Quality Assurance Committee.
 - Overview of OfS regulatory conditions (B2: quality of teaching, B3: student outcomes, E2: governance).
 - Explanation of awarding-body requirements (OTHM, Pearson) and EQA/IQA processes.

- **Policies and Procedures**

- Safeguarding and Prevent Duty (including whistleblowing routes).
- Equality, Diversity and Inclusion (including unconscious bias and inclusive practice).
- GDPR/Data Protection Act 2018 (covering learner records, cyber security, and data breaches).
- Academic Integrity, Malpractice, and use of AI in assessment.
- Health and Safety (for both on-site and remote delivery).

- **Teaching, Learning, and Assessment**

- Curriculum frameworks and assessment regulations.
- Internal Quality Assurance (IQA) responsibilities and sampling processes.
- Expectations for feedback quality, turnaround times, and student engagement.
- Standards for accessibility and inclusive pedagogy.

- **Digital Competence**

- Training in VLE/LMS functionality, assessment upload procedures, and tracking systems.
- Guidance on digital accessibility (screen readers, captioning, alternative formats).
- AI literacy: risks, responsible use, and opportunities for learning enhancement.

- **Student Outcomes and Success**

- Induction includes explicit training on how staff roles contribute to:
 - Student continuation and retention.
 - Closing attainment gaps.
 - Graduate employability and progression.

4.3 Monitoring and Evidence

- All staff must complete a **signed induction checklist** confirming understanding of key policies and responsibilities.

- Completion is recorded in the centralised **Staff Register** and monitored by HR/Registry.
- Staff who miss induction must complete an **alternative online induction** within four weeks of appointment.
- Induction effectiveness will be reviewed annually through staff surveys, learner feedback, and EQA/OfS audit findings.

4.4 Induction for Governors and Senior Leaders

Members of the Board of Governors and Academic Board will receive a tailored induction covering:

- Statutory responsibilities under charity law, company law, and OfS conditions.
- Oversight of academic standards, student outcomes, and financial sustainability.
- Understanding of external quality reports (EQA, external examiners, OfS/QAA findings).

4.5 Ongoing Induction and Refreshers

- Induction is not a one-off activity. **Refresher induction** is provided annually for all staff to update them on policy changes, sector updates, and emerging regulatory priorities.
- Mid-year staff changes trigger **onboarding induction** to ensure parity of knowledge across all delivery teams.

5. Professional Development Activities

The Centre is committed to a structured and multi-layered approach to professional development. Activities will be designed to support compliance with awarding-body requirements, OfS regulatory conditions, and the QAA Quality Code, while enhancing student outcomes, academic standards, and staff career progression.

Professional development activities are organised into **four core strands**:

5.1 Mandatory Continuing Professional Development (CPD)

All staff must complete **mandatory annual training**, which will be centrally monitored and recorded. This includes:

- **Safeguarding and Prevent Duty** – protecting learners and meeting statutory duties.
- **Equality, Diversity and Inclusion (EDI)** – embedding inclusive teaching and addressing attainment gaps.
- **GDPR/Data Protection and Cyber Security** – protecting learner records and complying with UK GDPR 2018.
- **Academic Integrity and AI Awareness** – upholding ethical practice, responsible use of AI tools, and prevention of malpractice/plagiarism.
- **Health and Safety** – applicable to both on-site delivery and remote working.
- **Digital Pedagogy & Accessibility** – effective online teaching, VLE use, and meeting accessibility standards (Universal Design for Learning).

Completion is compulsory and non-compliance will be escalated to line managers and, if necessary, to the Quality Assurance Committee.

5.2 Role-Specific Professional Development

Staff are expected to engage in activities appropriate to their roles. Examples include:

- **Academic/Teaching Staff**
 - Pedagogical workshops (inclusive curriculum, blended learning, student engagement).
 - Training on assessment design, feedback quality, and moderation.
 - Reflective practice sessions and peer-observation schemes.
- **Assessors and IQAs**
 - Standardisation activities across delivery teams.
 - Training in OTHM/Pearson assessment requirements and changes.
 - IQA/assessor networking events to benchmark assessment standards.

- **Professional Services Staff**

- Training in learner support, data management, and student wellbeing.
- Updates on OfS reporting, compliance processes, and registry systems.

- **Governors and Senior Leaders**

- Sector-specific training on OfS regulation, financial sustainability, and governance.
- Briefings on student outcome metrics and how they inform strategic oversight.

5.3 Scholarly Activity and Research-Informed Practice

Staff development extends beyond CPD to ensure the curriculum is informed by scholarship and current knowledge. Activities may include:

- Engagement in pedagogical or subject-based research.
- Curriculum development projects drawing on new industry practice.
- Contribution to academic publications, journals, or book chapters.
- Presentation of papers at conferences or professional seminars.
- Participation in research clusters, scholarly forums, or professional body networks.

The Centre recognises scholarly activity as central to maintaining academic credibility and comparability with UK higher education practice.

5.4 Sector Engagement and Externality

To strengthen benchmarking and external quality assurance, the Centre supports staff engagement in:

- **External examining** roles with other institutions.
- Membership of professional bodies and learned societies.
- Attendance at OfS, QAA, Pearson, or OTHM conferences, consultations, and training.

- Cross-centre peer-review and collaborative projects.
- Industry placements or secondments to maintain vocational currency (where relevant).

These activities ensure that the Centre remains outward-looking, sector-aligned, and responsive to best practice.

5.5 Support and Resources for Professional Development

- The Centre maintains an **annual CPD and Development Calendar**, updated by the Quality Assurance Committee.
- Reasonable financial and time support will be provided for approved external training, scholarly activity, and HEA Fellowship progression.
- Line managers will ensure that staff development requests align with strategic priorities and contribute to improved student outcomes.

5.6 Monitoring and Accountability

- All development activities must be recorded in an **individual CPD and Scholarship Log**, submitted annually.
- Participation will be reviewed during staff appraisals and incorporated into performance objectives.
- Data on staff development engagement and impact will be reported annually to the Academic Board and Board of Governors.

6. Support for CPD

The Centre recognises that high-quality staff development cannot be achieved without structured support, appropriate resourcing, and accountability mechanisms. Support for CPD is therefore embedded in institutional strategy, ensuring that all staff have equitable access to development opportunities which enhance academic quality, student outcomes, and professional progression.

6.1 Funding and Resourcing

- The Centre allocates an **annual CPD budget** to support both internal and external development activities.
- Approved funding may cover conference attendance, professional body membership, short courses, and further qualifications.
- Where budgetary constraints exist, priority will be given to development that demonstrably contributes to:
 - Improved continuation, attainment, and progression (OfS B3).
 - Compliance with awarding-body or statutory requirements.
 - Advancement of inclusive teaching and accessibility.

6.2 Time Allocation and Workload Planning

- The Centre will ensure that CPD and scholarly activity are recognised in **staff workload allocation models**.
- Staff will be given protected time to attend training, participate in peer-observation, and engage in scholarly projects.
- Academic managers are responsible for ensuring that staff workloads balance delivery commitments with professional development opportunities.

6.3 Individual CPD and Scholarship Plans

- Each staff member will maintain a **CPD and Scholarship Plan**, developed in discussion with their line manager during annual appraisal.
- Plans will include:
 - a. **Mandatory training** completion dates.
 - b. **Role-specific CPD** objectives.
 - c. **Scholarly activity targets** (e.g., research outputs, conference contributions, curriculum development projects).
 - d. **Career progression milestones**, such as Advance HE Fellowship applications.
- Progress against the plan will be reviewed mid-year and annually.

6.4 Institutional Support Structures

- The **Quality Assurance Committee** will publish an annual CPD Calendar aligned to regulatory updates, awarding-body guidance, and OfS priorities.
- A **CPD Hub** (digital repository) will be maintained on the Centre's LMS, containing training resources, policy updates, and sector guidance.
- Mentoring schemes will be established to support early-career staff, assessors, and those progressing into leadership roles.

6.5 Recognition and Reward

- Engagement in CPD and scholarly activity will be considered in **promotion and reappointment decisions**.
- Staff who achieve external recognition (e.g., HEA Fellowship, professional body chartership, published research) will be acknowledged in the Centre's annual report.
- The Centre will encourage and, where possible, support staff applications for **Advance HE Fellowship (AFHEA, FHEA, SFHEA, PFHEA)**, recognising this as a national benchmark of teaching excellence.

6.6 Monitoring and Accountability

- HR/Registry will maintain a centralised record of CPD activity, linked to staff files and EQA/OfS evidence requirements.
- Annual reports on staff CPD uptake and impact will be submitted to the **Academic Board and Board of Governors**.
- Where gaps in CPD engagement are identified, line managers will agree an **action plan** with the individual.
- Failure to complete mandatory CPD may result in withdrawal from teaching or assessment duties until rectified.

6.7 Alignment with Student Outcomes

- CPD support is not only a staff entitlement but a mechanism to improve **student continuation, attainment, and graduate outcomes**.
- The impact of CPD will be measured using:

- a. Learner surveys and module evaluations.
 - b. Attainment gap analysis (e.g., ethnicity, disability, socio-economic background).
 - c. Graduate outcome data (employment and further study).
- Findings will be integrated into the Centre's **Annual Monitoring Report (AMR)** to demonstrate continuous improvement in line with OfS Condition B3.

7. Monitoring and Records

The Centre recognises that systematic monitoring and accurate record-keeping are essential to demonstrate compliance with awarding-body requirements and the OfS regulatory framework. Monitoring is not limited to recording activity; it extends to evaluating the **impact of staff development on teaching quality, student experience, and student outcomes**.

7.1 Individual Responsibilities

- **All staff** are required to maintain an up-to-date **CPD and Scholarship Log**, detailing training attended, scholarly activities undertaken, and reflections on impact.
- Logs must be submitted annually to line managers as part of the appraisal process.
- Staff must provide evidence (certificates, attendance confirmations, reflective notes, published outputs) for external audit if requested.

7.2 Institutional Records

- HR/Registry will maintain a **centralised Staff Development Register** that includes:
 - a) Current CVs.
 - b) Verified qualification records.
 - c) Mandatory training completion dates.
 - d) CPD and scholarly activity logs.
 - e) Evidence of external engagement (conferences, examining roles, publications).
- Records will be retained for a minimum of **six years**, aligning with OfS requirements for data assurance and awarding-body audit cycles.

7.3 Monitoring Mechanisms

Monitoring will occur at multiple levels:

1. **Line Managers** – review CPD engagement during appraisal and ensure completion of mandatory training.
2. **Quality Assurance Committee (QAC)** – collates CPD data, identifies gaps, and integrates findings into the Annual Monitoring Report (AMR).
3. **Academic Board** – reviews annual CPD and staff development reports to evaluate alignment with OfS Conditions B2 and B3.
4. **Board of Governors** – receives a summary report on staff development to assure compliance with governance responsibilities (OfS E2).

7.4 Evaluation of Impact

- Monitoring will focus not only on completion rates but on the **effectiveness of CPD** in improving:
 - a) Teaching quality (student evaluations, peer review outcomes).
 - b) Assessment standards (EQA reports, internal moderation consistency).
 - c) Student outcomes (continuation, attainment, progression, graduate destinations).
- Staff development activities that demonstrate measurable positive impact will be shared as **best practice case studies**.
- Gaps identified (e.g., low engagement in digital pedagogy training) will trigger targeted CPD interventions.

7.5 External Quality Assurance and Benchmarking

- Records of CPD and staff development will be made available to:
 - OTHM and Pearson EQAs during external quality assurance visits.
 - OfS or QAA reviewers on request, as evidence of compliance.
- Staff engagement data will be benchmarked against sector norms (e.g., Advance HE CPD benchmarks, QAA indicators).

7.6 Data Assurance and Confidentiality

- All records will be managed in compliance with **UK GDPR 2018**.
- Access to staff development records will be restricted to authorised staff (HR, Registry, line managers, QAC).
- Secure storage procedures (password-protected systems, encrypted back-ups) will be maintained to protect staff data.

7.7 Continuous Review

- Monitoring outcomes will feed directly into the Centre's **Annual Monitoring Report (AMR)** and **Quality Enhancement Plan (QEP)**.
- The QAC will review monitoring processes annually to ensure they remain robust, sector-aligned, and proportionate to OfS/QAA expectations.
- Recommendations from external examiners and EQAs will be integrated into the monitoring cycle to support continuous improvement.

8. Evaluation of Impact

The Centre recognises that compliance with OfS and awarding-body requirements requires not only evidence of staff participation in CPD, but also demonstrable **impact on teaching quality, assessment standards, student outcomes, and institutional effectiveness**. Evaluation will therefore focus on both **outputs** (activity completed) and **outcomes** (changes achieved).

8.1 Evaluation Framework

Impact will be assessed across four domains:

1. **Teaching Quality** – effectiveness of pedagogy and assessment practices.
2. **Student Outcomes** – continuation, attainment, progression, and graduate destinations.
3. **Academic Standards** – integrity, consistency, and comparability of assessment.
4. **Institutional Capability** – governance, staff capacity, and alignment to strategic goals.

8.2 Key Performance Indicators (KPIs)

The following KPIs will be monitored annually:

- **Staff Development Engagement**

- a. 100% completion of mandatory CPD modules (safeguarding, Prevent, EDI, GDPR, AI awareness, health & safety).
- b. $\geq 85\%$ of staff achieving individual CPD plan targets.
- c. $\geq 60\%$ of teaching staff working towards or holding Advance HE Fellowship (AFHEA/FHEA/SFHEA).

- **Teaching Quality & Student Experience**

- a. $\geq 80\%$ of student survey responses rating teaching as “effective” or above.
- b. $\geq 90\%$ of assessment feedback returned within published timeframes.
- c. Evidence of improved practice from peer observation cycles.

- **Student Outcomes (OfS B3)**

- a. Annual improvement in student continuation and retention rates.
- b. Narrowing of attainment gaps (ethnicity, disability, socio-economic background).
- c. $\geq 75\%$ positive graduate outcomes (employment or further study).

- **Academic Standards**

- a. Positive EQA and external examiner feedback with no material non-compliances.
- b. $\geq 95\%$ of sampled assessments meeting awarding-body/IQA quality requirements.
- c. Documented evidence of consistent internal standardisation.

- **Institutional Capability**

- a. Documented succession planning for key roles (assessors, IQAs, programme leaders).
- b. Evidence of engagement in externality (external examining, professional bodies, sector networks).

- c. Annual staff development report approved by Academic Board and Governors.

8.3 Evidence Sources

Evaluation will draw upon multiple data sources:

- Student surveys (module evaluations, NSS-style questionnaires).
- Peer observation reports and reflective logs.
- External examiner and EQA reports.
- Annual Monitoring Report (AMR) and Quality Enhancement Plan (QEP).
- HR/Registry CPD records and individual staff CPD logs.
- Attainment gap analysis and continuation data.
- Graduate outcomes (DLHE/Graduate Outcomes survey or equivalent).

8.4 Reporting and Feedback Loop

- An **Annual Staff Development Impact Report** will be produced by the Quality Assurance Committee.
- The report will highlight progress against KPIs, identify gaps, and recommend interventions.
- Findings will feed into the **Annual Monitoring Report (AMR)** and will be submitted to the Academic Board and Governors for approval.
- Best practice examples will be shared across the Centre through CPD workshops and standardisation meetings.

8.5 Continuous Improvement

- Where KPIs are not met, the QAC will mandate corrective actions (e.g., targeted training, mentoring, additional resources).
- Evaluation will be benchmarked against sector standards (OfS metrics, Advance HE data, QAA indicators).
- Staff feedback on CPD effectiveness will be collected annually to refine provision.

9. Governance and Oversight

The Centre is committed to ensuring that the governance and oversight of staff development are transparent, accountable, and aligned to regulatory requirements. In accordance with **OfS Condition E2 (Management and Governance)**, the Centre must have adequate and effective management and governance arrangements to ensure that staff development supports the delivery of high-quality courses, protects academic standards, and promotes successful outcomes for all students.

9.1 Governance Structure

Governance of staff development follows a **tiered responsibility model**:

- **Individual Staff**
 - Maintain CPD and Scholarship Logs.
 - Complete mandatory training within required timescales.
 - Engage proactively in development opportunities and reflect on impact.
- **Line Managers / Programme Leaders**
 - Conduct annual appraisals and approve CPD and Scholarship Plans.
 - Monitor staff compliance with mandatory training requirements.
 - Ensure workload allocations provide space for CPD and scholarly activity.
- **Quality Assurance Committee (QAC)**
 - Oversees implementation of the Staff Development Policy.
 - Maintains the institutional CPD calendar and monitors completion rates.
 - Evaluates CPD impact on teaching, learning, and student outcomes.
 - Produces the **Annual Staff Development Report**.
- **Academic Board**
 - Provides strategic oversight of staff development and ensures alignment with academic quality standards.
 - Reviews the Annual Staff Development Report and integrates findings into the **Annual Monitoring Report (AMR)**.
 - Ensures that development supports the **QAA Quality Code**, OfS B2 (teaching quality), and B3 (student outcomes).
 - Identifies sector-wide risks (e.g., digital skills gaps, regulatory changes) and directs targeted development initiatives.
- **Board of Governors**

- Holds ultimate responsibility for oversight of management and governance under **OfS Condition E2**.
- Receives and reviews the Annual Staff Development Report from the Academic Board.
- Ensures sufficient resources are allocated to support staff development.
- Provides independent scrutiny to ensure that development activity contributes to institutional sustainability, risk management, and student outcomes.

9.2 External Oversight and Externality

- External Quality Assurers (EQAs) and external examiners provide independent evaluation of assessor and IQA competence.
- External examiner reports and EQA feedback are reviewed annually by the Academic Board and feed into the CPD planning cycle.
- Governors and Academic Board members are inducted in their responsibilities to ensure they understand their duty of oversight for staff capability.

9.3 Reporting Flow

Governance of staff development follows a **clear reporting hierarchy**:

Staff → Line Managers → Quality Assurance Committee → Academic Board → Board of Governors

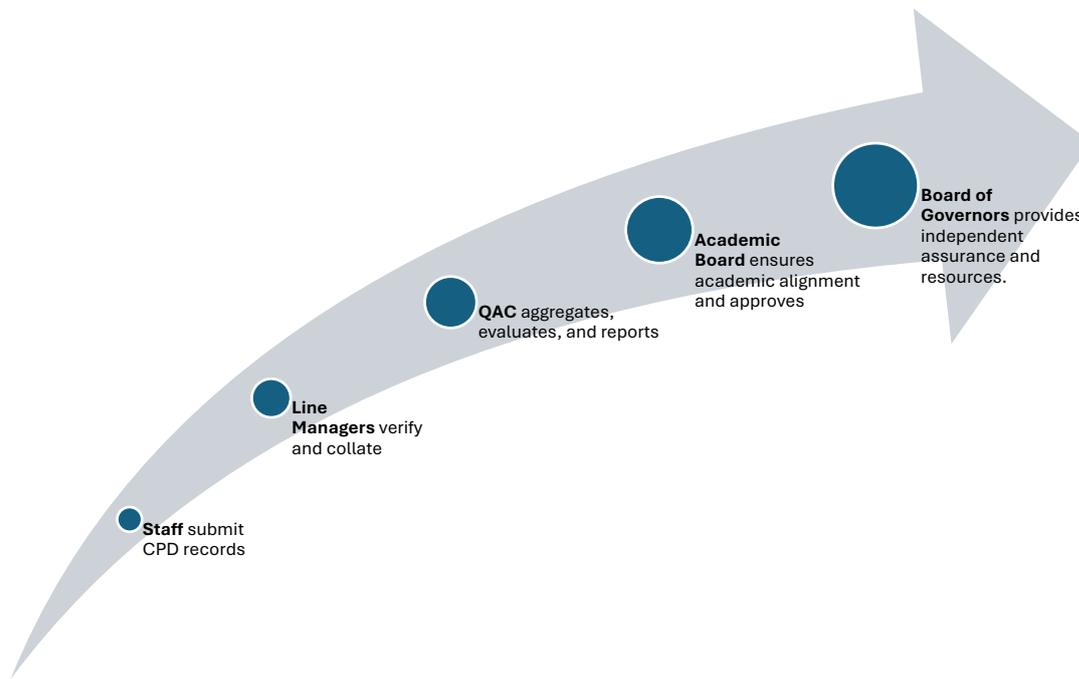


Figure 1.0: Staff CPD report flow

9.4 Escalation and Risk Management

- Where CPD gaps, non-compliance, or risks are identified (e.g., lack of assessor capacity, unmet mandatory training), the QAC will issue an **action plan**.
- Serious risks (e.g., failure to meet awarding-body assessor/IQA requirements, OfS conditions at risk) will be escalated to the Academic Board and, if unresolved, to the Board of Governors.
- Risks relating to staff development will be logged in the **Institutional Risk Register** and monitored quarterly.

9.5 Transparency and Accountability

- The Annual Staff Development Report and summary actions will be shared with staff via the Staff Portal to promote transparency.
- Governors will publish in the Centre’s annual review how staff development activity has contributed to improvements in teaching, student outcomes, and institutional effectiveness.

- Accountability is embedded through **performance objectives** for senior managers and governors linked to staff development outcomes.

10. Review of Policy

The Staff Development Policy is a **living document** and will be reviewed regularly to ensure it remains aligned to the Centre's mission, awarding-body requirements, and regulatory obligations under the OfS and QAA Quality Code.

10.1 Review Cycle

- The policy will undergo a **formal annual review** in advance of the academic year.
- Interim reviews will be triggered if:
 - There are changes to OfS conditions, QAA guidance, or awarding-body requirements (OTHM, Pearson).
 - External examiners or EQAs recommend amendments.
 - Staff or student feedback identifies gaps in provision.
 - Strategic risks are identified in the Institutional Risk Register.

10.2 Evidence Sources for Review

The review will draw upon multiple evidence sources to ensure decisions are data-informed:

- Staff feedback (surveys, appraisal outcomes, CPD logs).
- Student feedback (module evaluations, NSS-style surveys).
- External examiner reports and EQA findings.
- Annual Monitoring Report (AMR) and Quality Enhancement Plan (QEP).
- HR/Registry data on CPD engagement, mandatory training compliance, and scholarly activity outputs.
- Sector benchmarks (Advance HE CPD data, QAA indicators, OfS metrics).

10.3 Roles and Responsibilities

- **Quality Assurance Committee (QAC):** conducts the annual review, collates evidence, and drafts revisions.

- **Academic Board:** scrutinises the draft revisions for compliance with QAA, OfS, and awarding-body expectations.
- **Board of Governors** provides final approval to revised policies, ensuring they align with Condition E2 (management and governance).
- **Staff:** will be consulted through surveys and feedback forums to ensure the policy remains relevant and practical.

10.4 Communication of Updates

- Once approved, updated versions of the policy will be published on the Staff Portal and circulated to all staff.
- Staff induction and annual refresher training will include updates to ensure awareness.
- External partners, including EQAs and external examiners, will be informed of relevant changes.

10.5 Continuous Improvement

- All amendments will be logged in a **Policy Review Register**, recording the rationale, approval date, and next review date.
- Recommendations arising from the review will be incorporated into the Centre's **Quality Enhancement Plan (QEP)**.
- The review process ensures that the policy is not static, but contributes to a culture of continuous improvement and regulatory responsiveness.