RUSEL SCHOOL OF BUSINESS & TECHNOLOGY

RUSEL SCHOOL OF BUSINESS & TECHNOLOGY

LIMITED · UNITED KINGDOM

POLICY & PROCEDURE MANUAL

Institutional Governance, Academic Quality and Operational Standards

Academic Year 2026–27

Edition 1.0 · Effective 01 September 2026

Aligned to the UK Quality Code for Higher Education (QAA),
the Frameworks for Higher Education Qualifications (FHEQ),
the Regulated Qualifications Framework (RQF) and applicable UK law

Issued by the Office of Quality Assurance & Institutional Policy
www.rsbtu.com · info@rsbtu.com · +44 753 718 8321

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DOCUMENT CONTROL AND APPROVAL

This Manual is the controlled reference source for all institutional policies and procedures of Rusel School of Business & Technology Limited, United Kingdom (hereafter "RSBT", "the School" or "the Institution"). No policy statement operating within RSBT has authority unless it appears in this Manual or has been formally issued as a controlled amendment to it.

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The Head of Quality Assurance & Institutional Policy maintains the master electronic copy. Printed or locally saved copies are uncontrolled. Users must verify currency against the published version at www.rsbtu.com before relying on any provision of this Manual.

Amendment Record

Version	Date	Section(s) Amended	Nature of Amendment	Approved By
1.0	01 Sep 2026	All	First consolidated issue	Board of Governance
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—	—	—	—	—

Approval and Authorisation

This Manual was considered by the Academic Board on 12 July 2026, recommended by the Quality Assurance & Enhancement Committee on 19 July 2026, and approved by the Board of Governance on 01 August 2026 for implementation with effect from 01 September 2026.

Role	Name / Office	Signature	Date
Chairman of the Board of Governance	Office of the Chairman		01 Aug 2026
Vice Chairman & Chief Operating Officer	Office of the COO		01 Aug 2026
Rector	Office of the Rector		01 Aug 2026
Head of Quality Assurance & Institutional Policy	QA & Institutional Policy		01 Aug 2026

FOREWORD

Rusel School of Business & Technology exists to deliver a British business and technology education of dependable quality — in London, and wherever in the world our students and partners are located. That promise carries an obligation. A student who enrols with RSBT in Lagos, Dubai, Karachi or Chișinău is entitled to precisely the same academic standards, the same transparency of information, the same fairness of assessment and the same protection of their interests as a student studying with us in the United Kingdom.

This Manual is how that obligation is made operational. It is not a statement of aspiration. It is the set of rules by which the School governs itself, and against which the School expects to be held to account — by our students, by our awarding and accrediting partners, by our regulators and by our own governing body.

The architecture of this Manual is deliberately grounded in the United Kingdom regulatory environment. Our academic standards are set against the Frameworks for Higher Education Qualifications and the Regulated Qualifications Framework. Our quality management is built on the UK Quality Code for Higher Education. Our treatment of students as consumers reflects Competition and Markets Authority guidance. Our handling of personal data reflects UK GDPR and the Data Protection Act 2018. Our employment practice reflects UK employment law. Where RSBT operates through partner arrangements overseas, this Manual travels with the qualification: local law is respected and applied, but it does not displace the academic and ethical standards set out here.

Three principles run through every policy in this document. First, **the student interest is paramount** — where a policy could reasonably be read two ways, it is to be read in the way that best protects the student. Second, **decisions must be evidenced** — an academic or administrative judgement that cannot be documented cannot be defended. Third, **standards are not negotiable for commercial convenience** — no recruitment target, partnership opportunity or revenue consideration may be permitted to erode an academic standard set in this Manual.

I commend this Manual to all colleagues, students and partners of the School, and I ask that every member of the RSBT community treat it not as a compliance burden but as the shared foundation of our academic credibility.

Vice Chairman & Chief Operating Officer

Rusel School of Business & Technology Limited, United Kingdom

HOW TO USE THIS MANUAL

Structure

The Manual is organised into twenty-two Standards. Standards 1 to 11 follow the institutional quality architecture familiar to international accreditation review — governance, quality assurance, the educational programme, research, staff, students, health and safety, library, finance, legal compliance and community engagement. Standards 12 to 22 set out the operating policies of the School's functional departments.

Every policy in the Manual is presented in an identical format so that any reader can locate the information they need quickly:

- A **policy control table** giving the unique policy number, version, owning department, regulatory reference, development and approval dates, next review date and approving authority.
- **Purpose and Scope** — what the policy is for and to whom it applies.
- **Policy Statement** — the binding commitments and rules of the School.
- **Procedure** — the operational steps by which the policy is implemented, ordinarily expressed as a sequence with named responsible officers and timescales.
- **Roles and Responsibilities** — accountability for each element of the policy.
- **Compliance, Monitoring and Related Documents** — how adherence is monitored, the consequences of breach, and the associated forms, registers and companion policies.

Numbering convention

Each policy carries a permanent alphanumeric identifier in the form **RSBT-XXX-NNN**, where XXX denotes the owning function (for example GOV for Governance, ACAD for Academic Affairs, IRQA for Institutional Research & Quality Assurance) and NNN is a sequential number. The identifier does not change when a policy is revised; only the version number changes. Policies must always be cited by identifier and version.

Interpretation

- In this Manual, "must" and "shall" denote a mandatory requirement; "should" denotes a strong expectation from which departure requires documented justification; "may" denotes a discretion.
- References to a statute, regulation, code or framework are references to that instrument as amended, replaced or superseded from time to time.
- References to an office holder include any person lawfully acting in or delegated that office.
- Where a provision of this Manual conflicts with a mandatory requirement of an awarding organisation, accrediting body or applicable law, that external requirement prevails and the conflict must be reported to the Head of Quality Assurance & Institutional Policy within five working days for resolution.
- The singular includes the plural and vice versa. Headings are for convenience and do not affect interpretation.

Precedence

Where two RSBT policies appear to conflict, the order of precedence is: (i) an express provision of the Articles of Association and the By-Laws of the Governing Body; (ii) the academic regulations of the relevant awarding organisation; (iii) Standards 1 to 11 of this Manual; (iv) Standards 12 to 22 of this Manual; (v) departmental operating procedures and handbooks.

Access and availability

This Manual is published in full on the School's website and is available in accessible formats on request to students and staff with disabilities, in accordance with the Equality Act 2010. Extracts relevant to particular audiences are reproduced in the Student Handbook, the Staff Handbook, the Partner Operations Manual and programme handbooks; in the event of any discrepancy, this Manual prevails.

THE UK REGULATORY AND QUALITY FRAMEWORK APPLIED BY RSBT

RSBT is a private United Kingdom higher and professional education provider delivering qualifications through recognised awarding organisations and accredited partners, together with its own certificated executive and professional development provision. The School voluntarily adopts the reference points that govern the wider UK higher education sector, and applies them consistently across all sites and modes of delivery, including transnational provision.

Academic standards and quality reference points

Reference Point	Application within RSBT
UK Quality Code for Higher Education (QAA) — Expectations, Core Practices and Common Practices	Provides the organising framework for Standard 2 (Quality Assurance), Standard 3 (The Educational Programme) and Standard 13 (IRQA Policies). Adopted in full as the School's quality management reference.
Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies (FHEQ)	Sets the level descriptors against which programme learning outcomes at Levels 4–8 are written, approved and verified.
Regulated Qualifications Framework (RQF) and Ofqual General Conditions of Recognition	Governs delivery of regulated qualifications (including QUALIFI provision) through the School's approved centre arrangements.
QAA Subject Benchmark Statements	Informs curriculum design and periodic review in business, management, computing and hospitality/tourism disciplines.
Characteristics Statements (Master's Degree, Doctoral Degree, Higher Education in Apprenticeships)	Informs the design and assessment architecture of postgraduate and doctoral provision.
Credit frameworks for England / SCQF equivalence	Governs credit volume, credit transfer, recognition of prior learning and articulation agreements.
UK Professional Standards Framework (PSF 2023, Advance HE)	Underpins the academic professional development scheme and teaching observation criteria in Standards 5 and 21.
Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers	Underpins Standard 4 (Research and Scholarly Activities).

Principal legal instruments

Instrument	Relevance
Companies Act 2006; Economic Crime and Corporate Transparency Act 2023	Corporate governance, directors' duties, statutory filings and identity verification obligations.
Equality Act 2010	Non-discrimination, reasonable adjustments, equality analysis of policy, positive duties in admissions, assessment and employment.
UK GDPR and Data Protection Act 2018	Lawful processing of student, staff and applicant data; data subject rights; records retention; international transfers.
Consumer Rights Act 2015 and CMA guidance for higher education providers	Pre-contract information, fairness of terms, accuracy of published material, complaint handling.
Counter-Terrorism and Security Act 2015 (Prevent duty)	Safeguarding students from being drawn into terrorism; risk assessment, training, referral and external speaker controls.
Health and Safety at Work etc. Act 1974 and subordinate regulations	Duty of care to staff, students and visitors; risk assessment; incident reporting under RIDDOR.
Employment Rights Act 1996; Working Time Regulations 1998; National Minimum Wage Act 1998	Contracts, working time, pay, family leave, dismissal and redundancy.

Instrument	Relevance
Bribery Act 2010; Criminal Finances Act 2017; Modern Slavery Act 2015	Anti-corruption, failure to prevent facilitation of tax evasion, supply chain due diligence.
Copyright, Designs and Patents Act 1988; Patents Act 1977	Ownership and licensing of teaching materials, research outputs and institutional intellectual property.
Public Interest Disclosure Act 1998	Protection of whistleblowers reporting wrongdoing.
Immigration Act 2014 and UKVI sponsor guidance	Right-to-work and right-to-study checks; sponsor duties where applicable.
Safeguarding Vulnerable Groups Act 2006; Care Act 2014; Keeping Children Safe in Education	Safeguarding of under-18 and vulnerable adult learners; DBS checks.
Consumer Protection from Unfair Trading Regulations 2008; UK Code of Non-broadcast Advertising (CAP Code)	Accuracy and fairness of marketing, recruitment and agent communications.

External bodies with which RSBT engages

- **QUALIFI Limited** — Ofqual-recognised awarding organisation; RSBT operates as an approved centre subject to centre agreement, external quality assurance and sanction regime.
- **American Accreditation Association (AAA)** — institutional accreditation, Certificate No. TP26817.
- **Euro American Institute** — academic affiliation and progression pathways.
- **LAAT (Plymouth Programme)** — collaborative academic provision.
- **Information Commissioner's Office** — data protection registration ZC195798.
- **Global Alliance Unlimited (GAU) Management Consultancy LLC, Dubai** — Global Representative Office of RSBT.

> Where the School enters registration with, or delivers provision falling within the remit of, any further UK regulator or awarding body, the Head of Quality Assurance & Institutional Policy shall conduct a gap analysis against that body's conditions within sixty days and present a compliance plan to the Board of Governance.

RSBT VISION, MISSION, GOALS AND OBJECTIVES

A. Vision

> To be a leading international institution where innovation, digital transformation and academic excellence shape future-ready graduates.

The vision expresses RSBT's intent to occupy a distinctive position in international higher education: British in standard and regulatory anchoring, global in reach and student body, and demonstrably oriented towards the technologies and business models that will define the graduate labour market of the next decade. It is a vision of consequence rather than prestige — the School measures itself by what its graduates are able to do, not by the volume of its enrolment.

B. Mission

> Our mission is to provide a transformative educational experience that equips students with the knowledge, skills and ethical foundation necessary to excel in today's rapidly evolving global landscape. We strive to cultivate a learning environment that encourages critical thinking, creativity and a commitment to lifelong learning.

The mission commits the School to four operational obligations which are given effect through the policies in this Manual: curricula that are demonstrably current and industry-validated; teaching that develops independent critical judgement rather than recall; an explicit ethical formation embedded in programme learning outcomes; and structures that support learning beyond graduation through alumni, executive and professional development provision.

C. Purpose

RSBT exists to widen access to a high-quality British business and technology education for capable learners wherever they are located, and to do so without compromise to academic standards. In fulfilling that purpose the School:

- designs, delivers and quality-assures undergraduate, graduate, doctoral and professional programmes benchmarked to UK sector reference points;
- develops the employability and enterprise capability of its students through industry-integrated curricula, work placement, internship and applied project work;
- generates and disseminates applied research and scholarship that is useful to business, government and the professions;
- extends UK-standard provision internationally through carefully governed partnership, affiliate campus and authorised delivery arrangements;
- serves the communities in which it operates through lifelong learning, executive education, knowledge exchange and social responsibility activity;
- conducts its affairs lawfully, transparently, sustainably and with financial prudence.

D. Strategic Goals and Objectives

The following six strategic goals give effect to the vision and mission for the strategic planning period 2026–2031. Each goal is supported by measurable objectives and key performance indicators, monitored by the Institutional Effectiveness function and reported to the Board of Governance twice yearly under Policy 13a.

Goal 1 — Academic Quality and Standards

To guarantee that every qualification bearing the RSBT name is delivered to a standard consistent with UK sector expectations, irrespective of location or mode of study.

Objective	Key Performance Indicator	Target by 2031
Complete periodic programme review of every programme on a five-year cycle	% of portfolio reviewed on schedule	100%

Objective	Key Performance Indicator	Target by 2031
Achieve full external quality assurance approval without major action points	No. of major external non-conformities per cycle	Zero
Embed external examiner / external verifier oversight across all provision	% of assessed modules with independent external scrutiny	100%
Achieve module-level attainment of Course Learning Outcomes at or above threshold	% CLOs meeting the 70% attainment benchmark	≥ 90%

Goal 2 — Student Success and Experience

To recruit students capable of succeeding, to support them to completion, and to evidence their satisfaction and progression.

Objective	Key Performance Indicator	Target by 2031
Improve continuation from first to second year of study	Continuation rate	≥ 90%
Improve qualification completion within the maximum registration period	Completion rate	≥ 85%
Maintain a high overall student satisfaction score	Annual Student Experience Survey — overall satisfaction	≥ 85%
Resolve student complaints within published timescales	% resolved within stage timescales	≥ 95%

Goal 3 — Employability and Industry Integration

To ensure graduates enter or advance in professional employment, and that industry shapes what the School teaches.

Objective	Key Performance Indicator	Target by 2031
Track graduate destinations six and fifteen months after award	Response rate to Graduate Outcomes survey	≥ 60%
Achieve positive graduate outcomes (employment, further study, enterprise)	% in positive destination at 15 months	≥ 80%
Embed employer-validated content in every programme	% programmes with an active External Advisory Panel	100%
Expand supervised work placement and internship opportunity	% of eligible students completing a placement or applied project	≥ 70%

Goal 4 — Research, Scholarship and Innovation

To build a modest but credible applied research profile that informs teaching and serves practice.

Objective	Key Performance Indicator	Target by 2031
Grow peer-reviewed output in indexed outlets	Publications per full-time academic FTE per year	≥ 1.0
Establish and sustain thematic research clusters	No. of active clusters with annual output	≥ 4
Increase externally funded or industry-commissioned research	Annual external research income	Sustained year-on-year growth
Involve students in supervised research activity	% of postgraduate students with a research output or presentation	≥ 40%

Goal 5 — Global Reach and Partnership Integrity

To grow international delivery through partnerships that are rigorously due-diligenced, contractually sound and quality-assured to the same standard as home provision.

Objective	Key Performance Indicator	Target by 2031
Complete full due diligence before every new partnership approval	% partnerships with completed due diligence file	100%
Conduct annual monitoring of every active partner	% partners monitored annually	100%
Achieve comparable student outcomes across delivery locations	Variance in completion rate between home and partner delivery	≤ 5 percentage points
Expand the authorised partner and affiliate campus network	No. of active, compliant partner sites	Planned growth with quality parity

Goal 6 — Institutional Sustainability and Responsible Governance

To secure the School's financial, environmental and governance sustainability.

Objective	Key Performance Indicator	Target by 2031
Maintain positive operating position and adequate liquidity	Operating surplus; days of unrestricted cash	Surplus maintained; ≥ 90 days
Obtain unqualified external audit opinions	External audit opinion	Unqualified, each year
Reduce operational carbon intensity	Emissions per student FTE	Year-on-year reduction
Sustain effective governance	% of Board and committee meetings quorate and minuted	100%

Achievement against these goals is reviewed annually through the Annual Operational Planning cycle (Policy 13l) and the Institutional Effectiveness System (Policy 13a). Where a target is not met, an Improvement Plan is raised under Policy 13e and monitored under Policy 13f.

SCHOOL OF BUSINESS — VISION, MISSION, GOALS AND OBJECTIVES

Vision

> To be recognised internationally as a school that produces business graduates who are analytically rigorous, digitally fluent and ethically grounded — capable of leading organisations through conditions of continuous change.

Mission

> The School of Business develops principled and enterprising business professionals through industry-integrated curricula, applied research and a learning culture that connects management theory to the real decisions organisations must make.

Programme Portfolio

- **Undergraduate:** BBA (Business Administration); BSc (Health Care Management); BSc (Digital Marketing); BA (Tourism) — delivered jointly with the School of Tourism & Hospitality.
- **Graduate:** MBA; Executive MBA; MSc (Digital Marketing & Social Media Analytics); MSc (International Business & Finance).
- **Doctoral:** PhD (Business Management); PhD (Marketing); DBA (Doctor of Business Administration).
- **Executive:** Centre for Executive & Professional Development certification programmes, including Strategic Leadership & Decision-Making.

Goals and Objectives

Goal	Objectives	Measures
G1. Deliver a rigorous, benchmarked business curriculum	Align all programme learning outcomes to FHEQ/RQF levels and the QAA Subject Benchmark Statement for Business and Management; review curriculum currency annually	100% mapping completeness; annual currency review completed
G2. Develop decision-capable graduates	Embed case-method, simulation and live-client project work in every programme; require an applied capstone at Levels 6 and 7	≥ 1 applied assessment per module; 100% capstone completion
G3. Integrate digital and analytical capability	Require data literacy, analytics and AI-application content across the portfolio	100% programmes with an embedded analytics component
G4. Build employer relevance	Maintain an External Advisory Panel of practising senior managers; act on panel recommendations within one review cycle	Panel meets ≥ twice yearly; recommendations logged and closed
G5. Produce applied management research	Sustain research clusters in leadership, digital transformation and sustainable enterprise	≥ 1 indexed output per academic FTE per year
G6. Embed ethical and sustainable practice	Include business ethics, governance and sustainability learning outcomes in every programme	100% of programmes; assessed at each level

The Dean of the School of Business is accountable to the Rector for the achievement of these goals and reports progress to the Academic Board each semester.

SCHOOL OF COMPUTING — VISION, MISSION, GOALS AND OBJECTIVES

Vision

> To be a school of computing whose graduates build systems that are technically excellent, secure by design and responsibly conceived.

Mission

> The School of Computing produces practice-ready computing professionals through curricula grounded in current industry technology stacks, sustained laboratory and project work, and explicit attention to security, data ethics and the societal consequences of technology.

Programme Portfolio

- **Undergraduate:** BSc (Information Technology); BSc (Data Science); BSc (Software Engineering).
- **Graduate:** MSc (Artificial Intelligence / Machine Learning).
- **Doctoral:** PhD (Management Information Systems).

Goals and Objectives

Goal	Objectives	Measures
G1. Maintain technical currency	Review technology stacks, tools and languages annually against industry practice and the QAA Subject Benchmark Statement for Computing	Annual technology currency review signed off by the Dean
G2. Ensure practice-based competence	Require substantial laboratory, coding and system-build assessment at every level; enforce individual demonstrable authorship of code	≥ 40% of assessment weighting practice-based; viva or code-walkthrough at Levels 6 and 7
G3. Embed security and data ethics	Include secure development, privacy-by-design and AI ethics learning outcomes across the portfolio	100% of programmes; assessed at each level
G4. Support professional recognition	Map curricula to recognised professional and vendor certification pathways	≥ 2 mapped certification pathways per programme
G5. Advance applied computing research	Sustain clusters in AI/ML, data engineering and information systems	≥ 1 indexed output per academic FTE per year
G6. Guarantee academic integrity in a generative-AI environment	Apply the AI-use assessment classification in every module and require declaration of AI assistance	100% modules classified; declaration enforced

The Dean of the School of Computing is accountable to the Rector for the achievement of these goals and reports progress to the Academic Board each semester.

SCHOOL OF TOURISM & HOSPITALITY — VISION, MISSION, GOALS AND OBJECTIVES

Vision

> To develop hospitality and tourism leaders who combine operational mastery with commercial judgement and a genuine commitment to sustainable and responsible tourism.

Mission

> The School of Tourism & Hospitality prepares students for management careers across the international visitor economy through curricula built on operational realism, supervised industry placement, and applied study of destination development, service innovation and sustainability.

Programme Portfolio

- **Undergraduate:** BA (Tourism).
- **Graduate:** MSc (Tourism, Events & Hospitality Innovation).
- **Executive:** CEPD short-course provision in service leadership and destination management.

Goals and Objectives

Goal	Objectives	Measures
G1. Ground learning in industry practice	Require supervised placement or applied industry project in every programme	100% of students complete a placement or approved equivalent
G2. Embed sustainability	Align curricula to responsible tourism principles and relevant UN Sustainable Development Goals	Sustainability learning outcome in every programme
G3. Develop service leadership	Assess service design, guest experience and revenue management competence	Competence assessed at Levels 5, 6 and 7
G4. Build employer partnership	Maintain agreements with hospitality and destination employers for placement and guest teaching	≥ 10 active employer agreements
G5. Contribute applied scholarship	Support a cluster in tourism innovation and destination sustainability	≥ 1 output per academic FTE per year

UK STANDARD 1 — MISSION, ORGANIZATION AND GOVERNANCE

Standard 1 establishes how Rusel School of Business & Technology is directed and controlled: how its mission is set and reviewed, how authority is distributed between the governing body and the executive, how committees operate, how risk is managed, and how the School governs delivery across multiple sites and jurisdictions. The policies in this Standard are the constitutional layer of the Manual; where any other policy is silent or ambiguous on a question of authority, Standard 1 governs.

1a. Vision, Mission Development, Approval and Review

Policy Number	RSBT-GOV-001
Policy Name	Vision, Mission Development, Approval and Review
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes how the vision, mission, purpose and strategic goals of RSBT are developed, consulted upon, approved, published, monitored and periodically reviewed. It applies to the institutional statements and to the derivative vision and mission statements of each School, centre and administrative department.

The policy exists because the mission is the reference point against which every other institutional decision is tested. Programme approval, partnership approval, resource allocation, staff appointment and estate investment are all required elsewhere in this Manual to demonstrate mission alignment; that requirement is meaningless unless the mission itself is authoritative, current and genuinely owned across the institution.

Policy Statement

RSBT shall maintain a clearly articulated vision, mission, purpose and set of strategic goals which are approved by the Board of Governance, published to all stakeholders, embedded in institutional planning, and reviewed on a defined cycle.

- The vision and mission shall be reviewed in full at least once every five years, and whenever a material change occurs in the School’s regulatory status, legal form, programme portfolio, delivery footprint or ownership.
- Development and review shall be genuinely consultative, involving governors, executive officers, academic staff, professional services staff, students, alumni, employers and partner institutions.
- Derivative statements at School and department level must be demonstrably aligned to, and traceable from, the institutional statements. No unit may adopt a mission that is inconsistent with the institutional mission.
- Every strategic goal must be accompanied by measurable objectives and key performance indicators capable of independent verification.
- The mission shall be published in full on the School’s website, in the Student Handbook, in the Staff Handbook and in the Partner Operations Manual.

Procedure

1. **Initiation.** The Head of Quality Assurance & Institutional Policy notifies the Board of Governance not later than twelve months before the expiry of the current five-year cycle, or immediately upon a triggering material change, that a review is due.
2. **Establishment of the review group.** The Board constitutes a Vision & Mission Review Group chaired by the Rector and comprising at least: one non-executive governor; the Deans; the Head of Quality Assurance & Institutional Policy; two elected student representatives; one alumni representative; and two external members drawn from industry or partner institutions.
3. **Evidence gathering.** The Review Group commissions: an environmental scan of the international higher education market; benchmarking against comparator UK and international providers; analysis of graduate outcomes and employer feedback; a review of regulatory and awarding-body expectations; and analysis of institutional performance against the existing goals.
4. **Consultation.** A draft is issued for institution-wide consultation over a period of not less than thirty calendar days, using written submission, open forums at each delivery site (including online sessions for partner sites), and structured surveys of students, staff, alumni, employers and partners. All submissions are logged.
5. **Revision and impact analysis.** The Review Group revises the draft, prepares a summary of consultation showing how each substantive comment was addressed, and completes an equality impact analysis under the Equality Act 2010.
6. **Academic Board scrutiny.** The Academic Board considers the draft for academic coherence and confirms that programme portfolio and academic strategy can be delivered against it.
7. **Approval.** The Board of Governance approves, amends or remits the draft. Approval is recorded in the minutes with the effective date.
8. **Cascade.** Within ninety days of approval, each School and department reviews and, where necessary, revises its own vision, mission and objectives for alignment, submitting these to the Rector for confirmation.
9. **Publication.** Within thirty days of approval the Head of Quality Assurance & Institutional Policy arranges publication across all channels and archives the superseded version in the Institutional Policy Register.
10. **Embedding.** The approved strategic goals are translated into the five-year Institutional Strategic Plan and into annual operational plans under Policy 13l.

Monitoring and Annual Confirmation

In each year of the cycle in which a full review does not fall, the Head of Quality Assurance & Institutional Policy presents to the Board of Governance an annual confirmation report addressing: performance against each strategic goal KPI; any material environmental change bearing on the continuing validity of the mission; alignment of newly approved programmes and partnerships to the mission; and a recommendation as to whether early review is warranted.

The Board must record an express decision on that recommendation. A decision that no review is required must be reasoned.

Roles and Responsibilities

Role	Responsibility
Board of Governance	Owns the vision and mission; approves and formally adopts statements and strategic goals; receives annual confirmation reports.
Chairman	Ensures the Board devotes adequate time to strategic review and that governor challenge is recorded.
Rector	Chairs the Review Group; ensures institution-wide consultation; ensures cascade to Schools and departments.
Vice Chairman & COO	Confirms operational and financial deliverability of proposed goals.
Academic Board	Scrutinises academic coherence and portfolio implications.

Role	Responsibility
Deans and Heads of Department	Align unit-level statements; embed goals in operational plans.
Head of Quality Assurance & Institutional Policy	Manages the review process, evidence base, consultation record, publication and archive; reports on KPI performance.
Students and Students' Council	Participate in consultation; hold representation on the Review Group.

Compliance, Records and Related Documents

The complete record of each review — evidence base, consultation log, drafts, equality impact analysis, minutes of approval and the superseded statements — is retained permanently in the Institutional Policy Register and is producible to accrediting and regulatory bodies on request.

Related: Policy 1f (Policy Development, Review, Control and Dissemination); Policy 1g (Institutional Planning); Policy 13a (Institutional Effectiveness System); Policy 13l (Annual Operational Planning).

1b. Organization Policy

Policy Number	RSBT-GOV-002
Policy Name	Organization Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy defines the organisational structure of RSBT, the distribution of authority between the governing body and the executive, the lines of accountability of every senior post, and the mechanism by which the structure is amended. It applies to all organisational units of the School, including overseas representative offices, affiliate campuses and authorised delivery partners.

Policy Statement

RSBT shall maintain an organisational structure that is documented, published, adequate to the scale and complexity of its operations, and characterised by a clear separation between governance and executive management.

- The **Board of Governance** is the sovereign body of the School. It is responsible for strategic direction, approval of institutional policy, appointment and appraisal of the Rector and principal officers, oversight of academic standards, financial stewardship, risk management and legal compliance. It does not manage the institution day to day.
- The **Rector** is the chief academic officer, accountable to the Board for academic standards, quality, the programme portfolio and the academic staff body.

- The **Vice Chairman & Chief Operating Officer** is the chief executive officer for operations, accountable to the Board for operational delivery, corporate affairs, partnerships, and the effective functioning of professional services.
- The **Academic Board** is the senior academic authority of the School, with delegated responsibility from the Board of Governance for academic standards, regulations, assessment outcomes and academic misconduct.
- No individual may hold a position in which they exercise unsupervised authority over the approval and the audit of the same activity. Where such a conflict is structurally unavoidable, a compensating independent review must be documented.
- An organogram showing every reporting line shall be maintained, dated, version-controlled and published internally, and shall be updated within thirty days of any structural change.

Governance and Executive Architecture

Tier	Body / Office	Principal Authority
Governance	Board of Governance	Strategy, policy approval, appointments, finance, risk, compliance, academic oversight
Governance	Board Committees (Audit & Risk; Nominations & Remuneration; Finance)	Delegated scrutiny; recommendation to the Board
Executive	Chairman	Leadership of the Board; external representation
Executive	Vice Chairman & Chief Operating Officer	Operational leadership; corporate and partnership affairs
Executive	Rector	Academic leadership; chairs the Academic Board
Executive	Chief Financial Officer	Financial management, budgeting, treasury, audit liaison
Executive	Executive Directors (Talent Empowerment & Technology Integration; Administration, Corporate & Academic Engagement; Marketing; Information Technology; Accreditation & Affiliation)	Functional leadership within delegated authority
Academic	Academic Board	Academic standards, regulations, awards, misconduct
Academic	Deans of Schools	Programme delivery, academic staffing, School performance
Academic	Programme Leaders / Module Leaders	Programme and module management, assessment integrity
Assurance	Head of Quality Assurance & Institutional Policy	Independent quality assurance, policy control, institutional effectiveness
Assurance	Institutional Research & Quality Assurance (IRQA) unit	Data, monitoring, review, accreditation readiness
Global	GAU Management Consultancy LLC (Global Representative Office)	Authorised representation and partner liaison under contract

Procedure for Structural Change

11. A proposal for structural change is prepared by the Vice Chairman & COO or the Rector, setting out the rationale, mission alignment, financial implications, staffing implications, consultation undertaken and risk assessment.

12. Where posts are affected, consultation is conducted in accordance with Policy 5b (Employment) and applicable UK employment law before any decision is implemented.

13. The proposal is reviewed by the Audit & Risk Committee for control implications and by the Chief Financial Officer for affordability.
14. The Board of Governance approves, amends or rejects the proposal. Changes affecting academic authority additionally require Academic Board comment before Board approval.
15. On approval, the organogram, job descriptions, delegated authority schedule and signature authority register are updated within thirty days, and affected staff and partners are notified.

Delegated Authority

The Board shall maintain a Schedule of Delegated Authority specifying, for each category of decision, the officer or body empowered to act and any financial or scope limit. The Schedule shall be reviewed annually. Any decision taken outside delegated authority is invalid and must be reported to the Audit & Risk Committee.

Delegation transfers the power to act; it does not transfer accountability. The delegating body remains accountable for the exercise of delegated powers and must receive reports sufficient to discharge that accountability.

Compliance and Related Documents

Related: Articles of Association; Policy 1c (Standing Committees); Policy 1d (By-Laws of the Governing Body); Policy 1e (Board Appointments); Schedule of Delegated Authority; RSBT Governance Organogram.

1c. Institutional Standing Committees — Terms of Reference

Policy Number	RSBT-GOV-003
Policy Name	Institutional Standing Committees — Terms of Reference
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the standing committee structure of RSBT, and sets out for each committee its authority, composition, quorum, frequency, reporting line and core business. It applies to all standing committees; ad hoc working groups are constituted by, and report to, the committee that establishes them.

General Provisions Applicable to All Committees

- Every committee derives its authority from written terms of reference approved by the Board of Governance and may act only within them.
- Terms of reference are reviewed annually by the Head of Quality Assurance & Institutional Policy and any change is approved by the Board.
- Quorum is one half of the voting membership rounded up, unless otherwise stated, and must include the chair or a designated deputy.

- Agenda and papers are circulated not less than five working days before the meeting; minutes are drafted within five working days and confirmed at the next meeting.
- Minutes must record decisions, the reasoning for material decisions, dissent where a member requests it, actions with named owners and deadlines, and declarations of interest.
- Members must declare conflicts of interest under Policy 10a and withdraw from the relevant item.
- Committee papers are confidential unless expressly designated otherwise.
- Each committee submits an annual effectiveness self-assessment to the Board.

Standing Committee Schedule

Committee	Reports To	Chair	Frequency	Core Business
Audit & Risk Committee	Board of Governance	Independent non-executive governor	Quarterly	Internal and external audit, risk register, control environment, whistleblowing, fraud, regulatory compliance
Finance Committee	Board of Governance	Non-executive governor	Quarterly	Budget scrutiny, management accounts, treasury, capital expenditure, financial sustainability
Nominations & Remuneration Committee	Board of Governance	Chairman or senior independent governor	Twice yearly	Board composition and succession, senior appointments, remuneration of principal officers
Academic Board	Board of Governance	Rector	Monthly (term)	Academic standards, regulations, programme approval recommendation, awards, progression, academic misconduct
Quality Assurance & Enhancement Committee	Academic Board	Head of QA & Institutional Policy	Monthly	Quality framework, annual and periodic review, external examiner reports, action plans, accreditation readiness
Programme Approval & Review Committee	Academic Board	Rector or nominee	As required	Scrutiny and approval of new programmes, major modifications, periodic review outcomes
Examination & Assessment Board	Academic Board	Rector or nominee	Each assessment cycle	Confirmation of marks, progression, awards, mitigating circumstances, moderation and external examiner sign-off
Research & Ethics Committee	Academic Board	Director of Research	Monthly	Research strategy, ethics review and approval, integrity investigations, grants, research outputs
Teaching Effectiveness Committee	Academic Board	Senior academic nominated by the Rector	Twice per semester	Teaching observation, peer review, pedagogic development, teaching quality interventions
Student Affairs & Welfare Committee	Academic Board	Head of Student Support	Monthly	Student experience, welfare, disciplinary policy, complaints trends, counselling, safeguarding
Health, Safety & Environment Committee	Vice Chairman & COO	Executive Director — Administration	Quarterly	Health and safety performance, incidents, inspections, fire and emergency, wellbeing, contractor safety

Committee	Reports To	Chair	Frequency	Core Business
Information Technology & Data Governance Committee	Vice Chairman & COO	Executive Director — IT	Quarterly	Digital strategy, information security, data governance, business continuity, acceptable use
Partnerships & Collaborations Committee	Board of Governance	Vice Chairman & COO	Quarterly	Due diligence, approval and monitoring of partnerships, affiliate campuses, agents and collaborative provision
Admissions & Scholarships Committee	Academic Board	Registrar	Each intake cycle	Admissions criteria, contested admissions decisions, scholarship and fee-waiver awards
Library & Learning Resources Committee	Academic Board	Head Librarian	Twice yearly	Collection development, resource adequacy, e-resource licensing, learning resource review
Equality, Diversity & Inclusion Committee	Board of Governance	Nominated senior officer	Quarterly	Equality objectives, equality impact analysis, inclusion data, harassment prevention, accessibility

Composition Requirements

- The Audit & Risk Committee shall consist solely of non-executive members; no executive officer may be a member, although executives attend by invitation. At least one member must have recent and relevant financial experience.
- The Academic Board must include the Rector, all Deans, the Head of Quality Assurance & Institutional Policy, the Registrar, elected academic staff representatives from each School, and at least two student representatives.
- The Examination & Assessment Board must include the relevant external examiner(s) or evidence of their written concurrence before results are confirmed.
- The Research & Ethics Committee must include at least one member independent of the School and at least one member with methodological expertise appropriate to the research under review.
- Every committee whose business materially affects students must include student representation, save where an item concerns an individual student, a member of staff, or reserved commercial or legal matters.

Escalation and Reporting

A committee that identifies a matter falling outside its authority, or a risk it cannot mitigate within its remit, must escalate in writing to its parent body at the earliest opportunity and in any event within ten working days. Committees may not defer escalation pending their own next scheduled meeting where the matter concerns student safety, academic standards, regulatory breach or financial irregularity; in such cases the chair escalates immediately.

Compliance and Related Documents

Related: Policy 1d (By-Laws); Policy 1m (Meetings Policy); Policy 10a (Conflict of Interest); Schedule of Delegated Authority.

1d. By-Laws of the Governing Body

Policy Number	RSBT-GOV-004
Policy Name	By-Laws of the Governing Body
Policy Version	Version 1.0

Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

These By-Laws regulate the constitution, powers, conduct and proceedings of the Board of Governance of RSBT. They are made under, and subject to, the Articles of Association of Rusel School of Business and Technology Limited and applicable provisions of the Companies Act 2006. Where these By-Laws conflict with the Articles or with statute, the Articles or statute prevail.

Article I — Constitution and Powers

16. The Board of Governance is the supreme governing authority of the School and is collectively responsible for its long-term sustainability, academic integrity, financial health and legal compliance.

17. The Board's reserved powers, which may not be delegated, are: approval of the vision, mission and strategic plan; approval of the annual budget and audited financial statements; appointment, appraisal and removal of the Rector, the Vice Chairman & COO and the Chief Financial Officer; approval of this Manual and of institutional policy; approval of the risk appetite statement; approval of new academic partnerships and campus establishment; approval of borrowing, disposal of material assets and changes to legal structure; and approval of the award of honorary distinctions.

18. The Board delegates all other matters through the Schedule of Delegated Authority, retaining accountability for their exercise.

19. The Board acts collectively. No individual governor has authority to act or speak for the Board except as expressly authorised and minuted.

Article II — Composition

- The Board shall comprise not fewer than seven and not more than fifteen members.
- A majority of members shall be independent non-executive governors, being persons who are not employees or students of the School and who have no material financial interest in it.
- The Board shall include: the Chairman; the Vice Chairman & Chief Operating Officer; the Rector; at least one governor with senior financial experience; at least one governor with senior academic experience in UK higher education; at least one governor with experience of international education or industry; one staff-elected governor; and one student governor nominated by the Students' Council.
- The Board shall have regard to diversity of gender, background, nationality and professional experience in its composition, and shall publish an annual statement of Board composition.

Article III — Officers

20. The **Chairman** is elected by the Board for a term of three years, renewable once. The Chairman leads the Board, sets the agenda with the Company Secretary, ensures the effectiveness of governance, and represents the Board externally.

21. The **Vice Chairman** deputises for the Chairman and holds the executive office of Chief Operating Officer.

22. A **Senior Independent Governor** shall be appointed to provide a channel for concerns that cannot appropriately be raised with the Chairman, and to lead the Chairman's appraisal.

23. The **Company Secretary** advises the Board on governance, constitutional and statutory compliance; maintains the register of interests and the minute book; and has a right of direct access to the Chairman.

Article IV — Duties and Conduct of Governors

Every governor owes to the School the duties of a company director under the Companies Act 2006, namely to act within powers, to promote the success of the School, to exercise independent judgement, to exercise reasonable care, skill and diligence, to avoid conflicts of interest, not to accept benefits from third parties, and to declare interests in proposed transactions.

In addition, governors shall: attend meetings and prepare adequately; maintain confidentiality; act in the interest of the School and its students rather than any constituency; uphold the Seven Principles of Public Life; complete induction and annual governance development; and disclose annually all interests for entry in the public Register of Interests.

A governor who becomes aware of a material breach of law, regulation or this Manual must report it to the Chairman and to the chair of the Audit & Risk Committee without delay.

Article V — Proceedings

- The Board shall meet not fewer than four times in each academic year, and additionally when convened by the Chairman or on the written request of one third of members.
- Quorum is one half of the members in office, rounded up, and must include at least two independent non-executive governors.
- Decisions are taken by simple majority of those present and voting. The Chairman has a casting vote in the event of equality.
- Written resolutions signed or confirmed electronically by all members in office have the same effect as a resolution passed at a meeting.
- Members may attend by electronic means and are counted for quorum and voting.
- Minutes are the authoritative record of Board decisions and are approved at the following meeting. Once approved they may be corrected only by a further minuted resolution.

Article VI — Committees, Indemnity, Review and Amendment

24. The Board may establish committees under Policy 1c, delegating specified powers by written terms of reference.

25. Governors are indemnified by the School against liability properly incurred in the good-faith discharge of their duties, to the extent permitted by the Companies Act 2006, and are covered by directors' and officers' liability insurance.

26. The Board shall conduct an effectiveness review annually by self-assessment, and an externally facilitated effectiveness review at least once every four years, publishing a summary of outcomes.

27. These By-Laws may be amended only by resolution of the Board passed by a two-thirds majority of members in office, following circulation of the proposed amendment with the notice of meeting.

1e. Board Appointments, Term of Office and Replacement

Policy Number	RSBT-GOV-005
Policy Name	Board Appointments, Term of Office and Replacement
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Nominations & Remuneration Committee

Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the identification, appointment, induction, reappointment, resignation, removal and replacement of members of the Board of Governance and of the principal officers appointed by the Board.

Policy Statement

- Appointments shall be made on merit against objective criteria, through an open and documented process, with due regard to the benefits of diversity.
- The Board shall maintain a skills and experience matrix identifying the competences required for effective governance and any current gaps; vacancies shall be filled by reference to that matrix.
- No appointment shall be made where the candidate is disqualified from acting as a company director, is an undischarged bankrupt, has an unspent conviction for an offence of dishonesty, or has a conflict of interest which cannot be adequately managed.
- Terms of office shall be fixed, staggered to preserve continuity, and subject to a maximum aggregate tenure.

Terms of Office

Category	Initial Term	Renewal	Maximum Aggregate Tenure
Independent non-executive governor	3 years	Renewable twice	9 years
Chairman	3 years	Renewable once	6 years as Chairman
Senior Independent Governor	3 years	Renewable once	6 years in that office
Staff-elected governor	2 years	Renewable once	4 years
Student governor	1 year	Renewable once	2 years
Ex officio (Rector, Vice Chairman & COO)	For the duration of the office held	—	—

Exceptionally, tenure may be extended beyond the stated maximum by up to twelve months where necessary to preserve continuity during a leadership transition or regulatory review. Such an extension requires a reasoned resolution of the Board recorded in the minutes and disclosed in the annual governance statement.

Appointment Procedure

28. The Nominations & Remuneration Committee reviews the skills matrix and defines the role specification for the vacancy.
29. Candidates are sought by open advertisement, executive search, or nomination — with the source of each candidate recorded.
30. Candidates complete a declaration of interests, a declaration of eligibility and a fit-and-proper-person declaration.
31. Shortlisted candidates are interviewed by a panel of not fewer than three, including at least two independent governors.

32. Pre-appointment checks are completed: identity, right to work where applicable, disqualified directors register, adverse media, and references.

33. The Committee recommends to the Board, which appoints by resolution. Appointment is effective from the date recorded in the minutes.

34. A formal letter of appointment is issued setting out the term, expected time commitment, remuneration or expenses arrangements, confidentiality obligations and grounds for removal.

35. Induction is completed within sixty days, covering the Articles, By-Laws, this Manual, the risk register, financial position, academic portfolio, regulatory context and governor duties.

Reappointment, Resignation, Vacancy and Removal

- **Reappointment** is not automatic. The Committee assesses attendance, contribution, continuing independence and the skills matrix, and makes a reasoned recommendation.
- **Resignation** must be given in writing to the Chairman and the Company Secretary, and takes effect on the stated date or on receipt.
- **Automatic vacation** occurs where a governor becomes disqualified, becomes bankrupt, is incapable by reason of mental disorder, or is absent without approved reason from three consecutive meetings.
- **Removal** may be effected by resolution of the Board passed by a two-thirds majority of members in office on grounds of material breach of duty, conduct bringing the School into disrepute, sustained failure to contribute, or irreconcilable conflict of interest. The governor concerned must be given written notice of the grounds and a reasonable opportunity to respond in person or in writing before the vote, and may not vote on the resolution.
- **Casual vacancies** are filled within six months. Where a vacancy reduces the Board below quorum, the remaining members may act only to fill the vacancy and to address matters of immediate necessity.

Succession Planning

The Nominations & Remuneration Committee maintains a rolling three-year succession plan for the Chairman, the Rector, the Vice Chairman & COO and the Chief Financial Officer, reviewed annually and reported to the Board. The plan identifies emergency cover arrangements for each role, to be activated immediately on unplanned departure or incapacity.

1f. Policy Development, Review, Control and Dissemination

Policy Number	RSBT-GOV-006
Policy Name	Policy Development, Review, Control and Dissemination
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006; QAA UK Quality Code — Core Practices
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy is the meta-policy of the institution: it governs how every other policy in this Manual comes into existence, is approved, numbered, published, amended, superseded and withdrawn. It applies to all institutional policies, departmental procedures, regulations, codes of practice, handbooks and forms that carry institutional authority.

Its purpose is to guarantee that RSBT operates from a single, current, authoritative body of policy — and that no member of staff, student or partner is ever governed by a document whose status, ownership or currency is unclear.

Policy Statement

- No document may be represented as institutional policy unless it has been approved through this procedure, carries a policy control table and a unique policy number, and appears in the Institutional Policy Register.
- Every policy shall have a single named owner at Head of Department level or above who is accountable for its currency, implementation and monitoring.
- Every policy shall carry a stated review date not more than three years from approval. Policies bearing on student outcomes, safeguarding, health and safety, data protection or financial control shall be reviewed annually.
- Every new or substantially amended policy shall be accompanied by an equality impact analysis and, where relevant, a data protection impact assessment.
- Superseded versions shall be archived, never deleted, and shall remain retrievable for the purposes of audit, accreditation and the resolution of student cases decided under the earlier version.
- A student or staff case shall be determined under the policy in force at the time the relevant events occurred, unless the current policy is more favourable to the individual.

Policy Lifecycle Procedure

36. **Identification of need.** A need may be identified by a policy owner, a committee, an audit or external review finding, a regulatory change, an incident, or a student or staff proposal. The need is registered with the Head of Quality Assurance & Institutional Policy.

37. **Authorisation to draft.** The Quality Assurance & Enhancement Committee confirms the need, assigns an owner and a target date, and issues a provisional policy number.

38. **Drafting.** The owner drafts using the standard institutional template, ensuring consistency with the mission, with UK legal and sector requirements, and with existing policy. Cross-references to affected policies are identified.

39. **Impact analysis.** The owner completes an equality impact analysis; a data protection impact assessment where personal data is processed; and a resource and risk assessment.

40. **Consultation.** The draft is issued to affected stakeholders for a minimum of fifteen working days — or thirty where students are materially affected. Student consultation is mandatory for any policy bearing on the student experience, and is conducted through the Students' Council and open comment.

41. **Legal and compliance check.** Policies with legal, employment, immigration, data protection or financial implications are reviewed by the appropriate professional adviser before submission.

42. **Scrutiny.** The Quality Assurance & Enhancement Committee scrutinises the draft, the consultation record and the impact analyses, and recommends approval, amendment or rejection.

43. **Approval.** Academic policies are approved by the Academic Board; institutional and corporate policies by the Board of Governance; departmental operating procedures by the relevant Executive Director within delegated authority. The approving body and date are entered in the control table.

44. **Publication and dissemination.** Within fifteen working days of approval the policy is entered in the Institutional Policy Register, published on the intranet and, where appropriate, the public website, and communicated to affected groups. Material changes are communicated by direct notification, not by silent republication.

45. **Implementation support.** Where a policy changes practice, the owner provides briefing or training and confirms completion to the Committee.

46. **Monitoring.** The owner monitors implementation and reports annually on compliance, exceptions and effectiveness.

47. **Review.** At the review date the owner conducts a review and submits one of three outcomes: reaffirm unchanged; amend; or withdraw. Failure to review by the due date is reported to the Board as a compliance exception.

48. **Withdrawal.** A policy is withdrawn only by the body that approved it, with a statement of what replaces it. Withdrawn policies are marked as such in the Register and archived.

Version Control Convention

Change Type	Version Increment	Approval Required	Example
Editorial — typographical, formatting, updated post title	x.y → x.y+1	Policy owner; notified to QAEC	Correction of a cross-reference
Minor — clarification not changing obligations	x.y → x.y+1	Quality Assurance & Enhancement Committee	Adding an example or worked timescale
Major — change to rights, obligations, thresholds or procedure	x.0 → x+1.0	Original approving body	Change to a grading scale or appeal ground
Emergency — required by law, regulator or safety	Interim version, e.g. 3.1i	Chairman or Rector, ratified within 30 days	Immediate regulatory compliance change

Roles and Responsibilities

- **Head of Quality Assurance & Institutional Policy** — custodian of the Register and of this Manual; maintains the review schedule; reports compliance exceptions; ensures template and numbering consistency; controls publication.
- **Policy owners** — draft, consult, implement, monitor and review their policies; ensure staff in their area understand and apply them.
- **Quality Assurance & Enhancement Committee** — scrutinises all drafts and monitors the review cycle.
- **Academic Board / Board of Governance** — approve within their respective competence.
- **All staff** — apply current policy; report inconsistency, ambiguity or unworkability to the policy owner.

Compliance and Related Documents

The Head of Quality Assurance & Institutional Policy reports to the Board of Governance annually on: the number of policies in force; the number overdue for review; exceptions granted; emergency amendments made; and the outcome of a sample audit testing whether published policy matches actual practice.

Related: Institutional Policy Register; Policy Template (Form QA-01); Equality Impact Analysis Form (Form EDI-02); Data Protection Impact Assessment Form (Form DP-03).

1g. Institutional Planning, and Specific Plans for Community Engagement, Research and Scholarly Activity, and Sustainability

Policy Number	RSBT-GOV-007
Policy Name	Institutional Planning, and Specific Plans for Community Engagement, Research and Scholarly Activity, and Sustainability
Policy Version	Version 1.0

Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the institutional planning architecture of RSBT — how the five-year Institutional Strategic Plan is developed, how it is translated into annual operational plans and unit plans, how it is resourced, and how progress is monitored. It further requires the maintenance of three specific supporting plans: a Community Engagement Plan, a Research and Scholarly Activity Plan, and a Sustainability Plan.

Policy Statement

- RSBT shall maintain a five-year Institutional Strategic Plan approved by the Board of Governance, directly derived from the mission and strategic goals, and supported by a financial plan, an estates and infrastructure plan and a human resource plan.
- Every School, centre and department shall maintain an annual operational plan whose objectives are traceable to the institutional strategic goals.
- No objective may be entered in an institutional or operational plan unless it is specific, measurable, assigned to a named owner, time-bound and resourced.
- Planning shall be evidence-based, drawing on institutional data, market analysis, stakeholder feedback and risk assessment.
- Progress shall be reviewed formally twice yearly, and the plan refreshed annually on a rolling basis.

The Planning Cycle

Month	Activity	Responsible
January	Environmental scan, market analysis, performance data pack prepared	IRQA
February	Institutional planning conference; strategic priorities confirmed for the coming year	Rector / COO
March	Unit-level operational plans drafted against confirmed priorities	Deans / Heads of Department
April	Resource bids and budget submissions aligned to plans	CFO
May	Plans and budgets scrutinised by the Finance Committee and QAEC	Committees
June	Board approval of the annual operational plan and budget	Board of Governance
September	Implementation commences; KPI baselines set	All units
January (following)	Mid-year progress review; corrective action agreed	IRQA / Rector
June (following)	Year-end evaluation; achievement report to the Board; feeds the next cycle	IRQA

Community Engagement Plan

The Community Engagement Plan sets out how RSBT contributes to the communities in which it operates and how that contribution is measured. It shall address, as a minimum:

- widening participation and outreach to under-represented and non-traditional learners;
- free or subsidised public lectures, workshops and skills sessions;
- pro bono consultancy, mentoring and enterprise support to small businesses and social enterprises;
- student volunteering and service-learning embedded in the curriculum;
- partnership with schools, colleges, professional bodies and civil society organisations;
- an annual target for community engagement hours per academic staff member and per student cohort.

The plan is owned by the Engagement & Impact function, approved annually by the Board, and reported on under Policy 17c.

Research and Scholarly Activity Plan

The Research and Scholarly Activity Plan gives effect to Strategic Goal 4 and shall address:

- thematic research priorities and the cluster structure supporting them;
- targets for peer-reviewed output, external income, conference participation and doctoral completion;
- the research infrastructure required — databases, software, ethics capacity, research leave;
- researcher development, including support for early-career staff under the Researcher Development Concordat;
- integration of research into teaching and student involvement in research;
- knowledge exchange, commercialisation and impact.

The plan is owned by the Director of Research, approved by the Academic Board and the Board of Governance, and reported on under Policy 4a.

Sustainability Plan

The Sustainability Plan addresses environmental, social, financial and academic sustainability:

- **Environmental:** measurement and reduction of energy consumption and carbon intensity per student FTE; waste reduction and recycling; sustainable procurement criteria in Policy 9e; travel policy and reduction of avoidable travel; digital-first operations to reduce paper.
- **Social:** equality, diversity and inclusion targets under Policy 19a; staff and student wellbeing under Policy 7m; ethical supply chain assurance under the Modern Slavery Act 2015.
- **Financial:** maintenance of reserves and liquidity; diversification of income; scenario planning for enrolment shocks; the going-concern assessment reported annually to the Board.
- **Academic:** curriculum integration of the UN Sustainable Development Goals; sustainability learning outcomes in every programme; research addressing sustainability challenges.

The plan is owned by the Vice Chairman & COO and reported annually to the Board with quantified performance against baseline.

Compliance and Related Documents

Related: Policy 1a (Vision and Mission); Policy 1h (Risk Management); Policy 13a (Institutional Effectiveness); Policy 13l (Annual Operational Planning); Policy 9c (Budgeting).

1h. Risk Management

Policy Number	RSBT-GOV-008
Policy Name	Risk Management
Policy Version	Version 1.0

Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006; UK Corporate Governance principles on risk and internal control
Policy Owner	Audit & Risk Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the framework by which RSBT identifies, assesses, treats, monitors and reports risk. It applies to all activities of the School, including academic delivery, partnerships and overseas operations, and to all staff and governors.

Policy Statement

- The Board of Governance owns the risk management framework, sets the institutional risk appetite and reviews the Institutional Risk Register at each meeting.
- Risk management shall be embedded in decision-making, not conducted as a separate compliance exercise. Every proposal for a new programme, partnership, campus, system or major expenditure must be accompanied by a risk assessment.
- Risks shall be recorded with a named owner, an assessed inherent score, existing controls, a residual score, agreed treatment, target score and review date.
- Risks scored as high or extreme on residual assessment must be escalated to the Audit & Risk Committee and reported to the Board.
- No risk may be closed without evidence that the treatment has been implemented and has had the intended effect.

Risk Assessment Methodology

Risks are scored on a five-by-five matrix of likelihood and impact, producing a score from 1 to 25.

Score	Rating	Required Response	Escalation
1–4	Low	Monitor through normal management	Unit risk register
5–9	Moderate	Active management; documented controls; quarterly review	Departmental register; reported to Audit & Risk
10–14	High	Treatment plan with named owner and deadline; monthly review	Institutional register; Audit & Risk Committee
15–19	Very High	Immediate treatment plan; Board notified; contingency prepared	Board of Governance at next meeting
20–25	Extreme	Immediate action; Chairman notified without delay; activity may be suspended	Chairman and Board immediately

Impact is assessed against five dimensions: academic standards and student outcomes; student and staff safety; legal and regulatory compliance; financial position; and reputation. The highest applicable impact score governs.

Principal Risk Categories

Category	Illustrative Risks
Academic and quality	Failure of external quality review; loss of centre approval; assessment integrity failure; unacceptable variance in outcomes between delivery sites
Regulatory and legal	Breach of awarding organisation conditions; data protection breach; immigration compliance failure; litigation; failure of consumer protection compliance
Financial	Enrolment shortfall; fee collection failure; partner default; foreign exchange exposure; loss of a major revenue stream
Partnership and reputational	Partner misconduct; agent misrepresentation; adverse media; degree-mill or credential-fraud association; social media crisis
Operational and infrastructure	IT failure or cyber attack; loss of learning platform; premises unavailability; key person dependency
People	Failure to recruit or retain qualified academic staff; industrial or employment dispute; safeguarding failure
Student welfare and safety	Health and safety incident; safeguarding incident; serious mental health crisis; radicalisation risk under the Prevent duty
Strategic and external	Geopolitical disruption to a delivery market; visa policy change; competitor entry; technological disruption of the delivery model

Procedure

49. Each Dean and Head of Department maintains a unit risk register, reviewed at least quarterly.

50. Risks scoring 10 or above are escalated by the unit to the Head of Quality Assurance & Institutional Policy for entry in the Institutional Risk Register.

51. The Audit & Risk Committee reviews the Institutional Risk Register quarterly, tests the adequacy of controls, and challenges risk scores and treatment progress.

52. The Board of Governance reviews the register and the risk appetite statement at each meeting and approves any change in appetite.

53. An annual review of the effectiveness of the risk management and internal control system is conducted and reported in the annual governance statement.

54. Emerging risks may be raised by any member of staff at any time through the risk reporting form or directly to the Head of Quality Assurance & Institutional Policy; no member of staff shall be disadvantaged for raising a risk in good faith.

Business Continuity and Crisis Response

The School shall maintain a Business Continuity Plan and an Emergency Response Plan addressing loss of premises, loss of IT systems, loss of key personnel, serious incident affecting students or staff, and disruption at a partner site. Plans shall specify recovery time objectives, an incident command structure, communication protocols under Policy 18t, and arrangements for continuity of teaching and assessment. Plans shall be tested by exercise at least annually and reviewed after every activation.

> Where continuity cannot be assured for a programme, the Teach-Out Policy (10d) is activated to protect enrolled students.

Compliance and Related Documents

Related: Policy 9g (Financial Risk Management); Policy 22c (Backup, Disaster Recovery & Business Continuity); Policy 10d (Teach-Out); Policy 18t (Crisis Communication); Institutional Risk Register; Risk Appetite Statement.

1i. Multiple Campus Coordination

Policy Number	RSBT-GOV-009
Policy Name	Multiple Campus Coordination
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006; QAA UK Quality Code — Partnerships
Policy Owner	Vice Chairman & Chief Operating Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the coordination of academic and administrative operations across all RSBT delivery locations — the United Kingdom base, affiliate campuses, authorised delivery partners and online delivery — so that a student's experience and the standard of their award do not depend on where they study.

Policy Statement

- **Parity of standard is absolute.** Learning outcomes, credit volume, assessment tasks, marking criteria, pass standards and award titles are identical at every location. No location may vary them.
- Parity of standard does not require identity of delivery. Timetabling, local case material, language of support and student services may be adapted to local context, provided the adaptation is approved by the Academic Board and does not affect the assessed outcomes.
- Every location operates under a single set of academic regulations — those of RSBT and, where applicable, of the awarding organisation.
- Assessment setting, internal moderation and external examination are managed centrally. A location may not set or alter a summative assessment task without central approval.
- Every location shall have a designated Academic Coordinator accountable to the relevant Dean, and a designated Quality Liaison Officer reporting to the Head of Quality Assurance & Institutional Policy.
- Institutional data — enrolment, attendance, progression, attainment, complaints, appeals and misconduct — shall be reported from every location to a single institutional dataset on a common schedule.

Coordination Mechanisms

Mechanism	Frequency	Participants	Purpose
Multi-Site Academic Coordination Meeting	Monthly	Deans, Academic Coordinators of every site	Delivery progress, assessment scheduling, issues arising
Common Assessment Calendar	Each semester	Registrar, all sites	Synchronised assessment windows and submission deadlines
Cross-site moderation exercise	Each assessment cycle	Module leaders across sites	Verification of marking consistency between locations
Comparative outcomes analysis	Each semester	IRQA	Statistical comparison of attainment, progression and completion by site
Site quality visit	At least annually per site	QA & Institutional Policy	Verification of facilities, records, delivery and student support

Mechanism	Frequency	Participants	Purpose
Staff development shared programme	Termly	All academic staff, all sites	Common pedagogic standards and assessment practice

Variance Investigation

Where comparative analysis shows a variance between locations exceeding five percentage points in mean attainment, progression or completion, the Head of Quality Assurance & Institutional Policy shall open a documented investigation examining admissions profile, teaching resource, delivery fidelity, assessment application and student support. The outcome, with an action plan where variance is not explained by cohort characteristics, is reported to the Academic Board and to the Board of Governance.

Roles and Responsibilities

- **Vice Chairman & COO** — overall accountability for multi-site operations and inter-site coordination.
- **Rector and Deans** — accountability for academic parity across all sites.
- **Site Academic Coordinator** — local delivery, staff supervision, adherence to the central academic calendar and regulations.
- **Quality Liaison Officer** — local evidence collection, quality reporting, first-line assurance.
- **Head of Quality Assurance & Institutional Policy** — independent verification of parity; site visit programme; variance investigation.

Compliance and Related Documents

Related: Policy 1j (Campuses of UK Institutions in Other Countries); Policy 1k (Branch Campuses of Foreign Institutions); Policy 17d (Cooperative Agreements & International Partnerships); Policy 2a (Quality Assurance).

1j. Campuses of UK Institutions in Other Countries (Transnational Education)

Policy Number	RSBT-GOV-010
Policy Name	Campuses of UK Institutions in Other Countries (Transnational Education)
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006; QAA UK Quality Code — Partnerships; UK TNE quality expectations
Policy Owner	Vice Chairman & Chief Operating Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the establishment and operation of RSBT delivery outside the United Kingdom, whether through a wholly owned campus, an affiliate campus, a franchise or validation arrangement, or an authorised programme delivery agreement. It reflects the principle that the reputation of a UK qualification rests on its consistency wherever it is delivered.

Policy Statement

- No overseas delivery may commence without prior written approval of the Board of Governance following completed due diligence, an executed agreement and academic approval by the Academic Board.
- RSBT retains ultimate and non-delegable responsibility for the academic standard of every award it makes or facilitates, irrespective of the delivery location or the identity of the delivery partner.
- Overseas operations must comply with the law of the host jurisdiction — including any requirement for licensing, registration or ministry approval of foreign providers — and with UK law and this Manual. Where host law prevents compliance with an RSBT academic standard, the arrangement must not proceed.
- Students at overseas locations enjoy the same rights of appeal, complaint, academic support and information as students in the United Kingdom, and must be told in writing, before enrolment, exactly who awards their qualification, who delivers it, and what recognition it carries in their own jurisdiction.

Establishment Procedure

55. **Strategic case.** A proposal is prepared setting out market rationale, mission alignment, financial modelling, and the intended legal and operating structure.

56. **Country risk assessment.** Assessment of political, regulatory, legal, currency, sanctions, corruption, safety and reputational risk in the host country, including screening against sanctions lists.

57. **Regulatory analysis.** Confirmation of the legal permissibility of the proposed delivery, licensing requirements, requirements as to local ownership, and the recognition status the qualification will hold locally.

58. **Partner due diligence** (where a partner is involved), conducted under Policy 17d: legal status, ownership and beneficial ownership, financial standing, litigation history, academic capability, facilities, staff qualifications, integrity and reputation.

59. **Academic feasibility.** The Academic Board assesses whether the programme can be delivered to standard at the proposed location — staffing, library and e-resource access, laboratory and IT provision, assessment security, and student support.

60. **Site inspection.** Physical inspection by an RSBT team before approval; no approval on documentary evidence alone.

61. **Agreement.** A written agreement is executed covering: academic authority and standards; staff appointment and approval; student admission criteria; assessment and moderation arrangements; access to records and premises for audit; data protection and international transfer safeguards; fees and financial flows; intellectual property; use of name and marks; complaints and appeals routing; term, termination and — mandatorily — teach-out obligations.

62. **Board approval** and registration of the arrangement in the Partnership Register.

63. **Launch readiness review** by the Head of Quality Assurance & Institutional Policy before the first cohort enrols.

Ongoing Oversight

- Annual monitoring report from each overseas location against a common template.
- Quality assurance visit at least annually, including observation of teaching, inspection of assessment records and meetings with students held without partner staff present.
- Approval by RSBT of every member of academic staff teaching or assessing on the programme, against the qualification and experience criteria of Policy 5b.
- Central control of assessment setting, sampling, moderation and external examination.
- Annual comparative outcomes analysis under Policy 1i.
- Periodic review of the partnership on a cycle not exceeding five years, with an explicit renew, amend or terminate decision.

Termination and Student Protection

Every overseas agreement must contain a teach-out clause requiring that enrolled students be enabled to complete their programme, or be transferred to an equivalent programme, at no additional cost and without detriment. Termination may not take effect in a manner that strands a cohort. The Student Protection arrangements under Policy 10d are activated on any decision to terminate.

Compliance and Related Documents

Related: Policy 1i; Policy 1k; Policy 10d (Teach-Out); Policy 17d; Policy 22a (Data Governance & Privacy); Partnership Register; Partner Operations Manual.

1k. Branch Campuses of Foreign Institutions Operating with RSBT

Policy Number	RSBT-GOV-011
Policy Name	Branch Campuses of Foreign Institutions Operating with RSBT
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006; QAA UK Quality Code — Partnerships
Policy Owner	Vice Chairman & Chief Operating Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs arrangements in which a foreign institution establishes a presence at, or in collaboration with, RSBT in the United Kingdom, or in which RSBT hosts, validates or co-delivers provision originating with a foreign institution. It is the reciprocal of Policy 1j.

Policy Statement

- RSBT shall enter such arrangements only where the foreign institution is lawfully constituted and recognised as a degree-granting or qualification-awarding body in its home jurisdiction by a competent authority, and where that recognition is independently verified.
- RSBT shall not lend its name, premises, accreditation or marks to any provision whose academic standard it has not verified and cannot control.
- Any qualification offered under such an arrangement must be described to students with complete accuracy as to the awarding body, the level and comparability of the award, and its recognition status in the United Kingdom and in the student's intended jurisdiction of use.
- Where RSBT hosts a foreign institution on its premises, RSBT remains responsible for the health, safety, safeguarding and data protection standards applying at that location.

Verification Requirements

64. Verification of the foreign institution's legal status and awarding authority through the competent national authority or an authoritative recognition database, evidenced in writing and retained on file.

65. Verification of accreditation status and of any conditions, sanctions or probationary status.

66. Independent comparison of the qualification level and volume against the FHEQ and the RQF, obtaining a statement of comparability from a recognised national information centre where the qualification is unfamiliar in the UK.

67. Assessment of the academic staff profile, curriculum, assessment regime and quality assurance arrangements of the foreign institution.

68. Financial and integrity due diligence, including beneficial ownership and adverse media screening.

69. Legal review of the proposed agreement, including liability, indemnity, data protection and jurisdiction clauses.

Prohibited Arrangements

RSBT shall not enter into, and shall terminate on discovery, any arrangement which: involves an institution without verified awarding authority; involves the sale of qualifications without genuine assessed study; misrepresents the level, recognition or accreditation of an award; permits a third party to issue documentation bearing RSBT's name or marks without RSBT control; or lacks a right of RSBT access to student records, assessment evidence and premises for audit.

Ongoing Oversight and Related Documents

Approved arrangements are entered in the Partnership Register, monitored annually, reviewed at intervals not exceeding five years, and are subject to the same right of inspection, student meetings and outcomes analysis as arrangements under Policy 1j.

Related: Policy 1j; Policy 17d; Policy 10c (Copyright and Intellectual Property); Policy 18b (Brand Management).

1l. Terms of Reference of the University Council

Policy Number	RSBT-GOV-012
Policy Name	Terms of Reference of the University Council
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Board of Governance / Office of the Rector
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

The University Council is the principal consultative and coordinating forum of RSBT, bringing together governance, executive, academic and student representation. This policy sets out its constitution, authority and proceedings. The Council is advisory to the Board of Governance and the Academic Board; it does not exercise reserved powers.

Authority and Functions

70. To review the overall performance of the School against its strategic goals and to advise the Board on emerging institutional issues.

71. To provide a forum in which academic, professional services and student perspectives are brought together on matters affecting the whole institution.

72. To receive and comment upon the annual institutional effectiveness report, the annual quality report, the student experience report and the risk profile before their submission to the Board.

73. To advise on the coordination of activity between Schools, departments, delivery sites and partners.
74. To consider matters referred to it by the Board of Governance, the Academic Board or the Rector.
75. To recommend the establishment of institution-wide initiatives, working groups or reviews.

Composition

Category	Members
Chair	The Rector
Deputy Chair	Vice Chairman & Chief Operating Officer
Governance	Chairman of the Board (ex officio); one non-executive governor
Executive	Chief Financial Officer; all Executive Directors
Academic	All Deans; the Director of Research; two elected academic staff per School
Assurance	Head of Quality Assurance & Institutional Policy; Registrar
Professional services	Heads of Student Support, Library, IT, Talent Empowerment, Engagement & Impact, Media & Communications
Students	President of the Students' Council and two elected student representatives, at least one from a non-UK delivery location
External	Up to two external members drawn from industry, the professions or partner institutions
Secretary	Company Secretary or nominee

Proceedings

- The Council meets not fewer than three times in each academic year.
- Quorum is one half of the membership, and must include the chair or deputy chair, at least two academic members and at least one student member.
- The Council operates by consensus wherever possible; where a vote is required, decisions are by simple majority of those present.
- Advice of the Council is recorded in the minutes and transmitted to the Board of Governance or the Academic Board as appropriate. Where the receiving body departs from the Council's advice, the reason shall be recorded and communicated back to the Council.
- Papers are circulated five working days in advance; minutes are published to all staff and students within ten working days, excluding any reserved items.

Related Documents

Related: Policy 1c (Standing Committees); Policy 1d (By-Laws); Policy 1m (Meetings Policy); Policy 6r (Student Council).

1m. Meetings Policy

Policy Number	RSBT-GOV-013
Policy Name	Meetings Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 1: Mission, Organization and Governance; CUC Higher Education Code of Governance; QAA UK Quality Code — Governance and Management; Companies Act 2006
Policy Owner	Company Secretary

Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the standards governing the convening, conduct, recording and follow-up of all formal meetings of RSBT bodies — the Board of Governance, its committees, the Academic Board, the University Council, standing committees and departmental meetings whose decisions carry institutional effect.

Its purpose is to ensure that institutional decisions are properly authorised, adequately informed, accurately recorded and demonstrably implemented — and that the record is capable of withstanding audit, accreditation review and, if necessary, legal scrutiny.

Policy Statement

- No formal meeting may transact business unless properly convened, quorate and minuted.
- Notice of a scheduled meeting shall be given not less than ten working days in advance; papers not less than five working days in advance. Business introduced without papers may be discussed but not decided, save in cases of genuine urgency recorded as such.
- An annual calendar of meetings shall be published before the start of each academic year.
- Minutes shall record: attendance and apologies; declarations of interest and consequent withdrawals; the substance of discussion sufficient to explain the decision; the decision itself in unambiguous terms; dissent where requested; and actions with named owners and deadlines.
- Draft minutes shall be circulated within five working days and formally confirmed at the next meeting.
- An action tracker shall be maintained and reviewed as a standing item at every meeting; actions remain open until evidenced as complete.

Conduct of Meetings

- The chair is responsible for ensuring that all members have a fair opportunity to contribute, that dissenting views are heard and recorded, and that decisions are clearly articulated before the meeting moves on.
- Members must prepare, attend punctually, maintain confidentiality of reserved business, and declare interests at the outset and as they arise.
- Where a member has a conflict of interest, they shall declare it, withdraw from the discussion and the vote, and the withdrawal shall be minuted.
- Meetings may be held in person, remotely or in hybrid form. Remote attendees count for quorum and voting. Where a meeting is recorded, all participants must be informed in advance, the lawful basis and retention period must be stated, and the recording is treated as a confidential record under Policy 22a.
- Business may be classified as reserved where it concerns an identified individual, commercially sensitive negotiation, legal advice or matters subject to legal privilege. Reserved items are minuted separately and circulated only to those entitled to receive them.

Decision Recording Standard

Element	Requirement
Decision statement	Expressed as a resolution beginning "RESOLVED that…" with no ambiguity as to what was agreed
Basis	Reference to the paper, evidence or advice relied upon

Element	Requirement
Authority	Confirmation that the decision falls within the body's terms of reference or delegated authority
Effective date	The date from which the decision takes effect
Owner	The officer accountable for implementation
Deadline	The date by which implementation is required
Reporting	The body and date to which completion will be reported

Records and Retention

Minutes of the Board of Governance, its committees and the Academic Board are retained permanently. Minutes of other formal bodies are retained for ten years. Papers are retained for seven years. Records are held securely, with access controlled according to classification, and are producible to auditors, awarding organisations and accrediting bodies on request.

Minutes of the Board of Governance, the Academic Board and the University Council, excluding reserved items, are made available to staff and students.

Compliance and Related Documents

The Company Secretary audits compliance with this policy annually, sampling minutes across bodies and reporting to the Audit & Risk Committee on notice periods, quorum compliance, quality of decision recording and action closure rates.

Related: Policy 1c; Policy 1d; Policy 1l; Policy 10a (Conflict of Interest); Policy 22a (Data Governance & Privacy).

UK STANDARD 2 — QUALITY ASSURANCE

Standard 2 establishes the quality management system of RSBT: the framework within which academic standards are set and maintained, the quality of the student experience is assured and enhanced, and the effectiveness of both is independently verified.

2a. Quality Assurance Policy

Policy Number	RSBT-QA-001
Policy Name	Quality Assurance Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 2: Quality Assurance; QAA UK Quality Code for Higher Education — Expectations, Core and Common Practices
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the institutional quality assurance framework of RSBT — the systematic means by which the School sets, maintains and verifies academic standards, and by which it assures and enhances the quality of learning opportunities. It applies to every programme, every mode of delivery, every delivery location and every academic and academic support function.

Quality assurance at RSBT is understood in two distinct parts. **Academic standards** concern the level of achievement a student must demonstrate to gain an award, and are non-negotiable, referenced to the FHEQ and the RQF. **Quality** concerns how effectively the School enables students to achieve that standard, and is subject to continuous enhancement. The framework addresses both, and does not permit deficiency in one to be excused by strength in the other.

Policy Statement

- RSBT adopts the UK Quality Code for Higher Education as its principal quality reference point and applies it to all provision, including transnational and online delivery.
- Academic standards shall be set with reference to the FHEQ, the RQF, applicable Subject Benchmark Statements, awarding organisation specifications and professional body requirements, and shall not be varied for any commercial, operational or partner-related reason.
- Every programme shall be subject to approval before delivery, annual monitoring during delivery, and periodic review at intervals not exceeding five years.
- Independent external scrutiny — through external examiners, external verifiers, external panel members and external advisers — shall be built into approval, assessment and review. No award shall be confirmed without independent external assurance.
- Students shall be partners in quality assurance, with representation on relevant committees, structured feedback mechanisms, and a documented response to the issues they raise.
- Quality assurance shall be evidence-driven. Judgements shall rest on data, documented observation and independent verification rather than on assertion.

- The Head of Quality Assurance & Institutional Policy shall be operationally independent of programme delivery and shall have a right of direct report to the Board of Governance.

The Quality Cycle

Stage	Instrument	Frequency	Reporting To
Design and approval	Programme approval; module approval; external panel scrutiny	Before first delivery	Programme Approval & Review Committee
Delivery assurance	Course file audit; teaching observation; attendance and engagement monitoring	Each semester	QAEC / Deans
Assessment assurance	Assessment moderation; internal verification; external examiner scrutiny	Each assessment cycle	Examination & Assessment Board
Outcome analysis	Assurance of Learning; attainment, progression and completion analysis	Each semester	Academic Board
Stakeholder feedback	Student module and programme surveys; staff, employer, alumni and external examiner feedback	Each semester / annually	QAEC
Annual monitoring	Annual Programme Monitoring Report with action plan	Annually	Academic Board / Board of Governance
Periodic review	Full programme review with external panel	≤ 5 years	Board of Governance
Enhancement	Improvement Plans; good practice dissemination	Continuous	QAEC
Institutional review	Institutional effectiveness report; accreditation readiness audit	Annually	Board of Governance

Procedure

76. The Head of Quality Assurance & Institutional Policy publishes an annual Quality Assurance Calendar before the start of each academic year, specifying every quality activity, its owner and its deadline.

77. Each programme team maintains a live evidence base: approved programme specification, module descriptors, course files, assessment briefs and marking evidence, moderation records, external examiner reports, student feedback and outcome data.

78. The Quality Assurance unit conducts scheduled audits of course files, assessment practice and delivery sites, sampling across programmes, levels and locations, and issues findings classified as conformity, observation, minor non-conformity or major non-conformity.

79. Every non-conformity generates a corrective action with a named owner and deadline, tracked to closure under Policy 13f. Major non-conformities are reported to the Academic Board and, where they bear on standards, to the Board of Governance.

80. Annual Programme Monitoring Reports are prepared by Programme Leaders, scrutinised by QAEC, and consolidated into an Annual Quality Report to the Board of Governance.

81. The Head of Quality Assurance & Institutional Policy reports twice yearly to the Board on the operation and effectiveness of the quality system, including any matter on which the assurance function has been unable to obtain adequate evidence.

Enhancement

Assurance establishes that standards are met; enhancement improves what is delivered. RSBT commits to systematic enhancement through: dissemination of identified good practice across Schools and delivery sites; a pedagogic development programme informed by teaching observation; annual review of assessment design to

reduce over-assessment and improve authenticity; investment in learning technology; and a small annual fund for staff-led teaching innovation projects, evaluated and reported to QAEC.

Compliance and Related Documents

Failure to participate in required quality processes — including failure to submit course files, monitoring reports or moderation evidence — is a performance matter addressed under Policy 5h and, where persistent, under Policy 5j.

Related: Policies 3a–3s; Policy 13a–13l; Policy 21a (Evaluation of Teaching Effectiveness); Quality Assurance Calendar; Course File Standard (Form QA-07).

UK STANDARD 3 — THE EDUCATIONAL PROGRAMME

Standard 3 governs the design, approval, delivery, assessment and review of the academic programmes of RSBT. It is the largest Standard in this Manual because it carries the School's central obligation: that a qualification awarded by or through RSBT means what it says.

3a. Programme Planning and Development

Policy Number	RSBT-ACAD-001
Policy Name	Programme Planning and Development
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the process by which a new programme is conceived, developed, scrutinised and approved for delivery, and by which an existing programme is materially modified. No programme may be advertised, recruited to or delivered before formal approval under this policy.

Policy Statement

- Every new programme must demonstrate mission alignment, market and employer demand, academic coherence, resource feasibility and financial viability before approval.
- Programme design shall begin from intended learning outcomes, referenced to the appropriate FHEQ or RQF level, and shall work backwards to assessment and then to content — not the reverse.
- External input is mandatory: at least one independent external academic and at least one employer or professional practitioner must contribute to the design and scrutiny of every new programme.
- Student consultation shall inform design where an existing student body is affected.
- Approval is granted for a defined period not exceeding five years, at the end of which periodic review under Policy 3k determines continuation.

Development Stages

Stage	Activity	Output	Approval
1. Concept	Market analysis, competitor scan, employer soundings, mission alignment, indicative financials	Programme Concept Proposal	Academic Board — permission to develop
2. Development	Learning outcome design, curriculum mapping, assessment strategy, staffing and resource plan	Draft Programme Specification and module descriptors	Programme team / Dean
3. Scrutiny	Internal review by QAEC; external academic and employer review; student comment	Scrutiny report with conditions	Programme Approval & Review Committee

Stage	Activity	Output	Approval
4. Approval	Panel meeting with programme team; resolution of conditions	Approval with or without conditions	Academic Board, ratified by Board of Governance
5. Readiness	Confirmation of staffing, learning resources, LMS build, handbook, assessment briefs	Launch Readiness Certificate	Head of QA & Institutional Policy
6. Launch	First delivery under enhanced monitoring	First-year monitoring report	QAEC

Approval Criteria

82. The programme is consistent with the mission and the strategic plan.

83. Learning outcomes are appropriate to the intended level and are demonstrably aligned to the FHEQ/RQF descriptors and any applicable Subject Benchmark Statement.

84. The curriculum is coherent, progressive across levels, and free of unjustified duplication or gaps.

85. The assessment strategy is valid, reliable, manageable, inclusive and sufficient to evidence every learning outcome at least once summatively.

86. Credit volume and notional learning hours are correctly calculated and consistent with sector norms.

87. Staffing is sufficient in number and qualification; the qualification profile of the teaching team meets Policy 5b.

88. Library, e-resource, laboratory, software and IT provision are demonstrably adequate and secured, not merely planned.

89. Admissions criteria are appropriate, published and non-discriminatory.

90. Where a professional body or awarding organisation is involved, its requirements are met and its approval is obtained or scheduled.

91. The financial model is viable at realistic rather than optimistic enrolment.

Modification

Modifications are classified as **minor** (correction, updated reading, reordering of content within a module, change of assessment weighting up to 10%) — approved by the Dean and reported to QAEC; or **major** (change to learning outcomes, award title, credit structure, assessment mode, entry requirements, delivery mode or location) — requiring approval by the Programme Approval & Review Committee and, where students are affected, prior consultation with those students. A major modification may not disadvantage students already enrolled; where it would, the previous structure is taught out under Policy 10d.

3b. Programme Specifications

Policy Number	RSBT-ACAD-002
Policy Name	Programme Specifications
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue

Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

The Programme Specification is the definitive published statement of a programme: what it is, what a graduate will be able to do, how that is assessed, and how it is structured. This policy governs its content, approval, publication and maintenance. Every programme delivered by or through RSBT, at any location, must have a current approved Programme Specification.

Required Content

- Awarding body and, where different, teaching institution and delivery location(s).
- Final award title, interim and exit awards, and any professional recognition conferred.
- FHEQ / RQF level and total credit volume, with credit at each level.
- Mode(s) and duration of study, including minimum and maximum registration periods.
- Programme aims and educational rationale.
- **Programme Learning Outcomes (PLOs)**, expressed as what the graduate will be able to do, grouped by knowledge, cognitive skills, practical skills, and autonomy, responsibility and professional conduct.
- Reference points used — FHEQ/RQF descriptors, Subject Benchmark Statement, professional standards, employer input.
- Programme structure by level, showing every module with code, title, credit value, and core/optional status.
- Teaching, learning and assessment strategy, and how it enables achievement of each PLO.
- A **PLO-to-module mapping matrix** demonstrating that every PLO is taught, practised and summatively assessed.
- Admission requirements, including English language requirements and recognition of prior learning provisions.
- Progression, award and classification rules.
- Support for learning, and arrangements for students with disabilities.
- Methods for evaluating and improving the quality of the programme.
- Date of approval, version number and date of next review.

Policy Statement and Procedure

92. The Programme Specification is drafted by the Programme Leader, scrutinised by QAEC and approved by the Academic Board as part of programme approval.

93. The published version must be accurate, complete and comprehensible to a prospective applicant. It is a document on which applicants are entitled to rely; material inaccuracy is a consumer protection matter under CMA guidance and is reportable under Policy 10e.

94. The Specification is published on the website and issued to every enrolled student in the programme handbook before or at enrolment.

95. Any change requires approval under Policy 3a. Version control follows Policy 1f.

96. The Registrar maintains the definitive register of approved Programme Specifications, including archived versions, so that the specification applicable to any given cohort can be identified for the lifetime of that cohort’s registration.

97. Students are taught and assessed against the Specification in force at their point of entry, unless a later version is more favourable and they consent in writing to transfer to it.

Related Documents

Related: Policy 3a; Policy 3k (Curriculum Approval and Revision); Policy 3m (Course Syllabus); Policy 10e (Publications); Programme Specification Template (Form ACAD-01).

3c. Undergraduate, Graduate and Postgraduate Completion Requirements

Policy Number	RSBT-ACAD-003
Policy Name	Undergraduate, Graduate and Postgraduate Completion Requirements
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; Credit frameworks for England
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out the requirements a student must satisfy to be eligible for an award of RSBT or an award delivered through RSBT, at every level of the portfolio.

Award Structure and Credit Requirements

Award	FHEQ / RQF Level	Total Credits	Minimum at Level	Normal Duration (FT)
Certificate of Higher Education	Level 4	120	120 at L4	1 year
Diploma of Higher Education	Level 5	240	120 at L5	2 years
Bachelor’s Degree (Honours) — BBA, BSc, BA	Level 6	360	120 at L6	3 years
Postgraduate Certificate	Level 7	60	60 at L7	4–6 months
Postgraduate Diploma	Level 7	120	120 at L7	8–12 months
Master’s Degree — MBA, EMBA, MSc	Level 7	180	150 at L7 incl. dissertation	12–18 months
MBA Top-Up	Level 7	As specified in the approved specification	—	6–12 months
Doctor of Business Administration (DBA)	Level 8	540 equivalent	Taught + thesis	3–5 years
Doctor of Philosophy (PhD)	Level 8	Thesis by research	—	3–6 years

One credit represents ten notional hours of learning. Credit volumes for regulated qualifications delivered through an awarding organisation follow that organisation’s published specification where it differs from the above.

General Completion Requirements

98. Achievement of the total credit required for the award, including all core and compulsory modules.

99. A pass in every module required for the award, or the application of compensation where the regulations expressly permit it.

100. Satisfaction of any programme-specific requirement — placement, internship, capstone, dissertation, professional practice or portfolio.

101. Completion within the maximum registration period: ordinarily twice the normal duration for taught programmes, and as specified in the research degree regulations for doctoral awards.

102. Satisfaction of the attendance and engagement requirements of Policy 6h.

103. Discharge of all financial obligations to the School under Policy 6g. Financial debt may delay the issue of a certificate or transcript but shall not invalidate an academic award already earned and confirmed.

104. Absence of an unresolved academic misconduct or disciplinary matter.

Compensation and Condonement

Where the programme regulations permit, an Examination & Assessment Board may compensate a marginal module failure without further assessment, subject to all of the following: the mark is within the compensation zone specified in the programme regulations; the module is not designated non-compensatable; the volume compensated does not exceed the limit stated in the regulations for that level; the student has achieved the programme learning outcomes overall; and the decision is minuted with reasons. Compensation is never available for a module required for professional recognition or for a dissertation, thesis or capstone.

Classification and Exit Awards

Honours degree classification is calculated in accordance with the published programme regulations, using a defined weighted average of Level 5 and Level 6 credit with Level 6 weighted more heavily, and a published borderline rule. Master's awards are classified as Pass, Merit or Distinction against published thresholds. The classification algorithm applicable to a cohort is fixed at the point of entry and published in the programme handbook.

A student who does not complete the full award but has accumulated sufficient credit at the required level shall be considered for the appropriate interim or exit award without the need to apply, and shall be informed of that entitlement in writing.

3d. Course Substitution

Policy Number	RSBT-ACAD-004
Policy Name	Course Substitution
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the circumstances in which a module may be substituted for another in a student's programme of study, and the approvals required.

Policy Statement

- Substitution is exceptional. The approved programme structure represents the coherent route to the programme learning outcomes and is the default for every student.
- A substitution may be approved only where the substituting module contributes to the same programme learning outcomes at the same level and credit volume, and where programme coherence is preserved.
- A core or compulsory module may not be substituted. A module required for professional recognition may not be substituted.
- Substitution may not be used to circumvent a failed module; failure is addressed under Policy 3q.
- The maximum volume of substituted credit in any award is 20% of the total, and no substitution is permitted at the final level of a Bachelor's degree or in the dissertation element of a Master's degree.

Permissible Grounds

- Discontinuation or non-running of an optional module in a given cycle.
- Timetable conflict which cannot reasonably be resolved.
- A documented disability or health condition making the original module inaccessible notwithstanding reasonable adjustment.
- Prior achievement of the module content evidenced through recognition of prior learning.
- Approved study abroad, exchange or industry placement where the substituting activity is mapped to equivalent outcomes.

Procedure

105. The student submits a Course Substitution Request to the Academic Adviser, with reasons and supporting evidence, before the module registration deadline.

106. The Academic Adviser assesses academic implications and confirms that the student understands any consequence for progression, classification or professional recognition.

107. The Programme Leader completes a learning outcome mapping demonstrating equivalence.

108. The Dean approves or refuses, recording reasons. Refusal must state the reasons and the right of review.

109. The Registrar records the approved substitution in the student record and in the degree audit, and the transcript shows the module actually taken.

110. All substitutions are reported to the Examination & Assessment Board and reviewed annually by QAEC for pattern and volume.

3e. Joint and Dual Degree Programmes

Policy Number	RSBT-ACAD-005
Policy Name	Joint and Dual Degree Programmes
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; QAA UK Quality Code — Partnerships
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs programmes delivered jointly with another institution and leading to a joint award, a dual award or a double award, at undergraduate, graduate and postgraduate level.

Definitions

- **Joint award** — a single certificate issued in the names of both institutions for a single integrated programme.
- **Dual (or double) award** — two separate qualifications, one from each institution, for a programme with substantial shared content, where the credit requirements of each award are separately satisfied.
- **Articulated pathway** — guaranteed progression from a qualification at one institution into an advanced stage at another; not a joint award.

Policy Statement

- A joint or dual arrangement may be approved only where the partner's awarding authority and quality assurance arrangements have been independently verified under Policy 1k, and where the partner's standards are comparable to RSBT's.
- The arrangement must be governed by a written agreement specifying: the award(s) to be conferred; responsibility for each element of delivery and assessment; the single set of academic regulations that will govern progression and award, or the mechanism for reconciling two sets; external examination; student records and data protection; fees and financial flows; complaint and appeal routing; intellectual property; term, review and termination with teach-out.
- Students must receive, before enrolment, unambiguous written information identifying which institution awards what, the recognition status of each award, total credit required, where each element is studied, and the fee payable to each institution.
- Double-counting of credit is permitted only within the limits expressly agreed and recorded in the approved specification, and must be transparent to the student.
- A single Examination & Assessment Board, or a joint board with agreed composition and quorum, shall confirm results and awards.

Procedure and Oversight

111. Partner due diligence under Policy 17d and verification under Policy 1k.

112. Joint academic development with mapped learning outcomes and an agreed assessment regime.

113. Approval by the Programme Approval & Review Committee, the Academic Board and the Board of Governance, with equivalent approval obtained by the partner.

114. Annual joint monitoring meeting and a shared annual monitoring report.

115. Joint periodic review at intervals not exceeding five years.

116. Immediate notification to RSBT by the partner — and a corresponding obligation on RSBT — of any change in accreditation, regulatory or legal status affecting the arrangement.

3f. E-Learning and Online Delivery

Policy Number	RSBT-ACAD-006
Policy Name	E-Learning and Online Delivery
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; QAA advice on digital and distance learning
Policy Owner	Executive Director — Information Technology / Academic Board

Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the design, delivery, support and assurance of learning delivered wholly or partly online, including fully online programmes, blended and hybrid delivery, and the online components of on-campus provision.

Policy Statement

- Online provision is held to identical academic standards as on-campus provision. Learning outcomes, credit volume, assessment demand and pass standards do not vary by mode.
- Online programmes must be **designed** for online delivery, not transposed from face-to-face materials. Approval requires evidence of learning design appropriate to the medium.
- Every online module must specify the balance of synchronous and asynchronous learning, expected student time commitment, tutor contact and response times, and technical requirements.
- Academic staff teaching online must complete training in online pedagogy, digital accessibility and online assessment integrity before delivering.
- The virtual learning environment shall meet WCAG 2.2 Level AA accessibility standards. Recorded material shall be captioned. Materials shall be provided in formats compatible with assistive technology.
- Student identity must be verified at enrolment and at the point of summative assessment. Assessment design must be robust to the availability of generative AI and unauthorised collaboration.
- Online students have identical entitlement to academic advising, library and e-resource access, technical support, careers support, counselling, complaints, appeals and representation.

Minimum Standards for an Online Module

Element	Minimum Standard
Module site	Live and complete before the module start date, with schedule, outcomes, assessment briefs and reading
Learning materials	Structured into weekly units; mixed media; no unit dependent on a single unsupported format
Tutor presence	Announced weekly; scheduled synchronous session or live surgery at least fortnightly
Response time	Discussion forum and email responded to within two working days
Formative feedback	At least one formative task with feedback before the first summative submission
Assessment feedback	Returned within twenty working days of the deadline
Engagement analytics	Monitored weekly; non-engagement triggers intervention under Policy 6h
Accessibility	WCAG 2.2 AA; captioned recordings; accessible documents; alt text on images
Technical resilience	Materials downloadable for offline study where bandwidth is constrained

Assessment Integrity Online

117. Assessment design favours authentic, individualised and applied tasks over recall-based examination wherever the learning outcomes permit.

118. Where invigilated assessment is required, remote proctoring or an approved supervised centre is used; the arrangements, the data collected and the retention period are disclosed to students in advance and assessed under Policy 22a.

119. Text-matching software is applied to all written submissions.

120. Oral defence, viva or code walkthrough may be required to verify authorship where authenticity is in question. This is a verification step, not an accusation, and is conducted under Policy 6n.

121. Generative AI use is governed by the module's declared AI-use classification under Policy 6n; declaration is mandatory.

Related Documents

Related: Policy 6o (Student Study Mode); Policy 6n (Academic Integrity); Policy 22d (Acceptable Use of Technology); Policy 22b (Information Security); VLE Minimum Standards (Form IT-04).

3g. Additional Degree from the Same Institution

Policy Number	RSBT-ACAD-007
Policy Name	Additional Degree from the Same Institution
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs applications by graduates or current students of RSBT to study for a second or further award of the School at the same or a different level.

Policy Statement

- A student may hold more than one RSBT award, subject to the limits in this policy.
- A second award at the same level must differ substantially from the first. The minimum requirement is that at least two-thirds of the credit for the second award is distinct from that counted towards the first.
- Credit already counted towards a completed award may be recognised towards a further award only up to one-third of the credit required for the further award, and never towards the dissertation, thesis or capstone element.
- A student may not be enrolled concurrently on two programmes leading to awards at the same level, except with the express approval of the Academic Board on documented grounds and where the total study load remains manageable.
- A second award is not granted for a change of specialism or concentration within the same award title; that is a change of concentration under Policy 14H.

Procedure

122. The applicant applies through the normal admissions route, declaring the existing RSBT award.

123. The Registrar prepares a credit analysis showing which credit may be recognised and which must be newly earned.

124. The Programme Leader confirms academic coherence and that the residual study represents a genuine and substantial additional programme.

125. The Dean approves or refuses with reasons.

126. Fees are charged for the credit actually to be studied, in accordance with the published fee schedule.

127. The award is conferred on completion of the residual requirements, and both awards appear separately on the academic record.

3h. Academic Progress

Policy Number	RSBT-ACAD-008
Policy Name	Academic Progress
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs how student academic progress is monitored, what constitutes satisfactory progress, and what action follows where progress is unsatisfactory. Its purpose is to identify difficulty early and intervene supportively, and only as a last resort to end a registration that cannot succeed.

Definition of Satisfactory Progress

- Passing at least 75% of the credit attempted in the academic year.
- Meeting the minimum attendance and engagement requirement of Policy 6h.
- Passing all modules designated as prerequisite for the next stage.
- Maintaining any minimum grade average specified in the programme regulations.
- Progressing within the maximum registration period.

Progression Framework

Status	Trigger	Action
Good standing	Satisfactory progress	Normal progression
Academic advisory	Failure of any module, or engagement below threshold in any module	Academic Adviser meeting within 10 working days; written support plan
Academic warning	Passing 50–74% of credit attempted, or two module failures in one semester	Formal written warning; mandatory fortnightly adviser meetings; study skills referral; reduced load may be required

Status	Trigger	Action
Academic probation	Passing below 50% of credit attempted, or continued failure after warning	Probation for one semester with a binding written contract of conditions; capped module registration; progress reviewed at mid-semester and end of semester
Suspension of studies	Failure to meet probation conditions	Registration suspended for a defined period with conditions for return; right of appeal
Withdrawal on academic grounds	Failure to meet conditions after suspension, or exhaustion of assessment attempts, or expiry of maximum registration period	Registration terminated; right of appeal under Policy 16f; exit award considered where credit permits

Procedure

128. Progress is reviewed formally at the end of each semester by the Examination & Assessment Board, and monitored continuously through attendance, engagement analytics and formative performance.

129. Where an early-warning indicator is triggered mid-semester, the Academic Adviser contacts the student within five working days.

130. Every change of status is communicated in writing, stating the reason, the evidence relied upon, the requirements attaching to the status, the support available and the right of appeal.

131. A student in difficulty is referred to Student Counselling (Policy 16e), Student Support and, where relevant, the disability adviser. Where personal circumstances are a factor, mitigating circumstances are considered before any adverse decision.

132. No student is withdrawn on academic grounds without a documented meeting having been offered, a support plan having been attempted, and the decision being taken by the Examination & Assessment Board rather than by an individual.

133. Every progression decision is recorded with reasons in the student record.

Related Documents

Related: Policy 3q (Repeating Courses); Policy 6h (Attendance); Policy 6m (Academic Advising); Policy 16f (Academic Appeals); Policy 14C (Withdrawal and Postponement).

3i. Assessment and Grading Policy

Policy Number	RSBT-ACAD-009
Policy Name	Assessment and Grading Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; QAA UK Quality Code — Assessment
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the design, setting, moderation, marking, feedback, recording and confirmation of all assessment leading to credit or an award. It applies to every module, mode and delivery location.

Assessment is the mechanism by which academic standards are made real. Every other quality process in this Manual ultimately depends on the integrity of assessment.

Principles

- **Valid** — assessment measures the intended learning outcomes and nothing else.
- **Reliable** — the same work would receive the same mark from any competent marker, and from the same marker on a different day.
- **Transparent** — students know in advance what is required, how it will be judged and what the criteria mean.
- **Fair and inclusive** — assessment does not advantage or disadvantage any group; reasonable adjustments are made under the Equality Act 2010.
- **Authentic** — tasks resemble the professional application of the learning wherever possible.
- **Manageable** — the assessment load is proportionate for both students and staff, and over-assessment is actively removed at review.
- **Developmental** — formative assessment and feedback precede summative judgement.

Grading Scale

Percentage	Grade	Grade Point	UG Classification	PG Classification	Descriptor
70–100	A	4.0	First Class	Distinction	Outstanding: authoritative command, critical originality, exemplary evidence base
60–69	B	3.0	Upper Second (2:1)	Merit	Strong: thorough understanding, sound critical analysis, well evidenced
50–59	C	2.0	Lower Second (2:2)	Pass	Competent: accurate understanding, some analysis, adequate evidence
40–49	D	1.0	Third Class	Fail	Threshold: minimum outcomes achieved, largely descriptive
0–39	F	0.0	Fail	Fail	Below threshold: outcomes not achieved

The pass mark is 40% at Levels 4–6 and 50% at Level 7 and above, unless the approved programme specification or awarding organisation specification provides otherwise. Non-graded outcomes are recorded as: **P** (pass, non-graded), **DEF** (deferred), **INC** (incomplete), **W** (withdrawn), **AM** (academic misconduct penalty applied), **EX** (exempt/credit recognised).

Setting, Moderation and Marking Procedure

134. **Setting.** The Module Leader drafts assessment briefs and marking criteria mapped to the module learning outcomes, and submits them at least six weeks before release to students.

135. **Internal moderation of the task.** A second qualified academic reviews every summative assessment brief and marking scheme for validity, clarity, level-appropriateness and absence of bias, and signs the moderation record before release.

136. **External approval.** Assessment briefs for modules contributing to the final award are sent to the external examiner or external verifier for comment before release, and their comments are addressed and recorded.

137. **Release.** Students receive the brief, criteria, weighting, word or time limit, submission arrangements, deadline and the module's AI-use classification, no later than the start of the teaching block.

138. **Marking.** Marking is against published criteria. Feedback must explain the mark by reference to the criteria and identify specific improvement actions.

139. **Internal moderation of marking.** A sample of not less than 10% or ten scripts, whichever is greater, including all fails, all firsts/distinctions, and all borderline scripts, is second-marked or moderated. Dissertations, theses and capstones are double-marked in full. Discrepancies are resolved by discussion and, failing agreement, by a third marker.

140. **Anonymity.** Marking is anonymous wherever the assessment format permits, and anonymity is lifted only after moderation.

141. **External examination.** The external examiner receives the moderated sample, the marking criteria and the mark distribution, and confirms in writing that standards are appropriate and comparable before results are confirmed.

142. **Confirmation.** The Examination & Assessment Board confirms all marks. Marks released before confirmation are provisional and must be labelled as such.

Feedback, Submission and Reassessment

- Marks and feedback are returned within **twenty working days** of the submission deadline. Where this cannot be met, students are informed of the reason and the revised date before the original deadline passes.
- Late submission without approved extension incurs a deduction of five percentage points per working day for up to five working days, after which the work is recorded as a non-submission. Work submitted late but capped at the pass mark is an alternative permitted only where the programme regulations expressly provide.
- Extensions of up to seven days may be granted by the Module Leader on documented grounds; longer deferrals require a mitigating circumstances claim.
- A student who fails a module is normally entitled to one reassessment attempt, capped at the pass mark unless the failure followed accepted mitigating circumstances, in which case the attempt is uncapped and treated as a first attempt.
- A student who fails after reassessment is dealt with under Policy 3q.

Assurance and Related Documents

Mark distributions are analysed by module, marker, cohort and delivery site each cycle. Distributions that deviate materially from the programme norm are investigated by the Head of Quality Assurance & Institutional Policy before confirmation.

Related: Policy 3j (Examinations); Policy 6f (Grade Revision); Policy 6n (Academic Integrity); Policy 13d (Assurance of Learning); Policy 16f (Academic Appeals).

3j. Examinations

Policy Number	RSBT-ACAD-010
Policy Name	Examinations
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Registrar
Date of Policy Development	01 September 2026

Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the scheduling, setting, security, conduct and administration of formal examinations, whether held on campus, at an approved partner venue or under remote invigilation.

Policy Statement

- The examination timetable is published not less than four weeks before the examination period.
- No student shall be scheduled for more than two examinations on one day, nor for two examinations in immediate succession without a break.
- Examination papers are confidential from drafting to sitting. Drafts are held in a restricted, access-logged location; printing is controlled and reconciled; papers are transported and stored securely and are opened only in the examination room at the appointed time.
- Every paper is internally moderated and, for modules contributing to the final award, approved by the external examiner before use.
- Reasonable adjustments — additional time, rest breaks, separate room, assistive technology, alternative format papers, use of a scribe or reader — are arranged in advance for students with an agreed support plan, and are administered discreetly.

Conduct of Examinations

143. Students must present approved photographic identification and their student card.

144. Candidates arriving within thirty minutes of the start may be admitted without additional time; after thirty minutes admission is at the discretion of the Chief Invigilator and is recorded. No candidate may leave within the first thirty minutes or the final fifteen minutes.

145. Only permitted materials specified on the paper may be brought into the room. Unauthorised material found in a candidate’s possession is treated as academic misconduct under Policy 6n irrespective of whether it was used.

146. Electronic devices must be switched off and deposited as directed. A device found switched on in a candidate’s possession is a misconduct matter.

147. Communication between candidates is prohibited from entry to the room until dismissal.

148. The invigilator-to-candidate ratio shall not exceed 1:30, with a minimum of two invigilators in any room.

149. The Chief Invigilator completes an incident report for every irregularity, and an attendance and seating record is retained.

150. Scripts are counted, reconciled against the attendance record and transported securely to marking.

Remote and Partner-Site Examinations

- Remote invigilated examinations require identity verification, environment scan, continuous supervision by approved proctoring arrangements, and a documented contingency for technical failure that does not disadvantage the candidate.
- Students must be informed in advance what data proctoring collects, how it is processed and how long it is retained; a data protection impact assessment must be completed before adoption of any proctoring system.
- Partner-site examinations are conducted under the same conditions, using RSBT papers, with invigilators approved by RSBT and subject to unannounced observation by RSBT staff.

- Where time zones require, examinations are held simultaneously wherever practicable; where this is not possible, alternative equivalent papers are used and the arrangement is approved in advance by the Academic Board.

Deferral, Absence and Emergency

A student unable to sit through accepted mitigating circumstances is deferred to the next available sitting as a first attempt without penalty. Unexplained absence is recorded as a non-submission and generates a fail. In the event of an emergency during an examination, candidate safety takes absolute precedence; the incident is documented and the Examination & Assessment Board determines whether the sitting stands, is extended or is rescheduled.

3k. Curriculum Approval and Revision

Policy Number	RSBT-ACAD-011
Policy Name	Curriculum Approval and Revision
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the ongoing revision of approved curricula and the conduct of periodic programme review. It complements Policy 3a, which governs initial approval.

Annual Curriculum Currency Review

151. Each Module Leader reviews module content, reading, technology, case material and assessment annually against developments in the discipline and in practice.

152. Proposed updates that do not alter learning outcomes, credit or assessment mode are approved by the Programme Leader and recorded.

153. Each Programme Leader submits an annual currency statement to the Dean confirming that the curriculum remains current and identifying any area requiring more substantial revision.

154. The Dean reports currency across the School to QAEC.

Periodic Programme Review

Every programme undergoes full periodic review at intervals not exceeding five years. The review is conducted by a panel including at least one external academic from a comparable institution, at least one employer or professional practitioner, one academic from a different School of RSBT, and a student representative. No member of the programme team may be a panel member.

Evidence Considered	Source
Programme specification and module descriptors	Programme team

Evidence Considered	Source
Five years of enrolment, progression, attainment and completion data, disaggregated by delivery site and by student characteristic	IRQA
Annual monitoring reports and closure of previous actions	QAEC
External examiner reports for the review period and the responses to them	Registrar
Student feedback, survey results and student representative submissions	Student Support / Students' Council
Graduate destination and employer feedback data	Engagement & Impact
Benchmarking against comparable UK and international programmes	Programme team
Assurance of Learning results against programme learning outcomes	IRQA
Staffing profile, scholarship activity and resource adequacy	Dean

The panel meets the programme team, current students and — where practicable — alumni and employers, and may visit delivery sites. It reports one of four outcomes: **re-approval** for a further period of up to five years; **re-approval with conditions** to be met within a stated period; **re-approval with recommendations**; or **non-continuation**, in which case the programme is closed to new entrants and taught out under Policy 10d.

The review report and action plan are approved by the Academic Board and reported to the Board of Governance. Conditions are tracked to closure under Policy 13f.

Emergency Revision

Where a change in law, professional regulation, awarding organisation specification or technology renders part of a curriculum inaccurate or non-compliant, the Rector may authorise immediate revision, notifying students affected, and reporting to the Academic Board for ratification within thirty days.

3l. Teaching and Learning Methodologies

Policy Number	RSBT-ACAD-012
Policy Name	Teaching and Learning Methodologies
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; UK Professional Standards Framework 2023
Policy Owner	Deans / Teaching Effectiveness Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out the expectations governing how teaching is conducted at RSBT and the methodologies the School requires, encourages and supports.

Policy Statement

- Teaching shall be **constructively aligned**: activities and assessment shall follow directly from the intended learning outcomes.
- Teaching shall be **active**. Passive transmission for the whole of a session is not acceptable practice. Every scheduled session must contain planned student activity.
- Teaching shall be **inclusive**, designed from the outset for a diverse student body rather than adjusted afterwards.
- Teaching shall be **research- and practice-informed**, drawing on current scholarship and current professional practice.
- Teaching shall be **digitally supported**, with the virtual learning environment used as a genuine extension of learning rather than a document repository.

Approved Methodologies

Methodology	Typical Application
Interactive lecture with structured activity	Concept introduction at all levels
Case method	Business, management and strategy modules; the core method of the CEPD executive provision
Seminar and structured discussion	Critical analysis and argument development at Levels 5–7
Problem-based and enquiry-based learning	Applied and professional modules
Laboratory, workshop and studio practice	Computing, data science and software engineering
Simulation and business gaming	Strategy, operations, finance and marketing decision-making
Live client and consultancy projects	Capstone and applied project modules
Work placement and internship	Employability modules across the portfolio
Flipped classroom	Where pre-session material can carry content delivery
Supervised independent study	Dissertation, thesis and research modules
Peer learning and structured group work	Collaboration outcomes, with individual contribution assessed
Guest practitioner sessions	Currency of professional practice

Expectations of Teaching Staff

155. Publish a module plan before delivery showing the session-by-session alignment of activity to outcomes.
156. Make materials available on the VLE not less than twenty-four hours before the session.
157. Provide formative opportunity and feedback in every module before the first summative assessment.
158. Respond to student academic queries within two working days.
159. Participate in peer observation of teaching at least annually under Policy 3s.

160. Engage in continuing professional development under Policy 5g, including at least one pedagogic development activity each year.

161. Reflect on module evaluation feedback and record the response in the module report under Policy 3n.

3m. Course Syllabus

Policy Number	RSBT-ACAD-013
Policy Name	Course Syllabus
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Programme Leaders
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

The syllabus is the contract between the module and the student. This policy specifies its required content, approval and publication.

Required Content

- Module code, title, credit value, level, semester and delivery mode.
- Module Leader and teaching team, with contact details and consultation hours.
- Prerequisites, co-requisites and any restrictions.
- Module aims and **Course Learning Outcomes (CLOs)**, expressed in measurable terms.
- Mapping of CLOs to Programme Learning Outcomes and to FHEQ/RQF level descriptors.
- Week-by-week schedule of topics, activities and preparation.
- Teaching and learning methods and expected student workload, broken into contact, directed and independent hours totalling the notional learning hours for the credit value.
- Assessment schedule: each task, its weighting, CLOs assessed, submission date, word or time limit, and the AI-use classification.
- Marking criteria or rubric for each assessment.
- Essential and recommended reading, with confirmed library or e-resource availability.
- Software, equipment or platform requirements.
- Attendance and engagement expectations.
- Academic integrity statement and reference to Policy 6n.
- Support and reasonable adjustment information.
- Version, approval date and approving authority.

Procedure

162. The Module Leader prepares the syllabus using the institutional template.

163. The Programme Leader verifies alignment with the approved module descriptor and programme specification, and confirms that reading is available in the library or e-resource collection.

164. The Dean approves the syllabus before the module opens.

165. The syllabus is published on the VLE and issued to students no later than the first day of teaching.

166. In-semester changes to the assessment schedule are permitted only for demonstrable necessity, require the Dean's approval, must not disadvantage students, and must be notified in writing with reasons.

167. The approved syllabus is filed in the course file under Policy 3n and retained for the period specified in the records retention schedule.

3n. Course File and Course Report Review

Policy Number	RSBT-ACAD-014
Policy Name	Course File and Course Report Review
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

The course file is the complete documentary evidence that a module was designed, delivered, assessed and evaluated to standard. This policy specifies its contents, the module report that closes it, and the review process.

Required Contents of the Course File

Section	Contents
A. Module documentation	Approved module descriptor; approved syllabus; teaching schedule; staff allocation
B. Delivery evidence	Session materials; recordings where applicable; VLE activity record; attendance and engagement data
C. Assessment design	All assessment briefs; marking criteria and rubrics; internal moderation record of the task; external examiner comment on the brief
D. Assessment evidence	Sample of marked work at each grade band — minimum of the highest, a middle and the lowest script per band; all failed scripts; all borderline scripts; feedback given
E. Moderation	Internal moderation record of marking; resolution of any discrepancy; external examiner report extract relevant to the module
F. Outcomes	Full mark list; statistical distribution; CLO attainment analysis under Policy 13d
G. Feedback	Student module evaluation results and free-text summary; peer observation record
H. Module report	Reflective module report by the Module Leader and the action plan arising

Module Report and Review Procedure

168. The Module Leader submits the completed course file, including the module report, within twenty working days of the confirmation of results.

169. The module report must address: attainment against each CLO and explanation of any CLO not achieved at the 70% benchmark; comparison with previous cycles; effectiveness of teaching methods and assessment design; student feedback and the response to it; issues with resources or scheduling; actions for the next delivery with owners and deadlines; and closure of actions from the previous cycle.

170. The Programme Leader reviews every course file for completeness and quality and countersigns.

171. The Quality Assurance unit audits a sample of not less than 20% of course files each semester against the Course File Standard, and audits 100% of files for modules where attainment or feedback indicates concern.

172. Audit findings are issued within ten working days, classified, and tracked to closure.

173. Systemic issues identified across course files are escalated to QAEC and reflected in the Annual Programme Monitoring Report.

174. Persistent failure to submit a compliant course file is addressed under Policy 5h.

Retention

Course files are retained for a minimum of six years, or for the lifetime of the relevant accreditation cycle plus one year, whichever is longer. Files relating to a programme subject to appeal, complaint or investigation are retained until the matter is finally concluded plus six years.

3o. Class Size

Policy Number	RSBT-ACAD-015
Policy Name	Class Size
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Deans / Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes maximum and minimum class sizes to protect pedagogic quality, student experience and financial viability.

Class Size Standards

Activity	Maximum	Minimum to Run	Notes
Lecture	120	12	May be exceeded with Dean approval where the venue and pedagogy permit
Seminar / tutorial	25	8	Absolute maximum — not to be exceeded
Computing / laboratory session	20 or one per workstation, whichever is lower	8	Health and safety and equipment capacity govern
Language or skills workshop	18	8	—

Activity	Maximum	Minimum to Run	Notes
Executive / CEPD cohort	30	10	Case method requires participation from all
Dissertation supervision	12 students per supervisor	—	Doctoral supervision: 6 candidates per principal supervisor
Online synchronous seminar	25	8	Same pedagogic limits as face-to-face
Online asynchronous cohort	40 per tutor	12	Reflects marking and forum moderation load

Procedure

175. The Registrar monitors registration against these limits at each registration cycle and reports exceptions to the Dean before teaching begins.

176. Where demand exceeds the maximum, the Dean shall create an additional group, secure a larger appropriate venue where pedagogically acceptable, or cap registration — in that order of preference. Exceeding a seminar or laboratory maximum is not permitted.

177. Where registration falls below the minimum, the Dean may run the module with a documented business or academic justification, merge groups, defer the module to the next cycle, or withdraw the option. Where an option is withdrawn, affected students must be notified before the start of teaching, offered an alternative that preserves their programme outcomes, and supported through the substitution process under Policy 3d.

178. Class size data is reported to QAEC each semester and reviewed against student satisfaction and attainment data annually.

3p. Intensive Modes of Course Delivery

Policy Number	RSBT-ACAD-016
Policy Name	Intensive Modes of Course Delivery
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs modules or programmes delivered in compressed or intensive format — block delivery, weekend or evening intensive, summer school, executive residential and immersion programmes — including the Global Immersion Programme.

Policy Statement

- Intensive delivery does not reduce the total notional learning hours, the learning outcomes, the assessment demand or the standard required. It redistributes the timing of learning.

- Contact hours in intensive mode shall not exceed **eight hours in any one day** or **forty hours in any one week**, inclusive of scheduled activity, and must include adequate breaks.
- Independent study time must be genuinely available. A module may not be scheduled such that the notional independent study hours could only be completed outside the registration period.
- Substantial summative assessment shall not fall within the intensive teaching block itself; students must have a reasonable period after teaching concludes to complete assessed work — ordinarily not less than two weeks.
- Pre-block preparatory work must be released not less than three weeks before the block begins.
- Intensive delivery requires specific approval at programme approval or as a major modification, with evidence that the pedagogy suits the compressed format.

Design Requirements and Monitoring

179. Intensive modules must be designed with high proportions of active, applied and collaborative learning; sustained lecture delivery is not appropriate in this format.

180. Formative checkpoints must occur within the block so that misunderstanding is identified before the block ends.

181. Post-block tutor availability must be specified and guaranteed for the assessment period.

182. Attendance requirements are proportionately higher: 90% attendance is required in intensive blocks, as absence cannot be recovered.

183. Attainment, progression and student evaluation for intensive modules are compared annually against the same modules in standard delivery. Material adverse variance triggers review of the format under Policy 3k.

3q. Repeating Courses

Policy Number	RSBT-ACAD-017
Policy Name	Repeating Courses
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the circumstances in which a student repeats a module, the number of attempts permitted, the treatment of marks and the fees payable.

Attempt Limits and Mark Treatment

Attempt	Nature	Mark Treatment
First attempt	Normal assessment	Full mark stands
Reassessment (second attempt)	Assessment only, without repeat attendance, in the same academic year where scheduled	Capped at the module pass mark

Attempt	Nature	Mark Treatment
Repeat with attendance (third attempt)	Full repeat of the module including attendance, normally in the following academic year	Capped at the module pass mark
Fourth attempt	Permitted only by exception on approved mitigating grounds, approved by the Academic Board	Capped at the module pass mark
Deferred first attempt	Where mitigating circumstances were accepted	Uncapped — treated as a first attempt

A student who has exhausted the permitted attempts on a module required for the award is considered under Policy 3h for an alternative route, an exit award, or withdrawal on academic grounds.

Procedure

184. Following confirmation of a fail, the Registrar notifies the student in writing within ten working days of the outcome, the attempt used, the next attempt available, the date, the fee payable and the support available.

185. The student must confirm registration for the repeat attempt by the published deadline. Failure to register is treated as a non-submission and consumes an attempt unless mitigating circumstances are accepted.

186. The student meets the Academic Adviser to agree a support plan before the repeat attempt.

187. Repeat with attendance requires payment of the module fee at the published rate; assessment-only reassessment attracts the published reassessment fee. Fees are waived where the failure followed accepted mitigating circumstances or an institutional error.

188. The transcript records all attempts and the final mark achieved, with the capped mark shown where a cap applies.

189. Repeat volumes are analysed by module each cycle; a module with an unusually high repeat rate is reviewed by QAEC for assessment design or teaching quality issues.

3r. General Education Policy

Policy Number	RSBT-ACAD-018
Policy Name	General Education Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements
Policy Owner	Office of the Rector / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the general education component that all RSBT undergraduate students complete, providing the transferable intellectual and professional capabilities that underpin discipline study and later career adaptability.

Policy Statement

All undergraduate programmes shall include a general education component of not less than 30 credits and not more than 60 credits, delivered principally at Level 4 with reinforcement at Levels 5 and 6. The component is compulsory and may not be substituted or exempted, save through recognition of prior learning against the same outcomes.

Required Domains

Domain	Learning Outcomes	Indicative Credit
Academic literacy and critical thinking	Locate, evaluate and synthesise sources; construct and critique argument; reference accurately; write for academic and professional audiences	15
Quantitative and data literacy	Interpret quantitative information; apply basic statistical reasoning; evaluate data-based claims; present data honestly	15
Digital and AI literacy	Use core digital tools competently; understand data protection and security basics; use generative AI critically, ethically and with declaration	10
Ethics, sustainability and social responsibility	Apply ethical reasoning to professional decisions; understand sustainability and the Sustainable Development Goals; recognise professional obligations	10
Communication and professional practice	Present effectively; work in diverse teams; give and receive feedback; conduct oneself professionally	10

Delivery and Assessment

- General education modules are taught by staff with relevant expertise and are assessed to the same standard as discipline modules.
- Wherever possible, general education outcomes are contextualised within the student's discipline to improve transfer and engagement.
- Attainment of general education outcomes is reported separately in the Assurance of Learning analysis under Policy 13d, and reviewed annually by QAEC.

3s. Teaching Effectiveness Peer Review Policy

Policy Number	RSBT-ACAD-019
Policy Name	Teaching Effectiveness Peer Review Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 3: The Educational Programme; QAA UK Quality Code; FHEQ; RQF; Ofqual General Conditions of Recognition; QAA Subject Benchmark Statements; UK Professional Standards Framework 2023
Policy Owner	Teaching Effectiveness Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029

Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the peer observation of teaching scheme. Its primary purpose is developmental: to improve teaching through structured collegial observation and dialogue. It applies to all staff who teach, including part-time, visiting and partner-site staff.

Policy Statement

- Every member of teaching staff shall be observed at least once in each academic year, and shall act as an observer at least once.
- Peer observation is developmental and is separate from performance management. Observation records are shared between observer and observee and are not routinely disclosed to line managers.
- Two exceptions apply, and both are declared in advance: where a member of staff is subject to a formal teaching improvement plan under Policy 21a, observation is used evaluatively and the record is disclosed; and aggregated, anonymised themes are reported to the Teaching Effectiveness Committee.
- New teaching staff and staff new to a delivery mode shall be observed within their first semester.
- Observation of online teaching is conducted on the same cycle, covering both synchronous sessions and the design and moderation of asynchronous provision.

Observation Process

190. **Pairing.** The Teaching Effectiveness Committee pairs observers and observees annually, ordinarily across programme teams to broaden perspective.

191. **Pre-observation meeting.** Observer and observee meet to discuss the module context, the session outcomes, the student group and any specific aspect on which the observee seeks feedback.

192. **Observation.** The observer attends the full session, observing without participating, using the institutional observation framework.

193. **Post-observation dialogue.** Held within five working days, structured as a professional conversation rather than a verdict, identifying strengths, areas for development and specific actions.

194. **Record.** A joint record is completed and signed by both parties, including agreed development actions.

195. **Follow-up.** The observee reports on the agreed actions in the annual professional development review under Policy 5g.

Observation Framework

Dimension	Focus of Observation
Planning and structure	Clear outcomes; logical sequence; appropriate pace; effective use of the session time
Subject expertise	Accuracy, currency, depth; ability to handle unexpected questions
Student engagement	Proportion of session with active student involvement; quality of questioning; participation across the group
Inclusivity	Accessibility of materials and delivery; culturally aware examples; equitable participation opportunity
Use of technology	Purposeful, reliable use of the VLE and in-session tools
Checking understanding	Evidence that the tutor established what students had understood and adjusted accordingly
Links to assessment	Explicit connection of the session to module outcomes and assessment

Aggregate Reporting and Related Documents

The Teaching Effectiveness Committee reports annually to the Academic Board on completion rates, aggregated thematic strengths and development needs, and consequent staff development priorities. No individual is identified in that report.

Related: Policy 21a (Evaluation of Teaching Effectiveness); Policy 5g (Professional Development); Policy 5h (Faculty and Staff Evaluation); Peer Observation Record (Form TEC-01).

STANDARD 4 — RESEARCH AND SCHOLARLY ACTIVITIES

Standard 4 governs research, scholarship and innovation at RSBT. The School's research ambition is deliberately applied: to produce work that improves practice in business, technology and the professions, that keeps teaching current, and that is conducted to the highest standards of integrity.

4a. Research and Innovation Policy

Policy Number	RSBT-RES-001
Policy Name	Research and Innovation Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the research and innovation framework of RSBT: its strategy, governance, expectations of staff, infrastructure and monitoring. It applies to all research and scholarly activity conducted by staff, students and visiting researchers under the name of RSBT, at any location.

Policy Statement

- RSBT shall maintain an approved Research and Scholarly Activity Plan aligned to Strategic Goal 4, with thematic priorities, targets and resourcing.
- All research shall be conducted in accordance with the Concordat to Support Research Integrity and shall observe the principles of honesty, rigour, transparency, open communication, care and respect, and accountability.
- All research involving human participants, personal data, animals, or matters of dual-use or security concern requires ethics approval before commencement under Policy 4f. Retrospective approval is never granted.
- Research shall inform teaching. Every academic member of staff shall demonstrate scholarly currency in the subjects they teach, whether through published research, professional practice, pedagogic scholarship or documented knowledge update under Policy 4j.
- Research data shall be managed, stored and, where possible, made openly available in accordance with a data management plan approved at the point of ethics approval.
- Open access publication is encouraged; where an article-processing charge is required, it may be supported from the research fund subject to Policy 4c.

Research Governance Structure

Body / Role	Responsibility
Board of Governance	Approves the research strategy and budget; receives the annual research report
Academic Board	Approves research policy; oversees research degree provision

Body / Role	Responsibility
Research & Ethics Committee	Ethics review and approval; integrity investigations; grant allocation; research quality oversight
Director of Research	Leads strategy delivery; chairs the Committee; manages clusters, grants and reporting
Research Cluster Leads	Lead thematic activity; mentor early-career researchers; report cluster output
Named Person for Research Integrity	Independent first point of contact for concerns about research conduct; may not be involved in investigating a concern they receive
Deans	Ensure workload allocation supports research; hold staff to scholarly currency expectations

Expectations and Support

- Full-time academic staff on a research-active contract are expected to produce at least one peer-reviewed output per year and to present at least once at a recognised conference.
- Staff on teaching-focused contracts are expected to maintain scholarly currency and to produce pedagogic scholarship or professional practice outputs.
- The School provides: an annual research fund (Policy 4c); conference support (Policy 4d); access to major academic databases; research methods and software training; statistical and methodological advice; and protected research time in the workload model under Policy 5g.
- Research performance is reviewed annually in the professional development review and reported in aggregate to the Board.

4b. Faculty Research Responsibilities and Publication Evaluation Criteria

Policy Number	RSBT-RES-002
Policy Name	Faculty Research Responsibilities and Publication Evaluation Criteria
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy defines the research responsibilities of academic staff and the criteria by which publications are evaluated for the purposes of workload recognition, promotion, reward and institutional reporting.

Publication Evaluation Tiers

Tier	Definition	Points
Tier 1	Article in a journal indexed in Web of Science (SSCI/SCIE) or Scopus Q1, or a scholarly monograph with a recognised international academic publisher	10

Tier	Definition	Points
Tier 2	Article in a Scopus Q2 journal, or an ABS/ABDC-listed journal at grade 2 or above, or an edited scholarly book with a recognised publisher	7
Tier 3	Article in a peer-reviewed journal indexed in Scopus Q3/Q4 or an equivalent recognised index; chapter in an edited scholarly book	4
Tier 4	Full paper in the proceedings of a peer-reviewed international conference; peer-reviewed professional or practitioner article	2
Tier 5	Granted patent; registered design; commercialised software; substantial technical or policy report commissioned by an external body	Assessed case by case, minimum 5
Excluded	Predatory or unindexed pay-to-publish outlets; non-peer-reviewed outlets; paper mills; outlets on recognised warning lists	0 — and reportable under Policy 4f

Where a publication has multiple authors, points are allocated in full to the RSBT corresponding or first author and at 50% to each other RSBT-affiliated author, subject to genuine authorship under the criteria below.

Authorship Standards

- Authorship requires **all** of: substantial contribution to conception, design, data acquisition, analysis or interpretation; contribution to drafting or critical revision; approval of the final version; and agreement to be accountable for the work.
- Gift, guest, honorary and ghost authorship are prohibited and constitute research misconduct under Policy 4f.
- The order of authors and the corresponding author shall be agreed in writing at the outset of the project.
- All RSBT-affiliated outputs shall state the RSBT affiliation in the form approved by the Media & Communications Department.
- Any funding, sponsorship or competing interest shall be declared in the publication.

Responsibilities and Verification

196. Staff record all outputs in the Institutional Research Repository within thirty days of acceptance, with the accepted manuscript deposited where the publisher permits.

197. The Director of Research verifies indexing status, tier classification and authorship declaration before points are recorded.

198. Any output submitted to a journal that appears on a recognised warning list is referred to the Research & Ethics Committee, which may direct that the affiliation be withdrawn.

199. Annual research points are used in the professional development review under Policy 5h, in promotion consideration under Policy 15c, and in the reward scheme under Policy 4e.

4c. Research Grant Policy

Policy Number	RSBT-RES-003
Policy Name	Research Grant Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026

Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the internal research fund of RSBT and the pursuit and administration of external research funding.

Internal Research Fund

Grant Type	Purpose	Maximum	Duration
Seed grant	Pilot study to enable a subsequent external bid or publication	£3,000	12 months
Project grant	Substantive project with defined outputs	£10,000	24 months
Early-career grant	First-time principal investigators within five years of doctoral award	£5,000	18 months
Publication support	Article-processing charges, professional editing, indexing fees	£2,000	—
Data and software	Datasets, licences, transcription and analysis tools	£2,500	—
Impact and knowledge exchange	Translating research into practice or policy	£4,000	12 months

Application and Award Procedure

200. Calls are issued twice yearly with published deadlines and criteria.

201. Applications comprise: research question and significance; methodology; ethics status; timeline; itemised budget; expected outputs; and alignment with a research cluster and institutional priority.

202. Applications are peer-reviewed by at least two reviewers, at least one external to the applicant’s School, scoring against significance, methodological rigour, feasibility, value for money and expected output.

203. The Research & Ethics Committee awards, awards with conditions, or declines with written feedback. Committee members with any interest in an application withdraw from its consideration.

204. Ethics approval must be in place before any funds are released for work involving participants or personal data.

205. Grant holders submit a progress report at the mid-point and a final report within sixty days of completion, including a financial reconciliation and evidence of outputs.

206. Unspent funds are returned. Failure to deliver agreed outputs without accepted reason renders the applicant ineligible for a further internal award for twenty-four months.

External Funding

- All external funding applications must be approved by the Director of Research and the Chief Financial Officer before submission, to confirm institutional capacity, costing, and acceptance of the funder’s terms.
- Full economic costing must be applied. No bid may be submitted that commits the School to unfunded cost without express approval of the CFO.
- Funding shall not be accepted from sources that would compromise academic independence, from sources subject to sanctions, or where the funder seeks the right to suppress or alter findings. The right to publish must be preserved in every agreement.

- Externally funded projects are managed against the funder's terms, with expenditure monitored monthly and reported to the Finance Committee.

4d. Conference Participation Policy

Policy Number	RSBT-RES-004
Policy Name	Conference Participation Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the approval and funding of staff and student participation in academic and professional conferences.

Policy Statement and Entitlement

- Priority for funding is given, in order, to: presenting a peer-reviewed paper at an indexed international conference; presenting at a recognised national conference; attending without presenting where there is a demonstrable strategic or professional development benefit.
- Each full-time academic member of staff may ordinarily be supported for one international and one national conference per academic year, subject to budget.
- Doctoral candidates and research-active postgraduate students may apply for support to present their own peer-reviewed work.
- Funding is not provided for conferences organised by, or associated with, predatory publishing operations. The Director of Research maintains and applies a verification check before approval.

Procedure

207. Application is made not less than thirty days before the conference, with the acceptance notice, the abstract or paper, the conference programme and verification of its standing, a full cost estimate, and confirmation of teaching cover arrangements.

208. The Dean confirms that teaching and assessment commitments are covered without detriment to students.

209. The Director of Research approves academic merit; the Chief Financial Officer approves the budget.

210. Travel is booked through the approved process at economy fare; expenses are claimed under Policy 9d with receipts.

211. Within fifteen working days of return, the participant submits a report covering the presentation given, key learning, contacts made, and how the learning will be applied to teaching or research, and delivers a dissemination session to colleagues.

212. The paper is deposited in the Institutional Research Repository.

Hosting Conferences

RSBT may host academic conferences and symposia. Proposals require approval by the Research & Ethics Committee and the Vice Chairman & COO, and must include a budget, a peer review process for submissions, and a plan for publication of proceedings. RSBT-hosted events shall apply genuine peer review and shall not accept submissions on payment alone.

4e. Research Publications Reward and Award Policy

Policy Number	RSBT-RES-005
Policy Name	Research Publications Reward and Award Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the incentives and recognition available for research output, in order to build a sustainable research culture.

Reward Schedule

Achievement	Recognition
Tier 1 publication	Financial award per the published schedule; citation in the annual research report; workload credit
Tier 2 publication	Financial award at 60% of the Tier 1 rate; workload credit
Tier 3 / Tier 4 publication	Certificate of recognition; workload credit
Granted patent or commercialised output	Financial award and a share of net revenue under Policy 4h
Successful external grant capture	Percentage of overhead recovery allocated to the principal investigator’s research account
Best Researcher of the Year	Institutional award, citation and development fund allocation
Best Early-Career Researcher	Institutional award and mentoring allocation
Research Impact Award	For demonstrable change in practice, policy or industry attributable to the research
Best Student Research Award	Undergraduate, postgraduate and doctoral categories

Financial awards are set annually by the Board of Governance on the recommendation of the Chief Financial Officer and are payable through payroll subject to applicable tax.

Eligibility and Procedure

213. The output must carry the RSBT affiliation in the approved form.

214. The output must be recorded in the Institutional Research Repository and verified by the Director of Research.

215. Where an output has multiple RSBT authors, the award is apportioned in accordance with the authorship allocation in Policy 4b.

216. Awards are not payable for outputs in excluded outlets, or where research misconduct is alleged, until the allegation is resolved.

217. An award already paid is recoverable where the output is subsequently retracted for misconduct.

218. Awards are announced annually at an institutional research event, and recipients are profiled in accordance with Policy 18j.

4f. Ethical Research Policy

Policy Number	RSBT-RES-006
Policy Name	Ethical Research Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research; UK GDPR; Data Protection Act 2018
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs research ethics at RSBT: the review and approval of research involving human participants or personal data, the standards of research integrity expected of all researchers, and the procedure for investigating allegations of research misconduct. It applies to staff, students, doctoral candidates, visiting researchers and any research conducted under the RSBT name.

Ethical Principles

- **Respect for persons** — informed, voluntary consent; the right to withdraw without penalty or explanation; special protection for participants who may be vulnerable.
- **Beneficence and non-maleficence** — risk of harm minimised and justified by the value of the research.
- **Justice** — fair selection of participants; no exploitation of accessible populations, including the School's own students.
- **Confidentiality and data protection** — personal data processed lawfully, minimised, secured and retained no longer than necessary.
- **Integrity** — honest conduct and reporting; no fabrication, falsification, plagiarism or misrepresentation.
- **Independence** — findings reported truthfully regardless of the interests of funders or sponsors.

Ethics Review Procedure

219. Every research project involving human participants, identifiable personal data, sensitive topics, animals, or dual-use potential requires approval before any data collection begins.

220. Applications are submitted through the Research Ethics Application, comprising: aims and methodology; participant group and recruitment; participant information sheet; consent form; data management plan; risk assessment; and any external approvals required.

221. Applications are triaged as **exempt** (secondary analysis of fully anonymous public data), **low risk** (chair's action by two reviewers), or **full review** (whole Committee).

222. Full review is mandatory where the research involves children or vulnerable adults, sensitive personal data, deception, covert observation, physical intervention, high-risk locations, or a conflict of interest.

223. Approval is granted for a defined period. Any change to the approved protocol requires an amendment application before implementation.

224. Adverse events must be reported to the Committee within five working days.

225. Where RSBT students are participants, additional safeguards apply: recruitment may not be conducted by a member of staff who teaches or assesses them, and non-participation must carry no consequence.

Research Misconduct

Research misconduct comprises fabrication, falsification, plagiarism, misrepresentation of data, qualifications, involvement or interests, breach of duty of care to participants, improper dealing with allegations of misconduct, failure to obtain ethics approval, undisclosed conflict of interest, and improper authorship practice.

226. Allegations may be raised confidentially with the Named Person for Research Integrity, who records and refers them.

227. The Director of Research conducts a preliminary assessment within ten working days to determine whether the allegation warrants formal investigation.

228. Where it does, a formal investigation panel is appointed comprising at least three members, including at least one member wholly independent of RSBT and none with any involvement in the matter.

229. The person under investigation is informed in writing of the allegation and the evidence, and is entitled to respond, to be accompanied, and to receive the panel's findings.

230. The panel reports findings and recommendations to the Rector. Outcomes may include: no case to answer; correction or retraction of the output; a requirement for training; referral to the disciplinary process under Policy 5j or Policy 16b; and notification of funders, publishers and regulators where required.

231. Confidentiality is maintained for both complainant and respondent to the extent compatible with a fair investigation. A complainant acting in good faith is protected under Policy 5k and the Public Interest Disclosure Act 1998.

4g. Student Involvement in Research

Policy Number	RSBT-RES-007
Policy Name	Student Involvement in Research
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the involvement of students in research, whether as researchers in their own right, as members of staff-led projects, or as research assistants.

Policy Statement

- Research capability is developed progressively: enquiry and source evaluation at Level 4; structured methods and small-scale enquiry at Level 5; an independent research project or dissertation at Level 6; a substantial supervised dissertation at Level 7; and original contribution to knowledge at Level 8.
- Students undertaking research involving human participants or personal data must obtain ethics approval under Policy 4f. The supervisor is accountable for ensuring approval is in place and may not permit data collection to begin without it.
- Students engaged in staff-led research are entitled to fair recognition of their contribution, including authorship where the criteria in Policy 4b are met.
- Students engaged as paid research assistants shall be employed on a written contract at not less than the National Living Wage, with defined hours consistent with any visa condition.
- Intellectual property arising from student research is governed by Policy 10c.
- Student research shall never be used to substitute for work that should properly be performed by paid staff.

Support and Opportunity

232. Supervisor allocation is confirmed at the start of the research module, with a minimum entitlement to supervision meetings specified in the programme handbook and a record kept of each meeting.

233. Research methods training, library research support, statistical advice and software training are provided.

234. An annual Student Research Conference provides a peer-reviewed presentation opportunity, with the best papers considered for publication in the institutional student research journal.

235. A student research fund supports data collection costs, conference attendance and publication for outstanding work.

236. Undergraduate research assistantships are advertised openly and allocated on merit.

4h. Commercialization of Research Output

Policy Number	RSBT-RES-008
Policy Name	Commercialization of Research Output
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research; Patents Act 1977; Copyright, Designs and Patents Act 1988
Policy Owner	Director of Research / Research & Ethics Committee / Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the identification, protection and commercial exploitation of intellectual property arising from research and innovation at RSBT, and the sharing of any resulting revenue.

Policy Statement

- Intellectual property created by employees in the course of their employment vests in RSBT, subject to Policy 10c and to any contrary agreement with a funder or partner.
- Staff must disclose to the Director of Research any output with potential commercial value before public disclosure, and must not publish or present it until protection has been considered. Premature disclosure can irrevocably destroy patentability.
- RSBT will not obstruct academic publication indefinitely; where protection is being pursued, publication may be deferred for a maximum of six months from disclosure unless the researcher agrees otherwise.
- Where RSBT decides not to pursue protection or exploitation within six months of disclosure, the researcher may request assignment of the rights to themselves, which shall not be unreasonably refused, subject to a licence back to RSBT for teaching and research use.

Revenue Sharing

Cumulative Net Revenue	Inventor / Creator Share	RSBT Share
First £20,000	70%	30%
£20,001 – £100,000	50%	50%
Above £100,000	30%	70%

Net revenue means gross revenue less the costs of protection, legal fees, marketing and any third-party obligation. Where there are multiple creators, the creators' share is divided as agreed between them in writing at the point of disclosure. The RSBT share is applied to the research fund and to further innovation support.

Procedure

237. Disclosure is made using the Invention and Innovation Disclosure Form.

238. The Director of Research, with external professional advice where warranted, assesses novelty, protectability, market potential and cost within thirty days.

239. A recommendation is made to the Vice Chairman & COO and the Chief Financial Officer, who authorise expenditure on protection.

240. Exploitation may proceed by licensing, assignment, or the formation of a spin-out company with Board approval.

241. Staff or students holding an interest in a spin-out must declare it under Policy 10a and may not participate in any RSBT decision concerning that company.

4i. Research Cluster Policy

Policy Number	RSBT-RES-009
Policy Name	Research Cluster Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029

Approved By	Board of Governance, RSBT UK

Purpose and Scope

Research clusters are the organising unit of research activity at RSBT, concentrating expertise around themes rather than dispersing it across individuals. This policy governs their establishment, operation, review and dissolution.

Establishment and Composition

- A cluster requires a minimum of four research-active members, a named lead of at least Associate Professor standing or equivalent research record, a defined thematic focus aligned to institutional priorities, and a three-year plan with output targets.
- Clusters may include members from more than one School, doctoral candidates, and external affiliates from partner institutions or industry.
- Proposals are considered by the Research & Ethics Committee and approved by the Academic Board.

Indicative Cluster Themes

- Leadership, Organisational Behaviour and Sustainable Performance — including AI-driven leadership transformation.
- Digital Transformation, Analytics and Information Systems.
- Artificial Intelligence, Machine Learning and Applied Data Science.
- International Business, Finance and Emerging Markets.
- Marketing, Consumer Behaviour and Digital Engagement.
- Sustainability, Governance and Responsible Enterprise.
- Higher Education Policy, Transnational Education and Learning Innovation.
- Tourism, Hospitality and Destination Innovation.

Operation, Monitoring and Dissolution

242. Each cluster meets at least monthly and maintains a record of meetings, projects and outputs.

243. Each cluster holds a small annual operating allocation for seminars, data and visiting speakers.

244. Cluster leads receive workload recognition under Policy 5g.

245. Each cluster submits an annual report on outputs, grants, doctoral supervision, external engagement and impact.

246. Clusters are formally reviewed every three years. A cluster that has not met its output targets is given a twelve-month improvement period, after which it may be restructured, merged or dissolved.

247. New clusters may be formed at any time; the Committee shall not permit proliferation of clusters that fragments capacity.

4j. Knowledge Update and Industry Update Policy

Policy Number	RSBT-RES-010
Policy Name	Knowledge Update and Industry Update Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Deans / Director of Research / Research & Ethics Committee
Date of Policy Development	01 September 2026

Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy requires every academic member of staff to maintain demonstrable currency in the subjects they teach, and requires the School to maintain currency of its curricula against industry practice. It is the mechanism that prevents a programme from quietly ageing while remaining formally approved.

Requirements for Academic Staff

Activity	Minimum per Academic Year	Evidence
Subject knowledge update — reading, MOOC, course, certification, scholarly engagement	20 hours	Log with reflection in the CPD record
Industry engagement — site visit, industry event, professional body activity, consultancy, practitioner dialogue	2 activities	Report and application to teaching
Pedagogic development	1 activity	Certificate or reflective record
Technology and tool currency — relevant software, platforms, AI tools	Continuous	Demonstrated in module materials
Curriculum currency contribution	1 documented update proposal	Recorded under Policy 3k

Institutional Mechanisms

248. **External Advisory Panels** for each School meet at least twice yearly to review curriculum currency against industry practice; their recommendations are logged and responded to within one review cycle.

249. **Industry immersion**: academic staff are encouraged to undertake short placements or projects with employers, supported through the workload model.

250. **Practitioner teaching**: each programme includes contributions from current practitioners, coordinated under Policy 12b.

251. **Annual technology and practice scan** conducted by each School and reported to QAEC alongside the currency statement under Policy 3k.

252. **Internal knowledge-sharing seminars** at which staff disseminate what they have learned; attendance counts towards the CPD requirement.

Monitoring

Compliance is reviewed in the annual professional development review under Policy 5h. Failure to maintain currency is a performance matter. Aggregate compliance is reported annually to QAEC and forms part of the evidence base for periodic programme review.

4k. Innovation and Entrepreneurship Centre Policy (RICEE)

Policy Number	RSBT-RES-011
Policy Name	Innovation and Entrepreneurship Centre Policy (RICEE)

Policy Version	Version 1.0
Standards Applicable	UK Standard 4: Research and Scholarly Activities; Concordat to Support Research Integrity; Concordat to Support the Career Development of Researchers; UKRIO Code of Practice for Research
Policy Owner	Director — RICEE
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the Rusel Innovation, Creativity and Entrepreneurship Excellence centre (RICEE): its mission, services, governance and evaluation. RICEE is the School's vehicle for turning ideas generated by students, staff, alumni and partners into ventures and applied innovations.

Mission and Services

- **Entrepreneurship education** — credit-bearing and non-credit enterprise modules, workshops and bootcamps.
- **Idea development** — structured ideation, business model design, customer discovery and validation support.
- **Incubation** — workspace, mentoring, and access to legal, financial and technical advice for early-stage ventures.
- **Mentoring network** — matching founders with alumni, industry and investor mentors.
- **Competitions** — an annual business plan and innovation competition with seed prizes.
- **Industry innovation projects** — student teams working on live challenges posed by partner organisations.
- **Knowledge exchange** — connecting RSBT research to commercial and social application under Policy 4h.

Governance and Access

253. RICEE is led by a Director reporting to the Vice Chairman & COO, with academic oversight from the Academic Board.

254. An advisory board including entrepreneurs, investors, alumni and academic members meets twice yearly.

255. Access to incubation services is by open application, assessed against venture viability, team capability, innovation and social or commercial impact, by a panel including at least one external member.

256. Support is granted for a defined period with milestone review; continuation depends on progress.

257. Where RSBT takes an equity interest in a venture, the terms are approved by the Board of Governance and the interests of student founders are protected by independent advice.

258. Conflicts of interest involving staff participation in ventures are declared and managed under Policy 10a.

Evaluation

RICEE reports annually to the Board of Governance against: number of participants and ventures supported; ventures formally registered; employment created; funding raised by supported ventures; survival rate at twelve and thirty-six months; student and alumni satisfaction; and industry challenges delivered. Outcomes inform the resourcing decision for the following year.

STANDARD 5 — FACULTY AND PROFESSIONAL STAFF

Standard 5 governs the employment, development, evaluation and treatment of the people through whom RSBT delivers its mission. All policies in this Standard operate within UK employment law and, for staff engaged outside the United Kingdom, within the mandatory employment law of the relevant jurisdiction where that provides greater protection.

5a. Faculty and Professional Staff Role Policy

Policy Number	RSBT-HR-001
Policy Name	Faculty and Professional Staff Role Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy defines the academic and professional staff structure of RSBT, the qualification and experience requirements for each rank, and the core responsibilities attaching to each role.

Academic Ranks and Minimum Requirements

Rank	Minimum Qualification	Minimum Experience	Principal Focus
Teaching Assistant / Demonstrator	Master’s in the discipline	—	Supported tutorial and laboratory delivery
Lecturer	Master’s in the discipline; doctorate in progress or professional equivalence	2 years teaching or 5 years relevant professional practice	Teaching and module leadership
Senior Lecturer	Doctorate in the discipline, or Master’s with exceptional professional standing	5 years higher education teaching	Teaching, programme leadership, scholarship
Associate Professor	Doctorate; sustained record of peer-reviewed publication	8 years, including programme leadership	Teaching, research leadership, supervision
Professor	Doctorate; substantial international research standing	12 years; recognised disciplinary leadership	Research leadership, doctoral supervision, external representation
Professor of Practice	Master’s minimum; distinguished professional record	15 years at senior professional level	Practice-based teaching and industry linkage
Visiting / Adjunct Faculty	As for the equivalent substantive rank	As for the equivalent rank	Specialist teaching contribution

Doctoral supervision requires a doctorate and, for principal supervision, prior experience of successful supervision to completion or completion of the institutional supervisor development programme with a co-supervisor.

Core Academic Responsibilities

- Design, deliver and assess modules to the standards of Standard 3.
- Maintain course files and submit module reports under Policy 3n.
- Provide academic advising and pastoral referral under Policy 6m.
- Participate in moderation, examination boards and quality processes.
- Maintain scholarly and industry currency under Policy 4j.
- Participate in peer observation under Policy 3s and in professional development under Policy 5g.
- Contribute to programme development, review, recruitment and institutional service.
- Uphold academic integrity and report suspected misconduct.

Professional Services Structure

Professional services staff are organised in the functions of Registry and Student Records; Admissions; Student Support and Welfare; Library and Learning Resources; Information Technology; Finance; Talent Empowerment (Human Resources); Quality Assurance and Institutional Research; Engagement & Impact; Media & Communications; and Administration and Facilities. Each function is led by a Head of Department with a documented job description, and each post carries a person specification stating essential and desirable requirements. Job descriptions are reviewed at least every three years and on any material change of duties.

5b. Employment Policy

Policy Number	RSBT-HR-002
Policy Name	Employment Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; Immigration Act 2014; Safeguarding Vulnerable Groups Act 2006
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs recruitment, selection, appointment and the terms of engagement of all RSBT staff, including staff engaged at partner and overseas locations to deliver RSBT provision.

Policy Statement

- Recruitment shall be open, fair, transparent and based solely on merit against published criteria. Appointments shall not be made on the basis of personal connection, and any relationship between an applicant and a member of the selection panel must be declared and the panel member replaced.

- All posts shall be advertised, internally at minimum and externally where the market requires. Direct appointment without advertisement is permitted only for genuinely exceptional appointments, with written justification approved by the Board of Governance.
- No candidate shall be asked about protected characteristics, family plans, or health, save for the purpose of arranging reasonable adjustments or where an occupational requirement lawfully applies.
- Right-to-work verification is mandatory before employment commences. Where sponsorship is involved, sponsor duties are discharged in full.
- Enhanced background checks are obtained where the role involves regulated activity with children or vulnerable adults.
- Qualifications shall be independently verified at source. Employment shall be terminated where a qualification is found to have been falsified.

Recruitment Procedure

259. **Approval to recruit.** The vacancy is justified against the staffing plan and budget and approved by the Dean or Head of Department, the CFO and the Rector or COO.

260. **Documentation.** A current job description and person specification are prepared or reviewed, with essential and desirable criteria that are objectively assessable.

261. **Advertisement.** Published for a minimum of fourteen calendar days on the RSBT careers page and appropriate external channels, stating the criteria, the terms and the closing date.

262. **Shortlisting.** Conducted by at least two people independently against the person specification, using a scoring matrix; scores and reasons are retained.

263. **Selection.** Panels comprise not fewer than three members and shall be diverse in composition wherever possible. Academic appointments include a teaching demonstration assessed against the framework in Policy 3s and, for senior posts, a research presentation.

264. **Assessment.** Structured interview against the criteria with a common question set and individual scoring, supplemented by task-based assessment appropriate to the role.

265. **Checks.** Two references, one from the current or most recent employer; qualification verification at source; right to work; background check where applicable; and, for senior posts, adverse media and disqualification checks.

266. **Offer.** Made in writing, conditional on satisfactory checks, stating salary, grade, hours, location, probation period and start date.

267. **Contract.** A written statement of particulars is issued on or before the first day of employment as required by law.

268. **Induction.** Completed within the first month, covering this Manual, safeguarding, data protection, health and safety, academic regulations and the Prevent duty.

Contract Types

Type	Use	Constraints
Permanent	Core, continuing roles	The default for continuing work
Fixed-term	Genuine time-limited need — funded project, cover, pilot programme	Objective justification required; equal treatment with comparable permanent staff; renewal reviewed
Part-time / fractional	Roles below full-time	Pro-rata terms in all respects
Visiting / adjunct	Specialist teaching input	Written agreement specifying duties, dates and fee; subject to the same approval and quality requirements

Type	Use	Constraints
Partner-site academic staff	Delivery of RSBT provision at a partner location	Employed by the partner, but individually approved by RSBT against Policy 5a criteria; RSBT may withdraw approval

Zero-hours arrangements shall not be used to cover ongoing, predictable teaching need. Where an individual has worked regular hours for twelve months, the School shall review the contract and offer terms reflecting the pattern actually worked.

5c. Grading Framework Policy

Policy Number	RSBT-HR-003
Policy Name	Grading Framework Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; Equality Act 2010 (equal pay)
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the job grading framework by which posts are evaluated and placed on the salary structure, ensuring internal consistency, external competitiveness and equal pay for work of equal value.

Grading Structure

Grade	Indicative Academic Roles	Indicative Professional Roles
1–2	Teaching Assistant, Demonstrator	Administrative Assistant, Reception, Facilities Assistant
3–4	Lecturer	Officer, Coordinator, Technician
5–6	Senior Lecturer, Programme Leader	Senior Officer, Manager
7–8	Associate Professor, Head of Department	Head of Department, Senior Manager
9	Professor, Dean	Executive Director
10	—	Rector, Chief Financial Officer, Chief Operating Officer

Evaluation Factors

Posts are evaluated analytically against seven factors, each with defined levels: knowledge and qualification required; responsibility for people; responsibility for resources and budget; problem-solving and decision-making complexity; communication and influence; autonomy and supervision received; and impact on institutional outcomes. Evaluation assesses the post, never the post-holder.

Procedure

269. A new or materially changed post is submitted for evaluation with a full job description and organisational context.

270. A trained evaluation panel of at least three, including an HR representative and a manager from outside the requesting area, scores the post against the factors.

271. The outcome is recorded with reasons and communicated to the requesting manager and, where the post is filled, to the post-holder.

272. A post-holder or manager may request review within twenty working days on the grounds that a factor was assessed on inaccurate information; review is conducted by a differently constituted panel.

273. Where a re-evaluation results in a higher grade, the salary is adjusted from the date the duties materially changed. Where it results in a lower grade, the post-holder's salary is protected for twelve months.

274. The School conducts an equal pay audit at least every three years, analysing pay by gender, ethnicity and other protected characteristics, and acts on any unexplained differential.

5d. Compensation and Benefits Policy

Policy Number	RSBT-HR-004
Policy Name	Compensation and Benefits Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; National Minimum Wage Act 1998; Pensions Act 2008
Policy Owner	Talent Empowerment Department / Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the determination and administration of pay and benefits for all RSBT staff.

Policy Statement

- Pay shall be sufficient to attract and retain staff of the quality the mission requires, shall be internally equitable, and shall never fall below the statutory minimum applicable to the individual.
- Pay is determined by the grade of the post under Policy 5c, position within the grade determined by relevant experience and qualification at appointment, and any approved market supplement.
- Market supplements require evidence of a genuine recruitment or retention difficulty, must be reviewed annually, and are separately identified so that they can be withdrawn if the market position changes.
- Pay is reviewed annually by the Board of Governance on the recommendation of the Nominations & Remuneration Committee, having regard to inflation, market data and financial sustainability.
- Remuneration of the Rector, the Chief Operating Officer and the Chief Financial Officer is determined by the Nominations & Remuneration Committee, and no individual participates in the determination of their own pay.

Benefits

Benefit	Provision
Pension	Automatic enrolment in a qualifying workplace pension scheme with employer contribution at or above the statutory minimum
Annual leave	Per Policy 5e, exceeding the statutory minimum
Sick pay	Occupational sick pay per Policy 5e, in addition to statutory entitlement
Family leave	Maternity, paternity, adoption, shared parental and parental bereavement leave and pay per statute, with occupational enhancement per Policy 5e
Professional development	Funded CPD, professional membership and study support per Policy 5g and Policy 19c
Employee assistance	Confidential counselling and support service under Policy 7m
Study benefit	Fee concession for staff and, where the scheme provides, immediate family, on RSBT programmes
Flexible and remote working	Per Policy 22l
Research support	Access to internal grants and conference funding per Policies 4c and 4d

Payroll Administration

275. Salaries are paid monthly by bank transfer on the date specified in the contract, with an itemised payslip.

276. Statutory deductions are made and remitted as required by law in the relevant jurisdiction.

277. Overpayments are recoverable, but recovery shall be by agreed instalment, taking account of the employee's circumstances, and shall not cause hardship.

278. Payroll data is confidential and processed under Policy 22a. Access is limited to those who require it for their duties.

279. Any additional payment — overtime, additional teaching, research award, acting-up allowance — requires prior written approval by the budget holder and the Chief Financial Officer.

5e. Leave Policy

Policy Number	RSBT-HR-005
Policy Name	Leave Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; Working Time Regulations 1998; Employment Rights Act 1996
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out the leave entitlements of RSBT staff and the procedures for requesting and recording leave. Entitlements stated are for full-time staff; part-time staff receive a pro-rata entitlement.

Leave Entitlements

Type of Leave	Entitlement	Notes
Annual leave	25 working days, rising to 28 after five years' service	Plus public holidays; academic staff take leave outside teaching and assessment periods
Public holidays	As applicable in the country of employment	—
Sickness — occupational	Up to 20 working days full pay in a rolling 12 months, then statutory	Certificate required from day 8; earlier where a pattern is identified
Maternity	52 weeks; occupational enhancement of full pay for the first 12 weeks after 12 months' service, then statutory	Risk assessment on notification; right to return to the same role
Paternity / partner	2 weeks at full pay	Extendable through shared parental leave
Adoption	As for maternity	—
Shared parental	Per statute	—
Parental bereavement	2 weeks at full pay	Additional discretionary leave available
Compassionate / bereavement	Up to 5 working days paid	Extension at the discretion of the Head of Department
Emergency dependant leave	Reasonable unpaid time off	Statutory right
Study leave	Up to 5 working days per year	For approved study under Policy 5g
Examination leave	Day of examination plus one preparation day	For approved study
Sabbatical / research leave	Up to one semester after six years' service	Competitive; requires a research plan with defined outputs and a return commitment
Jury service / public duty	Paid time off	Statutory
Unpaid leave	At the discretion of the Rector or COO	Continuity of service preserved

Procedure

280. Annual leave is requested through the HR system not less than fifteen working days in advance for periods exceeding three days.

281. Approval rests with the line manager, who must ensure that teaching, assessment, supervision and service commitments are covered. Leave shall not be unreasonably refused.

282. Academic staff shall not take annual leave during teaching weeks, examination periods or marking windows except with the Dean's express approval and with cover arranged.

283. Up to five days of untaken annual leave may be carried forward into the following leave year and must be taken within three months.

284. Sickness absence must be notified to the line manager on the first day of absence before the start of the working day, with an indication of expected duration. Return-to-work discussions are held after every absence.

285. Long-term absence is managed supportively with occupational health input, reasonable adjustments considered under the Equality Act 2010, and a phased return where appropriate.

286. All leave is recorded centrally; leave records are auditable and reported to the Board annually in aggregate.

5f. Personnel Records Policy

Policy Number	RSBT-HR-006
Policy Name	Personnel Records Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; UK GDPR; Data Protection Act 2018
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the creation, maintenance, access, security, retention and disposal of personnel records for all RSBT staff, workers, applicants and former employees.

Policy Statement

- RSBT processes personnel data only where a lawful basis exists, and processes special category data only where an additional Article 9 condition applies.
- Records shall be accurate, adequate, relevant and limited to what is necessary. Excessive or speculative information shall not be retained.
- The personnel file is the single authoritative record. Managers shall not maintain unofficial parallel files on individuals.
- Sensitive elements — occupational health, disability adjustments, disciplinary matters, background checks — shall be held in separately access-controlled sections.
- Staff have the right of access to their own data, and the rights of rectification, restriction, objection and erasure to the extent provided by law.

Retention Schedule

Record	Retention Period
Personnel file after termination of employment	6 years from the end of employment
Unsuccessful applicant records	6 months from the decision, unless consent is given to retain longer
Payroll and tax records	6 years from the end of the tax year
Right-to-work and sponsorship records	2 years after employment ends, or as required by sponsor duties
Occupational health records	Duration of employment plus 6 years; longer where statutory health surveillance applies
Accident and incident records	As required by RIDDOR and the health and safety records schedule
Disciplinary warnings	Expired warnings disregarded after the stated period; removed from the active file

Record	Retention Period
Background check certificates	Certificate number and date recorded; the certificate itself not retained beyond 6 months
Pension records	As required by the scheme and by law

Access and Security

287. Access to personnel records is restricted to the individual, their line manager for the purposes of managing them, HR staff, and others strictly on a documented need-to-know basis.

288. Access is logged. Unauthorised access to personnel records is a serious disciplinary matter and may constitute a criminal offence.

289. Records are held on access-controlled systems with encryption at rest and in transit; paper records, where any exist, are held in locked storage.

290. Subject access requests are acknowledged immediately and responded to within one month, extendable by two months for complex requests with notice to the requester.

291. A personal data breach is reported immediately to the Data Protection Officer for assessment and, where the threshold is met, notification to the Information Commissioner's Office within 72 hours under Policy 22a.

292. Records are securely destroyed at the end of the retention period, with a destruction record maintained.

5g. Professional Development and Faculty Workload Policy

Policy Number	RSBT-HR-007
Policy Name	Professional Development and Faculty Workload Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023
Policy Owner	Talent Empowerment Department / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the professional development entitlement of all staff and the allocation of academic workload. The two are treated together because development that is not protected in the workload model does not happen.

Professional Development

- Every member of staff is entitled to a minimum of **35 hours** of professional development per year, planned in the annual review and protected in the workload allocation.
- Academic staff shall include at least one pedagogic development activity, one subject currency activity and one industry engagement activity annually, per Policy 4j.
- New academic staff without a recognised teaching qualification shall be supported to obtain Advance HE Fellowship or an equivalent recognised teaching qualification within three years.

- The School supports doctoral study by staff through fee support and study leave under Policy 5e, subject to a written agreement covering the study plan and a service commitment following completion.
- Professional body membership and certification are supported under Policy 19c.
- Development undertaken must be recorded in the CPD log and reflected on in the annual review.

Academic Workload Model

Workload is allocated transparently against a standard full-time academic year of **1,650 hours**, distributed as follows and adjusted for contract type.

Category	Teaching-Focused	Balanced	Research-Focused
Teaching and direct student contact	45%	35%	20%
Assessment, marking and moderation	20%	15%	10%
Module and programme administration	10%	10%	5%
Scholarship / research	10%	25%	50%
Student support and advising	8%	7%	5%
Institutional service and committees	7%	8%	10%

- Maximum scheduled teaching contact: **18 hours per week** for teaching-focused staff, **14 hours** for balanced, **8 hours** for research-focused.
- Marking allowances are calculated using published per-script tariffs by assessment type and level, not estimated informally.
- Programme leadership, cluster leadership, doctoral supervision, external examining and major institutional roles carry defined hour allocations.
- Workload allocations are issued in writing before the start of the academic year, are visible to all staff within a School, and may be challenged through the line manager and, failing resolution, under Policy 5k.
- Preparation time for a module taught for the first time is allocated at twice the standard rate.

5h. Faculty and Staff Evaluation Policy

Policy Number	RSBT-HR-008
Policy Name	Faculty and Staff Evaluation Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the annual performance and development review process for all staff, and the process for managing underperformance.

Annual Review

293. Every member of staff has a formal annual review with their line manager, and an interim check-in at the mid-point of the year.

294. Review is against objectives agreed at the start of the cycle, which must be specific, measurable, achievable, relevant and time-bound, and aligned to the School and institutional operational plans.

295. Evidence considered for academic staff comprises: student module evaluation results; peer observation outcomes under Policy 3s; module attainment and CLO achievement data; course file audit outcomes; research and scholarship outputs; student support and advising contribution; institutional service; and CPD undertaken.

296. Evidence considered for professional staff comprises: achievement of objectives; service standards and user feedback; process improvement; project delivery; and CPD.

297. The review results in a written record signed by both parties, containing an overall performance rating, agreed objectives for the next cycle, development needs and any support required.

298. A member of staff who disagrees with the outcome may record a written dissent on the form and may escalate to the next level of management, whose decision on the process is final.

Performance Ratings

Rating	Definition	Consequence
Outstanding	Consistently exceeds expectations; identifiable institutional contribution	Eligible for recognition under Policy 15a and for accelerated development
Effective	Meets all expectations reliably	Normal progression
Developing	Meets most expectations; specific gaps identified	Targeted development plan with review in six months
Below expectations	Significant gaps against role requirements	Formal performance improvement plan

Managing Underperformance

299. Underperformance is addressed first through informal discussion, clear explanation of the standard required, and support. This stage must be genuine and recorded.

300. Where informal support does not resolve the matter, a **Performance Improvement Plan** is issued specifying the standards required, the support and training provided, the review points and the period, ordinarily three months.

301. Progress is reviewed at each review point in a documented meeting at which the employee may be accompanied.

302. Where the required standard is achieved, the plan is closed and confirmed in writing.

303. Where it is not, the matter proceeds to a formal capability hearing under Policy 5j, at which the employee is entitled to be accompanied, to see the evidence in advance, and to appeal any outcome.

304. Where underperformance arises from ill health or disability, occupational health advice is obtained and reasonable adjustments are considered before any capability process continues.

305. Where teaching quality is the concern, the process is coordinated with the Teaching Effectiveness Committee under Policy 21a.

5i. Probation Period Policy

Policy Number	RSBT-HR-009
Policy Name	Probation Period Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the probationary period applied to new appointments, providing a structured period in which suitability for the role is assessed and support is provided.

Policy Statement

- The standard probationary period is **six months** for professional services staff and **twelve months** for academic staff, reflecting the academic cycle.
- Probation may be extended once, by up to three months, where more time is genuinely needed to demonstrate suitability. Extension must be communicated in writing with reasons and clear objectives before the original period expires.
- Probation is a two-way process. The School undertakes to provide induction, a named mentor, clear objectives, regular feedback and the training necessary for the role.
- Failure to conduct probation reviews does not confirm the appointment by default, but any decision must take account of the extent to which the School met its own obligations.

Probation Milestones

Point	Activity
Week 1	Induction; issue of objectives; assignment of mentor; completion of mandatory training in safeguarding, data protection, health and safety and Prevent
Month 1	First review meeting — settling in, clarity of role, initial feedback
Month 3	Formal interim review against objectives; teaching observation for academic staff; documented outcome
Month 6	Review meeting; confirmation for professional staff, or continuation for academic staff
Month 9 (academic)	Second teaching observation; review of module delivery, feedback and course file
Month 11–12 (academic)	Final probation review and recommendation

Outcomes and Procedure

306. The line manager makes a recommendation to HR at the final review: confirm the appointment; extend probation with objectives; or terminate employment.

307. Confirmation is communicated in writing.

308. Where termination is recommended, the employee is invited to a meeting, given the evidence in advance, is entitled to be accompanied, and is given a full opportunity to respond before any decision.

309. Notice is given in accordance with the contract and applicable law.

310. The employee has a right of appeal, in writing within ten working days, to a manager not previously involved, whose decision is final.

311. Where concerns during probation relate to conduct rather than capability, the disciplinary procedure under Policy 5j applies.

5j. Discipline Policy

Policy Number	RSBT-HR-010
Policy Name	Discipline Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; ACAS Code of Practice on Disciplinary and Grievance Procedures
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the handling of staff misconduct. It is designed to be fair, consistent and proportionate, and follows the ACAS Code of Practice. It applies to all employees; where a worker is engaged by a partner institution to deliver RSBT provision, RSBT may withdraw approval to teach and require the partner to act.

Principles

- The purpose of the procedure is to improve conduct, not to punish. Dismissal is a last resort save in cases of gross misconduct.
- No disciplinary action is taken until the matter has been properly investigated.
- The employee is informed in writing of the allegation and provided with the evidence before any hearing.
- The employee has the right to be accompanied at any formal hearing by a colleague or trade union representative.
- The person who investigates shall not be the person who decides, wherever the size of the institution permits.
- Every outcome carries a right of appeal to a person not previously involved.
- Suspension is a neutral act, is used only where necessary, is on full pay, is kept as short as possible and is reviewed regularly.

Classification of Misconduct

Category	Examples	Typical First Outcome
Minor misconduct	Lateness; failure to follow a reasonable instruction; minor breach of procedure; failure to submit records on time	Informal discussion or first written warning

Category	Examples	Typical First Outcome
Serious misconduct	Repeated minor misconduct; significant breach of policy; unauthorised absence; failure to meet quality obligations after warning	Final written warning
Gross misconduct	Dishonesty, fraud or theft; falsification of qualifications, records or marks; assessment or examination malpractice; research misconduct; violence or serious threat; harassment, bullying or discrimination; safeguarding breach; serious data protection breach; serious breach of health and safety; acceptance of a bribe; conduct causing serious reputational damage; being unfit for duty through drugs or alcohol	Summary dismissal without notice

Procedure

312. **Investigation.** An investigating officer is appointed, gathers evidence, interviews the employee and witnesses, and reports on whether there is a case to answer. The employee is told they are being investigated and why.

313. **Notification.** If there is a case to answer, the employee is invited in writing to a hearing, given not less than five working days' notice, the allegations, the evidence, and notice of the right to be accompanied and of the possible outcomes.

314. **Hearing.** Chaired by a manager not involved in the investigation. The employee may present their case, call witnesses and question the evidence. The hearing may be adjourned for further enquiry.

315. **Decision.** Communicated in writing within five working days, with reasons, the sanction, the duration of any warning and the right of appeal.

316. **Appeal.** Lodged in writing within ten working days, heard by a more senior manager or a panel not previously involved, and may take the form of a review or a rehearing. The appeal outcome is final within the School.

Sanctions and Duration

Sanction	Live Period
Informal counselling	Not a formal sanction; recorded for 6 months
First written warning	6 months
Final written warning	12 months
Dismissal with notice	—
Summary dismissal for gross misconduct	—
Alternative sanctions — demotion, transfer, withdrawal of teaching approval, loss of allowance	As specified in the decision

Expired warnings are disregarded for the purpose of further action and are removed from the active personnel file.

5k. Appeals and Grievances Policy

Policy Number	RSBT-HR-011
Policy Name	Appeals and Grievances Policy
Policy Version	Version 1.0

Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; ACAS Code; Public Interest Disclosure Act 1998
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy provides the route by which a member of staff may raise a concern, complaint or grievance about their employment, and by which they may appeal a decision affecting them.

Policy Statement

- Every member of staff may raise a grievance without fear of detriment. Victimisation of a person who raises a grievance in good faith is itself a disciplinary matter.
- Grievances should first be raised informally with the line manager where it is reasonable to do so, since most matters are resolved most quickly at that level.
- Where informal resolution is inappropriate — including where the grievance concerns the line manager, or concerns harassment, discrimination or bullying — the grievance may be raised formally at the outset.
- Grievances are heard promptly. Delay is itself a source of harm.
- Mediation is offered where the matter concerns a working relationship and both parties consent; participation is voluntary and without prejudice.

Formal Grievance Procedure

317. The grievance is submitted in writing to HR, stating the nature of the concern, the facts relied on, what has already been attempted, and the resolution sought.

318. HR acknowledges within three working days and appoints a hearing manager not involved in the matter.

319. A hearing is convened within fifteen working days. The employee may be accompanied.

320. Investigation is conducted as necessary, including interviews with relevant parties.

321. The outcome is communicated in writing within ten working days of the hearing, with reasons and any remedial action.

322. An appeal may be lodged within ten working days, heard by a more senior manager or panel not previously involved, whose decision is final within the School.

323. Where the grievance concerns a member of the executive, it is heard by a panel appointed by the Board of Governance including at least one non-executive governor.

Whistleblowing

A disclosure about a criminal offence, a failure to comply with a legal obligation, a miscarriage of justice, a danger to health and safety, damage to the environment, or the concealment of any of these, is a protected disclosure under the Public Interest Disclosure Act 1998.

- Such a disclosure may be made to the line manager, to HR, to the Head of Quality Assurance & Institutional Policy, or directly to the Chair of the Audit & Risk Committee.
- Disclosures are investigated independently and, where the discloser requests, confidentially. Anonymous disclosures are considered but are harder to investigate.

- No person shall suffer any detriment for making a protected disclosure. Any such detriment is gross misconduct.
- The discloser is informed of the outcome so far as confidentiality and law permit.

External Recourse

Nothing in this policy limits a member of staff's statutory right to pursue a claim through an employment tribunal or other competent authority, or to seek advice from a trade union, ACAS or a legal adviser at any stage.

5l. Working Hours Policy

Policy Number	RSBT-HR-012
Policy Name	Working Hours Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 5: Faculty and Professional Staff; Employment Rights Act 1996; Equality Act 2010; Working Time Regulations 1998; UK Professional Standards Framework 2023; Working Time Regulations 1998
Policy Owner	Talent Empowerment Department
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes standard working hours, rest entitlements and flexibility arrangements for RSBT staff.

Standard Hours and Rest

- The standard full-time working week is **37.5 hours**, ordinarily worked Monday to Friday.
- Core hours during which staff are expected to be available are 10:00 to 16:00 local time, with flexibility outside those hours by agreement.
- Academic staff work such hours as are reasonably necessary to discharge the duties in their workload allocation; the allocation under Policy 5g is the control on total demand, and heads of department must act where an allocation proves unachievable within reasonable hours.
- Staff are entitled to an uninterrupted rest break of at least twenty minutes where the working day exceeds six hours, at least eleven consecutive hours of rest between working days, and at least twenty-four hours of uninterrupted weekly rest.
- Weekly working time shall not exceed an average of forty-eight hours over a seventeen-week reference period unless the individual has voluntarily opted out in writing. An opt-out may be withdrawn on notice and no detriment may follow from a refusal to opt out.

Flexible and Evening/Weekend Working

- All staff have the right to request flexible working; requests are considered on their merits, decided within two months, and refused only for a legitimate business reason, with reasons given in writing and a right of appeal.
- Where teaching is scheduled in evenings or at weekends — as is common in executive, part-time and international delivery — the hours count towards the working week and are offset by time off in lieu or by adjusted scheduling. They are not additional to a full weekday load.

- Staff supporting delivery across time zones shall have a schedule agreed in advance that protects rest periods; ad hoc expectations of availability outside agreed hours are not permitted.

Right to Disconnect and Recording

- Staff are not expected to read or respond to work communications outside their working hours. Managers shall not treat non-response outside working hours as a performance issue. Where a message is sent outside hours for the sender's own convenience, it should be marked as not requiring a response until the next working day.
- Working time records are maintained as required by law and are reviewed by HR for patterns indicating excessive hours, which are escalated to the Head of Department for action.
- Persistent excessive working is a wellbeing risk addressed under Policy 7m and, where systemic, a workload issue addressed under Policy 5g.

UK STANDARD 6 — STUDENTS

Standard 6 governs the relationship between RSBT and its students from first enquiry to graduation and beyond: how students are admitted, recorded, supported, assessed for progress, protected and represented. Students are treated throughout as both learners and consumers, with the rights that each status confers.

6a. Undergraduate, Graduate and Postgraduate Admissions Requirements Policy

Policy Number	RSBT-STU-001
Policy Name	Undergraduate, Graduate and Postgraduate Admissions Requirements Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar / Admissions Office
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the admission of students to all RSBT programmes at every level and at every delivery location. It exists to ensure that admission decisions are fair, transparent, based on the applicant's ability to succeed, and free from any pressure arising from recruitment targets or agent incentives.

Principles

- Admission is based on the applicant's demonstrated potential to complete the programme successfully. **No applicant shall be admitted who cannot reasonably be expected to succeed**, irrespective of their ability to pay.
- Entry criteria are published in advance, applied consistently, and not varied for an individual applicant except through the documented contextual admission or recognition of prior learning routes.
- Selection is non-discriminatory under the Equality Act 2010, and reasonable adjustments are made at every stage of the application process.
- Agents and representatives may assist applicants but shall not make admission decisions. Any agent found to have submitted falsified documentation is terminated immediately under Policy 17d.
- Applicants receive all information they need to make an informed choice — including total cost, duration, mode, awarding body, accreditation status and recognition — before they accept an offer, as required by consumer protection law.

Entry Requirements

Level of Entry	Academic Requirement	English Language Requirement
Level 4 — undergraduate year 1	Recognised secondary school leaving qualification at the standard specified for the programme, or an approved Level 3 qualification	IELTS 6.0 with no band below 5.5, or approved equivalent
Level 5 — advanced entry	Completed Level 4 study of 120 credits in a related field, subject to credit mapping	IELTS 6.0, or approved equivalent

Level of Entry	Academic Requirement	English Language Requirement
Level 6 — top-up entry	Completed Level 5 qualification of 240 credits in a cognate field	IELTS 6.0, or approved equivalent
Level 7 — Master's / MBA	Bachelor's degree at a minimum of lower second class or recognised equivalent; relevant professional experience considered for the EMBA and executive routes	IELTS 6.5 with no band below 6.0, or approved equivalent
Level 7 — MBA Top-Up	Recognised Level 7 Diploma of 120 credits in management or an approved cognate award	IELTS 6.5, or approved equivalent
Level 8 — PhD / DBA	Master's degree in a relevant discipline with a substantial research or dissertation component; an acceptable research proposal; and an available supervisor with relevant expertise	IELTS 7.0 with no band below 6.5, or approved equivalent

The English language requirement is waived where the applicant's prior qualification was taught and assessed wholly in English at an institution in a country where English is the medium of instruction, evidenced in writing. Internal English assessment may be offered as an alternative where the programme regulations permit and where the assessment is independently administered.

Admissions Procedure

324. The applicant submits an application with certified academic transcripts and certificates, identification, English language evidence, a personal statement, references where required, and a research proposal for doctoral applications.

325. The Admissions Office verifies completeness and authenticity. Qualifications are verified at source or through an approved verification service; where verification cannot be obtained, the application does not proceed.

326. Applications meeting the criteria are assessed academically by the programme team. Doctoral applications additionally require supervisory capacity confirmation and Research & Ethics Committee comment on the proposal.

327. Interview is required for doctoral, executive and, at the programme's discretion, other applications; interviews are structured and recorded.

328. A decision is issued within fifteen working days of a complete application: unconditional offer, conditional offer, offer of an alternative programme, or rejection. Rejections state the reason and the right of review.

329. The offer sets out the programme, duration, mode, location, total tuition fee and any other mandatory cost, the payment schedule, the awarding body, the conditions to be met and the deadline for acceptance.

330. Conditions are verified before enrolment. A student may not commence study with outstanding academic conditions.

331. Enrolment includes identity verification, right-to-study check where applicable, acceptance of the student terms and conditions, and registration in the student record system.

Contextual Admission, RPL and Review

- **Contextual admission** may be applied where an applicant narrowly misses the published criteria but demonstrates strong potential through relevant experience, an access programme, a substantial personal statement or interview performance. Every contextual admission requires written justification approved by the Dean and is monitored for outcome.
- **Recognition of Prior Learning** may confer entry, advanced standing or credit, on evidence mapped to learning outcomes, subject to a maximum of one-third of the credit for the award and never for the dissertation or capstone. RPL claims are assessed by the programme team and approved by the Dean.

- An applicant may request review of an admission decision within fifteen working days on the grounds of procedural error, failure to consider submitted evidence, or discrimination. Review is conducted by a person not involved in the original decision.
- Admissions data — applications, offers, acceptances and subsequent outcomes — is analysed annually by protected characteristic, entry route and delivery location, and reported to the Academic Board.

6b. Transfer Admission

Policy Number	RSBT-STU-002
Policy Name	Transfer Admission
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the admission of students transferring into RSBT from another institution with credit already earned, and the transfer of RSBT students to another institution.

Incoming Transfer

- The applicant must meet the standard entry requirements for the point of entry sought, in addition to holding transferable credit.
- Credit is recognised only where it was earned at a recognised institution, is at an appropriate level, maps to the learning outcomes of RSBT modules, and was earned within the currency period specified for the discipline — ordinarily five years, and three years for rapidly changing technical content.
- The maximum credit recognised is **two-thirds** of the total for the award. A student must complete at least one-third of the award, including the final-level dissertation, thesis or capstone, at RSBT.
- Credit is recognised as a pass; the original marks do not transfer and do not contribute to classification. Classification is calculated on RSBT credit only, and the method is explained to the student before acceptance.
- A student may not transfer in credit for a module they failed elsewhere.

Procedure

332. The applicant submits an official transcript, module descriptors or syllabi for every module claimed, and evidence of the awarding institution’s recognition status.

333. The Registrar verifies the transcript directly with the issuing institution.

334. The programme team maps each claimed module against RSBT learning outcomes and credit volume, and records the mapping.

335. The Dean approves the credit recognition and the resulting point of entry.

336. The applicant receives a written statement before accepting the offer, showing exactly which credit is recognised, what remains to be completed, the duration and the fee.

337. The recognised credit is recorded on the student record as RPL/EX and appears on the transcript identified as transferred credit.

Outgoing Transfer and Student Protection

A student wishing to transfer out is entitled to a full official transcript, a statement of credit earned and its level, and a reference, provided within ten working days of request. Withholding these documents on grounds of fee debt is permitted only to the extent stated in Policy 6g, and a statement of credit earned shall never be withheld where the student needs it to continue their education elsewhere. Where RSBT closes a programme, transfer support is provided under Policy 10d at no cost to the student.

6c. Student Records

Policy Number	RSBT-STU-003
Policy Name	Student Records
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; UK GDPR; Data Protection Act 2018
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the creation, accuracy, security, access, retention and disposal of student records — the definitive institutional record of a student's relationship with RSBT.

Record Contents and Retention

Record Category	Contents	Retention
Application and admission	Application, qualifications, verification evidence, offer, conditions	6 years after the end of registration
Enrolment and registration	Registration record, programme, mode, status changes, identity verification	6 years after the end of registration
Academic record	Modules, marks, credit, progression decisions, awards	Permanent — core academic record
Assessment evidence	Scripts, submissions, feedback, moderation records	Minimum 6 years, or until any appeal is concluded plus 6 years
Attendance and engagement	Attendance data, engagement analytics, interventions	3 years after the end of registration
Support and adjustment	Disability adjustments, support plans, counselling referrals	6 years after the end of registration; held with restricted access

Record Category	Contents	Retention
Discipline and misconduct	Investigations, hearings, outcomes, appeals	6 years after the end of registration; expunged earlier where the outcome so directs
Complaints and appeals	Submissions, evidence, decisions	6 years after final conclusion
Financial	Fees charged, payments, refunds, sponsorship	6 years after the end of the relevant financial year
Award and certification	Certificate issued, transcript issued, verification requests	Permanent

Policy Statement and Procedure

338. The student record system is the single authoritative source. Departmental spreadsheets or local copies shall not be used as records of academic decisions.

339. Students must be able to view their own record and must notify the Registrar of any change to their personal details within fifteen days.

340. Students may request correction of factual inaccuracy at any time; academic judgement recorded in the form of a mark is not "inaccurate data" and is challengeable only through Policy 6f or Policy 16f.

341. Access to student records is role-based, logged and limited to those with a legitimate need. Bulk export requires authorisation by the Registrar.

342. Records are held on systems with encryption at rest and in transit, with access control, audit logging and backup under Policy 22c.

343. Personal data breaches are reported immediately to the Data Protection Officer under Policy 22a.

344. Records at partner and overseas locations are held to identical standards; where personal data is transferred internationally, an appropriate transfer mechanism must be in place before the transfer occurs.

345. The permanent academic record is preserved in a form that will remain retrievable and verifiable indefinitely, including in the event of institutional closure, in accordance with Policy 10d.

6d. Student Information Release

Policy Number	RSBT-STU-004
Policy Name	Student Information Release
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; UK GDPR
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the disclosure of student information to third parties, and the verification of qualifications by external enquirers.

Policy Statement

- Student information is confidential. It shall not be disclosed to any third party — including a parent, spouse, employer or agent — without the student's explicit, informed and specific written consent, or another lawful basis.
- Consent must be freely given and may be withdrawn at any time. A student's consent for an agent to act on their behalf during admission does not extend to disclosure of academic performance after enrolment unless separately given.
- Disclosure without consent is permitted only where: required by law or court order; required by an awarding organisation, accrediting body or regulator exercising a lawful function; necessary to protect the vital interests of the student or another person in an emergency; or necessary for the establishment or defence of legal claims.
- Where an emergency disclosure is made, the student shall be informed as soon as it is safe and appropriate to do so, and the disclosure shall be recorded with the reason and the decision-maker.

Award Verification

346. RSBT operates a qualification verification service for employers and institutions.

347. In response to a verification enquiry accompanied by evidence of the student's consent, RSBT confirms: the award title, the classification, the dates of study and the date of award. No further information is released.

348. Where consent is not evidenced, RSBT will confirm only whether a stated award was made to a person of that name on a stated date — information that the enquirer already holds — and will not volunteer any additional detail.

349. Verification requests are logged. Suspected fraudulent claims of an RSBT qualification are investigated and, where appropriate, reported to the relevant authority.

References and Procedure

- A reference is provided at the student's request, is factual and fair, and is based on the record. Staff shall not provide personal references on RSBT letterhead for matters outside their knowledge of the student's academic performance.
- Requests for disclosure are submitted to the Registrar, who verifies the identity of the requester and the existence of a lawful basis before any release.
- All disclosures are recorded in the disclosure log with the date, the recipient, the information released and the basis.

6e. Degree Audit Policy

Policy Number	RSBT-STU-005
Policy Name	Degree Audit Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029

Approved By	Board of Governance, RSBT UK

Purpose and Scope

The degree audit is the formal verification that a student has satisfied every requirement for their award. This policy governs its conduct, timing and outcome.

Audit Points

Point	Purpose
At enrolment	Confirm the programme requirements applicable to the cohort and record the study plan
Annually at re-registration	Verify progress against the plan; identify shortfalls early
At the start of the final year	Full pre-graduation audit; identify any outstanding requirement while it can still be remedied
Before the final Examination & Assessment Board	Definitive audit confirming eligibility for the award
Before certificate issue	Final confirmation that all requirements including financial obligations are discharged

Audit Checklist and Procedure

350. Total credit achieved equals or exceeds the requirement for the award.

351. Credit at each level meets the minimum specified in Policy 3c.

352. All core and compulsory modules are passed, or compensation has been validly applied and minuted.

353. Programme-specific requirements — placement, capstone, dissertation, professional practice — are complete.

354. The general education requirement under Policy 3r is satisfied for undergraduate awards.

355. Registration falls within the maximum period.

356. No academic misconduct or disciplinary matter is unresolved.

357. Any recognised prior or transferred credit is correctly recorded and within limits.

358. The classification calculation is verified independently by a second officer.

359. The result of the audit is recorded and, where a shortfall exists, communicated to the student within five working days with the options available.

Errors and Remedy

Where an audit error results in a student being advised incorrectly about their remaining requirements, and the student has relied on that advice to their detriment, the School shall take all reasonable steps to remedy the position at no cost to the student — including additional teaching, an additional assessment opportunity, or fee waiver. Such cases are reported to the Academic Board and to the Head of Quality Assurance & Institutional Policy as a service failure.

6f. Grade Revision and Approval Policy

Policy Number	RSBT-STU-006
Policy Name	Grade Revision and Approval Policy
Policy Version	Version 1.0

Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the circumstances in which a mark, once recorded, may be changed, and the approvals required. Its purpose is to protect the integrity of the academic record while allowing genuine errors to be corrected.

Policy Statement

- A mark confirmed by the Examination & Assessment Board is final and may be changed only through this policy.
- A mark may be revised on one of four grounds only: **arithmetical or transcription error**; **administrative error**, such as an omitted component or a misapplied weighting; **procedural irregularity** in the assessment or marking process; or **outcome of an academic appeal** under Policy 16f or an academic misconduct decision under Policy 6n.
- **Academic judgement is not a ground for revision.** A marker's judgement of the quality of work is not subject to challenge or renegotiation, either by the student or by any member of staff.
- A mark shall never be changed as a result of pressure, lobbying, personal relationship, sponsorship consideration, or concern about progression or classification outcomes. Any attempt to induce a change of mark on such grounds is gross misconduct under Policy 5j and a disciplinary matter for a student under Policy 16b.
- No individual member of staff may alter a confirmed mark in the student record system. Revision is effected only by the Registrar on documented authority.

Procedure

360. The proposed revision is submitted on the Grade Revision Form by the Module Leader or arises from an appeal decision, stating the ground, the evidence and the proposed new mark.

361. The Programme Leader verifies the ground and the evidence.

362. The Dean approves or refuses. Where the revision would change a progression or classification outcome, the Chair of the Examination & Assessment Board must also approve.

363. The Registrar effects the change, records the previous mark, the new mark, the ground, the authority and the date in the audit trail, which is permanent and cannot be edited.

364. The student is notified in writing of the revision and its effect.

365. Where the revision changes an award already conferred, the Academic Board considers whether the award must be amended or revoked, and the certificate is reissued or recalled accordingly.

366. All grade revisions are reported to the Examination & Assessment Board and reviewed annually by QAEC for volume and pattern; a module or marker with an unusual revision rate is investigated.

6g. Student Finance

Policy Number	RSBT-STU-007
Policy Name	Student Finance
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Consumer Rights Act 2015; CMA guidance
Policy Owner	Chief Financial Officer / Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs tuition fees and other charges, payment, refunds, financial support and the consequences of non-payment.

Policy Statement

- All fees and mandatory costs shall be published before application and shall be stated in full in the offer. No cost that a student must incur to complete the programme may be undisclosed at the point of acceptance.
- The tuition fee for a cohort is fixed for the normal duration of the programme, save for an inflationary adjustment stated in the offer at the outset and capped at the rate disclosed. Unannounced mid-programme fee increases are not permitted.
- Fee schedules, payment plans, late payment charges and refund entitlements are published on the website and in the student terms and conditions.
- Financial hardship shall not automatically end a student's registration. Students in difficulty are offered a payment plan and referred to financial guidance before any sanction is applied.

Refund Schedule

Timing of Withdrawal	Refund of Tuition Fee
Cancellation within 14 days of accepting the offer (statutory cooling-off)	100% — full refund of all sums paid
Before the programme start date	100% less the non-refundable registration fee as disclosed
Within 2 weeks of the start date	75%
Within 4 weeks of the start date	50%
Within 6 weeks of the start date	25%
After 6 weeks from the start date	No refund
Visa refusal, evidenced, before commencement	100% less an administration charge as disclosed
Programme cancelled or materially changed by RSBT	100%, plus reasonable consequential costs, per Policy 10d

Refunds are made to the original payer within thirty days of approval. Where a sponsor paid the fee, the refund is made to the sponsor.

Non-Payment and Support

367. A payment reminder is issued seven days before the due date, and a second on the due date.

368. At fourteen days overdue the student is invited to discuss a payment plan and is referred to financial guidance.

369. At thirty days overdue, and only after the student has been offered a payment plan, access to non-essential services may be restricted. **Access to teaching, assessment, the library and student welfare services shall not be withdrawn for fee debt.**

370. At sixty days overdue, and with the approval of the Chief Financial Officer, the student may be suspended from registration. The student must first be given written notice, an opportunity to make representations and a right of appeal.

371. Certificates and full transcripts may be withheld while a debt remains outstanding; however, a statement of credit earned shall always be provided where required for transfer or employment.

372. Debt shall never invalidate an academic award already earned and confirmed by the Examination & Assessment Board.

373. Scholarship, sponsorship and fee waiver support is available under Policy 20a.

6h. Student Attendance

Policy Number	RSBT-STU-008
Policy Name	Student Attendance
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets attendance and engagement requirements, and the process for monitoring and responding to non-attendance. Attendance is monitored because it is the earliest reliable indicator of academic difficulty and of student welfare concerns — not as an end in itself.

Requirements

Mode	Minimum Requirement	Measured By
On-campus taught	75% of scheduled sessions per module	Session register
Intensive / block delivery	90% of scheduled sessions	Session register
Hybrid	75% across in-person and synchronous online sessions combined	Register and platform log
Online synchronous	75% of scheduled live sessions, or completion of the equivalent asynchronous activity within 7 days	Platform attendance log
Online asynchronous	Weekly engagement with required activities; no gap exceeding 14 days	VLE engagement analytics

Mode	Minimum Requirement	Measured By
Research degree	Attendance at all scheduled supervision meetings; minimum of 8 recorded meetings per year	Supervision log
Placement / internship	100% of placement days, with absence notified to both the employer and the School	Employer confirmation

Where a student holds a visa with an attendance condition, the sponsor's requirements apply in addition and are the more stringent obligation.

Monitoring and Intervention

374. Attendance and engagement are recorded for every session and reviewed weekly by the programme administrator.

375. **First trigger** — two consecutive absences or engagement below 70%: an automated supportive contact from the programme team asking whether the student needs help.

376. **Second trigger** — continued absence or engagement below 60%: a meeting with the Academic Adviser within five working days, exploring academic, personal, financial and health factors, with referral to Student Counselling or the disability adviser as appropriate.

377. **Third trigger** — engagement below 50% or four weeks of no contact: a formal written warning, escalation to the Dean, welfare check, and consideration of academic advisory status under Policy 3h.

378. **Fourth trigger** — no engagement for eight weeks despite documented attempts at contact: the student is considered for withdrawal under Policy 14C, with prior written notice and a right to make representations.

379. Attendance below the required minimum in a module may result in a bar from the assessment of that module, but only where the requirement was clearly published in the syllabus, the student was warned in advance, and mitigating circumstances have been considered.

380. Where a student's absence raises a welfare or safeguarding concern, the safeguarding procedure under Policy 19b takes precedence over the attendance procedure.

6i. Gender Equality Policy

Policy Number	RSBT-STU-009
Policy Name	Gender Equality Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Equality Act 2010
Policy Owner	Equality, Diversity & Inclusion Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy commits RSBT to gender equality across admissions, teaching, assessment, employment, promotion, governance and the wider student and staff experience. It applies to all members of the RSBT community at every location.

Policy Statement

- No person shall be treated less favourably in any aspect of study or employment on the grounds of sex, gender reassignment, pregnancy or maternity, marriage or civil partnership, or sexual orientation.
- Admissions criteria, selection processes, assessment and progression decisions shall be applied without regard to gender, and shall be monitored for differential impact.
- Recruitment, pay, promotion, workload allocation and development opportunity shall be free of gender bias. Equal pay audits are conducted under Policy 5c.
- The School shall work towards gender balance in governance, senior leadership and academic ranks, publishing composition data annually.
- Curriculum content, case material, imagery and marketing shall avoid gender stereotyping and shall reflect diverse leadership.
- Pregnancy, maternity, paternity and caring responsibilities shall not disadvantage a student's academic progress; appropriate adjustments including interruption of study, deferred assessment and flexible attendance shall be made.
- Sexual harassment and gender-based violence are prohibited absolutely, are treated as gross misconduct or a Category A student disciplinary offence, and are addressed under Policies 5j, 16c and 19a.
- Where RSBT operates in a jurisdiction whose law or custom differs, the School shall apply the higher protective standard consistent with local law, and shall not deliver in any manner that requires the segregation or exclusion of students on grounds of gender in a way that affects their learning opportunity.

Implementation and Monitoring

381. The Equality, Diversity & Inclusion Committee sets annual gender equality objectives and monitors progress quarterly.

382. The following data is collected, analysed and published annually by gender: applications, offers, enrolments; continuation, attainment and completion; degree classification; staff composition by grade; promotion applications and outcomes; pay gap; complaints and disciplinary cases; governance composition.

383. Any unexplained differential gap is investigated and an action plan is developed under Policy 13e.

384. All staff complete equality and inclusion training on induction and refresher training every three years.

385. Support is available through Student Counselling, the Employee Assistance Programme and named contacts trained in handling disclosures of harassment.

6j. Student Activities

Policy Number	RSBT-STU-010
Policy Name	Student Activities
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue

Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs student clubs, societies, events and extra-curricular activity organised under the auspices of RSBT.

Policy Statement and Registration

- Student activity is a core part of the RSBT experience and is supported and resourced, not merely permitted.
- Every club or society must register annually with Student Support, providing a constitution, a committee, a statement of purpose and a minimum of ten founding members.
- Clubs must be open to all students without discrimination and must not require any payment that would exclude students on financial grounds.
- Clubs may not adopt a political party affiliation, engage in activity contrary to Policy 6p, or represent themselves as speaking for RSBT.
- Online and partner-site students shall have access to activity appropriate to their location and mode, including virtual societies and networks.

Events Procedure

386. Event proposals are submitted to Student Support at least fifteen working days in advance, with a description, expected attendance, venue, budget and risk assessment.

387. A risk assessment is required for every event and must address venue safety, crowd management, catering, first aid, transport and any specific hazards.

388. External speakers are subject to the approval process in Policy 6p, submitted at least twenty working days in advance.

389. Events involving travel require additional approval, travel insurance, an itinerary lodged with Student Support, and a designated staff or student lead who is contactable throughout.

390. Alcohol, where lawful and permitted at the venue, is subject to responsible service arrangements; events shall always offer a full non-alcoholic alternative and shall not make alcohol central to participation.

391. Post-event, the organiser submits a short report including attendance, financial reconciliation and any incident.

Funding and Conduct

An annual student activities budget is allocated by the Student Affairs & Welfare Committee against applications assessed on participation reach, alignment with the student experience strategy and value for money. Funds are administered by Student Support and are accounted for under Policy 9d. Club officers are accountable for the conduct of their activities; misconduct in the course of a club activity is dealt with under Policy 16c, and repeated failure may result in de-registration of the club.

6k. Student Publications and Media

Policy Number	RSBT-STU-011
Policy Name	Student Publications and Media
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Defamation Act 2013; UK GDPR
Policy Owner	Head of Student Support / Media & Communications

Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs student-produced publications, broadcasts, podcasts, blogs and social media operated under the RSBT name or using RSBT resources.

Policy Statement

- RSBT supports student publication as an expression of academic freedom and as a valuable developmental activity, and does not exercise prior editorial control over student opinion.
- Editorial independence is subject to law and to the standards below. It does not extend to material that is defamatory, discriminatory, harassing, unlawful, in breach of copyright or data protection, or that promotes extremism contrary to Policy 6p.
- Student publications must carry a clear statement that views expressed are those of the authors and not of RSBT.
- Use of the RSBT name, logo or marks requires approval from Media & Communications under Policy 18b, which may be granted subject to conditions but shall not be used to suppress lawful criticism of the institution.
- Student journalists shall be given reasonable access to institutional information and to officers for comment, and shall not suffer detriment for publishing criticism of the School.

Standards and Procedure

392. Every publication shall have a named student editor accountable for content, and a nominated staff adviser available for guidance.

393. Contributors are responsible for the accuracy of factual claims; the publication shall correct significant errors promptly and prominently.

394. Individuals criticised shall be offered a right of reply.

395. Personal data shall not be published without consent or another lawful basis; images of identifiable individuals require consent under Policy 18d.

396. Copyright material shall not be reproduced without licence or applicable exception.

397. Complaints about a student publication are made to the student editor in the first instance and, if unresolved, to the Head of Student Support, who may require correction, apology, removal of unlawful material or, in serious or repeated cases, withdrawal of institutional support.

398. The nominated staff adviser shall provide training on defamation, data protection, copyright and ethical reporting to editorial teams annually.

6l. Health Services

Policy Number	RSBT-STU-012
Policy Name	Health Services
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Health and Safety at Work etc. Act 1974

Policy Owner	Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out the health provision RSBT makes available to students and the arrangements for medical emergencies.

Provision

- RSBT is not a healthcare provider. It provides first aid, signposting, emergency response and referral, and works in partnership with local healthcare services.
- Trained first aiders shall be available at every delivery location during operating hours, in numbers determined by the first aid needs assessment, with names and locations displayed.
- First aid facilities, equipment and a private space for assessment shall be provided and maintained at every location. Automated external defibrillators shall be installed at principal sites with staff trained in their use.
- All students shall receive, at induction, information on registering with local health services, accessing emergency care, mental health support, and the arrangements applying at their location.
- International students shall receive specific guidance on healthcare access, health insurance requirements and any immigration health surcharge applicable in the country of study.

Medical Emergencies and Records

399. In a medical emergency, the first priority is the summoning of professional emergency assistance and the safety of the individual. No other consideration takes precedence.

400. The first aider provides assistance within the limits of their training pending the arrival of emergency services.

401. The incident is reported under Policy 7f and, where reportable, under RIDDOR.

402. The student's emergency contact is notified as soon as practicable. Emergency contact details are collected at enrolment, kept current, and used only for this purpose.

403. Health information disclosed by a student is confidential, held with restricted access under Policy 6c, and shared only on a strict need-to-know basis or where necessary to protect vital interests.

404. Where a health condition affects study, the student is referred to the disability and wellbeing adviser to agree reasonable adjustments under Policy 19a.

Health Promotion

The School shall run an annual programme of health promotion covering mental health awareness, physical activity, nutrition, sexual health, and substance awareness, coordinated with Policy 7m and delivered in formats accessible to on-campus, online and partner-site students.

6m. Academic Advising

Policy Number	RSBT-STU-013
Policy Name	Academic Advising
Policy Version	Version 1.0

Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Deans / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the academic advising system: the allocation of an academic adviser to every student, the expectations of that relationship, and the referral pathways to specialist support.

Policy Statement

- Every student is allocated a named Academic Adviser at enrolment and is informed of their name and contact details in their first week.
- The adviser caseload shall not exceed **25 students** per full-time academic member of staff.
- The adviser relationship is continuous through the programme wherever staffing permits; where an adviser changes, the student is informed and the record is transferred.
- The adviser is the student's first point of contact for academic matters and the primary route to specialist support. The adviser is not a counsellor and must refer, not attempt to provide, specialist welfare support.

Advising Schedule

Meeting	Timing	Focus
Initial	Within 2 weeks of enrolment	Introduction; study plan; expectations; identification of any support need
Semester planning	Before each registration	Module selection; workload; progression requirements
Mid-semester review	Week 6–7	Engagement, formative performance, early difficulty
Post-results	After results confirmation	Performance review; action planning
Trigger-based	Within 5 working days of an early-warning trigger	Support intervention under Policy 3h or 6h
Final year	Start of final year	Degree audit; graduation requirements; career and progression planning

Every meeting is recorded on the student record with the date, topics discussed, actions agreed and any referral made. Records are visible to the student.

Referral Pathways and Training

- Learning development and study skills — Academic Skills Unit.
- Disability, specific learning difference and reasonable adjustments — Disability Adviser, Policy 19a.
- Mental health and personal difficulty — Student Counselling, Policy 16e.
- Financial difficulty — Student Finance and Policy 20a.
- Immigration and visa matters — International Student Support, Policy 16h.
- Careers, placement and employability — Career Support, Policy 17g.

- Complaints and appeals — Policies 16g and 16f.

Advisers receive training on induction and annually thereafter, covering the academic regulations, recognising distress, boundaries of the role, referral pathways, safeguarding and confidentiality. Advising quality is evaluated through the annual student survey and reported to the Student Affairs & Welfare Committee.

6n. Student Academic Integrity and Plagiarism Policy

Policy Number	RSBT-STU-014
Policy Name	Student Academic Integrity and Plagiarism Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; QAA advice on academic integrity and contract cheating
Policy Owner	Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy defines academic misconduct, sets out how it is detected and investigated, and prescribes penalties. It applies to all assessed work at every level, mode and location.

Academic integrity is the foundation of the value of an RSBT qualification. A qualification obtained dishonestly devalues the qualification of every other graduate of the School, and the policy is applied on that basis.

Definitions of Academic Misconduct

Offence	Definition
Plagiarism	Presenting the work, words, ideas, data or images of another as one’s own, without adequate acknowledgement
Self-plagiarism	Resubmitting one’s own previously assessed work without acknowledgement and permission
Collusion	Unauthorised collaboration; presenting jointly produced work as individual work
Contract cheating	Commissioning, purchasing or obtaining work from a third party, including essay mills, and submitting it as one’s own
Falsification	Inventing, altering or misrepresenting data, results, sources, references, or evidence including mitigating circumstances documentation
Examination misconduct	Unauthorised material, communication, impersonation, or removal of examination material
Impersonation	Arranging for another to undertake an assessment, or undertaking an assessment for another
Improper use of generative AI	Use of AI tools beyond the level permitted by the module’s declared classification, or failure to declare use where declaration is required
Facilitation	Assisting another to commit any of the above, including sharing work for submission

Generative AI Classification

Every assessment brief must state one of three classifications, and the classification is binding:

Class	Permitted Use	Declaration
AI-Prohibited	No use of generative AI at any stage. Used where the outcome being assessed is the capability the tool would replace	Statement of non-use required
AI-Assisted	Permitted for specified purposes — e.g. brainstorming, language editing, code explanation — but not for generating submitted content	Declaration of tools used and how, required
AI-Integrated	Use encouraged as part of the task; the assessment focuses on prompt design, critical evaluation and verification of output	Full log of prompts and outputs required as an appendix

In all classifications, the student remains fully responsible for the accuracy, originality and academic integrity of what they submit. Fabricated references produced by an AI tool are falsification, regardless of classification.

Detection and Investigation Procedure

405. All written submissions pass through text-matching software. A similarity score is an indicator only and is never itself evidence of misconduct; every case requires academic judgement.

406. Where misconduct is suspected, the Module Leader refers the case to the Academic Integrity Officer with the evidence within five working days.

407. The Academic Integrity Officer conducts a preliminary assessment. Where there is a case to answer, the student is notified in writing with the allegation and the evidence, and invited to a meeting within ten working days.

408. The student may be accompanied, may respond in writing if they prefer, and may be asked to demonstrate authorship through an authenticity interview or viva. Refusal to attend does not prevent a decision but the student is given a further opportunity.

409. **Minor first offences** may be dealt with by the Academic Integrity Officer. **Serious or repeated offences** are referred to an Academic Misconduct Panel of three, chaired by a senior academic not connected to the module.

410. The standard of proof is the balance of probabilities. Findings and penalties are recorded in the student record.

411. The student has a right of appeal under Policy 16f within ten working days, on the grounds of procedural irregularity, disproportionate penalty or new evidence.

Penalties

Offence	First Instance	Repeat
Poor academic practice — inadequate referencing without intent to deceive	Formal advice; resubmission permitted; referral to academic skills support	Treated as plagiarism
Plagiarism / collusion — limited extent	Mark reduced or capped at the pass mark for the component	Zero for the module; reassessment capped
Plagiarism / collusion — substantial	Zero for the module; reassessment capped at the pass mark	Zero for the module with no reassessment; consideration of withdrawal
Contract cheating / impersonation	Zero for the module; suspension for one semester; recorded permanently	Expulsion
Falsification of data or documents	Zero for the module; formal warning; possible suspension	Expulsion

Offence	First Instance	Repeat
Examination misconduct	Zero for the examination; formal warning	Zero for the module; suspension or expulsion
Undeclared or excessive AI use	Case-by-case: mark reduction to zero for the component or module depending on extent	Treated as the equivalent plagiarism tier

Where misconduct is discovered after an award has been conferred, the Academic Board may amend or revoke the award under Policy 14E.

Prevention

Prevention is preferred to detection. The School shall: deliver compulsory academic integrity education at induction and at each level; embed referencing and academic writing in the general education component under Policy 3r; design assessment to reduce the opportunity and incentive for misconduct, favouring authentic, individualised and staged tasks; provide formative feedback on referencing before summative submission; and publish anonymised annual data on misconduct cases and outcomes to the Academic Board.

6o. Student Study Mode Policy — Online, On-Campus and Hybrid

Policy Number	RSBT-STU-015
Policy Name	Student Study Mode Policy — Online, On-Campus and Hybrid
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the modes in which students may study, the entitlements attaching to each mode, and the process for changing mode.

Modes of Study

Mode	Definition	Key Requirements
On-campus	Study principally through scheduled in-person sessions at an approved location	75% attendance; physical presence for scheduled assessment
Online	Study wholly at a distance through the VLE, with synchronous and asynchronous elements	Weekly engagement; reliable internet; identity verification at assessment
Hybrid / blended	A defined combination of in-person and online delivery, specified in the programme specification	Attendance requirement applied across both elements
Part-time	Any of the above at a reduced credit load per year	Maximum registration period applies; visa restrictions may apply

Mode	Definition	Key Requirements
Executive / weekend	Intensive scheduling for working professionals	90% attendance in intensive blocks

The mode of study is stated in the offer and in the student record. Learning outcomes, assessment and the award are identical in every mode; the transcript and certificate do not distinguish mode of study, save where an awarding organisation requires it.

Entitlements by Mode

- All students, irrespective of mode, are entitled to: the full programme content and assessment; academic advising; library and e-resource access; academic skills support; careers support; counselling and wellbeing support; technical support; representation; and access to complaints and appeals.
- Online and partner-site students shall have support available in a form and at times reasonably accessible from their time zone. Where synchronous support cannot be offered at a reasonable local hour, an asynchronous equivalent with a guaranteed response time shall be provided.
- On-campus students are additionally entitled to physical facilities, laboratory access and in-person activity as specified in the programme.

Change of Mode

412. A request to change mode is submitted to the Registrar before the published deadline for the following academic period.

413. The Academic Adviser confirms academic implications, including any effect on the study plan, duration, fee and progression.

414. The Registrar confirms immigration implications where the student holds a visa — a change from on-campus to online study may invalidate a study visa, and the student must be advised of this in writing before the change is approved.

415. The Dean approves the change. The fee is adjusted to the published rate for the new mode from the date of change, and the student is issued with a revised statement.

416. Retrospective changes of mode are not permitted.

417. Where RSBT changes the mode in which a programme is delivered, that is a major modification requiring consultation under Policy 3a and, if material, may give the student a right to withdraw with a full refund under Policy 6g.

6p. Policy on Extremism, Radicalisation and Terrorism (Prevent)

Policy Number	RSBT-STU-016
Policy Name	Policy on Extremism, Radicalisation and Terrorism (Prevent)
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Counter-Terrorism and Security Act 2015; Terrorism Act 2000 and 2006
Policy Owner	Vice Chairman & COO / Designated Prevent Lead
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out how RSBT discharges its duty to have due regard to the need to prevent people from being drawn into terrorism, while protecting freedom of expression and academic freedom. It applies to all staff, students, visitors, external speakers and partners at every location.

Policy Statement

- RSBT is committed to safeguarding students and staff from radicalisation. The duty is a **safeguarding** duty, discharged with the same care, proportionality and support orientation as any other safeguarding concern.
- The policy shall not be used to restrict lawful debate, to police opinion, or to target any religious, ethnic or political group. Discriminatory application of this policy is itself a disciplinary matter.
- Freedom of speech within the law and academic freedom are protected. Challenging, controversial and unpopular ideas may be expressed and studied; what is prohibited is the promotion of terrorism, the incitement of violence, and the expression of views that draw others into terrorism.
- Concerns are raised for support, not for punishment. A referral is a request for help for the individual concerned.

Implementation

418. A **Designated Prevent Lead** is appointed at institutional level, with a deputy at each delivery location.

419. A Prevent risk assessment is completed annually for each location, considering the local context, the student profile, external speaker activity, IT use and partner arrangements. The assessment informs an action plan reviewed by the Board of Governance.

420. All staff complete Prevent awareness training at induction and refresher training every two years, covering the signs of vulnerability to radicalisation, the referral route and the importance of proportionality.

421. Students receive information at induction on the policy, on freedom of expression, and on how to raise concerns.

422. IT systems apply proportionate filtering of material that is unlawful under terrorism legislation, with an override process for legitimate academic research approved by the Research & Ethics Committee.

423. Where research necessarily involves access to sensitive or security-related material, it shall be approved in advance under Policy 4f and the researcher shall be given documented authorisation.

External Speakers and Events

424. Requests to host an external speaker are submitted at least twenty working days in advance with the speaker’s name, affiliation, topic and any relevant published material.

425. Student Support conducts a proportionate check and refers any case raising concern to the Prevent Lead.

426. The Prevent Lead assesses risk and may approve, approve with conditions — such as a chaired format, a right of reply, an opposing speaker, or a requirement that the event be open and recorded — or, exceptionally, refuse.

427. Refusal requires written reasons, approval by the Vice Chairman & COO, and is subject to appeal to the Rector. Refusal must be justified by evidence of unlawful content or a genuine risk to safety, not by the unpopularity of the views.

428. A record of all external speaker requests and decisions is maintained and reported annually to the Board of Governance.

Raising a Concern

429. Any member of staff or student with a concern reports it to the Prevent Lead or a Designated Safeguarding Lead immediately, and in any event within twenty-four hours.

430. The Prevent Lead assesses the concern, gathers relevant information and determines whether internal support is sufficient or whether an external referral is warranted.

431. Internal support may include pastoral and counselling support, academic support and mentoring.

432. Where an external referral is appropriate, it is made to the relevant statutory partner in accordance with the law of the jurisdiction. Where there is an immediate risk to life, emergency services are contacted first.

433. Records are held securely with restricted access, retained in accordance with statutory guidance, and processed under Policy 22a.

434. The individual concerned is, wherever it is safe and lawful to do so, informed of the concern and involved in the support offered.

6q. Transportation Policy

Policy Number	RSBT-STU-017
Policy Name	Transportation Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; Health and Safety at Work etc. Act 1974
Policy Owner	Executive Director — Administration
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs transport arranged, provided or approved by RSBT for students and staff, including field trips, placement travel, event transport and any shuttle service operated at a delivery location.

Policy Statement

- Any vehicle used to transport students on RSBT business shall be roadworthy, insured for the purpose, and lawfully operated. Where a service is contracted, the operator shall hold the appropriate operator licence and shall provide evidence of insurance and driver checks before the contract is awarded.
- Drivers shall hold a valid licence for the class of vehicle, shall have been checked by the operator, and shall observe legal driving hours and rest requirements.
- Passenger capacity shall never be exceeded, and seat belts shall be worn where fitted.
- A risk assessment shall be completed for every journey undertaken as part of a field trip, study visit or event, and shall address route, duration, driver fatigue, weather, emergency arrangements and the supervision ratio.
- A passenger manifest with emergency contact details shall be held by a named person who is not travelling.
- Students shall not be required to use their own vehicles to transport other students on RSBT business.

Procedure and Insurance

435. Transport requirements are notified to the Administration Department at least fifteen working days before the activity.

436. The Department arranges transport with an approved operator and confirms insurance and licensing.

437. A staff lead is designated for every journey, with a first aid qualification or with a qualified first aider present.

438. Travel insurance is arranged for all overseas travel, covering medical treatment, repatriation and personal accident, and details are issued to every traveller before departure.

439. Incidents during transport are reported under Policy 7f and investigated.

440. Where a student uses public transport to reach a placement or study visit, the School shall provide clear travel guidance and, where the cost creates hardship, may support travel costs under Policy 20a.

6r. Student Council

Policy Number	RSBT-STU-018
Policy Name	Student Council
Policy Version	Version 1.0
Standards Applicable	UK Standard 6: Students; QAA UK Quality Code — Admissions, Recruitment and Widening Access; Consumer Rights Act 2015; CMA guidance for HE providers; Equality Act 2010; QAA UK Quality Code — student engagement
Policy Owner	Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

The Students' Council is the representative body of RSBT students. This policy establishes its constitution, functions, elections and relationship with the institution.

Functions

441. To represent the collective interests and views of students to the institution.

442. To nominate student members to the Board of Governance, the Academic Board, the University Council and all committees requiring student representation.

443. To coordinate class representatives under Policy 16a and to receive and escalate the issues they raise.

444. To organise student activities, clubs and societies in conjunction with Student Support.

445. To administer the student activities budget allocated to it.

446. To provide independent advice and support to students in complaints and disciplinary matters, and to accompany students at hearings where requested.

447. To consult students on institutional proposals affecting them and to submit a formal response.

Constitution and Elections

- The Council comprises a President, Vice President, Secretary, Treasurer, and representatives for each School, each level of study, each delivery location and each mode of study, together with officers for equality and inclusion, international students, postgraduate students and student welfare.
- All registered students are eligible to vote and to stand, subject to being in good academic standing and not subject to an active disciplinary sanction.
- Elections are held annually, by secret ballot, administered independently of the Council itself, with voting available online to ensure that online and partner-site students can participate on equal terms.
- Officers serve for one year, renewable once. A vacancy is filled by by-election or, for the remainder of a short term, by Council appointment.

- The Council meets at least monthly and publishes its minutes to all students.

Institutional Relationship and Support

- The Council is autonomous in the formation of its views and shall not be directed by the institution as to the positions it takes. The School shall not withdraw support or funding because of criticism made by the Council.
- The President meets the Rector at least once each semester and has the right to request a meeting with the Chairman of the Board of Governance.
- The Council receives an annual budget, dedicated space or its virtual equivalent, administrative support, and training for officers in representation, meeting skills, financial management and safeguarding.
- Officers holding significant institutional roles receive recognition on their transcript through the co-curricular record under Policy 17b, and reasonable adjustments to assessment deadlines may be considered where duties conflict with study.
- The School responds formally in writing to every submission made by the Council within twenty working days, stating what action will be taken or, where no action will be taken, why.

STANDARD 7 — HEALTH, SAFETY AND ENVIRONMENT

Standard 7 governs the health, safety, wellbeing and environmental responsibilities of RSBT towards its staff, students, visitors, contractors and the communities in which it operates.

> **Note on scope.** The policy schedule requested for this Standard specified policies 7d, 7e, 7m and 7n. To make the Standard operable as a coherent safety management system, policies 7a, 7b, 7c and 7f have been added — they are the framework, risk assessment, emergency and incident reporting provisions on which the audit, review, wellbeing and contractor policies necessarily depend. These may be renumbered or removed at the Board's discretion.

7a. Occupational Health and Safety Policy

Policy Number	RSBT-HSE-001
Policy Name	Occupational Health and Safety Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013
Policy Owner	Executive Director — Administration / HSE Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy is the general statement of RSBT's health and safety policy required by section 2(3) of the Health and Safety at Work etc. Act 1974. It applies to all persons at all RSBT locations, including partner sites where RSBT provision is delivered.

Statement of Intent

> RSBT is committed to providing and maintaining a safe and healthy environment for all staff, students, visitors and contractors, so far as is reasonably practicable, and to preventing injury and ill health arising from its activities. Health and safety is a management responsibility of equal importance to academic and financial objectives, and is never subordinated to them.

Organisation and Responsibilities

Role	Health and Safety Responsibility
Board of Governance	Ultimate accountability; approves the policy annually; receives quarterly performance reports
Vice Chairman & COO	Executive responsibility for implementation and resourcing
Executive Director — Administration	Day-to-day management of the safety management system; chairs the HSE Committee
Health & Safety Officer	Competent person; advises management; conducts inspections; maintains records and statutory registers
Deans and Heads of Department	Responsible for health and safety within their area; ensure risk assessments are current and controls applied

Role	Health and Safety Responsibility
Line managers	Ensure staff are trained, competent and supervised; report hazards and incidents
All staff and students	Take reasonable care of their own safety and that of others; follow instructions and use controls provided; report hazards, near misses and incidents
Contractors	Comply with RSBT safety requirements per Policy 7n

Arrangements

- Risk assessment of all activities under Policy 7b, with controls implemented following the hierarchy of control.
- Fire safety and emergency preparedness under Policy 7c.
- Incident reporting, investigation and RIDDOR notification under Policy 7f.
- Inspection and audit under Policy 7d, and management review under Policy 7e.
- Health and safety induction for every new member of staff and student, and refresher training on a defined cycle.
- Consultation with staff and students through the HSE Committee, on which staff and student representatives sit.
- Provision of first aid, welfare facilities and personal protective equipment where required.
- Display of the statutory health and safety law notice and current employer's liability insurance certificate at every location.

This policy is reviewed annually by the Board of Governance and signed by the Chairman.

7b. Risk Assessment and Hazard Management Policy

Policy Number	RSBT-HSE-002
Policy Name	Risk Assessment and Hazard Management Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013
Policy Owner	Executive Director — Administration / HSE Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the requirement for, and method of, health and safety risk assessment across all RSBT activities and locations.

Policy Statement

- A suitable and sufficient risk assessment shall be completed for every activity, workplace, process and event that presents a foreseeable risk of harm, before the activity commences.

- Risk assessments shall be recorded, communicated to those affected, and reviewed at least annually, and immediately following any incident, change of activity, change of personnel, or change of premises.
- Controls shall follow the hierarchy: **eliminate** the hazard; **substitute** with something less hazardous; apply **engineering controls**; apply **administrative controls**; and only then rely on **personal protective equipment**.
- Specific assessments are required for: display screen equipment; manual handling; hazardous substances; laboratory and workshop activity; electrical equipment; lone working; fieldwork and off-site activity; new and expectant mothers; young persons under eighteen; and individuals with disabilities or health conditions.
- Personal emergency evacuation plans shall be prepared for any individual who may require assistance to evacuate.

Procedure

448. Identify the hazards through inspection, consultation, incident data and reference to guidance.

449. Identify who might be harmed and how, giving particular attention to students, visitors, contractors and vulnerable groups.

450. Evaluate the risk using the five-by-five matrix in Policy 1h and decide on controls.

451. Record the significant findings, the controls in place, the residual risk and any further action with an owner and deadline.

452. Communicate the assessment to everyone affected, and provide any training or equipment the controls require.

453. Review at the intervals and triggers specified above.

454. Where the residual risk after all reasonably practicable controls remains high, the activity shall not proceed without the express written authorisation of the Vice Chairman & COO.

Records

Risk assessments are held in the Health and Safety Register, are accessible to those affected, and are produced to inspectors and auditors on request. The Health & Safety Officer maintains an index of all current assessments with review dates and reports overdue reviews to the HSE Committee quarterly.

7c. Emergency Preparedness and Fire Safety Policy

Policy Number	RSBT-HSE-003
Policy Name	Emergency Preparedness and Fire Safety Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; Regulatory Reform (Fire Safety) Order 2005
Policy Owner	Executive Director — Administration / HSE Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs fire safety and emergency preparedness at all RSBT locations, and the response to emergencies affecting staff, students or premises.

Fire Safety

- A fire risk assessment shall be maintained for every location, reviewed annually and after any material change, by a competent person.
- Fire detection and alarm systems, emergency lighting, fire-fighting equipment and escape routes shall be maintained and tested on the statutory schedule, with records retained.
- Escape routes shall be kept clear at all times. Obstruction of an escape route or fire door is a disciplinary matter.
- Fire wardens shall be appointed and trained for every location and floor, in sufficient number, with deputies.
- A full evacuation drill shall be conducted at least twice each academic year at every location, with the time to evacuate recorded, deficiencies identified and corrective action taken.
- Personal emergency evacuation plans shall be in place for all individuals requiring assistance, agreed with the individual and reviewed annually.

Emergency Response

455. An Emergency Response Plan shall be maintained for every location, addressing fire, medical emergency, security incident, violent incident, bomb threat, severe weather, utility failure, and any hazard specific to the location.

456. The plan shall specify the incident command structure, assembly points, roll-call arrangements, communication protocols, and the arrangements for accounting for visitors and contractors.

457. Emergency contact information shall be displayed prominently and shall be included in the student and staff handbooks.

458. Staff with emergency roles shall be trained and shall practise their role at least annually.

459. The plan shall be tested by exercise at least annually and reviewed after every activation.

460. Communication during an emergency is governed by Policy 18t, and continuity of academic operations by Policy 22c.

Partner and Overseas Locations

Every location at which RSBT provision is delivered, including partner premises, shall have a current fire risk assessment, emergency plan and evacuation drill record. RSBT shall verify these during the annual quality assurance visit under Policy 1i, and may suspend delivery at a location where adequate arrangements cannot be evidenced.

7d. OHS Audit and Inspection Policy

Policy Number	RSBT-HSE-004
Policy Name	OHS Audit and Inspection Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; ISO 45001 principles
Policy Owner	Executive Director — Administration / HSE Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the programme of workplace inspection and health and safety audit by which RSBT verifies that its safety management system is operating as intended.

Inspection and Audit Programme

Activity	Frequency	Conducted By	Scope
Routine workplace inspection	Monthly	Department safety representative	Housekeeping, escape routes, equipment condition, signage, obvious hazards
Formal safety inspection	Quarterly	Health & Safety Officer with a departmental representative	Full checklist inspection of each area against the risk assessments
Specialist inspection — laboratories, workshops, electrical, plant	Per statutory schedule	Competent contractor or specialist	Statutory examination and testing
Internal safety audit	Annually	Health & Safety Officer or an independent internal auditor	Full audit of the safety management system against this Standard
External audit	Every 3 years	Independent external specialist	Independent verification of the whole system
Partner site safety verification	Annually	QA & Institutional Policy with HSE input	Verification of fire, emergency, first aid and risk assessment arrangements

Procedure

461. Inspections and audits are conducted against a documented checklist derived from the risk assessments and statutory requirements.

462. Findings are classified as: **critical** — imminent risk of serious harm; **major** — significant non-conformity; **minor** — non-conformity with limited risk; or **observation** — opportunity for improvement.

463. A **critical** finding requires the activity or area to be stopped immediately and the Vice Chairman & COO to be notified the same day. Work resumes only when the Health & Safety Officer confirms the risk is controlled.

464. **Major** findings must be closed within twenty working days; **minor** within sixty; observations are scheduled.

465. Every finding is logged with an owner and deadline and is tracked to closure, with evidence of the corrective action retained.

466. Trends in findings are analysed quarterly and reported to the HSE Committee and to the Audit & Risk Committee.

467. Auditors shall be independent of the area being audited and shall be competent, having completed recognised health and safety auditing training.

Reporting

The Health & Safety Officer reports quarterly to the HSE Committee and the Board of Governance on: inspections and audits completed against plan; findings by classification; closure rates and overdue actions; incident and near-miss data; and any enforcement contact from a regulatory authority. Any critical finding is reported to the Board immediately rather than at the next scheduled meeting.

7e. HSE Management Review Policy

Policy Number	RSBT-HSE-005

Policy Name	HSE Management Review Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; ISO 45001 principles
Policy Owner	Executive Director — Administration / HSE Committee / Board of Governance
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy requires a formal, documented review by senior management of the continuing suitability, adequacy and effectiveness of the health, safety and environment management system.

Review Requirements

- A full HSE Management Review shall be conducted at least annually by a review body comprising the Vice Chairman & COO, the Executive Director — Administration, the Health & Safety Officer, Deans, staff and student HSE representatives, and a member of the Board of Governance.
- An additional review shall be convened following any serious incident, any enforcement action, any material change to premises or activities, or any significant change in law.

Review Inputs

468. Status of actions from the previous management review.
469. Incident, accident, near-miss and ill-health data, with trend analysis and comparison against previous periods.
470. Results of inspections and internal and external audits under Policy 7d.
471. Extent to which HSE objectives have been met.
472. Adequacy of risk assessments and effectiveness of controls.
473. Results of consultation with staff and students, and issues raised by the HSE Committee.
474. Communications from regulatory authorities, insurers and contractors.
475. Changes in legal requirements, activities, premises or technology.
476. Adequacy of resources, competence and training.
477. Performance of contractors under Policy 7n and of partner locations.
478. Wellbeing data under Policy 7m and environmental performance under the Sustainability Plan.

Review Outputs and Records

The review shall produce documented conclusions and decisions on: the continuing suitability of the HSE policy; revised objectives and targets for the coming year; required changes to the management system; resource requirements; and actions with named owners and deadlines. The outputs are recorded in a management review report, approved by the Board of Governance, published to staff and students in summary, and tracked to closure under Policy 13f. The report is retained permanently and is producible to regulators, insurers and auditors.

7f. Incident Reporting and Investigation Policy

Policy Number	RSBT-HSE-006
Policy Name	Incident Reporting and Investigation Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; RIDDOR 2013
Policy Owner	Executive Director — Administration / HSE Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the reporting, recording, investigation and statutory notification of accidents, incidents, near misses and cases of work-related ill health.

Policy Statement

- **Every** accident, incident, near miss, dangerous occurrence and case of work-related ill health shall be reported, however minor and whether or not anyone was harmed.
- Near misses are of particular importance because they reveal a failure of control before harm occurs. The School encourages near-miss reporting and shall never treat a good-faith report as an admission of fault or a basis for blame.
- Investigation seeks the underlying cause, not an individual to blame. Where an incident reveals a systemic failure, that failure shall be recorded and corrected regardless of any individual conduct issue.
- Reports shall be made within twenty-four hours of the event or of becoming aware of it.

Procedure

479. **Immediate response** — make the area safe, obtain first aid or emergency assistance, and preserve the scene where the incident is serious.

480. **Report** — the incident is reported to the Health & Safety Officer through the incident reporting system, and recorded in the accident book where a person was injured.

481. **Statutory notification** — the Health & Safety Officer determines whether the incident is reportable under RIDDOR (or the equivalent in the jurisdiction of the location) and makes the notification within the statutory timescale. Deaths and specified injuries are notifiable without delay.

482. **Investigation** — proportionate to the actual and potential severity. Minor incidents are investigated by the line manager; serious incidents and all near misses with high potential severity are investigated by the Health & Safety Officer with an investigation panel.

483. **Root cause analysis** — the investigation identifies immediate causes, underlying causes and root causes, and does not conclude with "human error" without asking why the error was possible.

484. **Corrective action** — actions are assigned with owners and deadlines, tracked to closure, and their effectiveness verified.

485. **Communication** — lessons learned are communicated across the institution and to partner locations where relevant.

486. **Review** — relevant risk assessments are reviewed and updated following every incident.

Records and Reporting

Incident records are retained for a minimum of three years, and for records relating to a person under eighteen, until that person reaches twenty-one, and for records involving hazardous substance exposure, for forty years. Statistics are reported quarterly to the HSE Committee, the Audit & Risk Committee and the Board of Governance, including frequency rates, severity, categories and trends. Personal data within incident records is processed under Policy 22a and disclosed only on a need-to-know basis.

7m. Employee and Student Wellness Policy

Policy Number	RSBT-HSE-007
Policy Name	Employee and Student Wellness Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; Equality Act 2010; Health and Safety at Work etc. Act 1974
Policy Owner	Executive Director — Administration / HSE Committee / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out RSBT's commitment to the physical and mental wellbeing of its staff and students, and the provision made to support it. It treats wellbeing as an institutional responsibility addressed at source, not solely as a matter of individual resilience.

Policy Statement

- RSBT shall proactively identify and reduce the organisational causes of poor wellbeing — excessive workload, unclear expectations, poor management, lack of control, bullying, and inadequate support — rather than treating wellbeing as the individual's responsibility alone.
- Mental health shall be treated with the same seriousness as physical health, without stigma, and with the same entitlement to support and adjustment.
- Disclosure of a mental health condition shall never disadvantage a student or member of staff. Reasonable adjustments shall be made under the Equality Act 2010.
- Managers and academic staff shall be trained to recognise signs of distress and to refer, and shall not be expected to provide clinical support themselves.

Provision

Provision	Staff	Students
Confidential counselling	Employee Assistance Programme, 24/7	Student Counselling Service, Policy 16e
Mental health first aid	Trained MHFA contacts at each location	Trained MHFA contacts at each location
Occupational health referral	Available on manager or self-referral	—
Reasonable adjustments	Per Policy 19a and Policy 5e	Per Policy 19a

Provision	Staff	Students
Workload management	Workload model under Policy 5g; excessive-hours monitoring under Policy 5l	Assessment scheduling reviewed to avoid clustering; over-assessment removed at review
Physical wellbeing	Health promotion programme; ergonomic assessment	Health promotion programme; sports and activity provision
Financial wellbeing	Financial guidance signposting	Hardship support under Policy 20a
Peer support	Staff networks	Peer mentoring; societies under Policy 6j

Risk Assessment and Crisis Response

487. A wellbeing and stress risk assessment shall be conducted annually at institutional and departmental level, using recognised management standards covering demands, control, support, relationships, role and change.

488. Results shall be analysed by department and, where indicators are poor, an action plan shall be developed with the department and monitored under Policy 13f.

489. Wellbeing indicators — absence data, staff and student survey results, counselling referral volumes, grievance and complaint data — shall be reviewed quarterly by the HSE Committee.

490. Where an individual is in acute distress or where there is a risk to life, the immediate priority is their safety: emergency services are contacted, the individual is not left alone, and the designated safeguarding or wellbeing lead is informed immediately.

491. Following a critical incident, the School shall provide post-incident support to those affected, including access to counselling and, where appropriate, structured debriefing.

492. Confidentiality is maintained, save where there is a risk to life or a safeguarding duty requires disclosure, in which case only the minimum necessary information is shared with those who need it.

7n. Third-Party Contractor and Supplier Safety Management Policy

Policy Number	RSBT-HSE-008
Policy Name	Third-Party Contractor and Supplier Safety Management Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 7: Health, Safety and Environment; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; Construction (Design and Management) Regulations 2015; Modern Slavery Act 2015
Policy Owner	Executive Director — Administration / HSE Committee / Procurement
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the health and safety management of contractors, suppliers and service providers working at or for RSBT locations. RSBT's duty of care extends to persons affected by its undertaking, including contractors and their employees.

Pre-Qualification

- No contractor shall commence work at an RSBT location without pre-qualification approval and entry on the Approved Contractor Register.
- Pre-qualification requires: a written health and safety policy where the contractor employs five or more people; evidence of competence and relevant accreditation; employer's and public liability insurance at the level specified; sample risk assessments and method statements; evidence of staff training and competence; accident and enforcement history for the previous three years; references; and, where the contractor's staff will have contact with students, appropriate background checks.
- Suppliers shall additionally provide a modern slavery statement where the statutory threshold applies, and confirmation of ethical labour standards in their supply chain.
- Approval is reviewed annually and immediately upon any serious incident involving the contractor.

Control of Work

493. A risk assessment and method statement shall be submitted and accepted by the Health & Safety Officer before work begins. Work shall not commence on the basis of a generic document that does not address the actual site and task.

494. A site-specific induction shall be delivered to every contractor operative, covering emergency arrangements, site rules, restricted areas, and the presence of students.

495. A permit-to-work system shall apply to hot work, work at height, confined space entry, electrical isolation, excavation and any work affecting fire safety systems.

496. Work areas shall be segregated from students and staff. Where segregation is not possible, work shall be scheduled outside teaching hours.

497. A named RSBT contract supervisor shall monitor the work and has authority to stop it immediately where an unsafe condition or practice is observed.

498. Contractors shall report all incidents and near misses occurring on RSBT premises to the Health & Safety Officer, and shall cooperate fully with any investigation.

499. Where construction work falls within the Construction (Design and Management) Regulations 2015, RSBT shall discharge its client duties, including appointment of the principal designer and principal contractor and the provision of pre-construction information.

Performance and Termination

Contractor safety performance is reviewed at the completion of each contract and at least annually for ongoing contracts, considering incidents, observations from supervision, compliance with method statements and responsiveness to concerns. Poor performance results in a formal improvement requirement, suspension from the Approved Contractor Register, or termination. A contractor whose conduct creates a serious and immediate risk shall be removed from site immediately and the contract reviewed by the Vice Chairman & COO.

STANDARD 8 — LIBRARY AND LEARNING RESOURCES

Standard 8 governs the provision of library and learning resources sufficient in quantity, quality, currency and accessibility to support every programme, at every level, in every mode and at every location.

8a. Library Policy

Policy Number	RSBT-LIB-001
Policy Name	Library Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 8: Library and Learning Resources; QAA UK Quality Code — Learning Resources; SCONUL good practice
Policy Owner	Head Librarian / Library & Learning Resources Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the operation of the RSBT Library and Learning Resource service, the entitlements of users, and the standards to which the service is maintained.

Policy Statement

- The Library shall hold or provide access to resources sufficient to support the learning outcomes of every approved programme. **A programme shall not be approved, and shall not continue to be delivered, without confirmed resource adequacy** — the Head Librarian provides a written resource statement at programme approval and at periodic review.
- Every registered student and member of staff, at every location and in every mode, shall have equivalent access to the resources their programme requires. Where physical access is not possible, electronic access of equivalent scope shall be provided.
- The Library shall be open at hours that reasonably serve the study patterns of the student body, including evening and weekend access during teaching and assessment periods, and shall provide 24-hour access to electronic resources.
- The Library shall provide information literacy instruction, embedded in the curriculum, at every level of study.
- Resources shall be current. Essential reading in rapidly changing disciplines shall not ordinarily be more than five years old, and technical computing content not more than three, unless the work is a recognised foundational text.

Services and Access

Service	Provision
Physical lending	Standard loan 14 days; short loan 3 days for high-demand items; renewals subject to reservation
Electronic resources	Full-text databases, e-books and e-journals appropriate to the portfolio, accessible remotely with single sign-on

Service	Provision
Reference and research support	Enquiry service; scheduled research consultations; subject guides for each programme
Information literacy	Embedded sessions at Levels 4, 5, 6 and 7; referencing and citation training; systematic search training for research students
Inter-library loan / document supply	Available for research needs not met by the collection
Reading list management	Programme reading lists checked for availability before each delivery cycle
Study space	Silent, quiet and group study areas; bookable rooms; accessible workstations
Accessibility	Assistive technology; alternative formats on request; adjustments to loan periods for disabled users
Repository	Institutional Research Repository for staff and student outputs, per Policy 4b

User Responsibilities and Governance

500. Users shall return items by the due date, respect the study environment, and comply with the licence terms of electronic resources.

501. Systematic downloading, sharing of access credentials or bulk copying of licensed content breaches licence terms, may expose the School to loss of access, and is a disciplinary matter under Policy 16c or Policy 5j.

502. Copying is permitted only within the limits of copyright law and applicable licences, per Policy 10c.

503. Overdue and lost-item charges shall be proportionate and shall not be set at a level that impedes access; charges are waived where the delay arose from illness or another accepted circumstance.

504. The Library & Learning Resources Committee meets twice yearly to review usage data, resource adequacy against each programme, user feedback, budget and accessibility.

505. The Head Librarian reports annually to the Academic Board on collection adequacy, expenditure, usage, information literacy delivery and any programme where resource provision is at risk.

8b. Library Collection Development Policy (Books and eBooks)

Policy Number	RSBT-LIB-002
Policy Name	Library Collection Development Policy (Books and eBooks)
Policy Version	Version 1.0
Standards Applicable	UK Standard 8: Library and Learning Resources; QAA UK Quality Code — Learning Resources; SCONUL good practice
Policy Owner	Head Librarian / Library & Learning Resources Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the selection, acquisition, evaluation, retention and withdrawal of library materials in all formats.

Selection Principles

- **Curriculum alignment** — the first priority is material required or recommended by an approved programme.
- **Electronic preference** — where a title is available electronically on acceptable licence terms, the electronic edition is preferred, since it serves all locations and modes equally.
- **Multi-user licensing** — e-book licences shall permit concurrent access proportionate to the cohort size; single-user licences shall not be purchased for essential reading.
- **Currency** — the most recent edition is acquired unless there is a documented reason to retain an earlier one.
- **Balance and academic freedom** — the collection shall represent a range of scholarly perspectives. Material shall not be excluded because its arguments are unpopular or contested, provided it is of scholarly standing and lawful.
- **Diversity** — the collection shall include work by authors of diverse backgrounds and from a range of national and regional perspectives, particularly in business and management where dominant literatures are narrow.
- **Value** — acquisition decisions consider cost per expected use and the availability of alternatives.

Acquisition Procedure

506. Reading lists are submitted by Module Leaders at least eight weeks before the start of teaching; the Library confirms availability or acquires.

507. Staff and students may request acquisitions at any time through the request form; requests are assessed against the selection principles and the requester is informed of the outcome.

508. The Head Librarian allocates the acquisitions budget across Schools in proportion to student numbers, programme level and the cost profile of the discipline, reviewed annually by the Committee.

509. Purchases are made through approved suppliers under Policy 9e.

510. Donations are accepted only where the material meets the selection principles and is offered without conditions restricting the Library's freedom to retain, lend or withdraw it.

Minimum Collection Standards

Category	Standard
Essential reading	Available electronically with concurrent access, or 1 physical copy per 15 enrolled students
Recommended reading	Available electronically, or at least 2 physical copies per module
Core journals per discipline	Access to the principal indexed journals in each taught discipline
Databases	Access to at least one major full-text business database and one major computing/technical database
Reference and statistical sources	Current company, market, country and industry data appropriate to the business portfolio
Research-level provision	For each doctoral programme, access to the principal indexed journals and full-text archives in the field

Evaluation, Retention and Withdrawal

- The collection is evaluated annually against the reading lists of every current programme, usage data, and the outcome of programme approvals and reviews.
- Material is withdrawn where it is superseded by a later edition, is factually obsolete, is damaged beyond repair, or has had no use over a defined period and no continuing curricular or research value.
- Withdrawal decisions are made by the Head Librarian in consultation with the relevant Dean; no item required by an approved reading list is withdrawn.
- Withdrawn material is offered for donation or recycled responsibly; it is not destroyed where a suitable recipient can be found.

- Electronic subscriptions are reviewed annually against cost per use, overlap with other holdings, and curricular necessity before renewal.

STANDARD 9 — FISCAL RESOURCES, FINANCIAL MANAGEMENT AND BUDGETING

Standard 9 governs the financial stewardship of RSBT. Financial sustainability is a precondition of academic sustainability: a school that cannot meet its obligations cannot protect its students. These policies establish the controls, the segregation of duties and the reporting on which that stewardship depends.

9a. Internal Audit

Policy Number	RSBT-FIN-001
Policy Name	Internal Audit
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards
Policy Owner	Audit & Risk Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the internal audit function, providing independent assurance to the Board of Governance on the adequacy and effectiveness of risk management, internal control and governance.

Policy Statement

- The internal audit function reports functionally to the Chair of the Audit & Risk Committee and administratively to the Vice Chairman & COO. It shall have unrestricted access to all records, personnel, systems and premises.
- The function shall be independent of the activities it audits. No auditor shall audit an area in which they have operational responsibility or have had within the previous twelve months.
- The function may be delivered in-house, by an outsourced provider, or in combination. Where outsourced, the provider shall be independent of the external auditor.
- Management shall not restrict the scope of internal audit. Any attempt to do so shall be reported directly to the Audit & Risk Committee.

Audit Plan and Coverage

A risk-based three-year internal audit plan, with an annual detailed programme, is approved by the Audit & Risk Committee. The plan is derived from the Institutional Risk Register and shall ensure that every material system is audited at least once in the cycle. Indicative coverage includes:

- Student admissions, enrolment and records integrity.
- Fee assessment, billing, collection and refunds.
- Assessment and examination controls, and the integrity of the academic record.
- Payroll and expenses.
- Procurement, purchasing and supplier management.
- Cash handling, banking and treasury.

- Partner and agent commission arrangements.
- IT general controls, access management and data protection.
- Health and safety management.
- Compliance with awarding organisation and accrediting body conditions.

Procedure

511. Each assignment begins with a terms of reference agreed with the Committee, specifying scope, objectives and timing.

512. Fieldwork is conducted with testing sufficient to support the conclusions, and working papers are retained.

513. Findings are discussed with management, which is given the opportunity to correct factual error and to respond with an action plan before the report is finalised.

514. Reports are issued to the Audit & Risk Committee with an overall assurance opinion and findings graded as high, medium or low.

515. Where management does not accept a high-graded finding, the disagreement is reported to the Committee for determination.

516. Agreed actions are tracked to completion; overdue actions are reported to the Committee at each meeting.

517. The Head of Internal Audit provides an annual opinion on the overall adequacy of the control environment, which informs the annual governance statement.

518. Any suspicion of fraud identified in the course of audit is reported immediately to the Chair of the Audit & Risk Committee under Policy 10b.

9b. External Audit

Policy Number	RSBT-FIN-002
Policy Name	External Audit
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards; Companies Act 2006
Policy Owner	Audit & Risk Committee / Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the appointment of the external auditor and the conduct of the annual statutory audit of the financial statements of Rusel School of Business and Technology Limited.

Policy Statement

- The external auditor is appointed by the Board of Governance on the recommendation of the Audit & Risk Committee, and reports to the Board, not to management.
- The auditor shall be independent. The audit engagement partner shall rotate at intervals not exceeding five years, and the firm shall be subject to a competitive tender at intervals not exceeding ten years.

- Non-audit services provided by the external auditor shall be limited, shall be pre-approved by the Audit & Risk Committee in each case, and shall not be permitted where they would create a self-review threat or where fees would compromise the appearance of independence.
- The Audit & Risk Committee shall meet the external auditor at least once each year without management present.

Procedure

519. The Chief Financial Officer prepares the annual financial statements in accordance with applicable UK accounting standards and the Companies Act 2006.

520. The audit plan, including materiality and significant risk areas, is agreed with the Audit & Risk Committee before fieldwork begins.

521. Management provides full access to records, systems and personnel, and a signed letter of representation.

522. The auditor reports to the Committee on the audit findings, the audit opinion, any control weaknesses identified in the management letter, and any disagreement with management.

523. The Committee reviews the management letter and management's response, and tracks the resulting actions to closure.

524. The Board approves the financial statements and the going-concern assessment, and the statements are filed as required by law and published.

525. A qualified audit opinion, or a material weakness identified in the management letter, shall be reported to the Board immediately and shall trigger an improvement plan under Policy 13e.

9c. Budgeting

Policy Number	RSBT-FIN-003
Policy Name	Budgeting
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards
Policy Owner	Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the preparation, approval, monitoring and revision of the annual budget and the medium-term financial plan.

Policy Statement

- The budget shall be derived from the institutional operational plan under Policy 1g. Resources follow strategy; no budget line may be approved that is not traceable to an institutional or unit objective.
- Enrolment assumptions shall be **prudent**, based on historical conversion rates and current pipeline evidence, not on aspiration. Sensitivity analysis at 10% and 20% below plan is mandatory.

- The budget shall provide for a surplus sufficient to fund reinvestment, to service any borrowing and to build reserves.
- A three-year medium-term financial plan shall be maintained alongside the annual budget, including a capital plan and a cash flow forecast.
- No expenditure may be committed that is not provided for in an approved budget, save under the virement and emergency provisions below.

Budget Cycle

Stage	Timing	Responsibility
Planning assumptions and parameters issued	February	CFO
Unit budget submissions with objectives	March	Deans / Heads of Department
Consolidation, challenge and scenario modelling	April	CFO
Finance Committee scrutiny	May	Finance Committee
Board approval	June	Board of Governance
Budget issued to budget holders	July	CFO
Monthly monitoring and variance reporting	Monthly	Budget holders / CFO
Quarterly reforecast	Quarterly	CFO
Year-end outturn and evaluation	Following year-end	CFO / Finance Committee

Monitoring, Virement and Contingency

526. Budget holders receive monthly management accounts showing budget, actual, variance and forecast outturn.

527. A variance exceeding 10% or £10,000, whichever is lower, must be explained in writing to the Chief Financial Officer within ten working days, with a recovery plan where the variance is adverse.

528. **Virement** between budget lines within a department up to £10,000 may be authorised by the budget holder; between £10,000 and £50,000 by the Chief Financial Officer; above £50,000, or between departments, by the Finance Committee.

529. A contingency reserve of not less than 3% of the total expenditure budget shall be held centrally and released only by the Chief Financial Officer with the approval of the Vice Chairman & COO.

530. Emergency expenditure necessary to protect safety, legal compliance or the continuity of teaching may be authorised by the Vice Chairman & COO, and must be reported to the Finance Committee at its next meeting.

531. The Board receives quarterly financial reports including outturn forecast, cash position, key ratios and the going-concern assessment.

9d. Financial Management

Policy Number	RSBT-FIN-004
Policy Name	Financial Management
Policy Version	Version 1.0

Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards
Policy Owner	Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the general financial control framework of RSBT: authorisation, segregation of duties, record keeping, expenses and financial reporting.

Delegated Financial Authority

Value (per transaction)	Authority Required
Up to £1,000	Budget holder
£1,001 – £10,000	Head of Department and budget holder
£10,001 – £50,000	Chief Financial Officer
£50,001 – £150,000	Vice Chairman & COO and Chief Financial Officer
Above £150,000	Finance Committee; above £500,000 or any capital commitment, the Board of Governance

No individual may authorise a payment to themselves, to a person connected to them, or to an entity in which they have an interest. Such transactions require authorisation one level above the normal threshold and a declaration under Policy 10a. Splitting a transaction to fall below an authorisation threshold is a disciplinary matter.

Core Controls

- **Segregation of duties.** The functions of ordering, receiving, authorising payment and recording shall be performed by different individuals. Where the size of a unit makes full segregation impracticable, a documented compensating control — ordinarily independent review by the Chief Financial Officer — shall be applied.
- **Dual authorisation.** All payments above £10,000 and all bank transfers require two authorised signatories.
- **Supporting documentation.** No payment shall be made without an approved invoice or claim, evidence of receipt of goods or services, and the correct budget code.
- **Bank reconciliation.** Performed monthly by a person independent of transaction processing and reviewed by the Chief Financial Officer.
- **Asset register.** Maintained for all assets above the capitalisation threshold, with an annual physical verification.
- **Month-end close.** Completed within ten working days, with management accounts issued to budget holders.

Expenses

532. Expenses must be necessary, reasonable, incurred wholly for RSBT business, supported by original receipts, and claimed within sixty days.

533. Travel is booked at economy class; business class may be approved by the Vice Chairman & COO only for flights exceeding eight hours.

534. Accommodation is booked within the published limits for the destination.

535. Hospitality and entertainment require prior approval, must have a clear business purpose, and must be recorded with the names and organisations of those entertained. Hospitality is subject to Policy 10b.

536. Personal expenditure shall never be charged to the School. Where a personal element is unavoidably included, it must be identified and repaid.

537. Claims are approved by the claimant's line manager. The Chief Financial Officer's claims are approved by the Vice Chairman & COO; the latter's by the Chairman.

538. Fraudulent or knowingly inflated claims constitute gross misconduct under Policy 5j.

9e. Purchasing and Inventory Control

Policy Number	RSBT-FIN-005
Policy Name	Purchasing and Inventory Control
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards; Modern Slavery Act 2015
Policy Owner	Chief Financial Officer / Procurement
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the procurement of goods, services and works, and the control of inventory and fixed assets.

Procurement Thresholds

Value	Process Required
Up to £2,000	Single quotation; value for money assessed by the budget holder
£2,001 – £10,000	Three written quotations; documented comparison
£10,001 – £50,000	Formal written tender from at least three suppliers; evaluation against published criteria
Above £50,000	Full competitive tender with a written specification, published criteria, an evaluation panel and a written award recommendation
Single-source / waiver of competition	Written justification approved by the Chief Financial Officer and reported to the Finance Committee; permitted only for genuine sole-source, urgent safety need, or continuity of a specialist system

Supplier Standards and Procedure

539. Suppliers are evaluated on quality, price, delivery, technical capability, financial standing, and compliance with legal, ethical and sustainability requirements.

540. Suppliers must confirm compliance with the Modern Slavery Act 2015 where applicable, with data protection obligations where they process personal data, and with health and safety requirements where they work on RSBT premises under Policy 7n.

541. Sustainability criteria are applied in every tender above £10,000, weighted at not less than 10% of the evaluation.

542. A purchase order is raised before any commitment. Retrospective orders are permitted only where necessity is documented and approved by the Chief Financial Officer.

543. Goods and services are formally received and checked against the order before payment is authorised.

544. Contracts above £50,000 are reviewed by legal advisers before execution and are entered in the Contracts Register with renewal and termination dates diarised.

545. Conflicts of interest in procurement are declared under Policy 10a; a person with an interest in a bidder takes no part in the specification, evaluation or award.

546. Gifts or hospitality from actual or potential suppliers are governed by Policy 10b and shall be refused during a live tender.

Inventory and Asset Control

- A fixed asset register records every asset above the capitalisation threshold, with description, location, custodian, acquisition date, cost, depreciation and disposal date.
- Portable and attractive items — laptops, tablets, audiovisual and laboratory equipment — are individually tagged and tracked regardless of value, and are issued against signature.
- A physical verification of assets is conducted annually and reconciled to the register; discrepancies are investigated and reported to the Audit & Risk Committee.
- Consumable stock is subject to periodic counts and reorder levels.
- Disposal of an asset requires authorisation at the level applicable to its net book value, must obtain best reasonable value, must ensure secure erasure of any data-bearing device under Policy 22b, and must be recorded in the register.
- Loss or theft of an asset is reported immediately and investigated.

9f. Cash Management

Policy Number	RSBT-FIN-006
Policy Name	Cash Management
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards; Money Laundering Regulations 2017
Policy Owner	Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the receipt, custody, banking and disbursement of cash and cash equivalents, and the management of banking relationships.

Policy Statement

- **Electronic payment is the required method for all tuition fees.** Cash receipt of tuition fees is prohibited except where local circumstances at an overseas location make electronic payment genuinely impracticable, in which case a specific written exemption from the Chief Financial Officer is required and enhanced controls apply.
- Where cash is received, it shall be receipted immediately from a sequentially numbered receipt book or system, held in a secure safe, banked intact within one working day, and reconciled daily by a person independent of the receiving officer.
- Cash floats are held only where operationally necessary, are subject to a documented limit, are the responsibility of a named custodian, and are counted independently at least monthly.
- Payments to students, staff or suppliers shall never be made in cash.
- Third-party payments — where a fee is paid by someone other than the student or a recognised sponsor — require documented verification of the payer's identity and their relationship to the student.
- Payments from jurisdictions or entities subject to sanctions shall be rejected. Any transaction giving rise to suspicion of money laundering shall be reported to the Money Laundering Reporting Officer and shall not be discussed with the payer.

Banking and Treasury

547. Bank accounts are opened and closed only on the authority of the Board of Governance, and all accounts are in the name of the legal entity.

548. Authorised signatories are approved by the Board; the mandate is reviewed annually and immediately on any change of personnel.

549. Two signatories are required for all payments above £10,000.

550. Bank reconciliations are performed monthly and reviewed by the Chief Financial Officer.

551. Surplus funds are placed only in instruments approved by the Finance Committee, with capital preservation and liquidity taking absolute priority over yield. Speculative investment is prohibited.

552. A minimum liquidity target of ninety days' unrestricted operating cash is maintained and reported to the Board quarterly.

553. Foreign currency exposure arising from international operations is monitored, and hedging is used only to reduce identified exposure, never for speculation.

554. Changes to supplier bank details are verified by telephone call-back to a previously known number, never by reference to details supplied in the change request itself.

9g. Financial Risk Management

Policy Number	RSBT-FIN-007
Policy Name	Financial Risk Management
Policy Version	Version 1.0
Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards
Policy Owner	Chief Financial Officer / Audit & Risk Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the identification, assessment and mitigation of financial risk, operating within the institutional risk framework in Policy 1h.

Principal Financial Risks and Mitigations

Risk	Mitigation
Enrolment shortfall	Prudent budgeting; sensitivity analysis at –10% and –20%; diversified portfolio and markets; contingency reserve; trigger points for cost action
Concentration of income in a single programme, market or partner	Monitoring of concentration ratios; Board-approved limits; active diversification
Fee collection failure	Payment plans; credit control per Policy 6g; sponsor verification; provision for doubtful debt
Partner or agent default	Due diligence per Policy 17d; escrow or advance payment terms where risk is elevated; contractual protections
Foreign exchange exposure	Natural hedging by matching currency of income and cost; forward cover only against identified exposure
Liquidity shortfall	90-day minimum liquidity target; rolling 13-week cash flow forecast; committed facility
Fraud	Segregation of duties; dual authorisation; internal audit; whistleblowing route per Policy 5k; call-back verification of bank changes
Regulatory or awarding-body sanction affecting income	Compliance monitoring per Policy 13g; contingency planning; teach-out provision per Policy 10d
Cost inflation	Multi-year supplier agreements where advantageous; annual budget challenge; energy efficiency measures
Cyber incident causing financial loss or disruption	Controls per Policy 22b; cyber insurance; incident response and continuity plans

Monitoring and Escalation

555. Key financial indicators — operating margin, liquidity days, debtor days, income concentration, cash conversion and forecast outturn — are reported monthly to the executive and quarterly to the Board.

556. Defined trigger points are established for each indicator; breach of a trigger requires a written report to the Finance Committee and, where material, to the Board.

557. A going-concern assessment covering at least twelve months from the date of approval of the financial statements is prepared annually, together with reverse stress testing identifying the circumstances in which the model would cease to be viable.

558. Insurance cover — property, public and employer's liability, professional indemnity, directors' and officers' liability, cyber, and business interruption — is reviewed annually against the risk profile and reported to the Audit & Risk Committee.

559. Where financial risk threatens the continuity of a programme, the Student Protection provisions of Policy 10d are activated without delay; students are never the last to know.

9h. Auxiliary Enterprises

Policy Number	RSBT-FIN-008
Policy Name	Auxiliary Enterprises
Policy Version	Version 1.0

Standards Applicable	UK Standard 9: Fiscal Resources, Financial Management and Budgeting; Companies Act 2006; UK financial reporting standards
Policy Owner	Chief Financial Officer / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs commercial and auxiliary activities operated by RSBT that are ancillary to its academic mission — including executive and professional education, consultancy, conference and venue hire, publishing, and any trading subsidiary.

Policy Statement

- An auxiliary enterprise may be established only where it supports the mission, is financially self-sustaining or generates surplus, does not divert resource from academic provision, and does not expose the School to disproportionate risk or reputational harm.
- Each auxiliary enterprise shall have a business plan approved by the Board of Governance, a designated accountable officer, and separate accounting so that its financial performance is transparently identifiable.
- Full cost recovery is required, including a fair allocation of overhead, so that academic funds do not cross-subsidise commercial activity.
- Academic staff engaged in consultancy or executive delivery shall not permit that activity to displace their teaching, assessment or student support obligations. Such activity shall be declared and recorded in the workload allocation under Policy 5g.
- Where an auxiliary enterprise confers a certificate or credential, that credential must be accurately described, must not imply an academic award it is not, and is subject to the quality requirements of Policy 12c and Policy 14F.

Governance and Review

560. Establishment requires a proposal covering market rationale, financial projections, risk assessment, legal structure, resource requirements and exit provisions.

561. Where a separate legal entity is used, its constitution, directors and reporting arrangements are approved by the Board of Governance, and its results are consolidated.

562. Performance is reported quarterly to the Finance Committee against the approved plan.

563. Any auxiliary enterprise operating at a loss for two consecutive years shall be subject to a formal review by the Finance Committee, resulting in a decision to restructure, continue with a recovery plan, or close.

564. Conflicts of interest arising from staff participation are declared and managed under Policy 10a.

565. Closure of an auxiliary enterprise that has enrolled participants triggers the teach-out obligations of Policy 10d.

STANDARD 10 — LEGAL COMPLIANCE AND PUBLIC DISCLOSURE

Standard 10 governs the legal and ethical obligations of RSBT and its duties of accurate public disclosure. The School's licence to operate rests on the accuracy of what it tells the public and the integrity with which it conducts its affairs.

10a. Conflict of Interest

Policy Number	RSBT-LEG-001
Policy Name	Conflict of Interest
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; Companies Act 2006
Policy Owner	Company Secretary / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the identification, declaration and management of conflicts of interest affecting governors, staff, students and any person acting for RSBT.

Definition

A conflict of interest exists where a person's personal, financial, professional or family interest could, or could reasonably be perceived to, influence the impartial discharge of their RSBT responsibilities. **Perception matters as much as reality**: a decision that appears compromised damages institutional credibility even where the decision was in fact sound.

Categories Requiring Declaration

Category	Examples
Financial	Ownership, directorship or shareholding in a supplier, partner, agent or competitor; consultancy income from a body dealing with RSBT
Personal and family	A relative or close personal associate applying for admission, employment or promotion; teaching, assessing or supervising a relative or partner
External appointments	Employment, directorship or advisory role at another institution, particularly a competitor or partner
Research	Funder interest in the outcome; commercial interest in a spin-out; interest in an entity being studied
Procurement	Any relationship with a bidder, or receipt of gifts or hospitality from one
Governance	A governor's other role that engages the same subject matter as a Board decision
Student-related	A romantic or close personal relationship between a member of staff and a student whom they teach, assess, supervise or support

Declaration and Management Procedure

566. Governors and senior staff complete an annual declaration of interests. The Register of Interests for governors and principal officers is published.

567. All staff declare interests on appointment and whenever an interest arises or changes.

568. An interest arising in relation to a specific decision must be declared at the outset of the relevant discussion, before the matter is considered.

569. The person with the interest shall ordinarily withdraw from the discussion and take no part in the decision. The declaration and withdrawal are minuted.

570. Where withdrawal would deprive the body of essential expertise, the person may remain to provide information but shall not participate in the decision, and this shall be recorded.

571. Staff shall not teach, assess, supervise, appoint, promote or discipline a person with whom they have a close personal relationship. Where such a situation arises, it must be declared immediately and alternative arrangements made. **Failure to declare is itself the misconduct**, and is treated more seriously than the underlying relationship.

572. A staff member who enters a romantic relationship with a student they teach, assess or supervise must declare it immediately; the academic relationship shall be transferred to another member of staff without delay.

573. The Company Secretary maintains the Register of Interests and reports annually to the Audit & Risk Committee on declarations, management arrangements and any breach.

10b. Anti-Corruption and Bribery

Policy Number	RSBT-LEG-002
Policy Name	Anti-Corruption and Bribery
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; Bribery Act 2010; Criminal Finances Act 2017
Policy Owner	Company Secretary / Vice Chairman & COO / Chief Financial Officer
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy prohibits bribery and corruption in any form and establishes the procedures required to prevent it. It applies to all staff, governors, students, agents, partners, contractors and any person performing services for or on behalf of RSBT, anywhere in the world.

Prohibitions

- Offering, promising, giving, requesting, agreeing to receive or accepting a financial or other advantage intended to induce or reward improper performance of a function is prohibited absolutely.
- **Facilitation payments** — small unofficial payments to secure or expedite a routine action — are bribes under the Bribery Act 2010 and are prohibited without exception, irrespective of local custom or practice.
- Bribery of a foreign public official is prohibited.

- RSBT is criminally liable for failing to prevent bribery by an associated person. Agents, partners and consultants are associated persons.
- The only exception is a payment made where there is an imminent threat to personal safety; such a payment must be reported immediately and recorded.

Gifts and Hospitality

Situation	Rule
Gift or hospitality below £50	May be accepted; recorded in the departmental register if part of a pattern
Gift or hospitality £50–£250	Requires line manager approval and entry in the central Gifts and Hospitality Register
Gift or hospitality above £250	Ordinarily declined; may be accepted only where refusal would cause serious offence, in which case it becomes the property of RSBT
Cash or cash equivalent	Never acceptable, in any amount
During a live tender or admissions decision	Never acceptable, in any amount, from any party with an interest
From a student or a student's family	Not acceptable where the staff member teaches, assesses or supervises the student; token gifts of nominal value after results are confirmed may be accepted

Prevention Procedures

574. **Risk assessment** — an annual bribery risk assessment addressing markets, partners, agents, procurement and admissions.

575. **Due diligence** — on all agents, partners and significant suppliers before engagement, and periodically thereafter, per Policy 17d.

576. **Contractual controls** — every agent and partner agreement contains anti-bribery warranties, audit rights and a right of immediate termination for breach.

577. **Commission transparency** — agent commission is documented, at a commercially justifiable rate, paid only against a written agreement and an invoice, and disclosed to students where required by consumer protection law. Commission shall never be paid in a manner that conceals its nature or recipient.

578. **Training** — all staff receive anti-bribery training on induction and every two years; staff in higher-risk roles receive enhanced training.

579. **Reporting** — concerns may be raised with the line manager, the Chief Financial Officer or, confidentially, with the Chair of the Audit & Risk Committee under the whistleblowing provisions of Policy 5k.

580. **Records** — accurate books and records are maintained; off-book accounts and false or misleading records are prohibited.

581. **Consequences** — breach is gross misconduct under Policy 5j, terminates any agent or partner agreement immediately, and will be reported to law enforcement where a criminal offence is suspected.

10c. Copyright and Intellectual Property

Policy Number	RSBT-LEG-003
Policy Name	Copyright and Intellectual Property
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; Copyright, Designs and Patents Act 1988; Patents Act 1977; Trade Marks Act 1994

Policy Owner	Company Secretary / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the ownership, protection and lawful use of intellectual property at RSBT, including copyright in teaching materials and research outputs, trade marks, patents, designs and databases.

Ownership

Category	Ownership
Teaching materials created by staff in the course of employment	RSBT, with a perpetual non-exclusive licence to the author for their own teaching and scholarly use elsewhere
Scholarly articles, books and conference papers by staff	Author, with a non-exclusive licence to RSBT to deposit in the repository and use for promotion
Research outputs and inventions arising from employment	RSBT, subject to Policy 4h revenue sharing and to any funder or partner agreement
Student coursework, dissertations and theses	Student, with a non-exclusive licence to RSBT for assessment, quality assurance, plagiarism detection, archiving and, with consent, exhibition
Work created by a student on a sponsored, funded or collaborative project	As agreed in writing before the project begins; the agreement must be explained to the student and signed
Software, databases and digital learning content created by staff	RSBT
Commissioned work by contractors	RSBT, by express assignment in the contract; the absence of an assignment clause leaves ownership with the contractor
RSBT name, logo, marks and visual identity	RSBT absolutely; use governed by Policy 18b

Use of Third-Party Material

582. Staff and students shall use third-party copyright material only within the terms of a licence, a statutory exception, or with permission.

583. The statutory exceptions for illustration for instruction, quotation, criticism and review, and text and data mining for non-commercial research shall be applied within their proper limits, not as a general permission.

584. Materials uploaded to the VLE must be within licence; where a licence limits access to enrolled students, access controls must enforce that limit.

585. Scanning, copying and distribution shall not exceed the limits of the School’s copyright licence.

586. Images, video, music and fonts used in teaching or marketing must be licensed or in the public domain; the licence evidence shall be retained.

587. Software shall be used only in accordance with its licence; unlicensed software shall not be installed on RSBT systems, per Policy 22d.

588. Where material generated by an AI tool is used, the licence terms of that tool apply and the underlying training-data position may not confer clear rights; such material shall not be relied upon for commercial publication without legal review.

Protection and Enforcement

- Staff shall disclose potentially protectable IP to the Director of Research before public disclosure, per Policy 4h.
- RSBT registers and maintains its trade marks in the territories in which it operates or plans to operate.
- Infringement of RSBT's intellectual property — including unauthorised use of its name, marks, certificates or materials by a third party — shall be reported to the Company Secretary and pursued.
- Allegations that RSBT has infringed the rights of another shall be referred immediately to the Company Secretary for legal assessment; the material shall be withdrawn pending assessment.

10d. Teach-Out and Student Protection

Policy Number	RSBT-LEG-004
Policy Name	Teach-Out and Student Protection
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; CMA guidance; QAA UK Quality Code
Policy Owner	Academic Board / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the arrangements RSBT will make to protect the continuation of study of enrolled students where a programme, delivery location, partnership or the institution itself ceases or materially changes. It is the School's Student Protection Plan.

Policy Statement

- **No enrolled student shall be left without a route to complete the qualification for which they enrolled**, or an equivalent, as a result of a decision by RSBT.
- A decision to close a programme, location or partnership does not take effect for students already enrolled; it takes effect by closing to new entrants and teaching out the existing cohorts.
- Students shall be informed of a closure decision at the earliest practicable point and never later than the point at which it is communicated to any external party.
- No additional cost shall fall on a student as a consequence of a closure decision by RSBT. Where transfer to another provider is the appropriate remedy, RSBT shall meet reasonable additional costs.

Triggers

- Voluntary closure of a programme following periodic review or portfolio decision.
- Withdrawal or non-renewal of approval by an awarding organisation, accrediting body or regulator.
- Termination or expiry of a partnership or affiliate campus agreement.

- Closure of a delivery location.
- Material change to a programme that a student did not agree to.
- Financial failure or insolvency of RSBT or of a partner.
- Loss of premises, key staff or essential resources such that delivery to standard cannot continue.

Teach-Out Procedure

589. **Decision and assessment.** The Academic Board assesses the number of students affected, their stage of study, the time required for the last cohort to complete, and the resources required.

590. **Board approval.** The Board of Governance approves the closure together with a costed teach-out plan; approval of one without the other is not permitted.

591. **Notification.** Affected students are notified in writing within ten working days, with a clear explanation, the teach-out plan, the options available, named contacts and the support provided. A meeting or webinar is offered.

592. **Options.** Each student is offered, as applicable: completion of the programme under the teach-out plan; transfer to a comparable RSBT programme with credit recognised in full; supported transfer to another provider with a full transcript, credit statement, reference and reasonable cost coverage; or, where the student prefers, withdrawal with a refund calculated on the basis that the closure was not their choice.

593. **Delivery during teach-out.** Academic standards, teaching quality, staffing, learning resources and student support are maintained in full until the last student completes. Resource shall not be withdrawn from a closing programme.

594. **Monitoring.** The Head of Quality Assurance & Institutional Policy monitors the teach-out and reports to the Academic Board each semester until completion.

595. **Records.** On completion, the academic records of all students are transferred to permanent secure archive with arrangements guaranteeing future verification of awards, including in the event of institutional closure.

Institutional Closure

In the event of the closure of RSBT itself, the Board of Governance shall, before any other consideration: secure arrangements for the completion or transfer of every enrolled student; secure the permanent preservation of, and future access to, the academic records of all past and present students with a designated custodian; notify all awarding organisations, accrediting bodies, regulators and partners; and publish the arrangements. These obligations rank ahead of the interests of shareholders and, so far as the law permits, of other creditors.

10e. Publications

Policy Number	RSBT-LEG-005
Policy Name	Publications
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; Consumer Rights Act 2015; CMA guidance; CAP Code
Policy Owner	Media & Communications / Company Secretary / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the accuracy of all information RSBT publishes about itself and its provision — prospectuses, brochures, web pages, programme pages, advertisements, agent materials and social media.

Policy Statement

- All published information must be **accurate, complete, clear, current and not misleading**, whether by statement, omission, ambiguity or overall impression.
- Applicants are consumers. Information provided before a student commits is material information on which they are entitled to rely, and inaccuracy may constitute a breach of consumer protection law as well as of this Manual.
- Accreditation, affiliation, recognition and regulatory status shall be described precisely. The status of the awarding body, of any accreditation, and of the recognition the qualification carries in the United Kingdom and elsewhere shall be stated without embellishment.
- Claims about employment outcomes, salaries, rankings, partnerships or student numbers shall be evidenced, sourced and dated. Unverifiable claims shall not be published.
- Images shall depict RSBT and its actual students, staff and facilities, or shall be clearly identifiable as illustrative stock imagery. Images shall not imply facilities or locations that RSBT does not have.

Mandatory Pre-Contract Information

The following must be published and available to an applicant before they accept an offer:

- Programme title, level, credit volume and awarding body.
- Duration, mode(s), delivery location(s) and start dates.
- Total tuition fee, the payment schedule, and every other mandatory cost.
- Entry requirements including English language requirements.
- Programme structure, core and optional modules and the assessment methods.
- Contact hours and expected independent study time.
- Accreditation and professional recognition, with any limitation stated.
- The terms and conditions of the student contract, the refund and cancellation rights, and the complaints procedure.
- Any material change reasonably foreseeable, and the circumstances in which changes may be made.

Approval and Review Procedure

596. All external publications are approved by Media & Communications under Policy 18m before release.

597. Academic content is verified against the approved programme specification by the Programme Leader and the Registrar; the specification is the authority, not the marketing copy.

598. Claims about accreditation and legal status are verified by the Company Secretary.

599. Fee information is verified by the Chief Financial Officer.

600. Every publication carries a version and date, and a review date not more than twelve months later.

601. Agent and partner materials referring to RSBT require prior written approval, and RSBT audits agent websites and materials at least annually under Policy 17d.

602. Where an inaccuracy is discovered, it is corrected immediately, and any applicant or student who relied on it is contacted and offered an appropriate remedy. The incident is logged and reported to the Board.

10h. Website Policy

Policy Number	RSBT-LEG-006

Policy Name	Website Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR; UK GDPR; PECR; WCAG 2.2; Equality Act 2010
Policy Owner	Executive Director — IT / Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the RSBT website and all official web properties — their content, accuracy, accessibility, security, privacy compliance and governance.

Content and Accuracy

- The website is the primary public record of the institution. Every page is owned by a named department accountable for its accuracy.
- All content is subject to Policy 10e. Programme pages must reflect the current approved programme specification, and are verified before each recruitment cycle.
- The following shall be published and kept current: mission and vision; governance structure and Board membership; legal entity name and registration; accreditation and awarding body relationships with certificate references; the full policy manual; academic regulations; programme information; fees and refund terms; the complaints and appeals procedures; the student protection plan; the privacy notice; the accessibility statement; and contact details.
- Superseded pages are archived rather than deleted where they formed part of the information on which a cohort relied.

Accessibility, Privacy and Security

603. The website shall conform to **WCAG 2.2 Level AA**. An accessibility statement shall be published, identifying any non-compliant content, the reason and the remedy timescale, and providing a route to request content in an alternative format.

604. Accessibility is tested at least annually by automated and manual means, and before any major release.

605. A privacy notice compliant with UK GDPR shall be published, explaining what data is collected, the lawful basis, retention, sharing and data subject rights.

606. Non-essential cookies and similar technologies shall be set only with the user's prior consent, obtained through a compliant consent mechanism with a genuine option to reject. Consent shall not be a condition of access to information.

607. The site shall be served over HTTPS with a valid certificate, shall be patched and monitored, shall be subject to security testing at least annually, and shall be backed up under Policy 22c.

608. Forms collecting personal data shall collect only what is necessary and shall transmit and store it securely.

609. Third-party scripts and embedded content are reviewed before deployment for privacy and security implications.

Governance

- The Executive Director — IT is accountable for the technical operation, security and availability of the website; Media & Communications is accountable for content, brand and accuracy, per Policy 18v.
- A content review cycle ensures every page is reviewed at least annually, with high-impact pages — fees, entry requirements, accreditation, programme pages — reviewed each cycle.
- Analytics are used to improve the service and are configured in a privacy-respecting manner consistent with the consent obtained.
- Availability is monitored, with a target of 99.5% and an incident response process under Policy 22c.

10i. Response to Enquiries and Requests for Information from Legal and Regulatory Bodies

Policy Number	RSBT-LEG-007
Policy Name	Response to Enquiries and Requests for Information from Legal and Regulatory Bodies
Policy Version	Version 1.0
Standards Applicable	UK Standard 10: Legal Compliance and Public Disclosure; Consumer Rights Act 2015; CMA guidance for HE providers; Bribery Act 2010; UK GDPR
Policy Owner	Company Secretary / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs how RSBT responds to enquiries, requests, notices and investigations from courts, law enforcement, regulators, awarding organisations, accrediting bodies, immigration authorities, tax authorities and other competent bodies.

Policy Statement

- RSBT cooperates fully, promptly and honestly with lawful requests from competent authorities.
- All such requests are routed to the Company Secretary immediately on receipt. **No member of staff shall respond to, negotiate with, or provide information to a legal or regulatory body without authorisation**, however informal the request appears.
- Personal data shall be disclosed only where a lawful basis exists and the request is properly authorised; the identity and authority of the requester shall be verified before any disclosure.
- No document shall be destroyed, altered or concealed once a request, investigation or the reasonable prospect of litigation is known. A litigation hold shall be issued suspending routine destruction of relevant records.
- Providing false or misleading information to a regulator is a serious matter and constitutes gross misconduct.

Procedure

610. The recipient of a request forwards it to the Company Secretary on the day of receipt, without responding to it.

611. The Company Secretary logs the request, verifies the requester’s identity and authority, assesses the legal basis, the scope and the deadline, and takes legal advice where appropriate.

612. The Vice Chairman & COO is informed of every request; the Chairman and the Audit & Risk Committee are informed of any request that could have material consequences.

613. A single named response coordinator is appointed for each matter; all communication passes through that person.

614. Information provided is accurate, complete within the scope of the request, and no wider than the request requires. Where a request is unclear or appears to exceed the requester's powers, clarification is sought rather than assumed.

615. Where personal data is disclosed, the data subject is informed unless doing so is prohibited or would prejudice the purpose of the request.

616. A complete record of the request, the internal deliberation, the material provided and the outcome is retained permanently.

617. On-site inspections are facilitated; the inspector's identity and authority are verified, a member of staff accompanies the inspection, and a contemporaneous record of what was inspected and provided is made.

Self-Reporting

Where RSBT identifies a breach of a regulatory condition, an awarding organisation requirement or a legal obligation, the Company Secretary shall assess the duty to self-report and, where a duty exists, shall report promptly. Where no duty exists, the Board shall consider whether voluntary disclosure is nonetheless the right course. Concealment of a known breach is not an option available to the School.

STANDARD 11 — COMMUNITY ENGAGEMENT

Standard 11 governs the ways in which RSBT extends its educational resources beyond its enrolled degree-seeking student body — through lifelong learning, professional development, and open access to individual courses.

11a. Continuous Education and Lifelong Learning

Policy Number	RSBT-COM-001
Policy Name	Continuous Education and Lifelong Learning
Policy Version	Version 1.0
Standards Applicable	UK Standard 11: Community Engagement; QAA UK Quality Code — Enabling Student Achievement
Policy Owner	Director — Centre for Executive & Professional Development
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the non-degree continuing education and lifelong learning provision of RSBT, delivered principally through the Centre for Executive & Professional Development (CEPD).

Policy Statement

- Continuing education provision shall meet the same standards of design, delivery, assessment and evaluation as credit-bearing provision, proportionate to its level and duration.
- Every course shall have documented learning outcomes, an approved curriculum, a qualified tutor, an assessment or verification method appropriate to the claim being made, and an evaluation mechanism.
- The certificate awarded shall accurately describe what was achieved. A certificate of attendance shall say so; a certificate of achievement shall be supported by assessment. Non-credit provision shall never be described in terms that imply an academic award, per Policy 14F.
- Where a course carries credit or can articulate into a credit-bearing programme, the credit value, level and articulation route shall be stated in advance and approved by the Academic Board.
- Provision shall be genuinely accessible — offered at times and in modes that working professionals can attend, and priced to reflect the market it serves, with concessions available.

Provision

Category	Description
Executive certification programmes	Structured multi-module programmes for senior professionals, delivered through the case method — including Strategic Leadership & Decision-Making
Professional short courses	Focused skills provision in management, digital, analytics and sector-specific topics
Corporate and government programmes	Customised provision designed with a client organisation against agreed learning outcomes
Global Immersion Programme	Intensive international study experience combining academic content, site visits and cross-cultural learning

Category	Description
Public lectures and masterclasses	Free or low-cost open provision as part of the Community Engagement Plan
Alumni continuing education	Concessionary access for alumni under Policy 17a
Micro-credentials	Short, assessed, digitally badged units, stackable towards a larger award where approved

Approval, Delivery and Evaluation

618. New provision is proposed with a rationale, market evidence, learning outcomes, curriculum, tutor profile, assessment approach and financial model.

619. Approval is by the Director of CEPD and the Dean of the relevant School; provision carrying credit or articulation additionally requires Academic Board approval.

620. Tutors are approved against qualification and professional experience criteria appropriate to the level, and are subject to the observation and evaluation provisions of Policies 3s and 21a.

621. Every participant completes an evaluation; results are reviewed by the Director and reported annually to the Academic Board.

622. Provision is reviewed annually against participation, satisfaction, outcome achievement, employer feedback and financial performance, and is revised, retained or withdrawn accordingly.

623. Participant records, including attendance and any assessment, are retained under Policy 6c so that certificates can be verified indefinitely.

11b. Non-Degree Student Enrolment Policy

Policy Number	RSBT-COM-002
Policy Name	Non-Degree Student Enrolment Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 11: Community Engagement; QAA UK Quality Code — Enabling Student Achievement
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the enrolment of individuals who study with RSBT without being registered on a programme leading to an award — including individual module study, audit enrolment, visiting and exchange students, and continuing education participants.

Categories

Category	Description	Assessment	Credit
Single module (credit)	Study of an individual credit-bearing module	Full assessment	Credit awarded; transcript issued

Category	Description	Assessment	Credit
Audit	Attendance for interest without assessment	None	None; attendance certificate only
Visiting / exchange student	Registered at a partner institution, studying at RSBT for a defined period	Full assessment	Credit reported to the home institution
Continuing education participant	CEPD or short course participant	As specified for the course	As specified
Corporate cohort participant	Employee of a client organisation on a commissioned programme	As specified	As specified

Policy Statement and Procedure

624. Non-degree enrolment is subject to capacity. Registered degree-seeking students have priority for places, and non-degree enrolment shall not cause a class to exceed the limits in Policy 3o.

625. Applicants for credit-bearing single modules must meet the module prerequisites and the English language requirement, and are subject to identity verification.

626. Auditors do not submit assessment, do not receive credit, and shall not occupy laboratory or workshop capacity required by registered students.

627. Non-degree students are subject to the academic integrity, conduct, health and safety, and IT acceptable use policies of the School in full.

628. Non-degree students are entitled to teaching, learning materials, library access and technical support for the duration of their enrolment, and to the complaints procedure. They are not entitled to academic advising beyond the module, to progression, or to an award.

629. Credit earned as a non-degree student may subsequently be counted towards an RSBT award if the individual is admitted to a programme, subject to the recognition limits in Policy 6b.

630. A maximum of 60 credits may be accumulated as a non-degree student before the individual must apply for admission to a programme.

631. Fees are charged per module at the published non-degree rate; audit enrolment is charged at the published audit rate.

632. Records for all non-degree students are maintained under Policy 6c to the same standard as for registered students.

STANDARD 12 — ACADEMIC POLICIES

Standard 12 governs academic activities that extend the curriculum beyond the classroom and beyond the institution: the mobility of students and faculty, the co-creation of programmes with industry, and the integration of professional certification into academic study.

12a. Faculty and Student Exchange Programme

Policy Number	RSBT-ACAD-101
Policy Name	Faculty and Student Exchange Programme
Policy Version	Version 1.0
Standards Applicable	UK Standard 12: Academic Policies; QAA UK Quality Code — Learning and Teaching, Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Deans of Schools / Academic Board / Head of International Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs inbound and outbound mobility of students and academic staff under exchange, study abroad and visiting arrangements with partner institutions.

Policy Statement

- Exchange takes place only with institutions with which RSBT holds a written agreement approved under Policy 17d, following due diligence on academic standing, quality assurance, safeguarding and safety.
- **Credit earned on an approved outbound exchange is recognised in full** towards the RSBT award, subject to a learning agreement signed before departure. A student shall not be disadvantaged in progression or classification by participating.
- Participation shall be open to all eligible students on transparent criteria. Financial hardship shall not be a barrier where support under Policy 20a can reasonably remove it.
- Staff exchange is a development activity, recorded in the individual development plan under Policy 5g, and its outcomes shall be disseminated on return.

Student Exchange Procedure

633. Eligibility: completion of at least one full level of study, a cumulative average at or above the published threshold, no active academic or disciplinary sanction, and satisfaction of the host language requirement.

634. The student applies through the International Office; selection is by a panel against published criteria, with outcomes and reasons recorded.

635. A **learning agreement** identifying each host module, its credit value and level, and the RSBT module or credit block it maps to, is signed by the student, the Programme Leader and the host institution **before departure**. No mapping agreed after the event shall be relied upon by the School to deny recognition properly claimed.

636. Pre-departure briefing covers academic expectations, safety, health, insurance, visa and immigration requirements, cultural preparation, safeguarding, and emergency contacts.

637. The student remains registered at RSBT, pays RSBT tuition, and does not pay tuition to the host under a reciprocal exchange.

638. Risk assessment is completed for each destination and reviewed against current travel advice; travel to destinations advised against is not approved.

639. On return, host results are converted to the RSBT scale under an approved conversion table, entered on the record as recognised credit, and the student completes a mobility report.

Faculty Exchange and Inbound Visitors

- Outbound faculty exchange requires approval of the Dean and the Vice Chairman & COO, a teaching or research plan, cover arrangements for the member of staff's RSBT duties, and a written report within one month of return.
- Inbound exchange students are enrolled as visiting students under Policy 11b, receive full academic and support entitlements for the period, and receive a transcript sent directly to their home institution.
- Inbound visiting faculty are approved against the qualification criteria in Policy 5a, are inducted, and are subject to the same conduct, safeguarding and quality requirements as employed staff.
- Mobility volumes, destinations, outcomes and participant evaluation are reported annually to the Academic Board and feed the internationalisation objectives of the strategic plan.

12b. Programme Co-Development and Co-Delivery with Industry

Policy Number	RSBT-ACAD-102
Policy Name	Programme Co-Development and Co-Delivery with Industry
Policy Version	Version 1.0
Standards Applicable	UK Standard 12: Academic Policies; QAA UK Quality Code — Learning and Teaching, Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Deans of Schools / Academic Board / Head of Industry Engagement & Outreach
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the design and delivery of programmes and modules jointly with employers, professional bodies and industry partners.

Policy Statement

- Industry participation strengthens relevance and employability, but **academic authority is not shared**. Curriculum content, learning outcomes, assessment design, standards, marking and awards remain the exclusive responsibility of the Academic Board and the awarding organisation.
- An industry partner may co-design curriculum, contribute content, provide case material, co-teach, host projects and advise on relevance. It may not determine a student's mark, classification or progression.
- No commercial interest of a partner shall constrain what is taught, what evidence is presented, or a student's or academic's freedom to reach and express critical conclusions about that partner or its sector.
- The role of the partner shall be disclosed accurately to applicants and students, including any sponsorship, and shall not be overstated in marketing under Policy 10e.

Procedure

640. A proposal is developed jointly, setting out the rationale, the partner's role, the intended learning outcomes, resource commitments, intellectual property, data sharing and the duration.

641. Due diligence on the partner is conducted under Policy 17d, including financial standing, reputation, ethical and safeguarding position.

642. A written agreement is executed before any delivery, covering: division of responsibilities; academic authority; intellectual property under Policy 10c; confidentiality and data protection; use of names and marks under Policy 18b; quality assurance and monitoring rights; student protection and exit arrangements under Policy 10d; and termination.

643. The programme or module is approved through the standard route in Policy 3k. Co-development does not shorten or replace approval.

644. Industry personnel who teach or assess are approved under Policy 5a, are inducted in assessment practice and academic regulations, and are subject to moderation. Their marking is always subject to internal moderation by an RSBT academic.

645. Delivery is monitored each semester by the Programme Leader; student feedback specifically addresses the industry-delivered elements.

646. The arrangement is reviewed annually by the Quality Assurance & Enhancement Committee, and formally at periodic review.

647. Where a partner withdraws, the School shall ensure that enrolled students complete without detriment, and shall have contingency capacity to deliver the content itself.

12c. Professional Certification Programme Policy

Policy Number	RSBT-ACAD-103
Policy Name	Professional Certification Programme Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 12: Academic Policies; QAA UK Quality Code — Learning and Teaching, Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Deans of Schools / Academic Board / Director — CEPD
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the integration of external professional certifications and licences into RSBT programmes and their delivery as standalone provision.

Policy Statement

- Professional certification may be embedded in a programme where it demonstrably enhances employability, aligns with the programme learning outcomes, and is offered by a body of established standing.
- The relationship between the academic award and the certification shall be described precisely: whether the certification is included, whether examination fees are covered, whether success is guaranteed — which it never is — and whether the certification is a requirement or an option.

- **An academic credit shall never be awarded solely for passing an external certification examination.** Credit may be awarded for an assessed module that prepares for certification, where the module has its own learning outcomes and RSBT-controlled assessment.
- Exemptions granted by a professional body to RSBT graduates shall be confirmed in writing by that body before being advertised, and re-confirmed annually.

Approval and Management

Requirement	Detail
Body standing	Recognised in the relevant sector; transparent standards; established examination integrity
Curriculum mapping	Documented mapping of certification syllabus to module learning outcomes, approved by the Academic Board
Staff qualification	Tutors hold the certification themselves, or an approved equivalent, and any required trainer accreditation
Cost transparency	Total cost to the student, including examination and re-sit fees, published before enrolment
Success monitoring	First-attempt pass rates monitored each cycle and reported to the Quality Assurance & Enhancement Committee
Currency	Alignment reviewed whenever the certifying body revises its syllabus, and at least annually

648. Proposals are submitted to the Dean with evidence of the body's standing, the mapping, the resource requirement and the financial model.

649. Where an accreditation or authorised training centre status is required, it shall be obtained before delivery is advertised, and the certificate reference shall be recorded and published under Policy 10h.

650. Where pass rates fall materially below the body's published average for two consecutive cycles, the provision is reviewed and an improvement plan raised under Policy 13e.

651. Where a certification is withdrawn or a body ceases to recognise the provision, students already enrolled are notified immediately and the provisions of Policy 10d apply.

STANDARD 13 — INSTITUTIONAL RESEARCH AND QUALITY ASSURANCE

Standard 13 governs the systems by which RSBT knows how well it is performing and acts on what it finds. Quality assurance is not an event that precedes an inspection; it is the continuous, evidenced cycle of measurement, judgement, action and re-measurement described in these policies.

13a. Institutional Effectiveness

Policy Number	RSBT-IRQA-001
Policy Name	Institutional Effectiveness
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the institutional effectiveness framework: the systematic, evidence-based assessment of the extent to which RSBT achieves its mission, goals and objectives, and the use of that assessment to improve.

The Institutional Effectiveness Cycle

Stage	Activity	Timing
1. Define	Mission, strategic goals and measurable annual objectives set for every unit	Annually — May–June
2. Measure	Data collected against defined indicators from student records, surveys, assessment outcomes, external reports	Continuous
3. Analyse	Performance compared against target, prior year, benchmark and threshold	Semester and annual
4. Judge	Unit and institutional evaluative judgement recorded, not merely description of data	Annually — October
5. Act	Improvement plans raised, resourced and owned under Policy 13e	Annually — November
6. Verify	Impact of prior actions evaluated before the cycle repeats	Annually — following cycle

> The test of institutional effectiveness is not whether data was collected but whether the institution can demonstrate that it changed something as a result, and that the change worked.

Core Institutional Indicators

- Enrolment, by programme, level, mode, location and student characteristic.
- Retention, continuation and completion rates, and time to completion.
- Module and programme pass rates, degree classification profile, and assessment outcome distribution.
- Student satisfaction, by programme and by service, from the feedback system in Policy 13b.

- Graduate employment and further study outcomes at six and fifteen months, per Policy 13j.
- Achievement of programme learning outcomes, per the Assurance of Learning framework in Policy 13d.
- Staff qualification profile, student–staff ratio, and staff development participation.
- Research output volume, quality tier and impact, per Policy 4b.
- Complaints, appeals and academic integrity case volumes and outcomes.
- Financial indicators per Policy 9g, and health and safety indicators per Standard 7.
- Equality data disaggregated by protected characteristic to identify awarding and outcome gaps.

Procedure and Reporting

652. Each academic and administrative unit sets annual objectives derived from the operational plan under Policy 13l, with measurable indicators and targets.

653. Data is collected centrally by the Institutional Research function to a defined data dictionary, so that definitions are consistent across units and years.

654. Each unit submits an annual effectiveness report containing evidence, evaluative judgement, actions taken in the previous year and their impact, and proposed actions.

655. The Head of Quality Assurance & Institutional Policy consolidates the unit reports into an Annual Institutional Effectiveness Report, which is considered by the Quality Assurance & Enhancement Committee, the Academic Board and the Board of Governance.

656. The Report identifies institution-level strengths, risks, gaps against threshold, and the priorities for the following year, and is used to inform budget allocation under Policy 9c.

657. A summary of institutional performance is published under Policy 10h. The School does not publish only favourable data.

13b. Feedback System

Policy Number	RSBT-IRQA-002
Policy Name	Feedback System
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition; QAA UK Quality Code — Student Engagement
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the systematic collection, analysis and use of feedback from students, staff, alumni, employers and partners.

Principles

- Feedback is collected to be used. **Every feedback instrument must have a defined owner, a defined analysis route and a defined closing-the-loop mechanism** before it is deployed; instruments without these shall not be issued.

- Students shall be told what changed as a result of their feedback. "You said, we did" reporting is published each semester at programme and institutional level.
- Feedback shall be anonymous where the respondent could otherwise be identified, and shall never be used to disadvantage a respondent.
- Module feedback shall not be released to the teaching staff member until marks for the module have been finalised.
- Feedback is one source of evidence, not the sole determinant of a judgement about teaching quality; it is triangulated with peer review under Policy 3s, outcome data and observation under Policy 21a.

Feedback Instruments

Instrument	Population	Frequency	Owner
Module evaluation survey	All students, each module	End of each module	Programme Leader
Programme experience survey	All students, each programme	Annually	Dean
Institutional student survey	All students	Annually	Head of QA
New student induction survey	New entrants	Each intake	Registrar
Service satisfaction survey	All students	Annually	Executive Director — Administration
Class representative feedback	Via Students' Council	Each semester	Head of Student Support
Exit and withdrawal survey	Withdrawing students	On withdrawal	Registrar
Graduate destination survey	Graduates	6 and 15 months	Head of Industry Engagement
Alumni survey	Alumni	Every two years	Alumni Office
Employer and placement host survey	Employers	Each placement cycle	Head of Industry Engagement
Staff survey	All staff	Annually	Human Resources
Partner and agent feedback	Partners	Annually	Head of International Affairs

Procedure

658. Instruments are designed or approved by the Head of Quality Assurance & Institutional Policy to ensure consistency, avoid duplication and limit survey fatigue.

659. Response rates are monitored; a module response rate below 30% is flagged, and results below that threshold are treated as indicative rather than conclusive.

660. Quantitative results are reported against a defined scale with the previous cycle and the institutional mean shown for comparison.

661. Free-text comments are analysed thematically. Comments that are abusive, or that identify an individual in a manner amounting to harassment, are removed from circulation and handled under the conduct policies; they are not passed to the individual concerned.

662. Programme Leaders respond to module feedback in writing within twenty working days, identifying actions.

663. Results and actions feed the annual monitoring report, the improvement plans under Policy 13e, and the appraisal process under Policy 5h.

664. The Students' Council receives a report on institutional feedback outcomes each semester and comments on the adequacy of the response.

13c. Course File and Course Report Review

Policy Number	RSBT-IRQA-003
Policy Name	Course File and Course Report Review
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Quality Assurance & Institutional Policy / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the independent review of course files and course reports produced under Policies 3n, to verify completeness, accuracy and the quality of reflective judgement.

Policy Statement

- Every course file is reviewed after the close of each delivery. Review is conducted by a person other than the module tutor.
- Review verifies not only that the required documents are present but that the assessment evidence supports the marks awarded, that moderation actually occurred, and that the course report contains genuine evaluative reflection rather than description.
- Findings are graded, actions are assigned, and compliance is monitored. Persistent failure to maintain a course file is a performance matter under Policy 5h.

Review Criteria

Area	Verified
Completeness	Syllabus, approved specification, teaching plan, materials, assessment briefs, marking schemes, samples of marked work across the range, moderation record, results, report
Alignment	Assessment tasks demonstrably assess the stated module learning outcomes; mapping present
Assessment integrity	Marking scheme applied consistently; feedback of appropriate quality and quantity; moderation documented with a genuine sample
Outcome analysis	Pass rates and mark distribution analysed, with explanation where they depart from the norm
Reflection	The report identifies what worked, what did not, and what will change, with reference to evidence
Closing the loop	Actions from the previous delivery identified, and their effect evaluated
Student feedback	Module feedback reported and responded to

Procedure

665. Course files are submitted within fifteen working days of the publication of results.

666. The Head of Quality Assurance & Institutional Policy allocates reviewers, ensuring independence from the delivery.

667. Each file is graded: **Satisfactory**, **Satisfactory with actions**, or **Unsatisfactory**.

668. Unsatisfactory files require resubmission within fifteen working days and a meeting between the tutor, the Programme Leader and the Dean.

669. A sample of not less than 20% of files, weighted towards new modules, modules with unusual outcomes and modules delivered at partner locations, is subject to enhanced review including scrutiny of marked scripts.

670. Common themes across files are reported to the Quality Assurance & Enhancement Committee and inform staff development priorities under Policy 5g.

671. Course files are retained for the period specified in Policy 6c and are made available to external examiners, awarding organisations and accrediting bodies on request.

13d. Assurance of Learning

Policy Number	RSBT-IRQA-004
Policy Name	Assurance of Learning
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition; FHEQ; Subject Benchmark Statements
Policy Owner	Head of Quality Assurance & Institutional Policy / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the Assurance of Learning (AOL) framework: the systematic, direct measurement of the extent to which students actually achieve the programme learning outcomes of each award, and the use of those findings to close gaps.

Distinction from Grading

Grades measure individual student performance across a whole module. AOL measures **cohort attainment of a specific learning outcome**, and is therefore capable of revealing a systemic weakness that grades conceal. A module may have a healthy pass rate while a particular programme learning outcome is being achieved by only half the cohort. AOL exists to find that.

The AOL Cycle

Step	Activity
1. Define	Programme learning outcomes defined at the appropriate FHEQ level, in measurable terms
2. Map	Curriculum map showing where each outcome is introduced, developed and assessed at mastery level
3. Select	Identification of the specific assessment task — the direct measure — for each outcome
4. Rubric	Development of an analytic rubric with performance levels for each outcome trait
5. Collect	Scoring of a representative sample against the rubric, independent of the grading of the work

Step	Activity
6. Analyse	Comparison of attainment against the target threshold, disaggregated by mode, location and cohort
7. Close the loop	Curriculum, teaching or assessment intervention where the threshold is not met
8. Re-measure	Re-measurement in the following cycle to verify that the intervention worked

Standards and Procedure

672. Each programme measures every programme learning outcome at least once in a three-year cycle, and its principal outcomes annually.

673. The **attainment threshold is 70% of the sampled cohort achieving at or above the "meets expectations" level** of the rubric, unless the Academic Board sets a higher threshold for a specific outcome.

674. Samples are representative and of sufficient size — not fewer than 25 pieces of work, or the whole cohort where smaller — and are drawn from every delivery location and mode.

675. Scoring is conducted by at least two academics using the common rubric, with inter-rater agreement checked; disagreement beyond one performance level is resolved by discussion.

676. AOL scoring is separate from marking. **A student's mark is not altered by AOL scoring** and AOL results are not reported at individual student level.

677. Where the threshold is not met, the programme team raises a closing-the-loop action — curriculum change, additional teaching input, revised assessment design or staff development — recorded in an improvement plan under Policy 13e.

678. Indirect measures — student self-assessment, employer feedback, graduate outcomes — are used to corroborate but never to replace direct measures.

679. AOL findings, closing-the-loop actions and re-measurement results are reported annually to the Academic Board and form a required section of the periodic review self-evaluation under Policy 3k.

13e. Improvement Plans

Policy Number	RSBT-IRQA-005
Policy Name	Improvement Plans
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the raising, structuring, resourcing and approval of improvement plans arising from any source of evidence of underperformance or opportunity.

Triggers

- Annual monitoring, periodic review or institutional effectiveness findings.

- Failure to meet an AOL threshold under Policy 13d.
- Module or programme outcomes materially below threshold, or an unexplained awarding gap between student groups.
- External examiner recommendation, awarding organisation report, accreditation condition or audit finding.
- Student feedback, complaint or appeal patterns.
- Internal or external audit findings under Policies 9a and 9b.
- Health and safety, data protection or compliance incidents.
- A risk escalation under Policy 1h.

Mandatory Structure of a Plan

Field	Requirement
Issue	A precise statement of the problem, not a restatement of the recommendation
Root cause	Analysis of why the problem occurred, not merely what occurred
Action	Specific and observable; "raise awareness" and "encourage" are not actions
Owner	A single named individual, not a committee or a department
Resource	The staff time, budget or system change required, and confirmation it has been secured
Target date	A specific date; open-ended actions are not accepted
Success measure	The evidence that will demonstrate the issue is resolved, defined before the action begins
Priority	High — within 3 months; Medium — within 6 months; Low — within 12 months
Status	Not started / In progress / Complete / Closed — evidenced / Overdue

> An improvement plan that is not resourced is not a plan. Where the required resource cannot be secured, the plan shall not be approved, and the residual risk shall be escalated to the Board of Governance instead of being disguised as an action.

Procedure

680. The unit responsible for the area drafts the plan within twenty working days of the finding.

681. The Head of Quality Assurance & Institutional Policy tests the plan against the mandatory structure and returns inadequate plans for redrafting.

682. Plans are approved by the Quality Assurance & Enhancement Committee; plans requiring resource beyond the unit's budget are referred to the Finance Committee.

683. All plans are recorded in the central Improvement Plan Register maintained by the Head of Quality Assurance & Institutional Policy.

684. A plan is closed only on evidence that the success measure has been met — not on evidence that the action was performed. Closure is approved by the Committee, not by the owner.

13f. Monitoring of Improvement Plans

Policy Number	RSBT-IRQA-006
Policy Name	Monitoring of Improvement Plans
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition

Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the tracking, escalation and reporting of improvement plans through to evidenced closure.

Policy Statement

- The Improvement Plan Register is a single central record covering every open action from every source. Parallel local registers that are not consolidated shall not be maintained.
- Progress is reviewed monthly by the Head of Quality Assurance & Institutional Policy and formally at each meeting of the Quality Assurance & Enhancement Committee.
- **An overdue action is a governance matter, not an administrative one.** Overdue high-priority actions are reported by name and owner to the Academic Board and, if unresolved, to the Board of Governance.

Escalation

Condition	Escalation
Action approaching target date	Automatic reminder to owner 30 and 7 days before
Overdue up to 30 days	Owner submits written explanation and revised date to the Head of QA
Overdue 31–60 days	Reported to the Quality Assurance & Enhancement Committee; owner attends
Overdue over 60 days, or any high-priority action overdue	Reported to the Academic Board; the Dean or Executive Director becomes jointly accountable
Overdue over 90 days, or repeated slippage	Reported to the Board of Governance; considered in the owner's appraisal under Policy 5h
Action arising from a regulatory or awarding-body condition	Escalated immediately on any slippage; the external body is informed where required

Reporting and Evaluation

685. The Committee receives at each meeting: total open actions, actions closed since last meeting, overdue actions by owner and priority, and actions closed without evidence — which should be nil.

686. The Board of Governance receives a quarterly summary including trend data on closure rates and average time to closure.

687. An annual analysis identifies recurring themes and repeat findings. **A finding that recurs after a plan was closed indicates that the root cause was not addressed**, and requires a fresh root-cause analysis rather than a repeat of the original action.

688. The effectiveness of the improvement system itself is evaluated annually and reported in the Annual Institutional Effectiveness Report.

13g. Data Reporting to External Authorities

Policy Number	RSBT-IRQA-007

Policy Name	Data Reporting to External Authorities
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition; UK GDPR; Ofqual General Conditions
Policy Owner	Head of Quality Assurance & Institutional Policy / Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the preparation, verification, authorisation and submission of data and returns to awarding organisations, accrediting bodies, regulators, government departments and other external authorities.

Policy Statement

- Every external return shall be accurate, complete, submitted on time and capable of being reconciled to the underlying source records.
- **No return shall be submitted without independent verification** by a person other than its preparer, and without authorisation at the level specified below.
- Data supplied to different bodies shall be consistent. Where a difference arises from differing definitions, the difference shall be documented.
- The submission of inaccurate data to a regulator or awarding organisation, whether deliberate or through inadequate control, is a serious matter and shall be reported to the Audit & Risk Committee.

Register of Returns and Authorisation

Return Type	Verified By	Authorised By
Learner registration and certification claims to awarding organisations	Registrar	Head of Quality Assurance
Assessment results and sampling returns	Head of QA	Academic Board Chair
Accreditation self-evaluations and annual returns	Head of QA	Vice Chairman & COO
Statutory financial and company returns	Chief Financial Officer	Board of Governance
Immigration and right-to-study reporting	Registrar	Company Secretary
Data protection registration and breach notification	Data Protection Officer	Company Secretary
Health and safety statutory reporting	HSE Committee	Executive Director — Administration
Partner and franchise reporting	Head of International Affairs	Vice Chairman & COO

A Register of External Returns records every recurring return, its recipient, its deadline, its owner, its authoriser and its submission date. The Register is reviewed quarterly and no return is permitted to lapse unrecorded.

Procedure

689. Data is extracted from the authoritative source system, not from working spreadsheets, against the definitions published by the receiving body.

690. The preparer documents the extraction method, the reference date, the definitions applied and any judgement exercised.

691. An independent verifier reconciles the return to source, checks totals and internal consistency, compares against the prior period and investigates material movement.

692. The authoriser confirms accuracy in writing before submission.

693. A complete copy of every submitted return, its supporting data and its authorisation is retained for not less than seven years.

694. Where an error is discovered after submission, the receiving body is notified promptly and voluntarily, a correction is submitted, and the root cause is addressed through an improvement plan under Policy 13e.

695. Personal data included in returns is limited to what the body is entitled to receive, and students are informed of such disclosures in the privacy notice under Policy 18g.

13h. Accreditation Process

Policy Number	RSBT-IRQA-008
Policy Name	Accreditation Process
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Quality Assurance & Institutional Policy / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the pursuit, maintenance, renewal and reporting of institutional and programme accreditations, awarding organisation approvals and recognitions.

Policy Statement

- Accreditation is pursued where it confers demonstrable benefit to students through recognition, quality assurance or professional standing. Accreditation shall not be pursued for marketing value alone, and no body shall be represented as conferring a standing it does not confer.
- The School’s accreditation and approval position shall be described publicly with complete accuracy under Policies 10e and 10h, including the exact legal status of each body and each certificate reference.
- **Conditions attached to an accreditation are binding obligations.** They are entered in the Improvement Plan Register under Policy 13e and are monitored to closure under Policy 13f.
- Every accreditation carries continuing obligations — notification of material change, annual returns, fee payment. These are recorded and owned; accreditation is never treated as achieved and forgotten.

Accreditation Lifecycle

Phase	Activity
Feasibility	Assessment of benefit to students, criteria, cost, timescale and readiness; Board approval to proceed
Gap analysis	Mapping of criteria against current practice; identification of gaps; improvement plans raised
Preparation	Evidence assembled; self-evaluation document drafted; staff and student briefing
Self-evaluation	An honest, evaluative self-assessment — identifying weakness as well as strength
Visit	Site visit facilitated; access to staff, students, records and premises provided without restriction
Outcome	Determination received; conditions and recommendations logged
Condition discharge	Conditions addressed and evidenced within the timescale set
Maintenance	Annual returns, notification of material change, continuing compliance monitoring
Renewal	Renewal process commenced not less than twelve months before expiry

Conduct During Review

696. A named accreditation lead is appointed for each exercise, accountable to the Head of Quality Assurance & Institutional Policy.

697. Evidence presented shall be authentic and current. **Documents shall never be created retrospectively and presented as contemporaneous.** Where a required system was not in place, this shall be stated and the remedy described.

698. Staff and students meeting reviewers shall be briefed on the process but never scripted, and shall be free to express their genuine views. Any attempt to influence what a student or member of staff says to a reviewer is gross misconduct.

699. The Board of Governance is informed of the outcome of every accreditation exercise, including adverse outcomes.

700. Loss, suspension or non-renewal of an accreditation triggers immediate notification of affected students, correction of all published material within five working days, notification of partners and agents, and consideration of Policy 10d.

13i. Benchmarking and Best Practices

Policy Number	RSBT-IRQA-009
Policy Name	Benchmarking and Best Practices
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the comparison of RSBT performance against external reference points and the identification, evaluation and adoption of good practice.

Policy Statement

- Internal data alone cannot establish whether performance is good. **Every principal indicator shall be benchmarked against at least one external reference point.**
- Comparators shall be genuinely comparable in mission, size, portfolio and student profile. Comparison against institutions of a materially different character produces flattering but useless conclusions.
- Good practice identified elsewhere shall be evaluated for fit before adoption, and its adoption shall be evaluated for effect afterwards.
- Benchmarking shall be reciprocal and ethical: information obtained from a comparator shall be used only for the agreed purpose and shall not be disclosed without consent.

Benchmark Types and Sources

Type	Application
External reference points	FHEQ level descriptors, Subject Benchmark Statements, QAA Quality Code, professional body standards
Sector data	Published sector statistics on retention, completion, classification and graduate outcomes
Peer comparison	Agreed exchange with comparable providers on defined indicators
Awarding organisation data	Comparative centre performance data supplied by awarding organisations
External examiner commentary	Comparative judgement on standards relative to other providers
Internal longitudinal	RSBT performance against its own trend over not less than three years
Cross-location	Comparison between RSBT delivery locations and modes, to test equivalence of the student experience

Procedure

701. The Head of Quality Assurance & Institutional Policy maintains a benchmarking framework specifying, for each principal indicator, the comparator, the source and the frequency.

702. Benchmarking is conducted at least annually and reported within the Annual Institutional Effectiveness Report.

703. Where RSBT performance is materially below a comparator, the cause is investigated and an improvement plan is raised under Policy 13e.

704. Where performance is materially above, the practice responsible is documented and considered for wider adoption.

705. Good practice is recorded in a Good Practice Register, disseminated through staff development under Policy 5g, and its adoption evaluated after one cycle.

706. Cross-location comparison is mandatory each cycle for every programme delivered at more than one location or in more than one mode; a material difference in outcome or satisfaction requires explanation and action.

13j. Graduate Employability Monitoring

Policy Number	RSBT-IRQA-010
Policy Name	Graduate Employability Monitoring
Policy Version	Version 1.0

Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Head of Industry Engagement & Outreach / Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the systematic tracking of graduate outcomes and the use of that evidence to improve curriculum, careers provision and employer engagement.

Policy Statement

- Graduate outcomes are a principal measure of institutional effectiveness and a matter on which applicants are entitled to accurate information.
- Outcomes are surveyed at **six months and fifteen months** after award. The fifteen-month point is the primary reference, as it better reflects settled employment.
- **Published employability claims shall state the response rate, the cohort and the date.** A statistic derived from a small or unrepresentative response shall not be published as if it described the whole cohort, per Policy 10e.
- Outcome data shall be disaggregated by programme, mode, location and protected characteristic, and any gap shall be investigated rather than reported as a curiosity.

Data Collected

- Employment status: employed full-time, employed part-time, self-employed, further study, unemployed and seeking, unavailable for work.
- Job title, employer, sector, country and whether the role is graduate-level.
- Relevance of the role to the programme studied, in the graduate's own judgement.
- Salary band, collected voluntarily and reported only in aggregate.
- Time from award to first appointment.
- Graduate judgement of how well the programme prepared them, and what they would add to it.
- Whether the appointment arose from a placement, internship or industry connection made during study.

Procedure and Use

707. Contact details are collected at graduation with consent for future contact, and alumni records are maintained under Policy 17a.

708. Surveys are administered by the Industry Engagement & Outreach office with multiple contact attempts across channels; a response rate target of 50% is set.

709. Non-response bias is assessed, and where response is skewed towards a particular group this is stated in reporting.

710. Results are reported annually to the Academic Board, to each Programme Leader, and within the Annual Institutional Effectiveness Report.

711. Programme teams are required to respond in the annual monitoring report to their own graduate outcome data, and to the qualitative feedback on curriculum gaps.

712. Employers of graduates are surveyed under Policy 13b to corroborate graduate self-report.

713. Findings inform curriculum revision under Policy 3k, careers and employability provision, industry partnerships under Policy 17f, and placement design under Policy 17g.

13k. Quality Assurance of Work Placements

Policy Number	RSBT-IRQA-011
Policy Name	Quality Assurance of Work Placements
Policy Version	Version 1.0
Standards Applicable	UK Standard 12: Academic Policies; QAA UK Quality Code — Learning and Teaching, Partnerships; UK Quality Code Advice on Work-Based Learning; Health and Safety at Work etc. Act 1974
Policy Owner	Head of Quality Assurance & Institutional Policy / Head of Industry Engagement & Outreach
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the quality assurance of work placements, internships and work-based learning, complementing the operational provisions of Policy 17g.

Policy Statement

- **RSBT retains responsibility for the quality and safety of a student's learning experience while on placement.** That responsibility is not transferred to the host by the act of placing the student.
- Every host is approved before a student is placed, and approval is evidenced. A student shall not be placed with an unapproved host in any circumstances, including where the student found the placement themselves.
- Where the placement is credit-bearing, its learning outcomes, assessment and moderation are controlled by RSBT and meet the same standards as any other module.
- The student is entitled to the same academic support, complaints route and safeguarding protection while on placement as on campus.

Host Approval Criteria

Criterion	Evidence Required
Legal standing	Registered entity; trading history
Health and safety	Current safety policy; employer's liability insurance; risk assessment covering the student's activity
Supervision	A named supervisor with relevant competence and defined time commitment
Learning opportunity	Activities capable of meeting the placement learning outcomes; not routine unskilled work alone
Working conditions	Compliance with working time, minimum wage and equality obligations of the jurisdiction

Criterion	Evidence Required
Safeguarding	Where the placement involves regulated activity, appropriate checks and policies per Policy 19b
Data protection	Arrangements where the student will process personal data
International placements	Country risk assessment; insurance; visa compliance; local emergency arrangements

Monitoring Procedure

714. A tripartite placement agreement between RSBT, the host and the student is signed before commencement, setting out learning outcomes, duties, hours, supervision, insurance and termination.

715. The student is briefed before departure on expectations, conduct, safety, reporting lines, and how to raise a concern including outside the host organisation.

716. A named RSBT placement tutor is assigned to each student and makes contact at least at the start, at the mid-point and at the end — the mid-point contact including direct discussion with the student without the supervisor present.

717. Both the student and the host complete an evaluation at the end of each placement.

718. Concerns about safety, treatment, or the absence of meaningful learning are acted on immediately; the placement may be suspended or terminated and the student shall not be academically disadvantaged by a withdrawal made on RSBT's advice.

719. Host performance is reviewed annually; approval is withdrawn where standards are not maintained, and the reason is recorded.

720. An annual placement quality report covering host approvals, evaluations, incidents, terminations and outcome data is submitted to the Quality Assurance & Enhancement Committee.

13l. Annual Operational Planning

Policy Number	RSBT-IRQA-012
Policy Name	Annual Operational Planning
Policy Version	Version 1.0
Standards Applicable	UK Standard 13: Institutional Research and Quality Assurance; QAA UK Quality Code — Monitoring and Evaluation; Ofqual General Conditions of Recognition
Policy Owner	Vice Chairman & COO / Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the annual operational planning cycle by which the institutional strategic plan under Policy 1g is translated into resourced, measurable objectives for every unit.

Policy Statement

- Every academic and administrative unit shall have an annual operational plan aligned to the institutional strategic goals. **No unit operates without a plan, and no plan exists without a link to a strategic goal.**

- Objectives shall be specific, measurable, assigned to a named owner, resourced and time-bound. An objective without a measure is an aspiration and shall not be approved.
- Planning, budgeting and effectiveness assessment form one integrated cycle: the plan drives the budget under Policy 9c and is evaluated through Policy 13a.
- Plans shall be developed with the participation of the staff who will deliver them, and shall include student-facing objectives on which the Students' Council has been consulted.

Planning Calendar

Month	Activity	Responsibility
January	Review of prior-year performance and institutional environment scan	Head of QA
February	Board sets institutional priorities and planning parameters	Board of Governance
March	Unit planning workshops; draft objectives developed with staff	Deans / Executive Directors
April	Draft plans and resource requirements submitted	Unit heads
May	Challenge and alignment review; consolidation with budget	Vice Chairman & COO / CFO
June	Integrated plan and budget approved	Board of Governance
July	Plans cascaded to individual objectives under Policy 5h	Line managers
October / February	Mid-cycle progress review	QAEC
December	Six-month formal review and reforecast	Vice Chairman & COO
Following January	Year-end evaluation feeding the next cycle	Head of QA

Plan Content and Review

721. Each plan states: the unit's contribution to each relevant strategic goal; objectives with indicators, baselines and targets; the resource required; the risks and their mitigations, cross-referenced to Policy 1h; and the improvement actions carried forward from the previous cycle.

722. Plans are tested for realism against capacity. A plan containing more objectives than the unit can deliver is returned for prioritisation rather than approved and quietly abandoned.

723. Progress is reported at the mid-cycle and six-month reviews; objectives at risk are flagged with a recovery action.

724. At year end, each unit reports achievement against every objective, with an explanation for each objective not achieved. Explanations are recorded, and repeated non-achievement of the same objective is examined at Board level.

725. Achievement of unit objectives is a consideration in the appraisal of the unit head under Policy 5h.

STANDARD 14 — ACADEMIC AND ADMINISTRATIVE SERVICES

Standard 14 governs the administrative processes through which students transact with the School — application, registration, changes to their registration, and the issue of certificates. These processes are the visible face of institutional competence. They shall be timely, accurate, consistently applied and capable of being evidenced.

14A. Application Procedure

Policy Number	RSBT-ADM-001
Policy Name	Application Procedure
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar / Admissions Office
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy sets out the operational procedure for the receipt and processing of applications, giving effect to the admissions requirements of Policy 6a.

Procedure

726. Applications are submitted through the online application portal, by an approved agent under Policy 17d, or in person at an RSBT or affiliate campus office. All routes lead to the same record system; no parallel application register is maintained.

727. On receipt, the application is acknowledged within two working days, assigned a unique application reference and entered on the student record system.

728. The Admissions Office reviews for completeness within five working days and requests any missing document, specifying a deadline.

729. Documents are verified for authenticity. Certified copies or originals are required; qualifications are verified at source or through an approved verification service. **A suspected fraudulent document is referred to the Registrar, the application is suspended, and where an agent submitted it, Policy 17d applies.**

730. Complete applications are referred for academic assessment within three working days.

731. The decision is communicated within fifteen working days of the application becoming complete, and is recorded with the reasons.

732. An offer specifies the programme, level, mode, location, start date, duration, total tuition fee and payment schedule, awarding body, conditions, acceptance deadline and the link to the terms and conditions.

733. Acceptance is recorded together with any deposit; the deposit is applied to the first instalment and is refundable in accordance with Policy 6g.

734. Applications not proceeding are retained for the period specified in Policy 6c and then securely destroyed.

Service Standards

Stage	Standard
Acknowledgement of application	2 working days
Completeness review and document request	5 working days
Academic decision on a complete application	15 working days
Doctoral application decision	30 working days, reflecting supervisory and proposal assessment
Response to an applicant enquiry	3 working days
Review of an admission decision	15 working days from request

14B. Registration Procedure

Policy Number	RSBT-ADM-002
Policy Name	Registration Procedure
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the registration of students on the School and on their modules, and the maintenance of an accurate registration record.

Policy Statement

- **Registration is the act that creates the contract of study and confers student status.** No person shall attend teaching, access learning resources or be assessed without being registered.
- Registration is completed before teaching begins. Late registration is permitted only within the published late registration window and with the approval of the Dean.
- Registration is an annual act; continuing students re-register for each academic year and enrol on modules for each semester.
- The registration record is the authoritative source for all reporting under Policy 13g; it shall be reconciled to attendance and to fee records each semester.

Procedure

735. Prior to registration the applicant must have met all conditions of offer, provided identity documents and, where applicable, evidence of the right to study, and settled or formally arranged the first fee instalment under Policy 6g.

736. The student completes registration online or in person, confirming personal details, contact information, emergency contact, and any disability or support requirement disclosed under Policy 19a.

737. The student accepts the student terms and conditions and confirms they have read the academic regulations, the academic integrity policy and the code of conduct.

738. The student is issued a student identity number, an RSBT account and email address, an identity card, and access to the virtual learning environment.

739. Module enrolment is completed with the academic adviser under Policy 6m, observing prerequisites, credit limits and the class size limits in Policy 3o.

740. Registration is confirmed in writing, with the confirmed programme, modules, credit load, mode, location and fee position.

741. The Registrar produces a registration census at the published census date each semester; the census figure is the basis for all internal and external reporting.

742. A student who has not completed registration by the end of the late registration window is not registered for that period, is notified in writing, and any teaching attended is disregarded.

14C. Withdrawal, Cancellation, Postponement and Re-activation of Registration

Policy Number	RSBT-ADM-003
Policy Name	Withdrawal, Cancellation, Postponement and Re-activation of Registration
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR; Consumer Rights Act 2015; Consumer Contracts Regulations 2013
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs changes to a student's registration status: cancellation before study begins, withdrawal from the School, postponement (interruption) of study, and re-activation of a postponed registration.

Definitions

Status	Meaning
Cancellation	Termination of the agreement before study commences, including exercise of the statutory cancellation right
Withdrawal	Permanent termination of registration by the student after study has commenced
Postponement / Interruption	Temporary suspension of registration with an agreed date of return, with the intention to complete
Re-activation	Resumption of a postponed registration
Termination by RSBT	Removal of registration by the School for academic failure, non-payment or disciplinary reasons
Lapse	Automatic ending of registration where a postponed student does not re-activate within the permitted period

Cancellation and Withdrawal

743. A student who accepted an offer at a distance has a statutory right to cancel within fourteen days of acceptance, with a full refund of all sums paid. This right is stated in the offer and in the terms and conditions.

744. Withdrawal is effected by written notice to the Registrar. The **effective date is the date of receipt of that notice**, not the date the student last attended, and this is explained to students so that they do not accrue liability by delaying notification.

745. The Registrar offers a discussion with academic advising and student support before processing a withdrawal, so that a student withdrawing for a reason capable of remedy learns of the alternatives. The offer shall not be used to delay or obstruct a withdrawal the student wishes to make.

746. Fee liability and refund are calculated under Policy 6g by reference to the effective date.

747. On withdrawal, the student is issued a transcript of credit achieved, is considered for any exit award for which they qualify under Policy 3c, and is informed of the recognition of that credit elsewhere.

748. An exit survey is offered under Policy 13b; withdrawal reasons are analysed each semester and reported to the Academic Board.

749. Access to systems is withdrawn on the effective date; the academic record is retained under Policy 6c.

Postponement and Re-activation

- Postponement may be granted for medical, personal, financial, employment or other substantial reason, on written application with supporting evidence where appropriate, approved by the Dean.
- Postponement is normally granted for one semester and may be extended, subject to a **maximum cumulative period of two academic years**. Registration lapses if the student does not re-activate within that period.
- Postponement is not granted after the assessment period of a semester has begun except on evidenced medical or compassionate grounds, in which case the mitigating circumstances provisions of Policy 3i apply instead.
- The maximum registration period for the award, specified in Policy 3c, is extended by the period of approved postponement.
- A postponed student retains access to the library and to pastoral support, but not to teaching, assessment or the students' union facilities, and is not counted in enrolment returns.
- Re-activation requires written application at least twenty working days before the intended return, confirmation of any conditions attached to the postponement, and confirmation that the curriculum remains available.

750. Where the curriculum has changed materially during the postponement, the Dean shall map the student's completed credit onto the current curriculum, and **the student shall not be required to repeat learning already achieved** or to bear additional cost arising from the School's curriculum change.

751. Where the programme is no longer offered, Policy 10d applies.

14D. Addition of a Course

Policy Number	RSBT-ADM-004
Policy Name	Addition of a Course
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar / Academic Advisers
Date of Policy Development	01 September 2026

Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the addition of a module to a student's enrolment after initial registration, and the corresponding drop of a module.

Policy Statement and Procedure

752. A module may be added during the published **add/drop period**, which is the first two weeks of the semester. Additions after that point are permitted only with the approval of the Dean and only where the student can demonstrably meet the learning outcomes despite the missed teaching.

753. Addition requires: satisfaction of all prerequisites; capacity in the class within the limits of Policy 3o; no timetable conflict; and the resulting credit load within the maximum permitted for the student's progression status under Policy 3h.

754. A student on academic probation under Policy 3h may not increase their credit load above the reduced limit set as a condition of probation.

755. The addition is approved by the academic adviser and recorded by the Registrar; the student receives written confirmation of the revised enrolment.

756. Fee consequences are calculated immediately and communicated with the confirmation, so that no student incurs an unexpected liability.

757. A module dropped within the add/drop period is removed from the record entirely and attracts no fee liability and no academic penalty.

758. A module dropped after the add/drop period but before the withdrawal deadline is recorded as **W** (withdrawn), carries fee liability as set out in Policy 6g, and does not count in the calculation of the average.

759. A module abandoned after the withdrawal deadline is recorded as a fail and counts as an attempt under Policy 3q.

760. The Registrar publishes the add/drop and withdrawal deadlines in the academic calendar before the start of each semester.

14E. Issuance of Degree Certificate

Policy Number	RSBT-ADM-005
Policy Name	Issuance of Degree Certificate
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR; Ofqual General Conditions of Recognition
Policy Owner	Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the issue, replacement, verification and security of degree certificates, diploma supplements and transcripts.

Policy Statement

- A certificate is issued only after the Examination & Assessment Board has confirmed the award, all academic requirements of Policy 3c have been verified, and all financial obligations have been settled.
- Where the award is made by an external awarding organisation, the certificate is issued by that organisation and RSBT's role is to submit a verified and timely certification claim under Policy 13g.
- **The certificate shall accurately state the awarding body, the title of the award, its level and, where applicable, its classification.** It shall not be designed or worded so as to imply an awarding status that does not exist.
- Every graduate receives a certificate, a full academic transcript and a diploma supplement describing the nature, level, context, content and status of the qualification.
- Certificates are the property of the graduate but the record is the property of the School; the record, not the printed certificate, is the definitive evidence of an award.

Issue and Security Procedure

761. The Registrar produces a graduation list from the confirmed Examination & Assessment Board decisions and verifies each record individually against the completion requirements.

762. Certificates are produced on secure stock with anti-forgery features, are sequentially numbered, and are held in a secure store with a controlled issue log.

763. Certificates are issued within thirty working days of confirmation of the award, at the graduation ceremony or by secure delivery.

764. The certificate bears the full legal name of the graduate as verified at registration. A change of name after award is reflected by an accompanying statement, not by re-writing history, unless the change arises from gender recognition or another circumstance in which a re-issued certificate in the new name is appropriate and the previous certificate is surrendered.

765. Errors on a certificate caused by the School are corrected and re-issued at no cost, and the erroneous certificate is surrendered and destroyed with the destruction recorded.

766. A replacement for a lost or damaged certificate is issued on written application with a statutory declaration and payment of the published fee; it is marked as a certified replacement.

767. **A certificate issued in error, or on the basis of fraud or academic misconduct subsequently established, is revoked** by the Academic Board under Policy 6n. Revocation is recorded, the certificate is recalled, and any body relying on it is notified.

Verification of Awards

- RSBT operates a permanent award verification service. A third party may verify an award by written request; the response confirms only the award, classification and date, and is issued with the graduate's consent or on another lawful basis under Policy 18g.
- Verification is provided free of charge to employers and to educational institutions.
- The award record is retained permanently under Policy 6c and, in the event of institutional closure, under the custodial arrangements in Policy 10d.

14F. Issuance of Participation and Completion Certificates

Policy Number	RSBT-ADM-006

Policy Name	Issuance of Participation and Completion Certificates
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Director — CEPD / Registrar
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs certificates issued for non-degree provision — short courses, executive programmes, workshops, micro-credentials and continuing education under Policy 11a.

Certificate Types

Type	Basis of Issue	Wording Requirement
Certificate of Attendance	Attendance at not less than 80% of scheduled sessions; no assessment	Must state "attended"; must not imply achievement
Certificate of Participation	Active participation in a workshop or seminar	Must state "participated"
Certificate of Completion	Completion of all required activities of the course	Must state "completed"; must not imply assessed achievement unless assessed
Certificate of Achievement	Successful completion of a defined assessment	States the assessment passed and the standard achieved
Micro-credential / Digital badge	Assessed achievement of defined learning outcomes	States outcomes, hours, level and any credit value
Professional certification	Awarded by the external certifying body, not by RSBT	Issued by that body; RSBT states only its training-centre role

Mandatory Content and Controls

768. Every certificate states: the recipient’s full name; the exact title of the course; the delivery dates; the duration in guided learning hours; the basis of issue from the table above; a unique certificate number; and the issuing authority.

769. **Where the provision carries no academic credit, the certificate shall state that it is a non-credit-bearing award.** Terms reserved for regulated qualifications — "Degree", "Diploma", "Bachelor", "Master", "Doctorate" — shall not appear on a non-degree certificate.

770. Where credit is carried, the certificate states the credit value and the level on the RQF.

771. Certificate templates are approved by the Registrar and Media & Communications under Policy 18c, and are visually distinguishable from degree certificates.

772. A register of all non-degree certificates issued is maintained permanently, enabling verification on the same basis as degree awards under Policy 14E.

773. Certificates are issued within fifteen working days of course completion.

774. Partners and affiliate campuses shall not issue certificates bearing RSBT's name except under an executed agreement, from approved templates, and against a register submitted to the Registrar. Unauthorised issue terminates the agreement under Policy 17d.

14G. Change of Class Timing

Policy Number	RSBT-ADM-007
Policy Name	Change of Class Timing
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs changes to the scheduled timing, day, room or delivery mode of a class after the timetable has been published.

Policy Statement

- The published timetable is a commitment on which students arrange employment, childcare, travel and other study. **Changes shall be exceptional, justified and communicated with the maximum possible notice.**
- A change shall not be made for the convenience of a member of staff alone where it disadvantages students.
- No change shall create a timetable conflict for any enrolled student, and no change shall be made that a student with a disclosed access requirement cannot accommodate without an adjustment being agreed in advance under Policy 19a.

Procedure

Situation	Notice Required	Approval
Permanent change of day or time	20 working days, with student consultation	Dean
Single session rescheduled	5 working days	Programme Leader
Room change	2 working days, or immediately with direct notification	Registrar
Change of delivery mode for a session	5 working days	Dean
Emergency — illness, closure, safety	Immediate notification by all available channels	Dean or Executive Director — Administration

775. A request for a permanent change is submitted with a rationale, an assessment of the impact on every enrolled student, and evidence of consultation with the class representative under Policy 16a.

776. Approval is refused where any student would be unable to attend, unless an equivalent alternative — a repeat session, a recorded session with tutor contact, or an alternative group — is provided at no cost to the student.

777. All changes are made in the central timetable system, which is the single authoritative source; changes communicated only verbally or informally are not effective.

778. Students are notified by email and through the virtual learning environment, and the change is confirmed at the preceding session where possible.

779. Cancelled sessions are **rescheduled, not omitted**. The total contact hours published for the module shall be delivered in full, and the Registrar monitors delivered against scheduled hours each semester.

780. Persistent rescheduling of a module is reported to the Dean and considered under Policies 5h and 21a.

14H. Change of Major or Concentration

Policy Number	RSBT-ADM-008
Policy Name	Change of Major or Concentration
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs a student's change from one major, specialisation, concentration or pathway to another within the same programme and award.

Policy Statement and Eligibility

- A student may change concentration where they meet the entry requirements of the new concentration, where capacity exists, and where the change is academically viable within the remaining registration period.
- Change is normally permitted only **before the commencement of Level 6 for undergraduate students** and before the commencement of the second semester for postgraduate students, since later change ordinarily requires study beyond the normal duration.
- A student on academic probation under Policy 3h may not change concentration until the probation is discharged, unless the change is itself the remedy identified by academic advising.
- The student shall be given a written credit-mapping and a realistic completion timeline **before** deciding, including any additional modules, additional time and additional cost.

Procedure

781. The student discusses the proposal with their academic adviser under Policy 6m and, where relevant, with careers advice.

782. A written application is submitted to the Registrar with the reason for the change.

783. The Programme Leader of the receiving concentration maps completed credit: modules common to both concentrations transfer in full; modules specific to the former concentration are recorded as electives where the award structure permits, and as excess credit where it does not.

784. The Registrar issues a written statement showing the credit recognised, the modules still required, the revised expected completion date and the revised fee position.

785. The Deans of both the releasing and receiving areas approve; where the concentrations sit in different Schools, the Academic Board approves.

786. The student confirms acceptance in writing before the change is effected. A change shall not be processed on a verbal indication.

787. The record is updated and the student's enrolment, advising assignment and, where applicable, dissertation supervision are reassigned.

788. Only one change of concentration is normally permitted; a second requires the approval of the Academic Board on evidence of exceptional circumstance.

14I. Change of Programme

Policy Number	RSBT-ADM-009
Policy Name	Change of Programme
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs a student's transfer from one RSBT programme to another leading to a different award, and change of level, mode or delivery location.

Policy Statement

- A change of programme is a new admission decision. The student must satisfy the entry requirements of the receiving programme under Policy 6a, including its English language requirement where higher.
- Credit already earned is recognised where its level and learning outcomes map to the receiving programme, subject to the recognition limits of Policy 6b.
- Where the change is between awarding organisations, the requirements of the receiving awarding organisation govern, and registration with the releasing organisation is withdrawn in accordance with its rules.
- Change of mode or delivery location is treated as a change of programme where it alters the fee, the duration or the awarding arrangement.
- **A student whose immigration permission is tied to a specific programme shall be advised to obtain immigration advice before applying**, and the change shall not be effected until the immigration position is confirmed.

Procedure

789. The student consults their academic adviser and submits an application to the Registrar stating the receiving programme and the reason.

790. The receiving programme team assesses admissibility and produces a credit-mapping statement.

791. The Registrar issues a written statement of credit recognised, credit not recognised and why, modules required, revised duration, revised total fee, and the effect on any scholarship under Policy 20a or sponsorship arrangement.

792. Approval is by both Deans; where the change crosses Schools, awarding organisations or levels, the Academic Board approves.

793. The student confirms acceptance in writing, having had not less than five working days to consider the statement.

794. Registration is amended, not duplicated: a single continuous student record is maintained showing both registrations, so that the student's full history is preserved.

795. Change of programme after the census date of a semester takes effect from the following semester unless the Academic Board determines otherwise.

796. Where the student is changing because their original programme is closing, Policy 10d applies and no additional cost falls on the student.

14J. Faculty Course Allocation

Policy Number	RSBT-ADM-010
Policy Name	Faculty Course Allocation
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR; QAA UK Quality Code — Learning and Teaching
Policy Owner	Deans / Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the allocation of modules to academic staff and the construction of teaching timetables.

Allocation Principles

- **Subject expertise is the first criterion.** A module shall be allocated only to a member of staff whose qualification and experience meet the requirements of Policy 5a for the level of the module. Convenience, availability or seniority shall never override this.
- Allocation shall be equitable, transparent and consistent with the workload model in Policy 5g, taking account of research, administrative and doctoral supervision duties.
- Continuity is valued: staff should ordinarily retain a module across cycles so that the improvements identified in the course report under Policy 3n are actually implemented.
- New staff shall not be allocated a disproportionate number of new preparations in their first year, and shall be mentored under Policy 5g.

- No member of staff shall be allocated a module in which they have a conflict of interest under Policy 10a, including where a close relative is enrolled.

Procedure

797. The Dean prepares a draft allocation not less than eight weeks before the start of the semester, based on projected enrolment, the approved curriculum and staff qualification records.

798. The draft is discussed with each member of staff; preferences and development goals are considered, but the final decision rests with the Dean.

799. Qualification match is verified against the staff qualification matrix by the Head of Quality Assurance & Institutional Policy before the allocation is confirmed. **An allocation that cannot be evidenced against the matrix shall not be confirmed.**

800. Where no qualified member of staff is available, a suitably qualified visiting or part-time appointment is made under Policy 5b; the module shall not be delivered by an unqualified person.

801. Confirmed allocations are issued not less than six weeks before the semester, with sufficient time for preparation.

802. The timetable is constructed from the confirmed allocation and published not less than four weeks before the semester; changes thereafter follow Policy 14G.

803. The completed allocation, showing staff, modules, credit, student numbers and workload totals, is reported to the Academic Board each semester and is retained as evidence for accreditation and awarding organisation review.

804. Where a member of staff becomes unavailable, the Dean secures a qualified replacement before the affected teaching; students are informed of the change and of the replacement's credentials.

14K. Student Management Review

Policy Number	RSBT-ADM-011
Policy Name	Student Management Review
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Deans / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the periodic review of individual student progress, engagement and welfare, so that students in difficulty are identified early and supported before difficulty becomes failure.

Policy Statement

- Every student's progress is reviewed at defined points in each semester. **The purpose of review is intervention, not record-keeping.**
- Review draws together academic performance, attendance under Policy 6h, engagement with the virtual learning environment, assessment submission, financial status and any welfare concern.

- Intervention is proportionate and supportive in the first instance. Progression sanctions under Policy 3h are applied only where support has been offered and the difficulty persists.
- Information shared in review shall be limited to what each participant needs, and welfare and health information shall be handled under Policy 18g and disclosed only on a lawful basis.

Review Cycle and Triggers

Point	Focus	Action
Week 3	Engagement of new students	Contact by adviser where non-attendance or non-engagement
Week 6	Formative performance and attendance	Referral to academic advising or support services
Week 10	Assessment submission and interim marks	Formal at-risk notification and support plan
End of semester	Full results and progression status	Progression decision under Policy 3h; probation or support plan
Any time	Trigger-based	Immediate intervention on trigger

Triggers requiring immediate action, irrespective of the cycle: attendance below 60%; two consecutive non-submissions; no virtual learning environment access for fourteen days; failure of an assessment carrying more than 40% of a module; a disclosure of ill-health, bereavement or hardship; a safeguarding concern under Policy 19b; or a referral from any member of staff.

Procedure

805. The Programme Leader convenes a Student Management Review meeting at each cycle point, with academic advisers, module tutors, and a representative of Student Support.

806. Students identified at risk are contacted by their academic adviser within five working days, and offered a meeting.

807. An agreed support plan is recorded, with specific actions, named responsibilities and a review date. The plan is shared with the student in writing.

808. Support may include additional tutorial contact, study skills provision, counselling under Policy 16e, financial advice, adjustment of credit load, or interruption under Policy 14C.

809. Where a student does not respond to contact, escalating attempts are made through at least three channels and, where the student remains unreachable and there is concern for their welfare, the emergency contact is used and the safeguarding procedure considered.

810. The outcome of each support plan is reviewed and recorded, and aggregate data on triggers, interventions and outcomes is reported to the Academic Board each semester and analysed for pattern under Policy 13a.

14L. Semester Registration

Policy Number	RSBT-ADM-012
Policy Name	Semester Registration
Policy Version	Version 1.0
Standards Applicable	UK Standard 14: Academic and Administrative Services; QAA UK Quality Code — Enabling Student Achievement; UK GDPR
Policy Owner	Registrar
Date of Policy Development	01 September 2026

Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the recurring semester registration of continuing students, distinct from the initial registration governed by Policy 14B.

Policy Statement and Procedure

811. Continuing students register for each semester within the published registration window, which opens not less than four weeks before the semester begins.

812. Registration requires: a satisfactory progression status under Policy 3h; settlement or formal arrangement of the fee position under Policy 6g; completion of module enrolment with the academic adviser; and the absence of any outstanding disciplinary sanction that bars registration.

813. Students on academic probation register only after meeting their academic adviser, and within the reduced credit limit set as a condition of probation.

814. A student with an outstanding fee balance is contacted before the registration window closes and offered a payment arrangement. **Registration shall not be refused without the student first having been informed of the amount, the consequence and the available arrangements**, and having been given a reasonable opportunity to respond.

815. Late registration within the published late window incurs the published late fee, which is waived where the delay was caused by the School or by circumstances beyond the student's control.

816. A student who does not register by the close of the late window is deemed to have interrupted study; the Registrar notifies them in writing of their status, the consequences and the route to re-activation under Policy 14C.

817. The Registrar produces a semester registration census at the published date, reconciles it to attendance and fee records, and reports enrolment to the Academic Board and to external authorities under Policy 13g.

818. Re-registration rates are analysed by programme, mode, location and student characteristic each semester, and material variation is investigated as a retention issue under Policy 13a.

STANDARD 15 — TALENT EMPOWERMENT

Standard 15 governs the recognition, conduct, advancement and orderly separation of the people RSBT employs. It complements Standard 5, which governs the employment relationship itself, by addressing how talent is rewarded, held to standards of conduct, promoted on merit, and released with dignity.

15a. Awards and Recognition

Policy Number	RSBT-TE-001
Policy Name	Awards and Recognition
Policy Version	Version 1.0
Standards Applicable	UK Standard 15: Talent Empowerment; Employment Rights Act 1996; Equality Act 2010; ACAS Code of Practice
Policy Owner	Head of Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the recognition of outstanding contribution by staff and, where relevant, by students and external contributors.

Principles

- Recognition shall be based on **evidenced achievement against published criteria**, not on visibility, proximity to decision-makers or length of service alone.
- Nomination shall be open to all staff and, for teaching awards, to students. A person shall not nominate themselves, and a panel member shall not participate in a decision on a nominee with whom they have a relationship declared under Policy 10a.
- Recognition is not a substitute for fair pay. An award shall never be offered in place of a contractual entitlement or a merited salary review under Policy 5d.
- Recognition data shall be monitored by protected characteristic; a persistent skew in who receives recognition is itself a finding requiring action under Policy 19a.

Award Categories

Award	Basis	Panel
Excellence in Teaching	Evidenced teaching quality: peer observation, student feedback, outcome data, innovation in practice	Teaching Effectiveness Committee
Excellence in Research	Output quality per Policy 4b, impact, external funding, doctoral completions	Research & Ethics Committee
Excellence in Professional Service	Service improvement, reliability, contribution beyond role	Executive Committee
Student Impact Award	Evidenced difference made to student success, nominated by students	Students' Council and Head of Student Support

Award	Basis	Panel
Innovation Award	A new practice, product or process adopted and demonstrably effective	RICEE Steering Group
Community and Industry Engagement	Partnership, outreach or employability outcomes achieved	Head of Industry Engagement
Long Service	5, 10, 15 and 20 years of continuous service	Human Resources — automatic

Procedure

819. Criteria, evidence requirements and the nomination window are published annually at least eight weeks before the closing date.

820. Nominations are submitted with evidence; a nomination unsupported by evidence is returned rather than assessed on assertion.

821. Panels score against the published criteria and record the reasons for the decision.

822. Awards are presented publicly; recipients' achievements are disseminated so that the practice recognised can be adopted elsewhere.

823. Recognition is recorded on the personnel file and is a consideration in promotion under Policy 15c.

824. Any financial element is approved by the Chief Financial Officer within the budget approved under Policy 9c, and is subject to payroll and tax treatment as required.

825. The scheme is evaluated every two years for fairness, participation and effect.

15b. Employee Code of Conduct

Policy Number	RSBT-TE-002
Policy Name	Employee Code of Conduct
Policy Version	Version 1.0
Standards Applicable	UK Standard 15: Talent Empowerment; Employment Rights Act 1996; Equality Act 2010; ACAS Code of Practice
Policy Owner	Head of Human Resources / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This Code sets out the standards of behaviour expected of every person employed by, or working on behalf of, RSBT — including governors, visiting faculty, contractors and volunteers.

Core Obligations

- **Integrity.** Act honestly. Do not misrepresent qualifications, data, results or the School's standing. Do not falsify records.
- **Students first.** Treat the academic and personal interests of students as paramount. Do not allow commercial, personal or reputational considerations to compromise them.
- **Respect.** Treat colleagues, students, partners and the public with dignity. Bullying, harassment, victimisation and discrimination are prohibited absolutely and are addressed under Policy 5j.

- **Professional boundaries.** Do not form a relationship with a student that compromises, or appears to compromise, impartiality. Declare immediately under Policy 10a where one exists or arises.
- **Competence.** Work within your competence; maintain currency through the development obligations of Policy 5g; seek support rather than conceal a limitation.
- **Confidentiality.** Protect student, staff and institutional information; use it only for the purpose for which it was obtained, per Policy 18g.
- **Academic freedom with responsibility.** Question, criticise and express contested views within the law; distinguish personal opinion from the position of the School.
- **Stewardship.** Use RSBT resources, time and facilities for RSBT purposes; account for expenditure honestly under Policy 9d.
- **Compliance.** Observe the law, this Manual, and the requirements of awarding organisations and accrediting bodies; report breaches under Policy 5k.

Specific Prohibitions

826. Accepting a bribe, or any gift or hospitality outside the limits in Policy 10b.

827. Private tutoring, for payment, of a student whom you teach, assess or supervise.

828. Assisting a student to commit academic misconduct, or knowingly overlooking it.

829. Disclosing assessment content or marks before authorised release.

830. Undertaking external work that conflicts with RSBT duties, or is performed in RSBT time, without written approval under Policies 10a and 9h.

831. Speaking publicly on behalf of RSBT without authority under Policy 18f, or using the RSBT name or marks for personal or external purposes under Policy 18b.

832. Publishing content, including on personal social media, that identifies a student, discloses confidential information, or brings the School into disrepute — per Policy 18h.

833. Attending work impaired by alcohol or drugs, or possessing unlawful substances on RSBT premises.

Application

- The Code is issued at induction and acknowledged in writing; it is re-issued whenever amended.
- Breach is addressed under the disciplinary procedure in Policy 5j; serious breach constitutes gross misconduct.
- The Code applies wherever the employee is acting in connection with RSBT, including at conferences, on placement visits, at external events, and online.
- Nothing in this Code limits the right to raise a concern in the public interest under the whistleblowing provisions of Policy 5k, or to make a protected disclosure to a regulator.

15c. Promotion

Policy Number	RSBT-TE-003
Policy Name	Promotion
Policy Version	Version 1.0
Standards Applicable	UK Standard 15: Talent Empowerment; Employment Rights Act 1996; Equality Act 2010; ACAS Code of Practice
Policy Owner	Head of Human Resources / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue

Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs promotion to a higher academic rank or professional grade within RSBT.

Principles

- Promotion is by **merit against published criteria**, evidenced by the candidate and assessed by a panel. It is not a reward for time served, and length of service is not itself a criterion.
- Promotion is available in an annual round open to all eligible staff; there is no requirement to wait to be invited, and a member of staff may apply without the support of their line manager.
- Criteria recognise distinct paths of contribution — teaching and learning, research and scholarship, and leadership and service — so that excellence in teaching is a route to advancement in its own right.
- Assessment shall take account of part-time working, career breaks, caring responsibilities and disability, considering the quality and significance of contribution relative to the opportunity available.

Academic Promotion Criteria

To Rank	Indicative Requirements
Lecturer	Master's in the discipline, doctorate in progress or held; evidence of effective teaching; engagement in scholarship
Senior Lecturer	Doctorate ordinarily held; sustained teaching excellence evidenced by observation and outcomes; module leadership; published scholarly output; contribution to School service
Associate Professor	Doctorate; established record of quality publication per Policy 4b; programme leadership or equivalent; supervision of research students; external professional or academic standing
Professor	Doctorate; sustained record of high-quality publication and demonstrable impact; national or international standing; successful doctoral completions; substantial academic leadership; external funding or equivalent contribution

Professional and administrative promotion is assessed against the grading framework in Policy 5c, requiring evidence of sustained performance at the higher grade and of the competencies defined for it.

Procedure

834. The promotion round opens annually; criteria, evidence requirements, the timetable and the panel composition are published.

835. The candidate submits a case with a curriculum vitae, an evidence portfolio mapped to the criteria, teaching evaluation and observation records, publication list, and a personal statement.

836. The line manager provides a written statement; where the manager does not support the application, this is stated with reasons and the application proceeds regardless, with the candidate given the opportunity to respond.

837. For promotion to Associate Professor and Professor, not fewer than two independent external assessors of appropriate standing provide written opinion. Assessors are proposed by the panel, not by the candidate.

838. The Promotion Panel — chaired by the Rector, including a Dean from another School, a Human Resources representative, and a member independent of the candidate's reporting line — assesses against the criteria and records reasons.

839. Panel membership is diverse; a panel member with a declared interest under Policy 10a withdraws.

840. Recommendations are approved by the Academic Board for academic ranks and by the Vice Chairman & COO for professional grades, and confirmed by the Board of Governance where a Board-level appointment is engaged.

841. Every candidate receives written feedback against each criterion, whether successful or not, with specific guidance on what would strengthen a future application.

842. An unsuccessful candidate may request review within fifteen working days on the grounds of procedural irregularity, failure to consider submitted evidence, or discrimination. Review is not a re-hearing of academic judgement.

843. Promotion outcomes are analysed annually by protected characteristic, contract type and School, and reported to the Board of Governance.

15d. Separation

Policy Number	RSBT-TE-004
Policy Name	Separation
Policy Version	Version 1.0
Standards Applicable	UK Standard 15: Talent Empowerment; Employment Rights Act 1996; Equality Act 2010; ACAS Code of Practice; Employment Rights Act 1996
Policy Owner	Head of Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the ending of employment by resignation, expiry of a fixed term, retirement, redundancy, dismissal, or death in service.

Policy Statement

- All separations shall be conducted lawfully, fairly, with dignity and with proper regard to the continuity of teaching and the interests of students.
- Notice periods are as stated in the contract of employment and comply with statutory minimum entitlements.
- **Separation shall not disrupt a student's assessment or supervision.** Where a departing member of staff holds assessment or supervision responsibility, transfer arrangements are made and communicated to affected students before the departure takes effect.
- Dismissal follows the disciplinary or capability procedure in Policy 5j and the ACAS Code, with the right of appeal under Policy 5k.
- Redundancy, where unavoidable, follows a fair selection process with consultation, consideration of alternatives to redundancy and of suitable alternative employment, and statutory consultation where the threshold is met.

Separation Procedure

Step	Action	Owner
1	Written notice received or issued; acknowledged in writing	HR

Step	Action	Owner
2	Leaving date, notice arrangements and final pay confirmed	HR
3	Academic handover plan agreed: modules, marking, moderation, supervision, course files	Dean
4	Affected students notified of supervision or assessment transfer	Programme Leader
5	Operational handover: records, files, ongoing projects, contacts, systems	Line manager
6	Return of property: equipment, keys, cards, documents, data	Line manager / IT
7	System access, email and building access revoked on the final day	IT
8	Exit interview offered, conducted independently of the line manager	HR
9	Final pay, outstanding leave, expenses and pension processed	Payroll
10	Personnel file closed and retained per Policy 5f	HR

Post-Separation Obligations and Support

844. Confidentiality, intellectual property under Policy 10c, and data protection obligations survive the ending of employment and are confirmed in writing at exit.

845. RSBT data, including on personal devices, shall be returned or securely deleted, and confirmation given under Policy 22b.

846. A factual reference — confirming role, dates and duties — is provided on request. Any evaluative reference is accurate, fair and authorised by Human Resources; individuals shall not issue references on RSBT letterhead without authorisation.

847. Alumni-style continuing relationships — emeritus status, visiting appointments, honorary titles — are conferred only by the Academic Board and carry defined rights, obligations and duration.

848. In the event of death in service, the Vice Chairman & COO coordinates support to family, colleagues and students, in accordance with Policy 18t where public communication is required.

849. Exit interview themes are analysed annually and reported to the Board of Governance as an indicator of institutional health under Policy 13a.

STANDARD 16 — STUDENT SUPPORT SERVICES

Standard 16 governs the representation, conduct, rights, welfare and redress of students. It rests on a simple proposition: a student who cannot be heard, cannot get help, and cannot challenge a decision is not being educated fairly, however good the teaching.

16a. Class Representatives

Policy Number	RSBT-SS-001
Policy Name	Class Representatives
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework
Policy Owner	Head of Student Support / Students' Council
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the election, role, training and support of class representatives, the primary mechanism of student voice at programme level.

Policy Statement

- Every cohort, at every location and in every mode, shall have at least one elected class representative. Where a cohort exceeds forty students, a second representative shall be elected.
- Representatives are **elected by their peers, not appointed by staff**. A representative selected by a member of staff is not a representative.
- The role is a genuine one: representatives are entitled to meet staff, to see relevant information, to raise matters formally, and to receive a substantive response.
- **A representative shall not be disadvantaged in any way for raising a concern.** Any suggestion of detriment is treated as a serious matter under Policy 5j.

Role and Entitlements

- Gather the views of the cohort and represent them accurately, including views the representative does not personally share.
- Attend Programme Committee meetings with speaking and voting rights, and Student–Staff Liaison meetings each semester.
- Report back to the cohort on the outcome of matters raised.
- Contribute to programme approval, annual monitoring and periodic review under Policy 3k.
- Serve as a member of the Students' Council under Policy 6r.
- Entitlements: induction and training within four weeks of election; a named staff contact; access to meeting papers; recognition of the role in a certificate and on the transcript record of co-curricular achievement under Policy 17b; and reasonable adjustments to enable participation.

Procedure

850. Elections are held within the first four weeks of each academic year, organised by the Students' Council with the support of Student Support Services.

851. All students in the cohort are eligible to stand and to vote; voting is by secret ballot, and results are published.

852. A representative may be recalled by a petition of one-third of the cohort followed by a majority vote.

853. Representatives receive training in the role, in meeting conduct, in confidentiality, and in the distinction between a representational matter and an individual complaint properly raised under Policy 16g.

854. Student–Staff Liaison meetings are held at least twice each semester, minuted, with actions assigned and progress reviewed at the following meeting.

855. Matters unresolved at programme level are escalated to the Dean and, if still unresolved, to the Quality Assurance & Enhancement Committee.

856. The effectiveness of representation — vacancy rates, meeting attendance, actions closed — is reported annually to the Academic Board.

16b. Student Disciplinary Policy — Academic Violations

Policy Number	RSBT-SS-002
Policy Name	Student Disciplinary Policy — Academic Violations
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework
Policy Owner	Registrar / Academic Board
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the investigation and determination of alleged academic misconduct, giving procedural effect to the academic integrity standards in Policy 6n.

Principles

- The student is presumed not to have committed misconduct until it is established on the **balance of probabilities**.
- The student shall be told in writing what is alleged, shall see the evidence, shall have reasonable time to prepare, and shall have the opportunity to respond before any decision is made.
- The student may be accompanied at any hearing by a fellow student, a Students' Council representative, or a friend or family member. Legal representation is permitted where the potential outcome is expulsion or revocation of an award.
- No person shall investigate and determine the same case. The person who detected the alleged misconduct shall not determine it.
- Penalties shall be proportionate to the seriousness of the conduct, the level of study and the student's history, and shall be consistent across cases, programmes and locations.

Procedure

Stage	Action	Timescale
Referral	Suspected misconduct referred with evidence to the Academic Integrity Officer	5 working days of detection
Notification	Student informed in writing of the allegation, the evidence and the process	5 working days of referral
Response	Student submits a written response and may request a meeting	10 working days
Level 1 — minor	Determined by the Academic Integrity Officer following a meeting with the student	15 working days
Level 2/3 — serious	Referred to the Academic Misconduct Panel	Hearing within 20 working days
Decision	Written decision with findings, reasons, penalty and appeal rights	5 working days of hearing
Appeal	To the Academic Appeals Committee under Policy 16f	15 working days of decision

857. The Academic Misconduct Panel comprises a chair who is a senior academic unconnected with the programme, one academic from another School, and one student member nominated by the Students' Council, with a secretary.

858. The student is provided with all papers not less than five working days before the hearing and may submit evidence and call witnesses.

859. Where the allegation concerns work by more than one student, each case is heard separately unless collusion is alleged, in which case each student retains the right to respond individually.

860. Where the student admits the conduct, the hearing proceeds to penalty only; admission is a mitigating factor.

861. Penalties are applied from the schedule in Policy 6n. **Marks are not reduced informally as an alternative to the procedure**; an academic penalty applied without process is void.

862. A record is kept on the student record for the duration of registration and, for a Level 3 finding, permanently.

863. Where misconduct is established after an award has been conferred, the Academic Board may revoke the award under Policy 14E, following the same procedural protections.

864. Aggregate case data — volume, type, outcome, and distribution by programme, mode, location and student characteristic — is reported annually to the Academic Board and analysed for pattern.

16c. Student Disciplinary Policy — Non-Academic Violations

Policy Number	RSBT-SS-003
Policy Name	Student Disciplinary Policy — Non-Academic Violations
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework
Policy Owner	Registrar / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029

Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs conduct not related to assessment: behaviour towards others, use of premises and systems, damage, dishonesty, and conduct outside the School that has a material bearing on the student's fitness to remain registered.

Categories of Misconduct

Level	Examples	Indicative Outcome
Minor	Disruption of teaching; minor breach of facility rules; failure to produce identification	Verbal or written warning; apology; restriction of a facility
Moderate	Repeated minor misconduct; verbal abuse; minor damage; misuse of IT under Policy 22d	Written warning; compensation for damage; suspension from a facility
Serious	Harassment, bullying or discrimination; threatening behaviour; falsification of a document; theft; significant damage; breach of safeguarding	Final warning; suspension from study; exclusion from premises
Gravest	Violence; sexual misconduct; possession of a weapon; supply of controlled drugs; conduct endangering life; conduct constituting a serious criminal offence	Expulsion

Procedure and Safeguards

865. Allegations are reported to the Registrar, who appoints an investigator independent of the matter.

866. The student is notified in writing of the allegation and the evidence, and is given not less than five working days to respond before any hearing.

867. **Precautionary suspension** may be imposed by the Vice Chairman & COO where necessary to protect the safety of others or the integrity of an investigation. It is a neutral act, not a penalty; it shall be reviewed every twenty working days, shall be for the shortest necessary period, and shall so far as possible preserve the student's access to teaching materials and assessment.

868. Minor matters are determined by the Registrar; moderate and above by a Student Conduct Panel comprising a senior member of staff as chair, one further member of staff, and one student nominated by the Students' Council.

869. The student may be accompanied, may respond to the evidence, and may call witnesses.

870. Where the conduct may also be a criminal offence, the student is advised of that fact and of their right to seek legal advice. Where a criminal investigation is under way, the internal process may be paused, but precautionary measures may continue.

871. Where the alleged conduct is sexual misconduct or harassment, the reporting party is supported throughout, is not required to be in the same room as the responding party, is informed of the outcome so far as lawfully permissible, and is offered support under Policy 16e irrespective of whether a formal process proceeds.

872. Decisions are issued in writing with findings, reasons and appeal rights; appeal lies to the Student Appeals Committee under Policy 16f within fifteen working days.

873. Expulsion may be determined only by the Academic Board on the recommendation of the Panel.

874. Where the misconduct arises from, or is materially affected by, ill-health or disability, support and adjustment under Policies 16e and 19a shall be considered before, and alongside, any disciplinary outcome.

16d. Student Rights and Responsibilities

Policy Number	RSBT-SS-004
Policy Name	Student Rights and Responsibilities
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework
Policy Owner	Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy states the rights every RSBT student holds and the responsibilities every student accepts on registration. It is issued at induction and published under Policy 10h.

Student Rights

- To receive teaching, supervision, assessment and support of the quality described in the published programme information, at every location and in every mode.
- To be treated with dignity and respect, and to study free from discrimination, harassment, bullying and victimisation.
- To receive clear, accurate and timely information about the programme, its costs, its assessment and its requirements, before and during study.
- To be assessed fairly, against published criteria, by qualified assessors, with feedback within the published timescale.
- To reasonable adjustments where the student has a disability or long-term condition, under Policy 19a.
- To be represented, individually and collectively, and to participate in the governance of their programme and of the School.
- To privacy and to the lawful handling of their personal data under Policy 18g, including access to their own record.
- To appeal an academic decision under Policy 16f and to complain under Policy 16g without fear of detriment.
- To academic freedom and freedom of lawful expression, including the freedom to question and test received wisdom.
- To safety on RSBT premises and on approved activities, under Standard 7.
- To confidential support and counselling under Policy 16e.
- To be informed promptly of any material change to their programme, and to the protections of Policy 10d.

Student Responsibilities

- To engage: to attend, prepare, submit work on time, and meet the requirements of the programme under Policy 6h.
- To act with academic integrity under Policy 6n, and to present only their own work honestly attributed.
- To treat others — students, staff, contractors and visitors — with dignity and respect.

- To comply with this Manual, the academic regulations, the code of conduct and the acceptable use policy in Policy 22d.
- To meet financial obligations, or to engage early with the School where they cannot, under Policy 6g.
- To keep contact details current, to read RSBT communications, and to respond to reasonable requests from the School.
- To comply with health and safety instructions and to report hazards and incidents.
- To use RSBT's name, marks and materials appropriately and not to misrepresent the School.
- To raise concerns responsibly and honestly, and not to make an allegation known to be false.

Effect

These rights and responsibilities form part of the student contract. A failure by the School to meet a right may be raised under Policy 16g; a failure by a student to meet a responsibility may be addressed under Policies 16b or 16c. Neither party may rely on this Policy to defeat a statutory right.

16e. Student Counselling

Policy Number	RSBT-SS-005
Policy Name	Student Counselling
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework; UK GDPR (special category data)
Policy Owner	Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the provision of confidential counselling, mental health support and pastoral care to students.

Policy Statement

- Counselling is provided free of charge to all registered students, at every location and in every mode, including remote provision for distance and international students.
- Counsellors hold recognised professional qualification and registration and work within the ethical framework of their professional body.
- **Counselling is confidential.** Information disclosed in counselling is not shared with academic staff, and does not appear on the academic record. Attendance at counselling shall never be a factor in an academic or disciplinary decision.
- Confidentiality is limited only where there is a serious risk to the life or safety of the student or another person, where a child or adult at risk requires protection under Policy 19b, or where disclosure is required by law. The limits are explained to the student at the outset.
- Counselling records are held separately from the student record, are accessible only to the counselling service, and are retained and destroyed in accordance with professional guidance and Policy 18g.

Provision

Service	Description	Access
Individual counselling	Structured sessions with a qualified counsellor	Self-referral; first appointment within 10 working days
Urgent appointment	Same-day or next-day slot for acute distress	Self-referral or staff referral
Crisis response	Immediate response where there is risk to life	24/7 route published to all students
Group and workshop provision	Stress, anxiety, exam pressure, transition, bereavement	Open enrolment
Wellbeing and pastoral advice	Non-clinical practical support and signposting	Drop-in
External referral	Referral to statutory or specialist services	Via counselling service with consent
Remote provision	Secure video and telephone counselling	For distance, placement and international students

Procedure and Staff Role

875. Students self-refer directly; no academic permission or referral is required, and no reason need be given to any academic member of staff.

876. Staff who become concerned about a student may signpost, and may refer with the student's consent. Where a student is at immediate risk, a referral may be made without consent and the Head of Student Support informed at once.

877. **Academic staff shall not attempt to provide counselling.** Their role is to notice, to respond humanely, to signpost and to make reasonable academic accommodations — not to treat.

878. Where a student's health affects their studies, the student is advised of mitigating circumstances under Policy 3i, of interruption under Policy 14C, and of adjustments under Policy 19a, so that they may choose what to disclose to whom.

879. A student support plan may be agreed, with the student's explicit consent to the specific information shared and with whom.

880. Service demand, waiting times, presenting themes and outcomes are reported in aggregate and anonymised form to the Academic Board annually, and inform resourcing under Policy 13l.

881. The service maintains a crisis protocol, agreed with local statutory services at each delivery location, and staff are trained in it.

16f. Academic Appeals

Policy Number	RSBT-SS-006
Policy Name	Academic Appeals
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework; OIA good practice framework
Policy Owner	Registrar / Academic Appeals Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue

Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs a student's right to appeal against a decision of an Examination & Assessment Board, a progression or award decision, an academic misconduct determination, or the outcome of a research degree examination.

Permitted Grounds

- **Procedural irregularity** in the conduct of the assessment or of the decision-making process, of a nature that may have affected the outcome.
- **Mitigating circumstances** that the student was unable, for good reason, to submit before the decision was made, together with an explanation of why they could not.
- **Bias or prejudice**, or a reasonable perception of it, on the part of an examiner or decision-maker.
- **Manifest error** in the recording, calculation or transcription of a result.

> An appeal may not be brought against academic judgement itself — the scholarly assessment of the quality of a piece of work. This limit is not a device to avoid scrutiny: where an appeal alleges that judgement was reached improperly, unfairly or on an irregular basis, that allegation falls squarely within the permitted grounds and shall be examined.

Procedure

Stage	Action	Timescale
Informal	Discussion with the Programme Leader for explanation or correction of manifest error	10 working days of result
Stage 1	Written appeal to the Registrar with grounds and evidence	15 working days of the decision
Stage 1 review	Considered by a senior academic independent of the decision	20 working days
Stage 2	Appeal to the Academic Appeals Committee where Stage 1 is not upheld	15 working days of Stage 1 outcome
Stage 2 hearing	Hearing at which the student may attend and be accompanied	30 working days
Completion of Procedures	Final written decision and Completion of Procedures letter issued	10 working days of decision
External review	Independent external review where available to the student	Per the external scheme

882. The appeal must state the ground relied on and be supported by evidence. Dissatisfaction with a mark, without a permitted ground, does not constitute an appeal.

883. Fee liability, registration and access to teaching are unaffected while an appeal is pending, and a student shall not be required to withdraw pending determination of an appeal against a progression decision.

884. The Academic Appeals Committee is chaired by a senior member of staff independent of the case and includes a student member; no member who participated in the original decision may sit.

885. The Committee may: uphold the appeal in whole or in part; refer the matter back to the Examination & Assessment Board with a direction; permit a further assessment attempt without penalty; annul a decision and direct reconsideration; or dismiss the appeal. **It shall not substitute its own academic judgement for that of the examiners.**

886. Outcomes are issued in writing with full reasons.

887. On exhaustion of the internal procedure, the student is issued a Completion of Procedures letter setting out the outcome and any available route to independent external review, and is informed of the time limit for pursuing it.

888. A student shall suffer no detriment for bringing an appeal in good faith.

889. Appeal volumes, grounds, outcomes and timescales are reported annually to the Academic Board; patterns indicating a systemic weakness generate improvement plans under Policy 13e.

16g. Student Grievances and Complaints

Policy Number	RSBT-SS-007
Policy Name	Student Grievances and Complaints
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework; OIA good practice framework; Consumer Rights Act 2015
Policy Owner	Registrar / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs complaints by students about the provision of teaching, services, facilities or the conduct of staff or other students. It is distinct from Policy 16f, which governs appeals against academic decisions.

Principles

- Complaints are welcomed as evidence. **A high complaint volume with rapid, effective resolution is a healthier sign than a low volume with no route to raise concerns.**
- The procedure is accessible, free of charge, and available in every mode and at every location, including through a partner or affiliate campus, where the RSBT procedure applies in full.
- No student shall suffer detriment for making a complaint in good faith. Any suggestion of detriment is investigated as a matter of the utmost seriousness.
- Complaints may be made anonymously; anonymity may limit what can be investigated, and this is explained.
- Group complaints are permitted, with a nominated representative, and each complainant receives the outcome.

Procedure

Stage	Route	Timescale
Early resolution	Raised directly with the person or department concerned	Within 20 working days of the matter; response within 10 working days
Stage 1 — Formal	Written complaint to the Registrar; investigated by an independent officer	Response within 20 working days
Stage 2 — Review	Request for review by the Complaints Review Panel	Requested within 15 working days; concluded within 30 working days

Stage	Route	Timescale
Completion of Procedures	Final decision and Completion of Procedures letter	Within 10 working days of the Stage 2 decision
External review	Independent external review where available	Per the external scheme

890. Where the complaint concerns harassment, discrimination or sexual misconduct, the student is offered support under Policy 16e from the outset, the matter is handled by a trained investigator, and Policy 16c or 5j applies to the responding party in parallel.

891. Where the complaint concerns the Registrar, it is directed to the Vice Chairman & COO; where it concerns the Vice Chairman & COO, to the Chairman.

892. The investigator has access to all relevant records and staff, and reports findings on the balance of probabilities with reasons.

893. Remedies may include: an apology; correction of an error; a change to a process; provision of the service not received; compensation for a proven financial loss; or a goodwill payment. Remedies are authorised at the level appropriate to their value under Policy 9d.

894. **A remedy shall not be made conditional on the student agreeing not to speak about the matter.** Confidentiality obligations shall not be used to prevent a student from disclosing misconduct or from approaching a regulator or external review body.

895. Where the review panel is convened it includes a student member and no person previously involved.

896. Complaint data — volume, category, outcome, time to resolution and remedies — is reported to the Academic Board and the Board of Governance each semester and analysed under Policy 13a; themes generate improvement plans under Policy 13e.

16h. International Student Support

Policy Number	RSBT-SS-008
Policy Name	International Student Support
Policy Version	Version 1.0
Standards Applicable	UK Standard 16: Student Support Services; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010; OIA good practice framework; UK immigration requirements
Policy Owner	Head of Student Support / Head of International Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the specific support provided to international students studying at RSBT in the United Kingdom, and to students studying with RSBT at overseas locations.

Policy Statement

- International students are entitled to every service available to home students, together with the additional support this policy provides.

- Information about immigration, cost of living, healthcare, accommodation and cultural expectations shall be provided **before the student commits**, so that the decision to travel is an informed one, per Policy 10e.
- **RSBT provides immigration information, not immigration advice**, unless delivered by a person qualified and regulated to give it. Students are directed to regulated advice where their circumstances require it.
- Where RSBT holds a sponsor licence or equivalent, it complies fully with its duties, and students are informed clearly of the consequences of non-attendance or withdrawal for their permission to remain, per Policies 6h and 14C.

Support Provided

Area	Support
Pre-arrival	Information pack; visa guidance; cost-of-living information; pre-departure briefing; accommodation guidance
Arrival	Airport guidance; extended orientation; registration with local requirements; bank account and mobile setup guidance
Immigration	Information on conditions, working rights, attendance obligations, and extension timelines; referral to regulated advisers
Academic transition	Support with UK academic conventions, referencing, critical writing and assessment expectations
English language	In-sessional academic English support throughout the programme, not solely at entry
Health	Guidance on healthcare access and registration; health insurance requirements
Cultural and social	Peer mentoring; cultural societies; interfaith provision; family and dependant support where applicable
Financial	Guidance on banking, currency, employment rights and limits, and hardship support under Policy 20a
Emergency	24-hour emergency contact; consular liaison; repatriation support in the gravest circumstances

Procedure

897. A named international student adviser is available at each location where international students study.

898. Orientation for international students is extended and takes place before the standard induction; attendance is recorded.

899. Attendance is monitored under Policy 6h, and a student whose attendance places their permission at risk is contacted personally and supported, not merely reported.

900. Where the School has a duty to report a change of circumstance to an immigration authority, the student is informed of that duty in advance and of what has been reported, unless prohibited.

901. Students studying at overseas locations receive equivalent support appropriate to their jurisdiction, and the same academic entitlements as students in the United Kingdom.

902. Feedback is collected specifically from international students under Policy 13b, and outcomes are disaggregated by domicile under Policy 13a so that any attainment or satisfaction gap is identified and addressed.

STANDARD 17 — ENGAGEMENT AND IMPACT

Standard 17 governs the relationships through which RSBT connects to the world beyond its own walls: alumni, community, industry, external advisers and partner institutions. These relationships are the mechanism by which the School's teaching stays relevant and its graduates find their place.

17a. Alumni Engagement

Policy Number	RSBT-EI-001
Policy Name	Alumni Engagement
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Alumni Office / Head of Industry Engagement & Outreach Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the relationship between RSBT and its graduates, and the operation of the Alumni Association.

Policy Statement

- Every graduate becomes a member of the RSBT Alumni Association automatically and at no cost, on award of a qualification. Membership is not conditional on donation.
- Alumni are a source of evidence, of mentorship, of placement opportunity and of institutional memory — not principally a fundraising target. Engagement shall not be reduced to solicitation.
- Alumni personal data is processed under Policy 18g on a lawful basis, with a clear and easily exercised right to object to further contact. **A graduate who asks not to be contacted shall not be contacted.**
- Alumni views are sought systematically under Policy 13b and inform curriculum revision under Policy 3k.

Services and Engagement

- Lifetime alumni email address and alumni card; access to the alumni portal and directory, subject to the individual's privacy choices.
- Continuing library access to core electronic resources, subject to licence.
- Careers support for a defined period after graduation, and access to the vacancy service thereafter.
- Concessionary rates on continuing professional development under Policy 11a, and on postgraduate study.
- Invitation to lectures, conferences, reunions and chapter events; chapters may be established by region where a viable number of alumni exists.
- Opportunities to contribute: mentoring current students, hosting placements under Policy 17g, guest lecturing, sitting on advisory bodies under Policy 17e, and participating in admissions and outreach.
- Recognition of distinguished alumni through published awards, subject to due diligence on reputational risk.

Procedure

903. Contact details and consent for future contact are collected at graduation and refreshed periodically.

904. The alumni record is maintained accurately, is corrected on request, and is not shared with third parties for their own marketing purposes.

905. Graduate outcome surveys are administered under Policy 13j through the alumni channel.

906. Alumni communications are governed by Policy 18o and comply with electronic marketing rules.

907. Where alumni are asked to support the School financially, the purpose is stated, the use of funds is accounted for, and gifts are accepted only in accordance with a gift acceptance assessment considering the source of funds and reputational risk, reported to the Board of Governance.

908. Engagement activity, participation rates and outcomes are reported annually to the Board of Governance.

17b. Co-Curricular and Extra-Curricular Activities

Policy Number	RSBT-EI-002
Policy Name	Co-Curricular and Extra-Curricular Activities
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Head of Student Support / Students' Council
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs activities that complement the formal curriculum — societies, clubs, competitions, volunteering, student enterprise, cultural and sporting activity — and their recognition.

Definitions and Recognition

- **Co-curricular** activity is linked to the programme learning outcomes and may be a requirement or a recognised element of a module, such as a competition, simulation, field visit or professional event.
- **Extra-curricular** activity is voluntary and not academically assessed, such as a society, sports team or volunteering.
- Verified participation is recorded on a **Co-Curricular Record** issued alongside the transcript at graduation, describing the activity, the role held and the duration. Entries are recorded only where verified by a member of staff or a Students' Council officer.
- Participation in extra-curricular activity shall never affect an academic mark, progression or classification.

Governance and Safety

909. Societies are formed on the petition of a minimum number of students, register with the Students' Council, adopt a constitution, and elect officers; registration is annual.

910. Each society has a staff link person and operates within a budget approved by the Students' Council under Policy 6j.

911. Activities and events are risk-assessed under Standard 7 before approval, with the assessment proportionate to the activity; off-site, physical and international activities require enhanced assessment and the approval of the Head of Student Support.

912. Insurance cover is confirmed before any activity taking place off RSBT premises.

913. Activities involving children or adults at risk require safeguarding clearance under Policy 19b.

914. Activities shall be inclusive and accessible; where a student requires an adjustment to participate, it shall be made under Policy 19a. Cost shall not be a barrier where hardship support under Policy 20a can remove it.

915. Societies shall comply with the code of conduct; initiation practices involving humiliation, coercion or the consumption of alcohol are prohibited absolutely and are misconduct under Policy 16c.

916. External speakers are subject to Policy 6p; use of the RSBT name and marks by a society is subject to Policy 18b.

917. Participation levels, breadth of provision and the effect on retention and employability are reported annually under Policy 13a.

17c. Community Engagement

Policy Number	RSBT-EI-003
Policy Name	Community Engagement
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Vice Chairman & COO / Head of Industry Engagement & Outreach Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs RSBT's engagement with the communities in which it operates, giving effect to the Community Engagement Plan required by Policy 1g.

Policy Statement

- Community engagement is a core institutional obligation, not a marketing activity. Activity shall be designed around identified community need, with the community, and evaluated on the difference it makes.
- Engagement shall draw on the School's distinctive academic capability — business, management, computing, digital and hospitality expertise — rather than generic goodwill.
- Student participation shall be voluntary, safe, supported and academically recognised where appropriate under Policy 17b.
- Engagement shall be reciprocal: the community is a partner, not a beneficiary of the School's attention, and community organisations shall have a voice in the design and evaluation of activity.

Activity Areas

Area	Examples
Educational outreach	School and college engagement; access and aspiration-raising; taster provision
Free public provision	Public lectures, masterclasses and open workshops under Policy 11a
Enterprise support	Advice clinics for small businesses and social enterprises; student consultancy projects

Area	Examples
Digital inclusion	Basic digital and AI literacy provision for community groups
Employability support	CV, interview and enterprise workshops for the local community
Volunteering	Structured student and staff volunteering with partner organisations
Facility access	Use of RSBT facilities by community organisations, subject to safety and availability
Research for community benefit	Applied research addressing local or sectoral need under Standard 4
Sustainability	Environmental initiatives contributing to the Sustainability Plan under Policy 1g

Procedure

918. A Community Engagement Plan is approved annually by the Board of Governance, identifying needs, activities, resources, owners and measures.

919. Activity is proposed with a stated need, an intended outcome, a measure and a named owner; activity without an intended outcome is not approved.

920. Partnerships with community organisations are documented, with due diligence proportionate to the activity, and safeguarding assessed under Policy 19b.

921. Staff engagement is recognised in workload under Policy 5g and in the recognition scheme under Policy 15a.

922. Outcomes — participants reached, benefit evidenced, partner and participant feedback — are reported annually to the Board of Governance and published under Policy 10h.

923. Community engagement activity is not represented publicly in terms that overstate its scale or effect, per Policy 10e.

17d. Cooperative Agreements and International Partnerships

Policy Number	RSBT-EI-004
Policy Name	Cooperative Agreements and International Partnerships
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning; QAA UK Quality Code — Partnerships; UK TNE good practice
Policy Owner	Head of International Affairs / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs every arrangement under which RSBT works with another organisation in the delivery, support or promotion of education — including affiliate campuses, franchise and validation arrangements, articulation, joint and dual awards, exchange, recruitment agency and consortium membership.

Governing Principle

Responsibility for academic standards and for the student experience cannot be delegated. Whatever the partnership model, RSBT remains accountable for the quality of provision delivered in its name and for the outcomes of students studying towards its awards.

Partnership Types and Approval

Type	Description	Approval
Memorandum of Understanding	Non-binding statement of intent; no delivery	Vice Chairman & COO
Articulation	Recognised entry with advanced standing from a named qualification	Academic Board
Student / staff exchange	Mobility under Policy 12a	Academic Board
Recruitment agency	Representation and recruitment only; no delivery	Vice Chairman & COO; due diligence mandatory
Affiliate campus / franchise	Delivery of an RSBT-designed programme by a partner	Board of Governance, on Academic Board recommendation
Validation	RSBT validates a programme designed by a partner	Board of Governance, on Academic Board recommendation
Joint / dual award	Award conferred jointly or in parallel with a partner	Board of Governance and the awarding organisation
Research collaboration	Joint research activity under Standard 4	Research & Ethics Committee and Vice Chairman & COO

Due Diligence

924. No agreement is executed without documented due diligence proportionate to the risk, covering: legal status and ownership; financial standing and audited accounts; regulatory standing and any adverse regulatory history; academic capacity, staffing and facilities; quality assurance arrangements; reputation, including litigation and adverse media; ethical, anti-bribery and modern slavery position; safeguarding and safety; and data protection capability.

925. For delivery partnerships, a site visit is mandatory before approval and the facilities, library and staffing are verified in person.

926. Due diligence is refreshed at each renewal and whenever a material change occurs.

927. The Board of Governance shall not approve a delivery partnership where due diligence is incomplete, however commercially attractive the opportunity.

Agreement Content and Ongoing Management

- Every agreement shall specify: the parties and their legal identities; scope, programmes and locations; duration and renewal; the division of responsibility for admission, teaching, assessment, moderation, records and student support; the reservation of academic authority to RSBT; quality assurance and monitoring rights including unannounced visit rights; staff approval requirements under Policy 5a; fee flows and commission; use of names and marks under Policy 18b; intellectual property under Policy 10c; data protection and the roles of the parties; anti-bribery warranties under Policy 10b; dispute resolution and governing law; termination; and **student protection and teach-out obligations under Policy 10d, which shall survive termination**.

928. Each partnership has a named RSBT link tutor or partnership manager, and a joint board meeting at least annually.

929. Delivery partnerships are monitored each semester on enrolment, progression, outcomes, feedback and complaints, and are subject to annual monitoring and periodic review on the same basis as internal provision, with cross-location comparison under Policy 13i.

930. Partner staff teaching towards RSBT awards are approved individually and are subject to the same qualification, observation and development requirements as RSBT staff.

931. Agents are contracted in writing, are trained, are provided with approved materials only, and have their websites and representations audited at least annually. **An agent found to have misrepresented RSBT, submitted a fraudulent document, or charged an unauthorised fee to a student is terminated immediately** and, where applicable, reported.

932. A Register of Partnerships records every agreement, its type, status, expiry and review date, and is reported to the Board of Governance annually.

933. Termination follows the agreement, and in every case the enrolled students are protected under Policy 10d before commercial matters are settled.

17e. External Advisory Council

Policy Number	RSBT-EI-005
Policy Name	External Advisory Council
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Deans / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes External Advisory Councils providing independent external perspective on the relevance, currency and standing of RSBT provision.

Constitution and Role

- An External Advisory Council is established for each School and, where appropriate, for a specific programme or subject area.
- Membership comprises senior practitioners, employers, professional body representatives, alumni and academics from other institutions. A majority shall be external to RSBT.
- The Council is **advisory**. It does not exercise governance authority, does not determine academic standards, and does not make decisions binding on the Academic Board.
- Members serve a three-year term, renewable once, and declare interests under Policy 10a. Membership shall not be used to confer commercial advantage on a member's organisation, and a member shall take no part in any discussion touching a procurement or partnership in which they have an interest.

Terms of Reference and Procedure

934. The Council advises on: the currency and relevance of curriculum against sector practice; emerging skills, technologies and regulatory developments; graduate preparedness as observed by employers; placement,

internship and employment opportunities; research and consultancy priorities of practical value; and the reputation and standing of provision in the sector.

935. The Council meets at least twice each year; papers are circulated in advance and minutes are recorded.

936. Advice is formally received by the relevant School board, and **a written response stating what has been accepted, what has not, and why, is provided to the Council** — so that members can see that their contribution is used.

937. Council advice is a required input to programme approval and periodic review under Policy 3k, and is evidenced in the review documentation.

938. Student representatives attend Council meetings and contribute the student perspective.

939. The composition and effectiveness of each Council is reviewed every three years, including whether its membership adequately reflects the sectors and communities the programmes serve.

17f. Industry Partnerships

Policy Number	RSBT-EI-006
Policy Name	Industry Partnerships
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning
Policy Owner	Head of Industry Engagement & Outreach Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs relationships with employers and industry bodies for the purposes of curriculum relevance, placements, employment, research, consultancy and professional development.

Policy Statement

- Industry partnerships shall deliver identifiable benefit to students. A partnership that generates publicity but no student opportunity shall not be renewed.
- Partnerships shall be documented, with a named owner on each side, defined activities, and defined measures of benefit.
- **Academic independence is preserved absolutely.** A partner shall not influence curriculum content in a manner that advances its commercial interest at the expense of academic breadth, nor restrict what may be taught, researched or published, subject only to the protection of genuinely confidential commercial information under an agreed confidentiality arrangement.
- Due diligence under Policy 17d is applied proportionately to every industry partnership, and reputational and ethical considerations are assessed before commitment.

Forms of Partnership

Form	Student Benefit
Placement and internship host	Work experience under Policies 17g and 13k
Live client projects	Real problems as assessed coursework, with client feedback

Form	Student Benefit
Guest lecturing and masterclasses	Practitioner insight; subject to Policies 5a and 6p
Curriculum co-development	Relevance and currency, under Policy 12b
Graduate recruitment	Direct routes to employment
Mentoring	One-to-one practitioner mentoring for students
Sponsorship and scholarship	Student funding under Policy 20a; terms published and non-restrictive of academic freedom
Applied research and consultancy	Research income and student research opportunity under Standard 4
Corporate education	Customised provision under Policy 11a
Facility and equipment provision	Access to current industry technology; sponsorship acknowledged transparently

Procedure

940. Partnerships are proposed to the Head of Industry Engagement & Outreach with the intended activities, benefits and measures.

941. A written agreement is executed for any partnership involving delivery, funding, data sharing, use of marks or student placement.

942. Sponsorship is accepted only where the source of funds is acceptable, the sponsor's influence is limited to what is disclosed, and the arrangement is publicly acknowledged. Sponsorship shall never be conditional on an academic outcome or on the content of research findings.

943. Each partnership is reviewed annually against its measures, and is renewed, revised or ended on the evidence.

944. A Register of Industry Partnerships is maintained and reported annually to the Board of Governance with the benefit delivered to students.

945. Partner feedback on graduate preparedness is collected under Policy 13b and fed into curriculum review under Policy 3k.

17g. Internship and Work Placement

Policy Number	RSBT-EI-007
Policy Name	Internship and Work Placement
Policy Version	Version 1.0
Standards Applicable	UK Standard 17: Engagement and Impact; QAA UK Quality Code — Partnerships; UK Quality Code Advice on Work-Based Learning; Health and Safety at Work etc. Act 1974; National Minimum Wage Act 1998
Policy Owner	Head of Industry Engagement & Outreach Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the operational arrangements for internships, work placements, industrial training and work-based learning. Quality assurance of placements is governed by Policy 13k.

Policy Statement

- Placement is a learning activity with defined outcomes, not free labour. The student's role shall provide genuine developmental opportunity.
- **Where a student performs work as a worker, they are entitled to be paid in accordance with the law of the jurisdiction.** RSBT shall not facilitate an arrangement that unlawfully avoids that entitlement, and shall advise students of their rights.
- Placement shall be accessible: unpaid or low-paid placement requirements that exclude students unable to afford them shall be avoided, and hardship support under Policy 20a shall be available where a required placement imposes cost.
- No student shall commence a placement before the host is approved, the tripartite agreement is signed, insurance is confirmed and the pre-placement briefing is completed.

Placement Cycle

Stage	Activity	Timing
Preparation	Employability skills, CV, application and interview preparation	One semester before
Sourcing	Opportunities sourced by the School and by the student	8–12 weeks before
Host approval	Approval against the criteria in Policy 13k	Before offer accepted
Matching	Student matched; interview by host where required	6 weeks before
Agreement	Tripartite agreement signed; insurance and risk assessment confirmed	4 weeks before
Briefing	Pre-placement briefing: conduct, safety, reporting, safeguarding, escalation	2 weeks before
Placement	Supervised work with defined learning outcomes	As specified
Monitoring	Contact at start, mid-point and end by the placement tutor	Throughout
Assessment	Reflective portfolio, report and supervisor testimony, assessed by RSBT	On completion
Evaluation	Student and host evaluation; outcomes reported	Within 4 weeks

Student Obligations and Support

946. The student remains registered at RSBT throughout, is subject to the code of conduct, and shall also comply with the host's rules, safety instructions and confidentiality requirements.

947. The student shall report to the placement tutor any concern regarding safety, treatment, discrimination, or the absence of meaningful work, and may do so confidentially. The School shall act on such a report and shall not require the student to remain in an unsafe or abusive placement.

948. Absence, illness or difficulty during placement is reported to both host and placement tutor; mitigating circumstances under Policy 3i apply as they would to any other assessment.

949. Where a placement ends early through no fault of the student, an alternative placement or an alternative assessment route is provided so that the student is not academically disadvantaged.

950. Where a placement ends early through the student's misconduct, Policy 16c applies and the academic consequence is determined by the Examination & Assessment Board.

951. Placement records — host approval, agreement, risk assessment, monitoring contacts, evaluations and assessment — are retained under Policy 6c.

952. Placement volumes, host quality, conversion to employment and student evaluation are reported annually and feed Policy 13j.

STANDARD 18 — MEDIA AND COMMUNICATIONS

Standard 18 governs everything RSBT says publicly and everything it says to itself. Communication is a regulated activity: it engages consumer protection law, advertising codes, data protection law and the School's obligations of accuracy to applicants and students. These policies establish who may speak, on what authority, with what evidence, and to what standard.

18a. Publications Policy

Policy Number	RSBT-MC-001
Policy Name	Publications Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the commissioning, production, approval, distribution and withdrawal of RSBT publications in every format — prospectuses, brochures, reports, newsletters, flyers, and their digital equivalents. It gives operational effect to the accuracy requirements of Policy 10e.

Policy Statement and Procedure

- Every publication has a named commissioning owner, an approver, a version number, a publication date and a review date not more than twelve months later.
- No publication is released without approval under Policy 18m; content describing programmes, fees, accreditation or outcomes requires verification by the accountable officer for that content.
- Publications shall comply with the visual identity standards of Policy 18c, the brand rules of Policy 18b and the accessibility requirements of Policy 18v.

953. The commissioner submits a brief stating audience, purpose, key messages, distribution and quantity.

954. Content is drafted, fact-checked against source, and reviewed for accuracy, tone, accessibility and legal compliance.

955. Print quantities are set to expected demand to avoid holding obsolete stock; publications containing fee or programme information carry the academic year to which they relate.

956. A master copy of every published version is archived permanently, so that the School can evidence what an applicant of a given cohort was told.

957. Where a publication is found to contain an inaccuracy, distribution ceases immediately, digital versions are corrected or withdrawn within two working days, and any person known to have relied on it is contacted under Policy 10e.

958. All publications are reviewed annually and either revised, reaffirmed or withdrawn; obsolete stock is destroyed and recycled.

18b. Brand Management

Policy Number	RSBT-MC-002
Policy Name	Brand Management
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; Trade Marks Act 1994
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the protection and use of the RSBT name, marks, logos and institutional identity by internal and external parties.

Policy Statement

- The RSBT name, logo and marks are the property of Rusel School of Business and Technology Limited and are protected under Policy 10c. Their use is permitted only as authorised by this policy.
- **No external party may use the RSBT name or marks without prior written permission.** Partners and agents may use them only within the scope, form and duration specified in their agreement under Policy 17d, and only in approved artwork.
- Staff and students may not use the marks for personal purposes, for external commercial activity, or in a manner implying that a personal view is an institutional position, per Policy 18h.
- The marks shall not be altered, redrawn, recoloured, stretched, rotated or combined with another mark without approval.

Procedure and Enforcement

959. Permission to use the marks is requested from Media & Communications, stating the purpose, the artwork, the medium, the audience and the duration; approval is given in writing and is time-limited.

960. A register of authorised users records every external permission, its scope and its expiry, and is reviewed quarterly.

961. Co-branding with a partner requires an executed agreement specifying the relative prominence, the descriptive wording of the relationship, and the approval route for each item.

962. Sponsorship acknowledgement shall not imply endorsement of a commercial product by the School.

963. Media & Communications monitors for unauthorised use, including by former partners and agents, at least quarterly.

964. **Unauthorised use is addressed immediately**: a written demand to cease, escalation to legal action where necessary under Policy 10c, notification of any regulator or awarding organisation where the misuse misleads students, and termination of any agreement under Policy 17d.

965. On termination of a partnership, the former partner’s obligation to remove all use of the marks within a defined period is enforced and verified.

18c. Visual Brand Identity and Style Guide

Policy Number	RSBT-MC-003
Policy Name	Visual Brand Identity and Style Guide
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; Equality Act 2010; WCAG 2.2
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the visual and editorial standards applying to all RSBT materials, and mandates the RSBT Style Guide.

Visual Standards

Element	Standard
Primary palette	Institutional navy and gold, applied in the defined proportions
Secondary palette	Neutral greys and a restricted accent range for data and wayfinding
Logo	Approved forms only; defined clear space; defined minimum size; approved mono and reversed versions
Typography	Approved primary and secondary typefaces; defined hierarchy; no substitution without approval
Imagery	Authentic images of RSBT people and places wherever possible; consented under Policy 18d; representative of the student body
Layout	Defined grid, margins and document templates for letters, reports, certificates and presentations
Colour contrast	Minimum 4.5:1 for body text and 3:1 for large text and interface elements
Accessible formats	Minimum body size; sans-serif for screen; no text embedded in images without alternative text

Editorial Standards and Application

- British English spelling and conventions throughout; consistent capitalisation of institutional titles; the full legal name at first mention in formal documents.
- Plain English: short sentences, active voice, defined terms, and avoidance of unexplained jargon and acronyms.
- Inclusive language: gender-neutral where the gender is not known or relevant; respectful terminology in relation to disability, ethnicity, religion and nationality, per Policy 19a.
- Accurate description of qualifications, levels, awarding bodies and accreditation — the wording prescribed in Policy 10e governs, and marketing language shall not soften or embellish it.

966. The Style Guide is maintained by Media & Communications, is published internally, and is issued at induction to every member of staff who produces external material.

967. Templates for all common document types are provided so that compliance is the easiest option rather than an additional task.

968. Departures from the Style Guide require written approval; recurring departures indicate a gap in the Guide and prompt its revision.

969. The Guide is reviewed every two years, and immediately following any change to the visual identity.

18d. Photography, Videography and Media Production

Policy Number	RSBT-MC-004
Policy Name	Photography, Videography and Media Production
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; UK GDPR; Equality Act 2010
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the capture, storage, use and retention of photographs, video and audio recordings of individuals for institutional purposes.

Consent

- Images and recordings of identifiable individuals are personal data. **Capture and use require a lawful basis, and for promotional use that basis is consent**, which must be freely given, specific, informed and as easy to withdraw as to give.
- Consent is obtained in writing before capture, stating the purposes, the media in which the material may appear, the territories, the retention period and the right to withdraw.
- Refusal of consent shall carry no consequence whatsoever for a student or member of staff. A student shall never be required to consent as a condition of participation in a class, event or activity.
- Where an individual is under 18 or is an adult at risk, consent is obtained in accordance with Policy 19b, and additional care is exercised in publication.
- Withdrawal of consent is actioned promptly: the material is removed from all channels within ten working days and from print at the next reprint, and the individual is informed. Material already distributed in print cannot be recalled, and this is explained at the point of consent.

Capture, Use and Retention

970. Photography and filming at events is notified in advance by signage and in event communications, with a clearly marked area or arrangement for those who do not wish to appear.

971. Covert recording is prohibited. Recording of teaching is governed by Policy 3f and requires notice to all participants.

972. Media production involving external crews requires a written agreement covering data protection, safeguarding, insurance and ownership of the resulting material under Policy 10c.

973. Material is stored securely with access limited to those who need it; consent records are stored with the material so that permitted use can always be verified.

974. Material is reviewed every three years and deleted where consent has expired, the individual has left and the material is no longer used, or the purpose has ended.

975. Images used in publications shall be current and shall accurately depict RSBT facilities and people; stock imagery is clearly distinguishable and shall not imply facilities the School does not have, per Policy 10e.

976. Requests from external media to film or photograph on RSBT premises are approved by Media & Communications under Policy 18f, and no access is given to teaching or to individuals without consent.

18e. Translation and Multilingual Communication

Policy Number	RSBT-MC-005
Policy Name	Translation and Multilingual Communication
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications / Head of International Affairs
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the translation of RSBT materials and communication with audiences in languages other than English.

Policy Statement and Procedure

- **English is the authoritative language of RSBT.** Every translated document shall carry a statement that, in the event of a discrepancy, the English version governs.
- Translation shall be accurate and complete. Selective translation that omits qualifications, conditions or limitations — particularly in relation to fees, accreditation, recognition or entry requirements — is a form of misrepresentation and is prohibited.
- Terms describing qualifications, levels, awarding bodies and regulatory status shall be rendered using the agreed equivalent for the target language, recorded in a controlled glossary, so that a UK Level 7 award is not described in terms implying a different standing in the target market.

977. Translation is undertaken by qualified professional translators or by staff with verified competence in both languages and in the subject matter. Machine translation may be used as a first draft only and shall never be published without competent human review.

978. Every translation is verified by a second competent speaker against the English source before release, and the verification is recorded.

979. Agents and partners shall not produce their own translations of RSBT material; they shall use the approved translations supplied to them, and their local material is subject to approval and audit under Policy 17d.

980. Where a student contracts on the basis of a translated document, that translation is archived with the English source as part of the record of what the student was told, per Policy 18a.

981. Legally significant documents — contracts, terms and conditions, offer letters, agreements — shall be executed in English; translations are provided for understanding, not for execution, unless legal advice in the relevant jurisdiction requires otherwise.

982. Interpretation is provided at admissions, disciplinary, appeal and complaint proceedings where a participant requires it, so that no person is disadvantaged in a process affecting their rights by reason of language.

18f. Public Information Integrity and Media Relations

Policy Number	RSBT-MC-006
Policy Name	Public Information Integrity and Media Relations
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs statements made to the news media and to the public on behalf of RSBT, and the integrity of the information contained in them.

Authorised Spokespersons

Subject	Authorised Spokesperson
Institutional strategy, governance and position	Chairman or Vice Chairman & COO
Academic matters, standards and programmes	Rector or the relevant Dean
Quality, accreditation and regulatory matters	Head of Quality Assurance & Institutional Policy
Financial matters	Chief Financial Officer
Research findings	The researcher, with Media & Communications briefing
Legal proceedings and regulatory enquiries	Company Secretary only, per Policy 10i
Crisis and incident	As designated in Policy 18t
Routine enquiries	Director — Media & Communications

No other person shall speak to the media on behalf of RSBT. A member of staff approached by a journalist shall refer the enquiry to Media & Communications and shall not comment, including off the record.

Integrity of Public Information

- Every factual claim made publicly shall be **accurate, evidenced, sourced and dated**. Statistics shall state the population, the period and the method; a favourable figure shall not be presented without the context that makes it meaningful.
- The School shall not publish a claim it cannot substantiate on request, and shall not repeat a third party's claim about itself without verifying it.
- Corrections shall be issued promptly, prominently and without defensiveness where an inaccuracy is identified.
- Staff commenting in a personal or expert capacity shall make clear that they speak for themselves; institutional affiliation may be stated for identification, subject to Policy 18h.
- Academic freedom is protected: this policy governs speaking **on behalf of** the institution and does not restrict a member of staff from expressing lawful views in their own name.

Procedure

983. Media enquiries are logged by Media & Communications with the outlet, journalist, subject and deadline.

984. A response is prepared, fact-checked against source, and approved by the authorised spokesperson before issue.

985. Interviews are prepared for with a briefing note; a record of what was said is kept.

986. Where an enquiry concerns a student, a member of staff or an incident, no personal data is disclosed and the individual is informed where appropriate.

987. Published coverage is monitored under Policy 18q; material inaccuracy is addressed with the outlet promptly.

988. Media activity is reported to the Board of Governance quarterly.

18g. Privacy and Data Protection Policy

Policy Number	RSBT-MC-007
Policy Name	Privacy and Data Protection Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; UK GDPR; Data Protection Act 2018; ICO registration ZC195798
Policy Owner	Data Protection Officer / Company Secretary
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the processing of personal data by RSBT relating to applicants, students, alumni, staff, governors, partners, contractors and visitors, wherever that processing takes place.

Principles

- Personal data shall be processed lawfully, fairly and transparently; collected for specified and legitimate purposes; adequate, relevant and limited to what is necessary; accurate and kept up to date; retained no longer than necessary; and processed securely.
- **RSBT is accountable** and must be able to demonstrate compliance, not merely assert it.
- A lawful basis is identified and recorded before processing begins. Consent is used only where it is genuinely free; it is not the appropriate basis for processing necessary to deliver the education the student has contracted for.
- Special category data — health, disability, ethnicity, religion, sexual orientation, biometric data — requires an additional condition, is subject to enhanced controls, and is accessible only to those who require it for a defined purpose.

Rights and Governance

Right	RSBT Response
Access to their data	Copy provided within one month, free of charge; extendable by two months for complex requests with notification
Rectification	Inaccurate data corrected without undue delay
Erasure	Actioned where a lawful basis for retention does not persist; academic records are ordinarily retained under legal obligation and legitimate interest
Restriction	Processing restricted while accuracy or basis is contested
Portability	Provided where processing is by consent or contract and is automated
Objection	Considered on its merits; marketing objections actioned absolutely and immediately
Automated decision-making	No solely automated decision with legal or similarly significant effect without human review; explained where used

989. A Data Protection Officer is appointed, is independent in the performance of the role, reports to the Board of Governance, and is the contact point for data subjects and the supervisory authority.

990. A Record of Processing Activities is maintained and reviewed annually.

991. **Data Protection Impact Assessments** are completed before any new system, partnership, monitoring technology, AI tool or high-risk processing is introduced.

992. Privacy notices for applicants, students, staff and website visitors are published under Policy 10h and are written in plain language.

993. Processors are engaged only under a written contract meeting the statutory requirements, following due diligence on their security.

994. International transfers are made only with an appropriate transfer mechanism and a transfer risk assessment — a material consideration given RSBT's international operations.

995. **Personal data breaches** are reported internally immediately, assessed by the Data Protection Officer, notified to the supervisory authority within 72 hours where the threshold is met, and notified to affected individuals where the risk is high. A breach register is maintained and reported to the Audit & Risk Committee.

996. All staff receive data protection training on induction and annually; role-specific training is provided to those handling special category data.

997. Retention is governed by the schedules in Policies 5f and 6c, and secure disposal is evidenced.

18h. Social Media Governance

Policy Number	RSBT-MC-008
Policy Name	Social Media Governance
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; Equality Act 2010; Online safety and defamation law of the United Kingdom
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs official RSBT social media channels and the conduct of staff and students on social media where it engages the School.

Official Channels

998. An official channel may be created only with the approval of the Director — Media & Communications, who maintains the register of channels and holds administrative access to every one of them.

999. Each channel has a named responsible officer, a defined purpose and audience, a posting schedule and a monitoring arrangement. **A channel that cannot be monitored shall not be opened.**

1000. Content complies with Policies 18c, 18m and 10e; claims about programmes, fees, accreditation and outcomes are subject to the same verification as any other publication.

1001. Personal data, including images, is posted only with consent under Policy 18d.

1002. Comments are moderated within one working day during working days. Comments that are unlawful, abusive, discriminatory, defamatory or that disclose personal data are removed and the action logged; critical comment that is lawful **is not removed simply because it is unwelcome**, and is answered or acknowledged.

1003. Complaints raised on social media are directed to Policy 16g rather than resolved in public, and the individual is contacted privately.

1004. Dormant channels are closed and the account secured to prevent impersonation.

1005. Advertising through social platforms is governed by Policies 18i and 18p, and paid promotion is clearly identified as such.

Personal Use by Staff and Students

- Personal accounts are personal. RSBT does not seek to control lawful private expression, and academic freedom is protected.
- Where an individual identifies their RSBT affiliation, they shall make clear that views expressed are their own.
- The following are prohibited on any account, personal or official: disclosing confidential institutional information; disclosing personal data about a student, colleague or applicant; publishing assessment content or results before release; harassing, bullying or discriminating against any person; and content that is unlawful.

- Staff shall exercise particular care in interactions with students online, shall not enter private communications with a student on a personal account where an official channel exists, and shall observe the professional boundaries in Policy 15b.
- Content that brings the School into disrepute may be addressed under Policy 5j or Policy 16c, applying a proportionate test that respects the individual's right to freedom of expression.
- Staff shall not respond publicly to criticism of the School on social media; such matters are referred to Media & Communications under Policy 18q.

18i. Advertisement Review and Approval

Policy Number	RSBT-MC-009
Policy Name	Advertisement Review and Approval
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the creation, approval and placement of paid advertising in any medium, including digital, print, broadcast, outdoor and third-party listing sites.

Standards

- Advertising shall be **legal, decent, honest and truthful**, and shall comply with the advertising codes applicable in each territory in which it is placed.
- Every claim shall be substantiated before publication, and the substantiation retained. Superlatives — "leading", "best", "top-ranked", "number one" — shall not be used unless objectively verifiable and sourced.
- Price claims shall state the total cost and any condition. "From" pricing shall be genuinely available.
- Advertising shall not create a false impression of urgency, scarcity or exclusivity, and shall not use pressure techniques.
- Accreditation and recognition shall be stated in the exact terms permitted by Policy 10e; ambiguity that leads a reader to infer a status the School does not hold is a breach whether or not the words are literally defensible.
- Advertising shall not target children, shall not use images of identifiable individuals without consent under Policy 18d, and shall reflect the diversity of the student body without tokenism.

Approval Procedure

Element	Verified By
Programme content, title, level, awarding body	Registrar and Programme Leader

Element	Verified By
Fees, discounts and payment terms	Chief Financial Officer
Accreditation, recognition and legal status	Company Secretary
Outcome, ranking and employment claims	Head of Quality Assurance & Institutional Policy
Brand, visual identity and imagery	Director — Media & Communications
Code and legal compliance in the target territory	Company Secretary with local advice where required
Final release authority	Director — Media & Communications

1006. No advertisement is placed without documented approval of every applicable element; approval is recorded with the artwork, the substantiation and the date.

1007. Advertising placed by an agent or partner referring to RSBT requires the same approval; unapproved advertising is a breach of agreement under Policy 17d.

1008. Live campaigns are monitored, and any advertisement found to be inaccurate is withdrawn immediately and corrected.

1009. Complaints about advertising are logged, investigated and answered; a complaint to an advertising regulator is reported to the Vice Chairman & COO and the Audit & Risk Committee.

1010. All advertising material and its substantiation are archived for not less than six years.

18j. Article Publishing and Thought Leadership

Policy Number	RSBT-MC-010
Policy Name	Article Publishing and Thought Leadership
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs articles, blogs, opinion pieces, white papers and thought-leadership content published by RSBT or by staff in an RSBT capacity. It does not govern peer-reviewed scholarly publication, which is governed by Standard 4.

Policy Statement and Procedure

- Content published in the RSBT name shall be original, accurate, properly attributed and of a standard consistent with the School’s academic claims. Plagiarised or unattributed content published institutionally is a serious matter.

- **Content generated with AI assistance shall be substantively reviewed, verified and edited by the named author**, who remains fully responsible for its accuracy, originality and legality. Fabricated citations, statistics or quotations are treated as misconduct, per Policy 18k.
- Third-party material is used only within licence or a statutory exception, per Policy 10c; sources are cited.
- Where an author has a commercial interest in the subject, it is disclosed within the article under Policy 10a.

1011. Proposals are submitted with a topic, audience, key argument and author; approval is by the relevant Dean for academic content and by Media & Communications for release.

1012. Drafts are reviewed for factual accuracy, legal risk — including defamation and confidentiality — brand compliance and readability.

1013. Articles are attributed to a named author with their correct title; ghost-written content published under an academic's name without their substantive involvement is prohibited.

1014. Externally placed articles are approved before submission to the outlet, and the outlet's standing is considered; predatory or low-integrity outlets are not used.

1015. Published content is archived, dated and reviewed periodically; content that has become inaccurate is updated with a visible amendment note or withdrawn.

1016. Content shall distinguish clearly between institutional position and individual opinion, per Policy 18f.

18k. Artificial Intelligence and Emerging Media Ethics

Policy Number	RSBT-MC-011
Policy Name	Artificial Intelligence and Emerging Media Ethics
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; UK GDPR; Copyright, Designs and Patents Act 1988
Policy Owner	Director — Media & Communications / Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the use of generative artificial intelligence and emerging media technologies in the production of RSBT communications and public content. Student use of AI in assessment is governed by Policy 6n.

Principles

> AI may assist RSBT's communication. It may not author RSBT's truthfulness. **A human being is accountable for every published word, whatever tool produced the draft.**

- **Verification.** Every factual claim, statistic, citation and quotation in AI-assisted content shall be verified against a primary source before publication. AI systems generate plausible fabrications, and plausibility is not evidence.
- **Disclosure.** Where AI has materially generated published content, this is disclosed. Routine assistance — grammar, summarisation, drafting support subsequently rewritten — does not require disclosure; substantially machine-generated content does.

- **Authenticity of representation.** Synthetic or materially altered images or video depicting RSBT people, facilities or events shall not be published as if authentic. Where synthetic imagery is used illustratively, it shall be labelled.
- **No synthetic persons.** RSBT shall not create synthetic images of students or staff, shall not synthesise a person's voice or likeness, and shall not depict facilities it does not possess.
- **Data protection.** Personal data, confidential institutional information, unpublished research and student work shall not be entered into a public or unapproved AI tool. Approved tools are listed under Policy 22d and assessed under Policy 18g.
- **Intellectual property.** The licence position of AI-generated material is uncertain; such material shall not be used in a certificate, a logo, a trade mark or any asset requiring clear ownership, per Policy 10c.
- **Bias.** AI-generated content shall be reviewed for bias and stereotype before publication, per Policy 19a.

Procedure

1017. A register of approved AI tools is maintained, each assessed for data protection, security, licence terms and output reliability before approval.

1018. Staff using AI in content production record its use in the content approval record under Policy 18m.

1019. AI shall not be used to generate a statement of institutional position, a response to a complaint or appeal, a regulatory submission, a reference, or any communication concerning an individual's rights or circumstances.

1020. AI-assisted translation is subject to the human verification requirement in Policy 18e.

1021. Deepfake or impersonation content targeting RSBT is treated as a reputational incident under Policies 18q and 18t and reported to the platform and, where appropriate, to law enforcement.

1022. This policy is reviewed annually, and sooner where the technology or the legal framework materially changes.

18l. Internal Communications

Policy Number	RSBT-MC-012
Policy Name	Internal Communications
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications / Head of Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs communication within RSBT to staff and students, and the channels through which it takes place.

Principles and Channels

- Staff and students shall hear significant news about their institution **from the institution, and before they hear it externally.**

- Communication shall be timely, accurate, and honest, including where the news is unwelcome. Silence during difficulty is itself a communication, and an unhelpful one.
- Channels shall be used proportionately; all-staff and all-student email is reserved for matters genuinely affecting everyone, so that it retains its force.

Channel	Use
Institutional email	Formal notices, policy changes, decisions affecting terms or study
Virtual learning environment	Programme and module communications to students
Intranet / staff portal	Policies, procedures, forms, and the authoritative version of documents
Staff briefings and town halls	Strategy, results, significant change; with opportunity to question
Line management cascade	Team-level implications of institutional decisions
Students' Council and class representatives	Consultation and student-facing change under Policies 6r and 16a
Newsletters	Routine news, achievements and events
Emergency channels	SMS, mass notification and site announcement per Standard 7 and Policy 18t

Procedure

1023. Communications on institutional matters are coordinated by Media & Communications so that messages are consistent and are not duplicated or contradicted.

1024. Significant change — restructuring, programme closure, fee change, policy change affecting rights — is communicated with an explanation of the reason, the effect on the individual, the timeline and the route to ask questions.

1025. Consultation, where required by law or by this Manual, is genuine: it takes place before the decision is settled, and the outcome states what was said and what effect it had.

1026. Students affected by a programme closure are communicated with under Policy 10d, and staff affected by restructuring under Policy 15d.

1027. The institutional email account is the authoritative channel for students and staff; individuals are responsible for reading it, and the School is responsible for not overusing it.

1028. Two-way channels are maintained: staff survey under Policy 13b, open sessions, and a route to raise questions anonymously with published responses.

1029. The effectiveness of internal communication is assessed in the annual staff and student surveys and reported to the Board of Governance.

18m. Content Development and Approval

Policy Number	RSBT-MC-013
Policy Name	Content Development and Approval
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue

Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy establishes the single approval workflow through which all external RSBT content passes before release, and to which the other policies in this Standard refer.

Approval Matrix

Content Type	Subject Approval	Release Approval
Programme and course information	Registrar and Programme Leader	Director — Media & Communications
Fees, discounts, payment terms	Chief Financial Officer	Director — Media & Communications
Accreditation, legal and regulatory statements	Company Secretary	Vice Chairman & COO
Outcome, ranking and employability claims	Head of Quality Assurance	Director — Media & Communications
Research communication	Director of Research	Director — Media & Communications
Advertising and paid campaigns	Per Policy 18i	Director — Media & Communications
Press statements	Per Policy 18f	Authorised spokesperson
Crisis communication	Per Policy 18t	Crisis Communication Lead
Partner and agent material	Head of International Affairs	Director — Media & Communications
Website content	Content owner department	Per Policy 18v
Social media	Channel responsible officer	Director — Media & Communications

Workflow

1030. **Brief** — purpose, audience, key messages, channel, deadline, and the accountable owner.

1031. **Draft** — produced by the owner or by Media & Communications; sources recorded for every factual claim.

1032. **Fact-check** — each claim verified against its source by the subject approver named above; verification recorded.

1033. **Compliance review** — brand and style under Policy 18c; accessibility; data protection under Policy 18g; consent for images under Policy 18d; advertising code compliance under Policy 18i; AI use recorded under Policy 18k.

1034. **Approval** — recorded in writing by both the subject approver and the release approver. **Verbal approval is not approval.**

1035. **Release** — published with a version number and date.

1036. **Archive** — the released version, its approvals and its substantiation are retained for not less than six years.

1037. **Review** — review date set at not more than twelve months; content revised, reaffirmed or withdrawn.

1038. Content released without approval is withdrawn immediately on discovery, and the circumstances are investigated; repeated breach is a performance matter under Policy 5h.

1039. Where speed is essential — an incident, a correction, a safety notice — an expedited route permits release on the authority of the Vice Chairman & COO alone, with retrospective documentation within two working days.

18n. Event Communications and Institutional Protocol

Policy Number	RSBT-MC-014
Policy Name	Event Communications and Institutional Protocol
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the communication, protocol and conduct of official RSBT events — graduations, conferences, launches, signings, visits by dignitaries, and ceremonial occasions.

Protocol Standards

- Precedence, seating, platform party composition, order of speeches and the form of address follow the institutional protocol maintained by Media & Communications, which observes UK and, where relevant, local convention.
- The institutional identity — name, marks, academic dress, ceremonial forms — is used in accordance with Policies 18b and 18c.
- Visiting dignitaries, partners and their national and institutional sensitivities are researched in advance; national flags, anthems and honorifics are used correctly or not at all.
- Academic dress at graduation follows the approved specification for each level of award; dress shall accurately reflect the award and the awarding body.
- Religious, cultural and dietary requirements are accommodated; events are scheduled with regard to major religious observances where reasonably possible.

Procedure

1040. Each event has a named event lead and a written plan covering purpose, audience, programme, budget, risk assessment under Standard 7, accessibility, catering, media, photography under Policy 18d, and contingency.

1041. Invitations are issued with sufficient notice; RSVPs are tracked; accessibility requirements are requested at invitation and met without the guest having to ask twice.

1042. Venues are assessed for physical accessibility, and remote participation is offered for events of institutional significance.

1043. Speeches and materials are approved under Policy 18m; speakers are briefed on time, content and sensitivities.

1044. External speakers are subject to Policy 6p.

1045. Media attendance is coordinated by Media & Communications under Policy 18f.

1046. A contingency and safety plan is prepared for every event with more than fifty attendees, including emergency evacuation, first aid and a communication route, per Standard 7.

1047. A post-event evaluation records attendance, feedback, cost against budget and lessons, and is retained for the following cycle.

18o. Alumni and Graduate Communications

Policy Number	RSBT-MC-015
Policy Name	Alumni and Graduate Communications
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; PECR; UK GDPR
Policy Owner	Alumni Office / Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs communication with graduates and former students, complementing the engagement provisions of Policy 17a.

Policy Statement and Procedure

- Alumni communication rests on a lawful basis recorded for each purpose. Electronic marketing complies with the direct marketing rules, and **every communication carries a working, one-click unsubscribe**.
- Preferences are granular: a graduate may choose to receive surveys but not events, or news but not fundraising, and those choices are honoured across every channel.
- An objection to marketing is actioned immediately and permanently. Re-adding an unsubscribed contact to a list is a breach of this policy and of law.
- Alumni data shall not be sold, rented or shared with a third party for that party's own marketing purposes in any circumstances.

1048. Alumni contact records are reviewed for accuracy; bounced and undeliverable contacts are cleansed after reasonable attempts.

1049. Communication frequency is managed to a published expectation so that graduates are not over-contacted.

1050. Survey communications under Policy 13j are distinguished from marketing and are explained as institutional research.

1051. Fundraising communication states the purpose, the use of funds and the reporting the donor will receive, and observes the gift acceptance requirements of Policy 17a.

1052. Communication celebrating an individual alumnus requires their consent, and images require consent under Policy 18d.

1053. Where a graduate asks to be removed entirely, a minimal suppression record is retained solely to ensure they are not contacted again, and this is explained.

1054. Engagement metrics — reach, open rates, event attendance, unsubscribe rates — are reviewed quarterly; a rising unsubscribe rate is treated as a signal to reduce frequency, not to change the subject line.

18p. Digital Marketing and Paid Campaigns

Policy Number	RSBT-MC-016
Policy Name	Digital Marketing and Paid Campaigns
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; PECR; UK GDPR; CAP Code
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs paid digital acquisition — search, display, social, video, affiliate, lead-generation and retargeting — and the handling of the enquiry data such campaigns generate.

Standards

- Campaign creative and landing pages are approved under Policies 18i and 18m, and the landing page shall deliver what the advertisement promised.
- **Lead-generation practices shall be honest.** An enquiry form shall state who will contact the enquirer, on what basis and about what. Data collected shall not be passed to an agent or third party unless that was disclosed at collection and a lawful basis exists.
- Third-party lead lists shall not be purchased, and enquiries shall not be contacted on the basis of consent obtained by another party unless that consent is verifiable, specific to RSBT and lawful.
- Retargeting and tracking technologies are deployed only within the consent obtained under Policy 10h, and shall not be used to target sensitive audiences or to infer special category characteristics.
- Affiliate and performance-based arrangements are subject to Policy 17d, and the affiliate's creative is approved and audited; commission structures shall not incentivise misrepresentation.
- Campaigns shall not target individuals under 18 for degree recruitment beyond legitimate outreach to school leavers, and shall not use manipulative urgency or scarcity messaging.

Procedure and Measurement

1055. Each campaign has a written plan: objective, audience, budget, channels, creative, landing page, measurement and an approval record.

1056. Budget is approved under Policy 9d and reconciled to spend monthly.

1057. Enquiry data is loaded into the student record system, subject to the privacy notice, and is retained under Policy 6c; enquiries that do not convert are deleted at the end of the retention period.

1058. Response to an enquiry is made within two working days by RSBT or by a named authorised agent, and the enquirer is told which.

1059. Performance is measured on **enrolled and retained students**, not on clicks or leads. A channel that generates volume but poor conversion or poor retention is reduced or stopped.

1060. Campaign performance, cost per enrolment and the retention of students recruited by each channel are reported quarterly to the Vice Chairman & COO and annually to the Board of Governance.

1061. Complaints arising from a campaign are logged under Policy 16g or the advertising complaint route in Policy 18i, and the campaign is paused pending investigation where the complaint concerns accuracy.

18q. Reputation Monitoring

Policy Number	RSBT-MC-017
Policy Name	Reputation Monitoring
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the monitoring of how RSBT is discussed publicly and the assessment and escalation of reputational risk.

Monitoring and Assessment

- Media & Communications monitors news media, social platforms, review and forum sites, agent and partner websites, and search results referencing RSBT, and reports weekly internally and quarterly to the Board of Governance.
- **Criticism is intelligence.** Recurring negative comment about a service, a programme or a process is treated as evidence under Policy 13a and generates an improvement plan under Policy 13e, rather than a communications response alone.

Level	Description	Response
Routine	Ordinary comment, mixed reviews	Logged; themes analysed monthly
Elevated	Sustained criticism of a specific area; a critical article	Assessed by Director — MC; substantive response prepared; underlying issue referred to the accountable owner
Serious	Allegation of misconduct, safety failure, or misrepresentation; regulatory attention	Escalated to Vice Chairman & COO within 4 hours; investigation initiated; Policy 18t considered
Critical	Threat to accreditation, legal proceedings, incident with public impact	Crisis procedure under Policy 18t activated; Board notified immediately

Response Principles

1062. Public responses are made only by Media & Communications or an authorised spokesperson under Policy 18f. Staff shall not respond individually.

1063. Responses are factual, measured and non-defensive. Where the criticism is justified, the School says so, states what it is doing, and does it.

1064. Personal data shall never be disclosed in a public response, even to correct an inaccurate account by a student or former student. Where a public account is inaccurate, the response invites the individual to engage through the complaints procedure and states only that the School cannot discuss an individual case publicly.

1065. Legal action in response to criticism is a last resort, considered only where the content is unlawful and the harm is material, and requires the approval of the Board of Governance. **The School shall not use legal threat to suppress lawful criticism.**

1066. Attempts to manipulate reviews or ratings — incentivised reviews, fake reviews, suppression of negative feedback — are prohibited absolutely and constitute misconduct.

1067. Reputational risk is recorded in the Institutional Risk Register under Policy 1h and reviewed at each Audit & Risk Committee meeting.

18r. Stakeholder and External Relations

Policy Number	RSBT-MC-018
Policy Name	Stakeholder and External Relations
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Vice Chairman & COO / Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs relations with the external bodies on which RSBT depends or which have an interest in its conduct.

Stakeholder Map and Ownership

Stakeholder	Relationship Owner	Cadence
Students and Students' Council	Head of Student Support	Continuous; formal each semester
Staff	Vice Chairman & COO / HR	Continuous; formal quarterly
Awarding organisations	Head of Quality Assurance	Per their requirements; minimum annually
Accrediting and recognition bodies	Head of Quality Assurance	Per cycle; annual returns
Regulators and government bodies	Company Secretary	As required; per Policy 10i
Delivery partners and affiliate campuses	Head of International Affairs	Per Policy 17d; minimum annually
Employers and industry	Head of Industry Engagement	Per Policy 17f; minimum annually
Alumni	Alumni Office	Per Policies 17a and 18o

Stakeholder	Relationship Owner	Cadence
Local community	Vice Chairman & COO	Per Policy 17c
Suppliers	Chief Financial Officer	Per Policy 9e
Shareholders and Board	Company Secretary	Per Policy 1m

Principles and Procedure

- Each stakeholder relationship has a single named owner, so that the School speaks to each body with one voice and no relationship is left unattended.
- Communication with regulators, awarding organisations and accrediting bodies is accurate, complete, timely and channelled through the designated owner under Policies 10i and 13g.
- **Material developments are notified proactively**, not disclosed reactively when discovered. Where an obligation to notify exists, it is met within the required period; where none exists but the body would reasonably expect to know, the Board considers voluntary notification.

1068. A Stakeholder Register records each body, its interest, the owner, the obligations owed to it and the review date.

1069. Meetings with regulatory and awarding bodies are minuted, with actions tracked in the Improvement Plan Register under Policy 13e.

1070. Conflicts between stakeholder expectations are resolved by reference to the interests of students, which take precedence.

1071. Relations with government bodies are conducted transparently; RSBT does not offer or accept any inducement, per Policy 10b, and political donations are prohibited.

1072. Stakeholder relations are reviewed annually by the Board of Governance, including the adequacy of engagement with each body and any relationship at risk.

18s. Corporate Social Responsibility Communications

Policy Number	RSBT-MC-019
Policy Name	Corporate Social Responsibility Communications
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; Consumer Protection from Unfair Trading Regulations 2008; Modern Slavery Act 2015
Policy Owner	Director — Media & Communications / Vice Chairman & COO
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs public communication about RSBT's social, environmental, ethical and sustainability activity.

Policy Statement

RSBT shall not claim more than it does. A social or environmental claim shall be accurate, specific, evidenced, proportionate to the activity, and capable of substantiation on request. Overstated claims — greenwashing, social-impact inflation — are a form of misrepresentation and are prohibited.

- Claims shall state the scope: what activity, over what period, affecting whom, measured how. A statement that the School "is committed to sustainability" without evidence of action is not a claim worth making and shall not be used to imply achievement.
- Targets shall be stated as targets, with the baseline, the date and the progress to date. A target shall not be reported in terms suggesting it has been achieved.
- Where performance has fallen short of a stated commitment, reporting shall say so.
- Activity shall not be undertaken principally in order to be communicated. Communication follows activity, not the reverse.

Reporting Areas and Procedure

- Environmental performance against the Sustainability Plan under Policy 1g: energy, waste, travel, procurement and estate.
- Community engagement outcomes under Policy 17c, with participants reached and benefit evidenced.
- Access and participation: widening access, scholarship provision under Policy 20a, and outcomes for under-represented groups.
- Equality, diversity and inclusion performance under Policy 19a, including workforce and student data and any gaps.
- Ethical supply chain and modern slavery position under Policy 9e.
- Research and education contributing to social and environmental goals.

1073. Data underlying every published claim is collected by the accountable department, verified by the Head of Quality Assurance & Institutional Policy, and retained.

1074. CSR content is approved under Policy 18m, with substantiation attached.

1075. An annual sustainability and social impact statement is approved by the Board of Governance and published under Policy 10h.

1076. Where a published claim is found to be overstated, it is corrected promptly and prominently, and the reason for the error is examined under Policy 13e.

18t. Crisis Communication

Policy Number	RSBT-MC-020
Policy Name	Crisis Communication
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008
Policy Owner	Vice Chairman & COO / Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs communication during an incident or crisis affecting the safety of people, the continuity of operations, or the standing of the institution. It operates alongside the emergency arrangements in Standard 7 and the continuity plan in Policy 22c.

Crisis Levels and Team

Level	Examples	Activation
Level 1 — Incident	Localised disruption; minor injury; short IT outage	Department manages; MC informed
Level 2 — Serious	Significant injury; extended closure; data breach; media enquiry on a serious allegation	Crisis Team convened by Director — MC
Level 3 — Major	Death or serious injury; safeguarding incident; loss of accreditation; major cyber incident; civil emergency affecting a campus	Crisis Team convened by Vice Chairman & COO; Board notified
Level 4 — Institutional	Threat to the continuation of the institution or of provision	Board of Governance in continuous session

The Crisis Communication Team comprises: the Vice Chairman & COO (lead); the Director — Media & Communications (communications lead); the Company Secretary (legal); the Executive Director — Administration (operations and safety); the Head of Student Support (student welfare); the Head of Human Resources (staff); and the Executive Director — IT where systems are engaged. A deputy is named for every role.

Principles

> In a crisis: **tell the truth, tell it first, tell it fast, and tell it to those affected before anyone else.** Speculation, blame and the withholding of known facts all cost more than they save.

- Where facts are not yet established, say what is known, what is not known, and when the next update will come — and provide that update at the stated time even if there is nothing new.
- Do not speculate on cause, blame or liability. Do not disclose personal data. Do not comment on matters subject to investigation beyond confirming that an investigation is under way.
- Express genuine concern for those affected. Sympathy is not an admission of liability, and legal caution shall not be permitted to produce a statement that reads as indifference.
- Where the School is at fault, acknowledge it and state what will change.
- **Those directly affected — students, families, staff — are informed before the public and before the media**, in person or by direct contact where the matter is grave.

Procedure

1077. The incident is reported to the Vice Chairman & COO and the Director — Media & Communications immediately, by any member of staff aware of it, at any hour.

1078. The level is assessed and the Crisis Team convened; a log is opened recording decisions, times and the reasons for them.

1079. A single spokesperson is designated. **All enquiries are routed to that person**; no other person comments, including on personal social media.

1080. Holding statements are prepared and pre-approved in outline for foreseeable scenarios, so that a first statement can be issued within one hour.

1081. Communication proceeds in sequence: those directly affected; staff and students; partners, awarding organisations and regulators as required under Policy 10i; then the media and the public.

1082. Channels are used in parallel — direct contact, email, SMS, website notice, social media — with a consistent message and a single authoritative source page.

1083. Support is offered to those affected under Policy 16e, and to staff, throughout and after the event.

1084. The Board of Governance is briefed at Level 3 and above and receives updates at agreed intervals.

1085. On resolution, a closing communication states the outcome and the actions being taken.

1086. A post-incident review is completed within twenty working days, examining the response as well as the incident, and generating improvement actions under Policy 13e.

1087. The crisis plan is tested by exercise at least annually, and contact details are verified quarterly.

18v. Website Management

Policy Number	RSBT-MC-021
Policy Name	Website Management
Policy Version	Version 1.0
Standards Applicable	UK Standard 18: Media and Communications; UK GDPR and Data Protection Act 2018; PECR; CAP and BCAP Codes; Consumer Protection from Unfair Trading Regulations 2008; WCAG 2.2; UK GDPR; PECR
Policy Owner	Director — Media & Communications / Executive Director — IT
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the day-to-day management, content governance and technical operation of www.rsbtu.com and all RSBT web properties, giving operational effect to Policy 10h.

Content Governance

Area	Content Owner	Review Frequency
Programme pages	Registrar / Programme Leaders	Each recruitment cycle
Fees and funding	Chief Financial Officer	Annually and on any change
Admissions and entry requirements	Registrar	Each recruitment cycle
Accreditation and legal statements	Company Secretary	Annually and on any change
Governance and policy pages	Head of Quality Assurance	Annually
Student services and support	Head of Student Support	Annually
News, events and articles	Media & Communications	Continuous
Research and RICEE	Director of Research	Annually
Partner and agent pages	Head of International Affairs	Annually
Privacy, cookies and accessibility statements	Data Protection Officer	Annually

- A page without a named owner shall not be published. Ownership is recorded in the content register.
- **A page overdue for review by more than three months is flagged to its owner and, at six months, to the Vice Chairman & COO**; high-impact pages overdue for review are unpublished rather than left inaccurate.

Operational Procedure

1088. Content changes are requested by the owner, drafted, approved under Policy 18m, and published by Media & Communications or a trained departmental editor with defined permissions.

1089. Publishing permissions are granted only to trained editors, are role-based, and are revoked promptly on change of role under Policy 15d.

1090. Changes are made in a staging environment and reviewed before publication; changes to fees, entry requirements or accreditation statements require a second check before going live.

1091. A version history is retained so that the content in force on any given date can be established — essential evidence where a student relied on published information.

1092. Accessibility is tested before each release and comprehensively at least annually, per Policy 10h; issues are remediated on a published timescale.

1093. Broken links, outdated documents and orphaned pages are audited quarterly.

1094. Technical operation — hosting, certificates, patching, backup under Policy 22c, security testing under Policy 22b, uptime monitoring — is the responsibility of the Executive Director — IT, with a 99.5% availability target and defined incident response.

1095. The site is protected against defacement and unauthorised change; any unauthorised change is treated as a security incident under Policy 22b and, if public-facing, as a reputational incident under Policy 18q.

1096. Analytics and cookie configuration are reviewed annually against the consent obtained and the privacy notice published.

STANDARD 19 — ACADEMIC SUPPORT SERVICES

Standard 19 governs the institutional commitments that underpin an inclusive and safe learning environment: equality, diversity and inclusion; the safeguarding of children and adults at risk; the professional standing of staff; and the adequacy of the facilities and learning resources on which teaching depends.

19a. Diversity, Equity and Inclusion

Policy Number	RSBT-ASS-001
Policy Name	Diversity, Equity and Inclusion
Policy Version	Version 1.0
Standards Applicable	UK Standard 19: Academic Support Services; Equality Act 2010; Keeping Children Safe in Education and equivalent safeguarding guidance; QAA UK Quality Code — Enabling Student Achievement; Equality Act 2010
Policy Owner	Vice Chairman & COO / Head of Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs RSBT's obligations and commitments in relation to equality, diversity and inclusion for students, staff, applicants, partners and visitors, at every location and in every mode.

Policy Statement

- RSBT does not discriminate, directly or indirectly, on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation, nor on the grounds of nationality, socio-economic background, caring responsibility or any other irrelevant characteristic.
- Harassment and victimisation are prohibited absolutely and are addressed under Policies 5j and 16c.
- **Equality of treatment is not the same as equality of outcome.** Where data shows that a group of students or staff is systematically achieving less, the School treats that as a defect in its own provision to be investigated and remedied, not as a characteristic of the group.
- Reasonable adjustments for disabled students, applicants and staff are made as a legal duty and as a matter of educational principle. The duty is anticipatory: provision is designed to be accessible, rather than adapted after a person is excluded by it.
- Freedom of expression and academic freedom are protected. This policy prohibits discriminatory conduct; it does not restrict the lawful expression, study or debate of contested ideas, including ideas that some find uncomfortable.

Reasonable Adjustments

Area	Examples of Adjustment
Teaching	Accessible materials in advance; recorded sessions; note-taking support; accessible room allocation
Assessment	Additional time; rest breaks; separate room; use of a scribe or reader; alternative assessment format where the learning outcome permits

Area	Examples of Adjustment
Materials	Alternative formats — large print, accessible digital, audio, braille
Technology	Assistive software; screen readers; speech recognition; accessible VLE configuration
Placement	Adjustment agreed with the host in advance under Policy 13k
Attendance	Flexibility where a condition is fluctuating, without loss of academic entitlement
Employment	Adjusted duties, hours, equipment or workplace for staff, under Policy 5b

1097. A student may disclose a disability at any time; disclosure at admission carries no disadvantage and is not a factor in the admission decision except to arrange support.

1098. An adjustment is agreed following an assessment of need, recorded in a Student Support Plan, communicated to the staff who need to implement it, and reviewed at least annually.

1099. **An adjustment shall not compromise a competence standard.** Where a genuine competence standard cannot be adjusted, that is explained to the student in writing with reasons before enrolment wherever possible.

1100. Information about a disability is special category data under Policy 18g and is shared only to the extent necessary to implement the adjustment, with the student's knowledge.

1101. Failure by a member of staff to implement an agreed adjustment is a performance matter under Policy 5h and may found a complaint under Policy 16g.

Monitoring and Accountability

- Equality data is collected at application, enrolment, assessment, progression, award, appointment, promotion, pay, discipline and separation, and is analysed annually.
- The analysis identifies **awarding gaps, progression gaps, recruitment and promotion gaps**, and any disparity in disciplinary or complaint outcomes. Each identified gap generates an improvement plan under Policy 13e with a named owner.
- An Equality, Diversity and Inclusion Report is approved by the Board of Governance annually and published under Policy 10h, including where the data is unflattering.
- Equality impact is considered before the adoption of any new policy, programme, system, or fee or timetable change; the consideration is recorded.
- All staff receive equality and inclusion training on induction and every two years; those involved in admissions, assessment, recruitment, promotion and discipline receive enhanced training in bias.

19b. Safeguarding

Policy Number	RSBT-ASS-002
Policy Name	Safeguarding
Policy Version	Version 1.0
Standards Applicable	UK Standard 19: Academic Support Services; Equality Act 2010; Keeping Children Safe in Education and equivalent safeguarding guidance; QAA UK Quality Code — Enabling Student Achievement
Policy Owner	Designated Safeguarding Lead / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029

Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs RSBT's duty to protect children and adults at risk who come into contact with the institution — as students under 18, as participants in outreach and community activity, as visitors, and as those encountered by students on placement.

Policy Statement

> **Safeguarding is everyone's responsibility. A concern is reported — it is never held, weighed privately, or investigated by the person who receives it.**

- A **Designated Safeguarding Lead** is appointed, with a named deputy, at every location. Their names, roles and contact details are published to all staff and students.
- Any person who is worried about the safety or welfare of a child or adult at risk shall report it to the Designated Safeguarding Lead **the same day**, and immediately where there is a risk of harm.
- A concern is reported regardless of whether the reporter is certain, and regardless of who the concern is about, including a colleague, a senior officer or a governor.
- The reporter shall not investigate, shall not confront the person concerned, and shall not promise confidentiality to a person disclosing — they shall explain, in age-appropriate terms, that the information must be passed on to keep them safe.
- Staff shall record what was said in the words used, as soon as possible, and pass the record to the Designated Safeguarding Lead.

Preventive Arrangements

1102. **Safer recruitment.** Identity and qualification verification, employment history with explanation of gaps, references taken up directly from the last employer, and criminal record checks at the level appropriate to the role, per Policy 5b. Positions involving regulated activity with children or adults at risk require enhanced checking, and no person shall commence such a role before clearance.

1103. **Students under 18.** Where RSBT admits a student under 18, additional arrangements apply: a designated point of contact; parental or guardian consent for specified activities; guidance to staff on appropriate contact; restrictions on activities involving alcohol; and a review of accommodation and travel arrangements. Their status is known to the staff who need to know it, and to no one else.

1104. **Outreach and community activity.** Any activity involving children, including school engagement under Policy 17c, is risk-assessed, appropriately staffed, and delivered by cleared personnel; children are not left alone with a single unrelated adult.

1105. **Placements.** Where a placement involves regulated activity, the host's safeguarding arrangements are verified under Policy 13k and the student is briefed on their own responsibilities and reporting route.

1106. **Professional boundaries.** Staff conduct with students is governed by Policy 15b; relationships that compromise a position of trust are prohibited and declared under Policy 10a.

1107. **Training.** All staff receive safeguarding training on induction and annually; the Designated Safeguarding Lead and deputies receive enhanced training and refresh it every two years.

Response Procedure

1108. The Designated Safeguarding Lead records the concern, assesses the immediate risk, and takes immediate action to secure safety where required, including contacting emergency services.

1109. The Lead determines, without delay, whether the matter must be referred to statutory services or the police, and makes the referral. **Where the threshold for referral is met, referral is not delayed for internal process, seniority, or reputational consideration.**

1110. The Vice Chairman & COO is informed of every referral; the Board of Governance is informed of any allegation against a member of staff or governor.

1111. An allegation against a member of staff is handled under this policy and Policy 5j; precautionary suspension may be applied as a neutral act to protect all parties.

1112. Records are kept securely, separately from academic and personnel records, with access limited to the Designated Safeguarding Lead and those with a statutory need, and are retained for the period required by law.

1113. Where an activity gives rise to a safeguarding concern, the activity is suspended pending review.

1114. The safeguarding arrangements are reviewed annually by the Board of Governance, and after any significant incident, with lessons recorded under Policy 13e.

1115. Nothing in this policy prevents any person from contacting the police or statutory services directly at any time.

19c. Professional Membership and Certification

Policy Number	RSBT-ASS-003
Policy Name	Professional Membership and Certification
Policy Version	Version 1.0
Standards Applicable	UK Standard 19: Academic Support Services; Equality Act 2010; Keeping Children Safe in Education and equivalent safeguarding guidance; QAA UK Quality Code — Enabling Student Achievement; UK Professional Standards Framework 2023
Policy Owner	Head of Human Resources / Deans
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs institutional support for staff to obtain and maintain professional body membership, teaching recognition and professional certification.

Policy Statement

- Professional recognition strengthens teaching, credibility with students and employers, and the School's standing with accrediting bodies. RSBT therefore supports it actively rather than treating it as a private matter for the individual.
- **Every member of academic staff is expected to hold, or to be working towards, recognised teaching qualification or professional recognition** aligned to the UK Professional Standards Framework, appropriate to their role and stage of career.
- Membership of a discipline-relevant professional body is supported for academic and professional staff where it is relevant to the role.
- Where a role requires a licence, registration or certification by law or by a professional body — for example in counselling, accountancy, or a regulated computing specialism — holding it in good standing is a condition of employment, and lapse must be reported immediately.

Support Provided and Procedure

Category	Support
Teaching recognition (UKPSF-aligned fellowship)	Full fee funding; mentoring; writing retreats; workload allowance for preparation
Discipline professional body membership	Annual subscription funded for one relevant body per member of staff
Professional certification relevant to teaching	Fee funding for first attempt; study time under Policy 5g
Mandatory licence or registration	Fully funded; renewal tracked centrally
Second and subsequent memberships	Considered where a documented benefit to the role exists
Re-sit of a failed examination	Ordinarily at the individual's cost; discretion for exceptional circumstance

1116. Applications for support are made through the individual development plan under Policy 5g and approved by the Dean or Head of Department within budget.

1117. Human Resources maintains a central register of memberships, certifications, licences and teaching recognition, with expiry dates, and issues renewal reminders.

1118. The register is the evidence base for staff qualification claims made to accrediting bodies and awarding organisations under Policy 13g, and for course allocation under Policy 14J.

1119. Where RSBT funds a qualification of substantial value, a written agreement may provide for proportionate repayment if the individual leaves within a defined period; the terms are agreed before funding and are not applied where the individual is made redundant or leaves for a reason connected with the School's conduct.

1120. Continuing professional development required to maintain a certification is supported within the workload allocation and shall not be treated as the individual's own time alone.

1121. The proportion of staff holding recognised teaching qualification and relevant professional membership is reported annually to the Academic Board as an institutional effectiveness indicator under Policy 13a.

19d. Review of Facilities and Learning Resources

Policy Number	RSBT-ASS-004
Policy Name	Review of Facilities and Learning Resources
Policy Version	Version 1.0
Standards Applicable	UK Standard 19: Academic Support Services; Equality Act 2010; Keeping Children Safe in Education and equivalent safeguarding guidance; QAA UK Quality Code — Enabling Student Achievement
Policy Owner	Executive Director — Administration / Head of Quality Assurance & Institutional Policy
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the systematic review of the adequacy of physical and digital facilities and learning resources against the requirements of the programmes delivered.

Policy Statement

- Facilities and resources shall be sufficient in quantity, quality, accessibility and currency for every programme, at every location and in every mode.
- **Resource adequacy is a condition of programme approval and of continued delivery.** Where resources become inadequate, the position is remedied or the provision is not continued; it is not quietly delivered to a lower standard.
- Equivalence is required between locations and modes: a student studying at an affiliate campus or by distance is entitled to resources sufficient for their programme, though not necessarily identical in form.

Review Scope

Area	Reviewed Against
Teaching rooms	Capacity against class size limits in Policy 3o; audiovisual and connectivity; accessibility; condition
Computing facilities	Workstation-to-student ratio; specification against programme requirements; software licences current
Specialist facilities	Suitability for the discipline; safety compliance under Standard 7
Library and learning resources	Adequacy per Policies 8a and 8b; usage; currency
Virtual learning environment	Availability; functionality; accessibility to WCAG 2.2 AA; content currency
Study and social space	Sufficiency for the student population; availability at the hours students study
Accessibility	Physical access, adjustable furniture, assistive technology, accessible facilities
Staff facilities	Office and preparation space; confidential space for student meetings
Health, safety and environment	Compliance with Standard 7; environmental performance under Policy 1g
Partner and affiliate locations	Verified by site visit under Policy 17d against the same criteria

Procedure

1122. A full facilities and resources review is conducted annually, before the budget cycle under Policy 9c, so that identified deficiencies can be funded rather than noted.

1123. The review draws on: physical inspection; utilisation data; student and staff feedback under Policy 13b; module and programme resource requirements; external examiner and accreditation comment; and incident and maintenance records.

1124. Every programme team submits a statement of resource adequacy for its provision; a statement of inadequacy is a formal escalation and is acted upon, not filed.

1125. Deficiencies are graded: **critical** — affecting safety or the ability to deliver an approved programme, remedied immediately or delivery suspended; **significant** — remedied within the current cycle; **desirable** — entered on the capital plan.

1126. The review outcome, with costed recommendations, is reported to the Finance Committee and the Board of Governance, and feeds the capital plan under Policy 9c.

1127. Resource adequacy is a required section of every programme approval, annual monitoring report and periodic review under Policy 3k, and confirmation of adequacy is a condition of continued approval.

1128. Partner and affiliate locations are physically inspected at least annually; a location failing to meet resource requirements is required to remedy within a defined period or delivery is withdrawn under Policy 17d, with student protection under Policy 10d.

STANDARD 20 — FINANCE

Standard 20 governs financial support to students. It complements Standard 9, which governs the School's own financial management, by addressing the assistance RSBT provides so that ability to pay is not the sole determinant of who is able to study.

20a. Scholarship, Sponsorship and Fee Waiver

Policy Number	RSBT-FIN-020
Policy Name	Scholarship, Sponsorship and Fee Waiver
Policy Version	Version 1.0
Standards Applicable	UK Standard 20: Finance — Student Funding; Consumer Rights Act 2015; Equality Act 2010
Policy Owner	Chief Financial Officer / Scholarship Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs all forms of financial support to students — scholarships, bursaries, fee waivers, discounts, hardship funds and third-party sponsorship.

Principles

- Awards shall be made against **published criteria through a transparent process**, and shall not be used as an undisclosed discount to close a sale or to reward an agent relationship.
- The total value of awards available each year is approved within the budget under Policy 9c; awards shall not be made beyond the approved provision.
- The full terms of every award — value, duration, the conditions for continuation, and the circumstances in which it may be withdrawn — shall be stated in writing before the student accepts an offer, per Policy 10e.
- **An award, once made, shall not be withdrawn retrospectively or reduced during the period for which it was granted**, except where the student ceases to meet a condition that was stated at the outset, or where it was obtained by misrepresentation.
- Award decisions shall be non-discriminatory under Policy 19a, and the distribution of awards shall be monitored by student characteristic.

Categories of Support

Category	Basis	Typical Form
Academic merit scholarship	Prior academic attainment at admission	Percentage reduction of tuition fee for a stated period
Continuing excellence award	Attainment at a defined standard in the preceding year	Reduction applied to the following year
Access and widening participation bursary	Financial need and under-representation	Cash bursary or fee reduction

Category	Basis	Typical Form
Hardship fund	Unforeseen financial difficulty arising during study	One-off grant; not repayable
Alumni and family concession	Prior RSBT study or a family member enrolled	Published percentage concession
Corporate and government sponsorship	Third-party undertaking to pay	Direct invoicing of the sponsor
Employer-supported study	Employer contribution under a partnership per Policy 17f	Per agreement
Research studentship	Doctoral study with a defined research contribution	Fee waiver and, where funded, stipend
Staff and dependant concession	Employment with RSBT	Per the staff benefits provision in Policy 5d

Procedure

1129. Criteria, values, quotas, application routes and deadlines are published before each recruitment cycle and are not varied within it.

1130. Applications are assessed by the Scholarship Committee — chaired by the Chief Financial Officer and including an academic representative, the Registrar and the Head of Student Support — against the published criteria, with reasons recorded.

1131. A member of the Committee with an interest in an applicant declares it under Policy 10a and withdraws.

1132. Applicants are informed of the outcome in writing before the deadline for accepting their offer, so that they may make an informed decision.

1133. Awards are recorded on the student finance record and applied to the fee account; **an award shall never be paid in cash to a student against fees owed**, and hardship grants are paid by traceable transfer under Policy 9f.

1134. Continuation conditions are assessed once each year at a defined point; where a student narrowly fails a condition because of circumstances recognised under Policy 3i, the Committee shall have discretion to continue the award.

1135. Sponsorship arrangements require a written undertaking from the sponsor, verification of the sponsor's identity under Policy 9f, and clarity that **the student remains liable if the sponsor defaults only where that liability was disclosed to the student in writing at the outset**.

1136. Sponsors are not entitled to a student's academic record without the student's explicit consent; where a sponsor requires progress reporting, the scope is agreed with the student in advance under Policy 18g.

1137. Award volumes, values, distribution by characteristic, and the retention and attainment of award holders are reported annually to the Board of Governance and inform the following year's provision.

STANDARD 21 — TEACHING EFFECTIVENESS COMMITTEE

Standard 21 establishes the Teaching Effectiveness Committee and governs its three principal functions: the evaluation and enhancement of teaching, the development of professional skills in students, and its role in the selection of academic staff.

21a. Evaluation of Teaching Effectiveness

Policy Number	RSBT-TEC-001
Policy Name	Evaluation of Teaching Effectiveness
Policy Version	Version 1.0
Standards Applicable	UK Standard 21: Teaching Effectiveness; UK Professional Standards Framework 2023; QAA UK Quality Code — Learning and Teaching
Policy Owner	Chair, Teaching Effectiveness Committee
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the systematic evaluation of teaching quality and the actions taken to develop it.

Constitution of the Committee

The Teaching Effectiveness Committee comprises: a chair appointed by the Academic Board from among senior academic staff with recognised teaching expertise; one experienced academic from each School; the Head of Quality Assurance & Institutional Policy; a representative of Human Resources; and two student members nominated by the Students' Council. It reports to the Academic Board and meets at least four times each year.

Evidence Base

Source	Contribution	Frequency
Peer observation	Direct observation of practice under Policy 3s	At least annually per member of staff
Student module feedback	Student perception of teaching under Policy 13b	Every module
Student outcome data	Pass rates, mark distribution, progression, AOL attainment under Policy 13d	Every semester
Course reports	Reflective evaluation under Policy 3n	Every module
External examiner comment	Independent view on standards and assessment practice	Annually
Teaching portfolio	The individual's own evidence of practice and development	Annually at appraisal
Materials and VLE review	Quality and currency of learning materials	Annually per module
Professional recognition	Teaching qualification and fellowship under Policy 19c	On attainment

No single source determines a judgement about a member of staff's teaching. Student feedback in particular is evidence of student experience, not a direct measure of teaching quality, and is known to be affected by factors unrelated to it. Judgements are formed by triangulating all available evidence.

Procedure

1138. Every member of academic staff, including part-time, visiting and partner staff teaching towards RSBT awards, is evaluated at least annually.

1139. Peer observation is developmental in purpose: it is arranged in advance, is followed by a structured discussion, and produces a record agreed between observer and observed identifying strengths and one or two development priorities.

1140. The Committee reviews evaluation evidence in aggregate each semester, identifying institutional themes, effective practice for dissemination, and areas requiring development.

1141. Where evidence indicates that a member of staff's teaching is falling below the expected standard, **the first response is support** — mentoring, targeted development, adjusted allocation, or observation of effective practice — recorded in a development plan with a review date.

1142. Where difficulty persists after genuine support has been provided over a reasonable period, the matter proceeds under the capability provisions of Policy 5j. Evaluation evidence shall not be used as the basis for a capability process where support has not first been offered and documented.

1143. Effective practice identified through evaluation is disseminated through workshops, the Good Practice Register under Policy 13i, and recognised under Policy 15a.

1144. Evaluation evidence contributes to appraisal under Policy 5h, to promotion under Policy 15c, and to course allocation under Policy 14J.

1145. The Committee reports annually to the Academic Board on the state of teaching quality across the institution, including at partner locations, and any institution-level weakness generates an improvement plan under Policy 13e.

21b. Organisation of Professional Skills Development for Students

Policy Number	RSBT-TEC-002
Policy Name	Organisation of Professional Skills Development for Students
Policy Version	Version 1.0
Standards Applicable	UK Standard 21: Teaching Effectiveness; UK Professional Standards Framework 2023; QAA UK Quality Code — Learning and Teaching
Policy Owner	Chair, Teaching Effectiveness Committee / Head of Student Support
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the provision of professional, academic and employability skills development for students, complementing the formal curriculum.

Policy Statement

- Professional skills provision shall be **planned, progressive and mapped across the levels of study**, not delivered as a series of unconnected workshops.

- Provision shall be integrated into the curriculum wherever possible, since skills developed in an academic context are more readily transferred than those taught in isolation.
- Provision shall be available in every mode and at every location, including remotely for distance and placement students.
- Participation shall be recorded and recognised on the Co-Curricular Record under Policy 17b.

Skills Framework

Level	Focus	Indicative Provision
Level 4	Transition and academic foundation	Academic writing; referencing and integrity; critical reading; time management; digital literacy; group working
Level 5	Application and professional readiness	Research methods; data literacy; presentation; project management; CV and applications; placement preparation
Level 6	Professional identity and transition to work	Advanced research and dissertation skills; interview and assessment centres; negotiation; leadership; enterprise
Level 7	Executive and strategic capability	Strategic thinking; consultancy practice; advanced analytics; professional ethics; publication and dissemination
Level 8	Researcher development	Research design; ethics and integrity; academic publication; supervision of others; grant writing; viva preparation
All levels	Cross-cutting	Artificial intelligence literacy and ethical use; intercultural communication; wellbeing and resilience; financial literacy; sustainability literacy

Procedure

1146. The Committee approves an annual professional skills programme, informed by graduate outcome data under Policy 13j, employer and advisory council feedback under Policies 17e and 17f, and student feedback under Policy 13b.

1147. Each element has defined learning outcomes, an identified deliverer with relevant competence, and an evaluation method.

1148. Programme teams map the skills framework against their curriculum and identify where each skill is developed and evidenced, so that gaps are visible and duplication avoided.

1149. Sessions are scheduled at times accessible to working and part-time students, and are recorded for later access where the content permits.

1150. Participation, satisfaction and, where measurable, skill gain are recorded; the effect on placement success and graduate outcomes is analysed annually.

1151. Provision is revised annually on the evidence; elements that are poorly attended or that show no benefit are redesigned or discontinued rather than repeated.

1152. Students who require additional support with academic skills are identified through the Student Management Review under Policy 14K and referred proactively.

21c. Role of the Teaching Effectiveness Committee in the Recruitment Selection Panel

Policy Number	RSBT-TEC-003

Policy Name	Role of the Teaching Effectiveness Committee in the Recruitment Selection Panel
Policy Version	Version 1.0
Standards Applicable	UK Standard 21: Teaching Effectiveness; UK Professional Standards Framework 2023; QAA UK Quality Code — Learning and Teaching
Policy Owner	Chair, Teaching Effectiveness Committee / Head of Human Resources
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy defines the Committee's role in the recruitment and selection of academic staff, ensuring that teaching capability is assessed rigorously and by qualified assessors.

Policy Statement

- **Every academic selection panel shall include a member nominated by the Teaching Effectiveness Committee**, whose specific responsibility is the assessment of teaching capability.
- Teaching capability shall be assessed by direct evidence — an observed teaching episode — and not by interview discussion of teaching alone.
- The Committee member has equal standing on the panel and their assessment of teaching capability carries weight proportionate to the teaching content of the role. Where the member judges a candidate not to meet the required teaching standard for the level of the post, **the panel shall not appoint that candidate to a teaching role without recording its reasons in writing to the Academic Board**.
- The Committee's role complements, and does not displace, the responsibilities of Human Resources for lawful and fair process under Policy 5b, or of the Dean for subject expertise.

Selection Procedure

Stage	Committee Involvement
Role specification	Advises on the teaching capabilities and standards required for the level of the post
Shortlisting	Reviews evidence of teaching capability in applications; contributes to shortlisting criteria
Teaching episode	Designs the brief; observes and assesses against a published rubric
Student panel	Arranges attendance of students at the teaching episode and collects their assessment
Interview	Sits on the panel; questions on pedagogy, assessment practice, inclusive teaching and development
Recommendation	Provides a written assessment of teaching capability forming part of the panel record
Induction	Identifies development needs of the appointee, carried into the probation plan under Policy 5i

1153. The teaching episode is a taught session of defined length to a real or simulated student group, on a brief issued in advance, assessed against a rubric published to candidates.

1154. Student observers are recruited through the Students' Council, are briefed on the criteria and on confidentiality, and provide a written assessment that is put before the panel.

1155. Panel members receive training in fair selection and in the avoidance of bias under Policy 19a; panels are constituted with regard to diversity.

1156. Subject expertise is verified against the requirements of Policy 5a; a candidate who cannot be allocated modules under Policy 14J shall not be appointed to deliver them.

1157. All assessments, scores and reasons are recorded and retained under Policy 5f, and feedback is offered to unsuccessful candidates.

1158. The Committee reviews annually the correlation between teaching capability assessed at selection and teaching performance evaluated subsequently under Policy 21a, and refines the selection process accordingly.

STANDARD 22 — INFORMATION TECHNOLOGY AND DATA GOVERNANCE

Standard 22 governs the information systems and data on which every other Standard now depends. Student records, assessment outcomes, financial controls, learning delivery and institutional memory are all held digitally; their governance, security, availability and lawful use are therefore matters of institutional survival, not of technical administration.

22a. Data Governance and Privacy

Policy Number	RSBT-IT-001
Policy Name	Data Governance and Privacy
Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996
Policy Owner	Executive Director — Information Technology / Data Protection Officer
Date of Policy Development	01 September 2026
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Next Review Date	01 September 2029
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Purpose and Scope

This policy governs the ownership, quality, classification, lifecycle and lawful use of institutional data. It sits alongside Policy 18g, which governs the rights of individuals in their personal data; this policy governs the data itself as an institutional asset.

Data Ownership and Classification

- Every significant data domain has a named **Data Owner** — a senior officer accountable for its accuracy, its access rules and its retention — and a **Data Steward** responsible for day-to-day quality.

Domain	Data Owner	System of Record
Student records and academic outcomes	Registrar	Student record system
Admissions and applicant data	Registrar	Admissions module
Financial and fee data	Chief Financial Officer	Finance system
Staff and payroll data	Head of Human Resources	HR system
Learning and engagement data	Deans	Virtual learning environment
Research data	Director of Research	Research repository
Quality and effectiveness data	Head of Quality Assurance	Institutional data warehouse
Marketing and enquiry data	Director — Media & Communications	CRM

- **There is one system of record for each domain.** A figure taken from a spreadsheet, a local database or a personal file is not authoritative and shall not be used for reporting under Policy 13g.
- Data is classified as **Public**, **Internal**, **Confidential** or **Highly Confidential**; classification determines handling, storage, transmission and disposal requirements under Policy 22b.

Data Quality and Lifecycle

1159. Data is entered once, at source, by the accountable function, and is not re-keyed between systems where integration is possible.

1160. Definitions are recorded in an institutional data dictionary maintained by the Head of Quality Assurance & Institutional Policy; a reported figure means the same thing in every report in which it appears.

1161. Data quality is measured on completeness, accuracy, timeliness and consistency, and reported quarterly; recurring quality failures generate improvement plans under Policy 13e.

1162. Access is granted on the principle of **least privilege**, is role-based, is approved by the Data Owner, is reviewed at least every six months, and is revoked on the day a role changes or ends under Policy 15d.

1163. Data is retained in accordance with the schedules in Policies 5f, 6c and 18g, and is securely destroyed at the end of the retention period with the destruction evidenced.

1164. New systems, integrations, analytics tools and artificial intelligence applications require a Data Protection Impact Assessment under Policy 18g and the approval of the Data Owner before implementation.

1165. Analytics and reporting shall not re-identify individuals from aggregated data, and learning analytics shall not be used to make a decision affecting a student without human review and without the student being informed.

1166. Data shall not be extracted to personal devices or personal accounts, nor shared with a third party, except as permitted under Policies 22d and 18g.

22b. Information Security Management

Policy Number	RSBT-IT-002
Policy Name	Information Security Management
Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996; Computer Misuse Act 1990; Cyber Essentials
Policy Owner	Executive Director — Information Technology
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the protection of the confidentiality, integrity and availability of RSBT information and systems.

Control Framework

Domain	Required Controls
Identity and access	Unique named accounts; no shared accounts; multi-factor authentication for all remote and privileged access; least privilege; six-monthly access review
Endpoint	Full-disk encryption; managed anti-malware; automatic screen lock; centrally managed patching; remote wipe capability
Network	Segmented networks; firewalling; secure remote access; separated guest and student wireless; monitoring

Domain	Required Controls
Servers and cloud	Hardened builds; patching within defined windows — critical within 14 days; logging; configuration baselines
Data protection in transit and at rest	Encryption for all Confidential and Highly Confidential data; secure file transfer; no unencrypted removable media
Email	Anti-phishing and anti-spoofing controls; external sender marking; attachment and link protection
Vulnerability management	Automated scanning; annual penetration test of internet-facing systems; remediation to defined timescales
Logging and monitoring	Centralised logging; retention for not less than twelve months; alerting on privileged and anomalous activity
Third parties	Security due diligence before engagement; contractual security obligations; annual review under Policy 9e
Physical	Controlled access to server rooms and communication rooms; environmental protection; secure disposal of media

Incident Response

1167. All suspected security incidents — including a suspected phishing click, a lost device or an unexpected system behaviour — are reported to the IT service desk **immediately**. Reporting a mistake promptly is expected and shall not itself attract disciplinary action; concealment will.

1168. Incidents are triaged and classified by severity; the Executive Director — IT leads the response and maintains a decision log.

1169. Where personal data is or may be affected, the Data Protection Officer is informed **within one hour** so that the 72-hour notification assessment under Policy 18g can be made.

1170. Containment takes priority over investigation; systems may be isolated or services suspended on the authority of the Executive Director — IT without prior consultation where necessary.

1171. Major incidents trigger Policy 22c and, where there is public or student impact, Policy 18t.

1172. Evidence is preserved forensically where the incident may involve criminal conduct or may lead to disciplinary or legal proceedings.

1173. A post-incident review is completed within twenty working days, and actions are tracked under Policy 13f.

1174. Security incident volumes, types and response times are reported quarterly to the Audit & Risk Committee.

Assurance and Awareness

- An information security risk assessment is conducted annually and feeds the Institutional Risk Register under Policy 1h.
- All staff and students receive security awareness training on induction and annually; simulated phishing exercises are conducted, and their purpose is training, not sanction.
- Privileged users receive enhanced training and are subject to enhanced monitoring, of which they are informed.
- Compliance with this policy is subject to internal audit under Policy 9a.

22c. Backup, Disaster Recovery and Business Continuity

Policy Number	RSBT-IT-003
Policy Name	Backup, Disaster Recovery and Business Continuity

Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996
Policy Owner	Executive Director — Information Technology / Executive Director — Administration
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the protection of institutional data against loss and the continuation of critical functions during and after a disruptive event.

Backup Standards

- All institutional data held in systems of record is backed up. **Data held only on an individual device or in a personal account is not backed up**, and staff are responsible for ensuring institutional data is held in institutional systems.

System	Backup Frequency	Retention	Recovery Point / Time Objective
Student record system	Continuous replication; daily full	7 years	RPO 15 minutes / RTO 4 hours
Finance system	Daily	7 years	RPO 24 hours / RTO 8 hours
HR and payroll	Daily	7 years	RPO 24 hours / RTO 8 hours
Virtual learning environment	Daily	3 years	RPO 24 hours / RTO 8 hours
Email and collaboration	Continuous	3 years	RPO 1 hour / RTO 4 hours
Research data	Daily	Per funder requirement, minimum 10 years	RPO 24 hours / RTO 48 hours
Website	Daily	1 year	RPO 24 hours / RTO 4 hours
Archived academic records	On change; immutable copy	Permanent	RTO 5 working days

- Backups follow the principle of three copies, on two media types, with **one copy held offline or immutably** so that it cannot be encrypted or deleted by an attacker with access to production systems.
- **Restoration is tested at least quarterly**, and the test is documented. A backup that has never been restored is an assumption, not a control.

Business Continuity

1175. A Business Impact Analysis identifies critical functions, their maximum tolerable downtime and their dependencies, and is reviewed annually.

1176. Continuity plans are maintained for: loss of a building or campus; loss of IT systems or a cyber incident; loss of key personnel; supplier or partner failure; utility failure; civil emergency or pandemic; and loss of an awarding organisation or accreditation, which invokes Policy 10d.

1177. Each plan identifies the trigger, the invocation authority, the response team, the workaround arrangements, the communication route under Policy 18t, and the criteria for return to normal operation.

1178. **Teaching and assessment continuity is planned specifically**: alternative delivery modes, alternative assessment arrangements, alternative examination locations, and the authority of the Academic Board to vary assessment arrangements without disadvantaging students.

1179. Critical records — the academic record above all — are protected by geographically separated copies, so that no single site event can destroy the institution's memory of its graduates.

1180. Plans are tested by exercise at least annually, with at least one exercise involving a full simulated loss of a critical system; results and lessons are recorded under Policy 13e.

1181. Emergency contact details for staff, students and key suppliers are verified quarterly and are available offline to the response team.

1182. The Board of Governance reviews the continuity position annually and receives a report after any invocation.

22d. Acceptable Use of Technology

Policy Number	RSBT-IT-004
Policy Name	Acceptable Use of Technology
Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996; Computer Misuse Act 1990
Policy Owner	Executive Director — Information Technology
Date of Policy Development	01 September 2026
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Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the use of RSBT computing facilities, networks, accounts, devices and software by staff, students, contractors, partners and visitors.

Acceptable Use

- RSBT facilities are provided for study, teaching, research, administration and approved institutional purposes. **Reasonable and occasional personal use is permitted**, provided it does not interfere with duties or study, consume disproportionate resource, or breach this policy.
- Users are responsible for all activity conducted under their account and shall not share credentials with any person, including a colleague, a family member or a member of IT staff.
- Users shall use approved systems for institutional work. Institutional data shall not be stored in a personal cloud account, sent to a personal email address, or held only on a personal device.
- Software shall be installed only where licensed and approved; unlicensed software is prohibited under Policy 10c.
- Approved artificial intelligence tools are listed in the register maintained under Policy 18k; confidential data, personal data, unpublished research and student work shall not be entered into an unapproved tool.

Prohibited Use

1183. Accessing, or attempting to access, any system, account or data without authorisation — an offence under the Computer Misuse Act 1990 whether or not damage results.

1184. Circumventing, disabling or testing security controls without written authorisation from the Executive Director — IT.

1185. Creating, storing or transmitting unlawful material, including material that is obscene, that incites hatred or violence, or that constitutes harassment.

1186. Infringing copyright, including unlicensed downloading, sharing or systematic copying of licensed library resources under Policy 8a.

1187. Sending unsolicited bulk email, impersonating another person, or forging communications.

1188. Connecting unauthorised equipment to the network, or operating a service on the network without approval.

1189. Using RSBT facilities for personal commercial gain, for gambling, or for political campaigning.

1190. Deliberately introducing malicious code, or knowingly withholding notification of a suspected compromise.

Monitoring and Enforcement

- RSBT monitors its systems for security, performance, availability and compliance. **Monitoring is proportionate, is conducted for defined purposes, and users are informed of it** — by this policy, at login, and in the privacy notice under Policy 18g.
- Routine monitoring is automated and does not involve the reading of individual communications. Access to the content of an individual's account or files requires the written authorisation of the Vice Chairman & COO, is limited to a defined purpose — a security investigation, a legal obligation, a disciplinary investigation, or business continuity where an individual is unavailable — and is recorded.
- Where practicable, the individual is informed that their account has been accessed and why.
- Breach of this policy by staff is addressed under Policy 5j and by students under Policy 16c; suspected criminal conduct is reported to the police under Policy 10i.
- Access may be suspended immediately by the Executive Director — IT where necessary to protect systems or data; suspension is a protective measure, is reviewed promptly, and does not itself imply a finding.
- All users acknowledge this policy at account creation and annually thereafter.

22l. Remote Work Policy

Policy Number	RSBT-IT-005
Policy Name	Remote Work Policy
Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996; Employment Rights Act 1996; Health and Safety at Work etc. Act 1974; Working Time Regulations 1998
Policy Owner	Head of Human Resources / Executive Director — Information Technology
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs work performed by RSBT staff away from an RSBT location — whether hybrid, fully remote, or occasional — and the technology, safety and employment obligations that attach to it.

Policy Statement

- Remote working is available where the role can be performed effectively away from a location and where it does not diminish the service received by students. **Roles requiring on-site presence — in-person teaching, laboratory supervision, front-line student services, estate and facilities — are not eligible**, and this is stated in the role specification rather than left to expectation.
- Remote working arrangements are agreed in writing, specifying the pattern, the location, the availability expectations, the equipment provided and the review date.
- A statutory request for flexible working is considered on its merits under the applicable procedure, and refusal is on stated permissible grounds with a right of appeal under Policy 5k.
- **The employment relationship is unchanged by location.** Contractual terms, working time limits, rest breaks, health and safety duties, and the right to disconnect outside agreed hours apply identically.
- Remote workers shall have equal access to development, promotion, recognition and information; the Committee-level and management arrangements shall not disadvantage those not physically present, and this is monitored under Policy 19a.

Obligations

Area	RSBT Responsibility	Employee Responsibility
Equipment	Provide the equipment necessary for the role	Use and safeguard it; return it under Policy 15d
Health and safety	Provide a workstation self-assessment and guidance; act on identified risk	Complete the assessment honestly; report any issue; maintain a safe workspace
Security	Provide secure remote access, encryption and support	Comply with Policies 22b and 22d; secure the physical workspace
Data protection	Define handling requirements	Prevent access by household members; no printing of confidential material without secure disposal
Working time	Respect agreed hours; not require availability outside them	Be available during agreed hours; record time where required
Connectivity	Contribute where the arrangement is at RSBT's requirement	Maintain a connection adequate for the role
Insurance and tax	Advise on the position	Notify RSBT of any change of country of work

Procedure and Controls

1191. Requests are made to the line manager, assessed against role eligibility, service impact and performance, and confirmed or refused in writing with reasons within one month.

1192. A workstation self-assessment is completed before the arrangement begins and annually thereafter; identified risks are addressed.

1193. Remote access uses managed devices, multi-factor authentication and encrypted connections; personal devices may be used only where enrolled in the management arrangements required by Policy 22b.

1194. **Working from a country other than the agreed country requires prior written approval**, because of the tax, employment law, immigration and data transfer consequences under Policy 18g. Unapproved overseas working may place both parties in breach of law and shall be treated as a serious matter.

1195. Confidential meetings — disciplinary, appeal, complaint, counselling, safeguarding — shall be conducted from a private space where the conversation cannot be overheard.

1196. Teaching delivered remotely shall meet the standards of Policy 3f, including the environment from which it is delivered.

1197. Performance is managed on **output and outcome, not on activity monitoring**. Software that tracks keystrokes, captures screens or monitors presence shall not be deployed.

1198. Arrangements are reviewed at least annually and may be varied or withdrawn with reasonable notice where the arrangement is not working, following discussion and an opportunity to remedy.

22n. Social Media and Digital Communications (Institutional Systems)

Policy Number	RSBT-IT-006
Policy Name	Social Media and Digital Communications (Institutional Systems)
Policy Version	Version 1.0
Standards Applicable	UK Standard 22: Information Technology, Data Governance and Digital Operations; UK GDPR; Data Protection Act 2018; Computer Misuse Act 1990; Employment Rights Act 1996
Policy Owner	Executive Director — Information Technology / Director — Media & Communications
Date of Policy Development	01 September 2026
Date of Approval	01 September 2026
Date of Recent Modification	Not applicable — first issue
Next Review Date	01 September 2029
Approved By	Board of Governance, RSBT UK

Purpose and Scope

This policy governs the technical administration, security and record management of RSBT's digital communication channels — institutional email, messaging platforms, collaboration tools and official social media accounts. Editorial governance of social media content is provided by Policy 18h.

Account Security and Administration

1199. Every official social media, messaging and collaboration account is created through, and owned by, the institution — registered to an institutional email address and held in the institutional credential vault. **An account created on a personal email address is not an institutional account and shall not carry the RSBT name.**

1200. Multi-factor authentication is mandatory on every official account; recovery methods point to institutional addresses and numbers.

1201. Administrative access is granted to not fewer than two and not more than five named individuals per channel, is reviewed quarterly, and is revoked on the day of any role change under Policy 15d.

1202. Credentials are never shared by email or message; a departing administrator triggers immediate credential rotation.

1203. Third-party scheduling, analytics and management tools require security assessment and approval by the Executive Director — IT before connection to an official account.

Approved Channels and Data Handling

- Institutional email and the approved collaboration platform are the authorised channels for institutional communication. **Consumer messaging applications shall not be used for decisions, instructions or the**

transmission of personal data, since such communications are neither retained nor discoverable as institutional records.

- Communication with students takes place through institutional channels so that a record exists, both for the student's protection and for the School's.
- Personal data shall not be transmitted through social media direct messages; an enquiry raising personal circumstances is moved to institutional email or to the appropriate service, per Policy 18h.
- Retention: institutional email and collaboration content is retained under the schedules in Policy 18g; social media content and moderation actions are logged and retained for not less than two years.
- Content on official channels is an institutional record and may be subject to disclosure under Policy 10i.

Incident and Continuity

1204. Compromise or suspected compromise of an official account is reported immediately and handled as a security incident under Policy 22b; the account is secured, credentials rotated, unauthorised content removed, and the audience informed where content was published.

1205. Impersonation accounts, and deepfake or synthetic content purporting to represent RSBT or its officers, are reported to the platform and handled under Policies 18q and 18k, and to law enforcement where an offence is suspected.

1206. Where a platform is unavailable during an incident, communication falls back to institutional email, SMS and the website under the crisis arrangements in Policy 18t.

1207. A register of all official digital channels — platform, purpose, owner, administrators, creation date and status — is maintained by Media & Communications, reconciled with IT quarterly, and reported annually to the Board of Governance.

1208. Dormant or discontinued channels are formally closed, secured against re-registration where the platform permits, and removed from all published material.