



# **Higher Education Review: Wales**

**A handbook for providers**

**March 2014**

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## Preface

This handbook explains **Higher Education Review: Wales (HER: Wales)**, the review process that will be used by the Quality Assurance Agency for Higher Education (QAA) from 2014-15 to review higher education providers in Wales. The handbook is intended primarily for teams conducting HER: Wales and for providers going through the review process. It is also intended to provide information and guidance for other staff, and for degree-awarding bodies and awarding organisations who work in partnership with providers under review.

HER: Wales has been developed by QAA in partnership with the Higher Education Funding Council for Wales (HEFCW) and Higher Education Wales (HEW), following consultation with the higher education sector. It will be introduced on a rolling programme to replace Institutional Review (Wales), starting in the 2014-15 academic year. Separate arrangements exist for reviewing institutions in England and Northern Ireland ([Higher Education Review \(HER\)](#))<sup>1</sup> and in Scotland ([Enhancement-led Institutional Review \(ELIR\)](#)).<sup>2</sup>

HER: Wales is an evidence-based process carried out through peer review and balances the need for publicly credible, independent and rigorous scrutiny of institutions with the recognition that the institutions themselves are responsible for the academic standards of their awards and the quality of their educational provision and their published information. HER: Wales encourages institutions to be self-evaluative, thereby promoting continuous improvement in the management of standards and quality. At the centre of the process is an emphasis on students and their learning opportunities.

The principal differences from Institutional Review (Wales) are:

- a stronger emphasis on reflective self-analysis (paragraph 21)
- a stronger emphasis on enhancement (paragraphs 19-24)
- inclusion of a comment on the UK Professional Standards Framework (paragraph 24)
- a stronger emphasis on internationalisation (paragraphs 25-26)
- introduction of international reviewers (subject to the evaluation of the QAA Pilot scheme) (paragraph 28)
- increased focus on the student-provider partnership (paragraphs 32-35)
- greater student involvement in the review process, including meetings with QAA officers (including in the annual visit), preparation for the review, development of action plans and an enhanced mid-process review with a student-focused engagement three years after each review (paragraphs 36-39).

The handbook takes full account of the recommendations of the HEFCW Quality Assessment and Enhancement Subgroup.<sup>3</sup> Its purpose is to:

- state the aims of HER: Wales
- explain how HER: Wales works
- give guidance to providers preparing for, and taking part in, HER: Wales.

QAA is producing separate guidance for students as well as additional guidance notes for providers. There will also be briefing and training events.

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<sup>1</sup> Higher Education Review: [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/HER-handbook-13.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/HER-handbook-13.aspx).

<sup>2</sup> Enhancement-led Institutional Review (ELIR): [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/ELIR-handbook-3.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/ELIR-handbook-3.aspx).

<sup>3</sup> HEFCW Circular W13/35HE.

## Introduction and overview

1 QAA undertakes reviews of higher education offered by universities, colleges and other providers as part of its mission to safeguard standards and improve the quality of UK higher education.

2 Higher Education Review: Wales or HER: Wales is QAA's review method for all higher education providers in Wales that subscribe to QAA. It will be launched in 2014-15 and succeeds Institutional Review (Wales), which was last revised in 2012.

3 The overall aim of HER: Wales is to inform students and the wider public whether a provider meets UK expectations for:

- the setting and maintenance of academic standards
- the provision of learning opportunities
- the provision of information
- the enhancement of learning opportunities.

Thus, HER: Wales serves the twin purposes of providing accountability to students and others with an interest in higher education, and encouraging improvement.

4 HER: Wales is carried out by peer reviewers - staff and students from other providers. The reviewers are guided by a set of UK expectations about the provision of higher education contained in the UK Quality Code for Higher Education (Quality Code).

5 Students are at the heart of HER: Wales. A student will be a full member of each QAA review team. There are also opportunities for the provider's students to take part in the review, including by contributing a student submission, meeting the review team during the review visit, working with their providers in response to review outcomes, and acting as the lead student representative.

6 HER: Wales culminates in the publication of a report containing the judgements and other findings.

7 After the report has been published, the provider is obliged to produce an action plan in consultation with students, describing how it intends to respond to QAA's findings. QAA monitors the implementation of the action plan according to the review judgements. Providers with unsatisfactory judgements are monitored more closely than those with positive outcomes.

8 Normally a review will take place every six years (but see paragraph 99) with a student-focused engagement three years after each review.

9 HER: Wales has been designed in accordance with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*.<sup>4</sup>

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<sup>4</sup> *Standards and Guidelines for Quality Assurance in the European Higher Education Area* is available at: [www.enqa.eu/index.php/home/esg](http://www.enqa.eu/index.php/home/esg).

## Aims and objectives of HER: Wales

10 The overall aim of HER: Wales is to inform students and the wider public as to whether a provider:

- sets and maintains UK-agreed threshold academic standards for its higher education awards (or maintains the threshold academic standards of the awards it offers on behalf of its degree-awarding bodies and/or other awarding organisations)
- provides learning opportunities which allow students to achieve those higher education awards and qualifications and meet the Expectations outlined in the Quality Code, including the UK-wide reference points it endorses
- provides information for the general public, prospective students, current students, students on completion of their studies, and those with responsibility for academic standards and quality, that is fit for purpose, accessible and trustworthy
- plans effectively to enhance the quality of its higher education provision.

11 A review of a degree-awarding body will additionally check that it is exercising its powers in a proper manner.

12 The specific objectives of HER: Wales are to:

- ensure that standards are properly set, maintained and managed, and that all expectations of the Quality Code are met, wherever the education is delivered
- ensure that if the management of academic standards or the quality of provision is found to have significant weaknesses, the process forms a basis for ensuring action to improve it
- place a strong focus on the quality of student learning opportunities
- promote quality enhancement in teaching, learning and assessment (in conjunction with other mechanisms and agencies in higher education)
- place a stronger focus on the student-provider partnership
- provide assurance that institutions receiving public funds meet UK expectations
- recognise the context of higher education in Wales, including the priorities of the Welsh Government
- be efficient, cost-effective and flexible
- minimise, wherever possible, the burden on higher education institutions.

## Judgements and reference points

13 The review team bases its judgements on the expectations set out in the Quality Code. The criteria used are set out in Annex 2. The review team makes judgements on:

- the setting and maintenance of threshold academic standards (or the academic standards set by degree-awarding bodies and/or other awarding organisations)
- the quality of students' learning opportunities
- information about higher education provision
- the enhancement of students' learning opportunities.

14 The judgement on the setting and maintenance of academic standards will be expressed as one of the following:

- **meets UK expectations**
- **requires improvement to meet UK expectations**
- **does not meet UK expectations.**

15 The judgements on learning opportunities, information and enhancement will each be expressed as one of the following:

- **commended**
- **meets UK expectations**
- **requires improvement to meet UK expectations**
- **does not meet UK expectations.**

16 The judgements 'requires improvement to meet UK expectations' and 'does not meet UK expectations' are considered to be unsatisfactory and require more intensive follow-up action to complete the review.

17 Review judgements may be differentiated. Different judgements may apply, for example, to provision delivered wholly by the provider and that offered through arrangements with other delivery organisations; or to undergraduate and postgraduate levels; or to the provision associated with different degree-awarding bodies or other awarding organisations.

18 The review team will also identify features of **good practice**, **affirm** developments already in progress and make **recommendations** for action. The recommendations indicate the urgency with which the team thinks the matter should be addressed. The team may indicate that a recommendation should be addressed within three months, or before the start of the next academic year, or before any further students are recruited to a programme, and so on. QAA will expect providers to take notice of these deadlines when they construct their action plan after the review.

## Focus on enhancement

19 A focus on **enhancement** is a key feature of HER: Wales. Enhancement is defined as the process by which [higher education providers](#) systematically improve the quality of provision and the ways in which students' learning is supported.

20 In order to make systematic improvements, it is expected that the provider will have a clear strategic vision of the changes it is seeking to bring about, will evaluate its current strengths and areas for development, and will set measurable objectives. In doing so, the provider may make use of a framework of questions:

- where are we now and how do we know?
- where do we want to be in the future?
- how are we going to get there?
- how will we know when we get there?

21 The provider's approach to self-evaluation will form a significant focus in HER: Wales, since this is how the provider can demonstrate that it has systematic arrangements in place for evaluating its strengths, and identifying and addressing potential risks to quality and academic standards. In focusing upon enhancement providers also identify ways in which the student learning experience could be improved, whether or not quality is at risk.

22 The provider prepares a specific self-evaluation document for the review. The review team will also look at the effectiveness of the provider's ongoing internal

self-evaluations, and to their engagement with Future Directions, the national quality enhancement themes in Wales.<sup>5</sup>

23 The review team's comments on the institution's engagement with the Future Directions themes will be included in the report.

24 The review team will also comment on the provider's engagement with the UK Professional Standards Framework.<sup>6</sup>

## Internationalisation

25 The development of the international agenda is a priority for the Welsh Government.<sup>7</sup> In order to promote and support the work of higher education providers in developing international links with business, students and academics the review report will include a comment on the provider's approach to internationalisation, and the review team will consider:

- the use made of international reference points and networks in formulating and evaluating strategies, policies and practices
- details of international campuses and partnerships
- the process for student recruitment
- the curriculum
- the student experience.

26 The review team will explore the provider's approach to internationalisation. They will be interested in a number of aspects, including student recruitment, the student experience and the curriculum.

## Scope and coverage

27 HER: Wales is concerned with programmes of study leading ultimately to awards at levels 4 to 8 of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). This includes integrated foundation year programmes designed to enable entry to specified degree programme(s).<sup>8</sup>

## Reviewers and review teams

28 Normally there are four reviewers. Where the provider has a significant number of collaborative arrangements for its education provision the size of the team may be increased to five members. At least one reviewer is, or has been, a member of academic staff at another provider in the UK, one will have knowledge and experience of the Welsh higher education sector and at least one is a current or recent student. Where requested, at least one reviewer will be able to conduct business through the medium of Welsh.<sup>9</sup> A QAA officer

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<sup>5</sup> Future Directions, the national quality enhancement themes in Wales is available at: [www.heacademy.ac.uk/wales/future-directions](http://www.heacademy.ac.uk/wales/future-directions).

<sup>6</sup> UK Professional Standards Framework is available at: [www.heacademy.ac.uk/wales/future-directions](http://www.heacademy.ac.uk/wales/future-directions).

<sup>7</sup> Welsh Government's Policy statement on higher education is available at: <http://wales.gov.uk/topics/educationandskills/highereducation/policy-statement/?lang=en>.

<sup>8</sup> It may be necessary to use other external reference points in addition to the Quality Code to set academic standards for the foundation year element. If the foundation year element is free-standing and does not have a direct relationship with a specified higher education programme it is not covered by the Quality Code but may be subject to other regulatory requirements.

<sup>9</sup> Subject to a pilot scheme to include international reviewers in HER (England and Northern Ireland), an international reviewer will be added as an observer at a future date.

will coordinate the review, support the review team and act as the primary point of contact with the provider.

29 QAA reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision, which may include the management and/or administration of quality assurance. Student reviewers are recruited from among students or sabbatical officers who have experience of contributing, as a representative of students' interests, to the management of academic standards and quality. More information about reviewers and the membership of review teams is provided in Annex 8.

30 QAA recruits reviewers by inviting nominations from providers, from recognised students' unions, or by self-nomination. The selection criteria for review team members are given in Annex 8. QAA makes every attempt to ensure that the cohort of reviewers appropriately reflects diversity, including geographical location, size and type of providers, and social or cultural background.

31 QAA provides training for all reviewers, whether or not they have taken part in previous review methods. The training ensures that all team members fully understand the aims and objectives of the review process, are acquainted with all the procedures involved, and understand their own roles and what QAA expects of them. QAA also provides reviewers with opportunities for continuing professional development and operates procedures for managing their performance. The performance management process incorporates the views of providers who have undergone review.

## **Student-provider partnerships**

32 *Chapter B5: Student engagement* of the Quality Code includes the Expectation that 'higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience'. Partnership implies an equal relationship, based on mutual respect, between the student and the provider working towards a common experience and respecting the different skills, knowledge, expertise and capability that both students and the provider bring to the table. Where partnership exists, students can be expected, for example, not only to identify areas for enhancement, but to help identify ways to carry out that enhancement as well as helping to facilitate implementation where possible.

33 Students will be expected to actively participate in shaping and co-producing their education and learning provision, rather than merely receiving it passively and this includes the effort that students put into their learning as well as participation in deliberative structures at course, departmental, institutional and national levels.

34 This approach to partnership is reflected in the statement by the Welsh Initiative for Student Engagement (WISE) on Partnership for Higher Education in Wales.<sup>10</sup>

35 A review team's formal comment on the student-provider partnership, as defined in *Chapter B5: Student engagement* of the Quality Code, will be included in the report.

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<sup>10</sup> Partnership for Higher Education in Wales is available at:  
[www.hefcw.ac.uk/documents/policy\\_areas/learning\\_and\\_teaching/Wise\\_eng2.pdf](http://www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/Wise_eng2.pdf).



## The role of students

36 Students are among the main beneficiaries of HER: Wales and are at the heart of the review process. Student reviewers are full and equal members of review teams. The Student Representative body will have a key role by supporting the student engagement in the review and nominating the lead student representative.

37 Students of the provider under review may also have input to the process by:

- meeting with QAA officers at the annual visit
- nominating a lead student representative, who is involved throughout
- preparing a student submission, which is key evidence for the desk-based analysis
- contributing their views directly
- participating in meetings during the review visit
- helping to develop and implement the action plan after the review.

38 As part of the mid-process student-focused engagement (MSE),<sup>11</sup> HEFCW expects that each provider supports their student representative body to produce an Annual Student Statement.<sup>12</sup> The Annual Student Statement can inform the MSE and also the student submission during review.<sup>13</sup>

39 More information about the role of students is given in Annex 8.

## Facilitators

40 Providers are invited to nominate a facilitator who:

- liaises with the QAA officer throughout the review process to facilitate the organisation and smooth running of the review
- (during the review visit) provides the review team with advice and guidance on the provider's structures, policies, priorities and procedures
- (during the review visit) meets the QAA officer and the lead student representative (and possibly also members of the review team) outside the formal meetings to provide or seek further clarification about particular questions or issues.

41 The facilitator helps to provide a constructive interaction between all participants in the review process. This promotes effective working relationships and helps to avoid any misunderstandings on either side. QAA provides advice and training for facilitators in the build-up to their reviews. More detailed information about the role of the facilitator is given in Annex 6.

## Lead student representatives

42 Where possible, there should also be a lead student representative (LSR). In the absence of an LSR, students would be invited to make their views known through an online platform. The student representative body should take the lead to nominate the LSR. We recognise that it may not be possible to keep the same LSR for the 18 month duration of the whole review process. We ask that the student representative body and the provider work together to ensure that any handover happens between student representatives as early on in the process as possible and that the QAA Officer is kept informed of any changes

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<sup>11</sup> See Annex 5 for more information.

<sup>12</sup> HEFCW Circular W14/06HE.

<sup>13</sup> HEFCW Circular W13/36HE.

to the LSR. It is possible for the LSR to be shared jointly between two student representatives and for providers to keep the QAA Officer informed if that is the case. The role of the LSR is voluntary. He or she will normally:

- liaise with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body
- organise or oversee the writing of the student submission
- assist in the selection of students to meet the review team
- ensure continuity of activity throughout the review process
- coordinate comments from the student body on the draft review report
- work with the provider in developing its action plan.

43 QAA provides advice and training for LSRs in the build-up to their reviews.

## **The role of degree-awarding bodies and other awarding organisations**

44 Providers without degree awarding powers may wish their degree-awarding bodies or other awarding organisations to be involved in the review process, for example, by assisting in the preparation of the self-evaluation document or by attending review visits. The extent of a degree-awarding body's or other awarding organisation's involvement should be decided in discussion between the organisations.

45 Review teams are pleased to meet the representatives of degree-awarding bodies or other awarding organisations during review visits. Occasionally they may encourage them to attend particular meetings, should they regard it as likely to aid their understanding of the provider's responsibilities. Such attendance is optional, since the review process focuses on the responsibilities of the provider under review.

46 It is the responsibility of providers under review to keep their degree-awarding bodies or awarding organisations informed of progress and to make any requests for support. The only correspondence QAA will copy to degree-awarding bodies or other awarding organisations is that associated with the draft and final reports.

## **Managing higher education provision with others**

47 HER: Wales considers all provision in a single process; there are no separate reviews of provision offered through arrangements with other organisations.

48 *Chapter B10: Managing higher education provision with others* of the Quality Code applies to any form of collaboration between providers of higher education.<sup>14</sup> The parameters for reviewing partnership working vary according to whether the partners, delivery organisations or support providers in question are also reviewed by QAA. If they are, the review confines itself to how the provider under review manages the partnership and sets and maintains standards. The quality of learning opportunities, information and enhancement are addressed in the review(s) of the other organisation(s).

49 Where partners, delivery organisations or support providers are not subject to QAA review (because, for instance, they are outside the UK), the review of arrangements for working together will consider all four core areas: academic standards, quality of learning

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<sup>14</sup> The Quality Code, *Chapter B10: Managing higher education provision with others* is available at: [www.qaa.ac.uk/publications/informationandguidance/pages/quality-code-b10.aspx](http://www.qaa.ac.uk/publications/informationandguidance/pages/quality-code-b10.aspx).

opportunities, information and enhancement. This may involve review teams meeting staff and students from partners, delivery organisations or support providers in person, or by video or teleconference.

## **Administration of the process**

50 A QAA officer is appointed to coordinate and manage each review. Every effort will be made by QAA to ensure that a close and constructive working relationship is established with providers.

51 The coordinating QAA officer ensures that the review team supports its judgements and findings with adequate and identifiable evidence, and that the review report provides information in a succinct and accessible form. QAA retains editorial responsibility for the final text of the report, and will continue to moderate reports to ensure review teams are consistent in applying the guidance on developing judgements.

## **Welsh language provision**

52 In planning, conducting and reporting on reviews in Wales, QAA is committed to treating the Welsh and English languages as equal, and taking into account the requirements and expectations of Welsh Language Standards. For further information, see Annex 9 and QAA's *Welsh Language Scheme*.<sup>15</sup>

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<sup>15</sup> *Welsh Language Scheme 2012-15* is available at:  
[www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Welsh-language-scheme-2012.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Welsh-language-scheme-2012.aspx).

## The review process in detail

### Timeline

53 The standard timeline for HER: Wales is given below. This shows what the provider needs to do and when.

Normally 18 months before start of review year	March	<ul style="list-style-type: none"> <li>QAA asks provider for preferred dates for first team visit and review visit</li> <li>Provider completes pro forma on collaborative arrangements</li> <li>QAA sets dates for all reviews in a particular year</li> </ul>
		<ul style="list-style-type: none"> <li>QAA confirms dates of preparatory meeting, uploading, first team visit and review visit</li> </ul>
6 months before start of review year	March (12 months later)	<ul style="list-style-type: none"> <li>QAA confirms any agreed substantive changes to the review method</li> </ul>
Approximately 12 months before start of the review		<ul style="list-style-type: none"> <li>Initial briefing of provider</li> <li>Provider reports any major changes to collaborative arrangements</li> <li>Provider nominates their facilitator and lead student representative (LSR)</li> <li>QAA identifies coordinating officer</li> </ul>
By 9 months before start of review		<ul style="list-style-type: none"> <li>QAA confirms members of the review team and date of briefing event for the review team, facilitator and LSR (and informs the provider)</li> </ul>
4-5 months before start of review		<ul style="list-style-type: none"> <li>Briefing event for facilitators and LSRs</li> <li>QAA informs providers of review team members</li> </ul>
<b>Working weeks</b>	<b>Cumulative weeks</b>	
- 16	0	<ul style="list-style-type: none"> <li>Preparatory meeting between the provider (including the LSR) and QAA officer, at the provider</li> </ul>
- 12	5	<ul style="list-style-type: none"> <li>Document upload: provider uploads information to QAA secure folder, including self-evaluation document and student submission</li> </ul>
- 7	9	<ul style="list-style-type: none"> <li>Review team considers documentation remotely; QAA analyses public information set</li> </ul>
- 6	10	<ul style="list-style-type: none"> <li>Review team pays first visit to the provider (1.5 days)</li> </ul>
- 5	11	<ul style="list-style-type: none"> <li>QAA informs provider of any further documentation required and confirms review visit details</li> <li>QAA confirms schedule for the review visit</li> </ul>
0	16	<ul style="list-style-type: none"> <li>Review visit</li> </ul>
2	18	<ul style="list-style-type: none"> <li>QAA informs provider and HEFCW of key findings</li> </ul>
6	22	<ul style="list-style-type: none"> <li>QAA sends draft report and evidence base to provider</li> </ul>
9	25	<ul style="list-style-type: none"> <li>Provider makes any factual corrections; QAA finalises report</li> </ul>

14 (includes 2 weeks for translation)	30	<ul style="list-style-type: none"> <li>• QAA publishes report</li> </ul>
24	40	<ul style="list-style-type: none"> <li>• Provider publishes its action plan on its website</li> </ul>
3 years		<ul style="list-style-type: none"> <li>• Student-focused engagement</li> </ul>
6 years		<ul style="list-style-type: none"> <li>• Next review</li> </ul>

## The review process

54 The review process comprises:

- an initial briefing
- a preparatory meeting
- the preparation of a self-evaluation document by the provider and of a student submission (uploaded to QAA's designated site with supporting documentation)
- a first team visit
- the review visit itself.

## Preparation for the review

55 The first contact that the provider will have with QAA about its review occurs about 18 months before the start of the year in which the review is due to take place. The provider will be asked to provide some information to help QAA schedule the review dates:

- dates of the academic year
- dates of major examination periods
- register of collaborative arrangements.

56 When we have collated all dates for the review year we will write back and confirm the dates and schedule for the review, including:

- the first team visit dates
- the review week
- date by which the self-evaluation document and accompanying documentation, and the student submission must be uploaded.

57 In preparation for the HER: Wales Review, QAA will provide an initial briefing for providers due to be reviewed in the following academic year.

58 A QAA officer will be appointed about twelve months before the review visit to coordinate the review, and will be available to support the provider and student representatives by email or phone.

## Preparatory meeting

59 The preparatory meeting takes place 16 weeks before the review visit. Both staff and student representatives should be present. The QAA officer coordinating the review will meet the provider's representatives to discuss the structure of the review, clarify its scope, answer questions about methodology, and confirm what information needs to be made available.

60 The QAA officer will brief the provider on how to prepare the self-evaluation document. They will explain that it should be supported by documentary evidence already in existence for internal quality management purposes, rather than on material prepared specially for the review. It should be reflective, indicating areas to be looked at during the review, supported by appropriate documentary evidence. This approach will make it easier for the review team to understand the provider's systems and gather information quickly and effectively. For more details on requirements for the self-evaluation document see Annex 4.

61 The preparatory meeting will also normally provide an opportunity for a separate discussion with student representatives about the student submission to be prepared on behalf of the student body. The student submission describes what it is like to be a student at the provider under review, and how students' views are considered in the provider's decision-making and quality assurance processes. Extensive guidance and support is available from QAA to students responsible for producing the submission, to ensure that it is evidence based, addresses issues relevant to the review, and represents the views of students as widely as possible. This includes specific guidance for lead student representatives. We encourage and support students responsible for student submissions to make use of relevant national datasets, such as those publicly available on Unistats.<sup>16</sup>

62 The structure of the first team visit will be discussed and its outline agreed. The QAA officer will confirm this with you in writing shortly after the preparatory meeting.

63 After the preparatory meeting the QAA officer will confirm the format of, and arrangements for, the main review visit. You will have a maximum of five weeks to upload your self-evaluation document, the student submission, the accompanying documentation, and the required public information to the QAA secure electronic folder. Details of how to do this will have been explained at the briefing for the facilitator and LSR and recapped by your QAA officer at the preparatory meeting.

64 Between the preparatory meeting and submission of the self-evaluation document, QAA will continue to offer advice and guidance on request.

## **Uploading information**

65 The self-evaluation document and the student submission should be uploaded to the secure electronic review folder 12 weeks before the review visit.

66 The self-evaluation document should be structured according to the guidance provided in Annex 4. (The same structure will be used for the final report on the review).

67 The LSR (or other appointed student representative) can talk to the QAA officer about the form and content of the student submission (see Annex 7).

68 The information uploaded is likely to include the standard public information and other documentation available on intranets or extranets (see the list in Annex 4 for guidance). However, some categories of information may not normally be available online and arrangements will need to be made for these also to be uploaded to the QAA secure electronic folder.

69 At the same time that QAA is preparing its report on public information, the review team will also be reviewing the self-evaluation document, accompanying documentation, and public information posted to the QAA secure electronic folder. This will allow team members to reach an overview of the public information, and to become familiar with the provider's

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<sup>16</sup> Unistats website: [www.unistats.com](http://www.unistats.com).

quality assurance processes before its first team visit. During this period team members will post preliminary comments to the QAA secure electronic file management system.

## **First team visit**

70 Six weeks before the review visit there will be an initial one and a half day visit to the provider, for the team to discuss its initial commentaries and decide on issues to be explored further, consider any extra documentation needed, and draw up a programme for the review visit. This first visit will begin on the afternoon of the first day. It will include meetings with the head of the institution, student representatives, and usually some staff members. The QAA officer will be present to ensure that the review process is adhered to, and to support the review team.

71 The facilitator and LSR will be invited to contribute to the first visit, as prearranged at the preparatory meeting. In general we do not expect the facilitator and LSR to be present at the team's private meetings or at its meetings with staff and students, but we do expect the team to have regular contact with them - typically at the beginning and end of the day, or at other times when invited to clarify evidence or provide information. The facilitator and LSR can also suggest informal meetings to alert the team to information it might have missed. We want this to be an informal but productive relationship, helping the review team to get speedy access to the kind of information that will help it come to robust and clear findings. For more details about the role of the facilitator and LSR see Annexes 6 and Annex 7 respectively.

## **Confirmation of the review visit schedule**

72 One week after the first team visit (and five weeks before the main review visit) the QAA officer will confirm plans for the main visit, and its length, which will normally be five days. We will ask the provider to arrange meetings with colleagues whom the review team wishes to meet. The QAA officer will liaise with the LSR to ensure that the student groups the team wishes to meet will be available.

73 Practical details for the review visit will be confirmed in good time. We will ask the provider to ensure that IT provision and any necessary conferencing facilities are available. If there are any questions at this stage - as for any part of the review - the QAA officer or the administrative officer assigned to the review should be contacted.

## **The review visit**

74 The review team will normally arrive at its accommodation on the evening before the review is due to start. Their work will therefore begin first thing on day one of the review. The provider will be familiar with the programme for the review by this time and will know what meetings and other activities are envisaged.

75 The activity carried out at the visit will not be the same for every review, but may include contact with staff, external examiners, partner link staff, recent graduates, or employers.

76 The review team will ensure that its programme includes meetings with a wide variety of students, to enable it to gain first-hand information on students' experience as learners and on their engagement with the institution's approach to quality assurance and enhancement. The team will meet student representatives who have been involved in the preparation of the student submission, as well as members of the student body who do not have representative functions.

77 The programme will include a final meeting between the team and senior staff of the institution, the facilitator and the LSR. This will not be a feedback meeting, but will be an opportunity for the team to summarise the major themes and issues that it has pursued (and may still be pursuing). The intention will be to give the institution a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

78 Activities in the institution will be carried out by at least two review team members, although it is envisaged that most activities will involve the whole team. Where the team splits for an activity there will be catch-up time afterwards so that all team members have a shared understanding of what has been found.

79 As with the first team visit, the facilitator and LSR will be invited to contribute to the review visit. Their involvement will have been discussed at the preparatory meeting. The facilitator and LSR will not normally be present at the team's private meetings, nor in the meetings with staff or students, but we do expect the team to have regular contact with them both - perhaps at the beginning and end of the day, or when they are invited to clarify evidence or provide information. The facilitator and LSR can also suggest informal meetings if they want to alert the team to information that might be useful.

80 On the final day of the review visit, the review team considers its findings in order to:

- determine the four judgements
- decide on the commentary on research degree programmes
- agree the features of good practice that it wishes to highlight
- agree recommendations for action by the provider
- agree affirmations of courses of action that the provider has identified.

81 More detail about the expectations that teams use to make judgements is provided in Annex 2.

82 The QAA officer will be present throughout the review visit, but will not direct the team's deliberations or influence its conclusions and findings. The QAA officer's role is to ensure that the review process is conducted according to the agreed protocol set. On the last day of the review the QAA officer will test the evidence base for the team's findings.



## After the review visit

### Key findings letter

83 Two weeks after the end of the review a letter setting out the provisional key findings will be sent to the provider and to HEFCW.

### Report and evidence base

84 After a further four weeks the provider will receive the draft report and the evidence base for the findings. The report should be shared with the LSR and/or other student officers. We will ask the provider to respond within three weeks, telling us of any factual errors or errors of interpretation. The provider is not asked at this stage to respond to the content of the report or evidence base.

85 The report will be finalised three weeks after receipt of the corrections. After a further three weeks it will be published on QAA's website. The normal expectation is that the report is finalised and published within 14 working weeks of the review visit, allowing for translation.

86 The review's findings (judgements, recommendations, features of good practice and affirmations) will be decided by the review team as peer reviewers. The coordinating QAA officer will ensure that all findings are backed by adequate evidence, and that the review report provides information in a succinct and readily accessible form. QAA will retain editorial responsibility for the final text of the report, and will continue to moderate reports to help to promote consistency in the application of the judgement guidance by review teams. The report will be written as concisely as possible while including enough explanation for it to make sense to an audience not necessarily familiar with the management of higher education. The report, which is about 10 pages long, has an executive summary, followed by sections detailing the findings in the four areas (see paragraph 13). Detailed evidence for the findings appear not in the report but in a supporting evidence base. The evidence base is not published by QAA; however it is not confidential and will be made available on request.

87 The report follows a formal template and is managed by the QAA officer coordinating the review. It is prepared and submitted to the provider as soon as possible following the review visit, normally within six weeks, with a request for corrections of factual errors. The provider is expected to share the draft report and any proposed corrections with the student representative body. The provider is allowed three working weeks for a response, and the report is then finalised and published.

### Action planning, sign-off and follow-up

88 Approximately 10 weeks after the report has been published the provider completes an action plan, signed off by the head of the institution, addressing QAA's recommendations and affirmations, and explaining how it will capitalise on the identified good practice. The action plan is produced jointly with student representatives. The action plan is posted to the provider's public website, with links to its report page on the QAA website. The provider is expected to update the action plan annually until all actions have been completed, posting the updated plan to its website.

89 Where **commended** or **meets UK expectations** judgements are reached in all four areas (see paragraphs 13-18), the review is formally signed off on publication of the initial action plan. The provider will then qualify for use of the QAA Quality Mark which can

be placed alongside the judgement (as supplied by QAA) on the homepage of their website, and on other documents, as a public statement of the outcome of their review. QAA will send through an approved copy of the Quality Mark, together with terms and conditions.

## Full follow-up

90 Where a review team makes a judgement of **requires improvement to meet UK expectations** or **does not meet UK expectations** in at least one area of the review, there is a programme of follow-up activity, following the publication of the report and the action plan. The purpose of this is to address the area that has received either of these judgements. Any actions attached to areas that have received **commended** or **meets UK expectations** take place over the normal cycle of the review process.

Summary of actions following judgements (see also Annex 3)

Judgement	Action
<b>Commended</b> and/or <b>meets UK expectations</b>	The provider submits its action plan. The provider's next review will be within six years.
<b>Requires improvement to meet UK expectations</b>	If there is only one such judgement, the provider submits its action plan, with a series of progress reports to be provided over the following year. If reports are received on time and show that progress has been made in dealing with the review findings, QAA arranges for a peer visit to establish whether the judgement can be changed to <b>meets UK expectations</b> . Following a <b>requires improvement</b> judgement the provider's next review will be within four years. If there is more than one such judgement, HEFCW invokes its Unsatisfactory Quality Procedure (UQP).
<b>Does not meet UK expectations</b>	The institution submits its development plan, with a series of progress reports to be provided over the following year. If reports are received on time and show that progress has been made in dealing with the review findings, QAA will arrange for a second review to take place within twelve months. If the second review returns <b>commended</b> or <b>meets UK expectations</b> judgements in all areas, the judgement(s) will be changed and the review signed off. Another review will be scheduled to follow two years from the date of the original review. If neither of these conditions are met, HEFCW invokes its UQP procedure (see paragraph 97).

## Follow-up with students

91 A **mid-process student-focused engagement** (MSE) will be scheduled, based on the outcomes of the follow-up and sign-off (see paragraphs 88-90). Normally this will take place three years after the review visit. The purpose of this engagement will be to give QAA officers an opportunity to discuss the following with students and with senior staff:

- progress on the review action plan and subsequent annual student statements
- significant developments since the last review
- current and future plans for enhancement of the student experience.

92 Both the students' union and the provider will be asked to provide a brief written report on these matters in advance.

93 Further details of the MSE are given in Annex 6.

## Other quality assurance mechanisms

94 Weaknesses or failures in quality and standards may also be followed up by three additional mechanisms.

95 Where a problem is not thought to be limited to a single provider, QAA may carry out desk-based research across providers, or a sample of them, to establish whether an issue exists and suggest remedial action. Alternatively, HEFCW might request a thematic review on an emerging issue across a number of providers.

96 Secondly, QAA's Concerns scheme can at any time investigate any policy, procedure or action by a higher or further education institution in Wales that appears to pose a threat to academic standards and quality. The scheme can also investigate the lack of an appropriate policy, procedure or action.

97 HEFCW has a policy for addressing unsatisfactory quality in institutions (UQP).<sup>17</sup> This comes into force if a provider:

- receives a judgement of **does not meet UK expectations** in two successive QAA reviews
- makes insufficient progress on its action plan after receiving a judgement of **does not meet UK expectations**
- receives more than one judgement of **does not meet UK expectations**
- is unable to initiate an action plan within a reasonable time frame.

## Complaints and appeals

98 QAA has a process for considering complaints about its own operation and services. It also has a process for considering appeals against its judgements. Details can be found on the QAA website.<sup>18</sup>

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<sup>17</sup> HEFCW Circular W12/16HE.

<sup>18</sup> More information about complaints and appeals is available at: [www.qaa.ac.uk/AboutUs/Pages/Complaints.aspx](http://www.qaa.ac.uk/AboutUs/Pages/Complaints.aspx).

## Making changes to the review process

99 In 2009 it was established that the Institutional Review process should be organised on a rolling basis rather than as a fixed cycle, allowing greater flexibility and enabling changes to be introduced at any point. The same system will apply to HER: Wales, meaning that effective developments in other QAA review processes can be phased in as appropriate. Changes are subject to agreement with HEFCW's Quality Assurance and Enhancement Subgroup (QAESG).

100 Three kinds of changes are envisaged: minor, substantive and operational. Both minor and substantive changes will be approved by the QAESG. The need for changes will be evidence based.

101 Minor changes relate to the process, such as timings and locations, rather than the principles underpinning it.

102 Substantive changes relate to:

- the underlying principles of the review process (such as how judgements are arrived at)
- the core elements of the review
- the frequency of the review
- how different types of provision (for example, collaborative arrangements) are dealt with
- the composition of the review team.

103 Operational changes that QAA could implement without further approval or consultation could include matters such as the medium chosen to publish reports or how unsolicited information is dealt with by a review team.

104 Minor changes will be approved by the QAESG and will be introduced without further consultation. Changes will be communicated to providers and review teams, stating the date from which they will be operational. No minor change will affect a review that has already started. For this purpose, the start of the review will be deemed to be six weeks before the preparatory meeting.

105 A substantive change recommended by the QAESG will be opened for consultation across the Welsh higher education sector to determine the most consistent way of implementing it. Based on the consultation responses, QAESG will provide advice to HEFCW. Substantive changes will always be introduced in time for the beginning of a review season (coinciding with the academic year). This will make the start point of the change easy to identify and will allow sufficient time to brief providers and to train reviewers.

106 QAA will publish any agreed substantive changes six months before the start of the relevant review season and will clarify whether there are any associated changes to external reference points.

## Annex 1: Definitions of key terms

### What do we mean by academic standards?

*Part A: Setting and maintaining academic standards* of the UK Quality Code for Higher Education (the Quality Code) sets out the Expectations about setting and maintaining threshold academic standards that all higher education providers are required to meet.

**Academic standards** are the standards that individual degree-awarding bodies set and maintain for the award of their academic credit or qualifications.

**Threshold academic standards** are the minimum acceptable level of achievement that a student has to demonstrate to be eligible for an academic award. For equivalent awards, the threshold level of achievement is agreed across the UK and is described by the qualification descriptors set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ).

Threshold academic standards are distinct from the standards of performance that a student would need to achieve to gain any particular class of award. Threshold academic standards do not relate to any individual award classification in any particular subject. They dictate the standard required to be able to label an award, for instance, Foundation Degree, bachelor's degree or master's degree. The primary focus of *Part A: Setting and maintaining academic standards* of the Quality Code is on how threshold academic standards are set and maintained.

Individual degree-awarding bodies are responsible for ensuring that threshold academic standards are met in their awards by aligning programme learning outcomes with the relevant qualification descriptors in the FHEQ. They are also responsible for setting the pass marks, as well as the grades, marks or classifications that differentiate between levels of student achievement above the threshold academic standards.

Subject benchmark statements make explicit the nature and characteristics of awards in a specific subject area and set out the attributes and capabilities of graduates in that subject. They describe outcomes and attributes expected at the threshold standard and, in most cases, also at the 'typical' or modal level of achievement. They are therefore a primary reference point both for setting academic standards when new programmes are being designed and approved, and for subsequent monitoring and review, since they provide academic staff with a detailed framework for specifying intended programme outcomes.

There is also a *Foundation Degree qualification benchmark* that applies to all Foundation Degrees.

In determining how well providers manage the threshold academic standards of awards, review teams will expect to see awards aligned to the qualification descriptors set out in the FHEQ, and account to be taken of any relevant subject or qualification benchmark statement(s).

Professional, statutory and regulatory bodies (PSRBs) are organisations that set the standards for, and regulate the standards of entry into, particular professions. Professional qualifications (as distinct from academic qualifications) are determined by PSRBs and they may stipulate academic requirements which must be met in order for an academic programme to be recognised as leading to, or providing exemption from part of, a professional qualification. Where degree-awarding bodies choose to offer programmes which lead to, or provide exemption from, specific professional qualifications, the

requirements of the relevant PSRB will influence the design of academic programmes, but the responsibility for the academic standards remains with the degree-awarding body which is awarding the academic qualification. Where providers have PSRB accreditation for their programmes, review teams will explore how accreditation requirements are taken into account in the setting and maintaining of standards and the quality assurance of programmes. Review teams will also explore how accurately information about accredited status is conveyed to students.

## **What do we mean by academic quality?**

*Part B: Assuring and enhancing academic quality* of the Quality Code sets out the Expectations about assuring and enhancing academic quality that all higher education providers are required to meet.

**Academic quality** is defined in the *UK Quality Code for Higher Education: General introduction* as follows:

Academic quality is concerned with how well the learning opportunities made available to students enable them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning resources are provided for them. In order to achieve a higher education award, students participate in the learning opportunities made available to them by their higher education provider. A provider should be capable of guaranteeing the quality of the opportunities it provides, but it cannot guarantee how any particular student will experience those opportunities. By ensuring that its policies, structures and processes for the management of learning opportunities are implemented effectively, a higher education provider also ensures the effectiveness of its outcomes.

## **What do we mean by enhancement?**

**Enhancement** is defined by QAA for the purposes of review in England and Northern Ireland as: 'taking deliberate steps at provider level to improve the quality of learning opportunities'. This definition means that enhancement is more than a collection of examples of good practice that might be found across a provider. It is about a provider being aware that it has a responsibility to improve the quality of learning opportunities, and to have policies, structures and processes in place to make sure it can do so. It means that the willingness to consider enhancement stems from a high-level awareness of the need for improvement and is embedded throughout the provider.

## **What do we mean by good practice?**

A feature of good practice is a process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to the following judgement areas: the provider's assurance of its academic standards, the quality and/or enhancement of the learning opportunities it provides for students, and the quality of the information it produces about its higher education provision.

## **What do we mean by information about higher education provision?**

*Part C: Information about higher education provision* of the Quality Code sets out the Expectation concerning information about the learning opportunities offered that all higher education providers are required to meet: 'Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.' This information is for the public at large, prospective students, current students, students who have completed their studies, and those with responsibility for academic standards and quality.

The HEFCW circular letters W15/HE and W11/27HE make it clear that providers should:

- publish Key Information Sets (KIS) for undergraduate courses, whether full or part-time - the KIS will contain information on student satisfaction, graduate outcomes, learning and teaching activities, assessment methods, tuition fees and student finance, accommodation, and professional accreditation
- publish a Wider Information Set (WIS).

More details of the content of the KIS and the WIS and current arrangements are given in HEFCW13/24HE. While reviewers are not expected to make a judgement on the statistical accuracy of the detailed information in the KIS, they will consider the KIS and the WIS in their judgement on whether the provider's information about the learning opportunities offered is fit for purpose, accessible and trustworthy.

## **What is an affirmation?**

An affirmation is recognition of an action that is already taking place in a provider to improve a recognised weakness or inadequacy in the following judgement areas: the assurance of its academic standards, the quality and/or enhancement of the learning opportunities it provides for students, and the quality of the information it produces about its higher education provision.

## **What is a recommendation?**

Review teams make recommendations where they agree that a provider should consider changing a process or a procedure in order to: safeguard academic standards; assure the quality of, or take deliberate steps to enhance, the learning opportunities it provides for students; or to ensure that the information it produces for its intended audiences is fit for purpose, accessible and trustworthy.

## Annex 2: Format and wording of judgements

There are four judgements in HER: Wales, reflecting the three parts of the Quality Code (*Part A: Setting and maintaining academic standards; Part B: Assuring and enhancing academic quality; and Part C: Information about higher education provision*).

The wording of the judgements is as follows:

- 1        **For degree-awarding bodies:** The setting and maintenance of the threshold academic standards of awards...  
          **For partners without degree awarding powers:** The maintenance of the threshold academic standards of awards offered on behalf of degree-awarding bodies and/or other awarding organisations...
- 2        The quality of student learning opportunities...
- 3        The quality of the information produced by the provider about the higher education it offers...
- 4        The enhancement of student learning opportunities...

The judgement on academic standards has three possible grades:

- **meets UK expectations**
- **requires improvement to meet UK expectations**
- **does not meet UK expectations.**

The judgements on learning opportunities, information and enhancement have four possible grades:

- **is commended**
- **meets UK expectations**
- **requires improvement to meet UK expectations**
- **does not meet UK expectations.**

Review judgements may be differentiated. For example, different judgements may apply to undergraduate and postgraduate levels, or to the provision associated with different degree-awarding bodies or other awarding organisations.

When reviewing bodies without degree awarding powers, review teams will be concerned with the way these providers discharge their responsibilities to their degree-awarding bodies and/or other awarding organisations, not with how the degree-awarding bodies or awarding organisations manage their own responsibilities. The review of the degree-awarding bodies' responsibilities is part of the focus of the review of the degree-awarding body.



## Judgement criteria

The criteria that review teams use to come to their judgements are set out below. They are cumulative, which means that most criteria within a particular section should be fulfilled in order to support the relevant judgement.

<b>...is or are commended</b>	<b>...meet(s) UK expectations</b>	<b>...require(s) improvement to meet UK expectations</b>	<b>...do(es) not meet UK expectations</b>
All applicable expectations have been met.	All, or nearly all, applicable expectations have been met.	Most applicable expectations have been met.	Several applicable expectations have not been met or there are major gaps in one or more of the applicable expectations.
	Expectations not met do not, individually or collectively, present any serious risks to the management of this area.	Expectations not met do not present any serious risks. Some moderate risks may exist which, without action, could lead to serious problems over time with the management of this area.	Expectations not met present serious risk(s), individually or collectively, to the management of this area, and limited controls are in place to mitigate the risk. Consequences of inaction in some areas may be severe.

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
<p>There are examples of good practice in this area, and the review team has not needed to make any recommendations for improvement.</p> <p>The provider has plans to enhance this area further.</p> <p>Student engagement in the management of this area is widespread and supported.</p> <p>Managing the needs of students is a clear focus of the provider's strategies and policies in this area.</p>	<p>Recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> <li>• minor omissions or oversights</li> <li>• a need to amend or update details in documentation, where the amendment will not require or result in major structural, operational or procedural change</li> <li>• completion of activity that is already underway in a small number of areas that will allow the provider to meet the expectations more fully.</li> </ul>	<p>Recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> <li>• weakness in the operation of part of the provider's governance structure (as it relates to quality assurance) or lack of clarity about responsibilities</li> <li>• insufficient emphasis or priority given to assuring standards or quality in the provider's planning processes</li> <li>• quality assurance procedures which, while broadly adequate, have some shortcomings in terms of the rigour with which they are applied</li> <li>• problems that are confined to a small part of the provision.</li> </ul>	<p>Recommendations may relate, for example, to:</p> <ul style="list-style-type: none"> <li>• ineffective operation of parts of the provider's governance structure (as it relates to quality assurance)</li> <li>• significant gaps in policy, structures or procedures relating to the provider's quality assurance</li> <li>• breaches by the provider of its own quality assurance management procedures.</li> </ul>

...is or are commended	...meet(s) UK expectations	...require(s) improvement to meet UK expectations	...do(es) not meet UK expectations
	<p>The provider has acknowledged the need for action in its review documentation or during the review <b>and</b> has provided clear evidence of appropriate action being taken within a reasonable timescale.</p> <p>There is evidence that the provider is fully aware of its responsibilities for assuring quality: previous responses to external review activities provide confidence that areas of weakness will be addressed promptly and professionally.</p>	<p>Plans that the provider presents for addressing identified problems before or at the review are underdeveloped or not fully embedded in the provider's operational planning.</p> <p>The provider's priorities or recent actions suggest that it may not be fully aware of the significance of certain issues. However, previous responses to external review activities suggest that it will take the required actions and provide evidence of having done so, as requested.</p>	<p>Plans for addressing identified problems that the provider may present before or at the review are not adequate to rectify the problems, or there is very little or no evidence of progress.</p> <p>The provider has not recognised that it has major problems, or has not planned significant action to address problems it has identified.</p> <p>The provider has limited understanding of the responsibilities associated with one or more key areas of the expectations, or may not be fully in control of all parts of the organisation.</p> <p>The provider has repeatedly or persistently failed to take appropriate action in response to external review activities.</p>

When teams make their judgements, they will take into account whether the Expectations of the Quality Code have been met. To assist teams in deciding whether Expectations have been met, the text below presents each Expectation alongside the relevant Quality Code chapter headings, together with other relevant references. These are not intended to operate as checklists, and reviewers will not use them in this way. Reviewers appreciate that the precise details of how an Expectation is being addressed will vary from provider to provider and, where applicable, according to providers' agreements with their degree-awarding bodies or other awarding organisations.

The criteria in the table above refer to 'applicable expectations' because in certain contexts, certain Expectations are irrelevant. For example, providers who do not offer research degree programmes need not meet the Expectation on research degrees. Providers without degree awarding powers are not expected to meet the Expectations in *Part A: Setting and maintaining academic standards* of the Quality Code in their entirety, since some of these responsibilities belong to the degree-awarding bodies and/or other awarding organisations. However, review teams will use the framework of *Part A* to judge whether providers without degree-awarding powers are meeting the responsibilities they have to degree-awarding bodies and/or other awarding organisations for maintaining academic standards.

The different parts of the Quality Code are interconnected and so reviewers, in arriving at their judgements, will consider the Quality Code as a whole. For example, *Chapters B1, B3, B6, B7, B8, B10 and B11* all contain important commentary about setting and maintaining academic standards, so evidence gathered by reviewers under these headings may influence their judgement on academic standards.

# Quality Code Expectations, Chapters and other relevant references

## ***Part A: Setting and maintaining academic standards***

### **Expectation A1**

In order to secure threshold academic standards, degree-awarding bodies:

a) ensure that the requirements of *The framework for higher education qualifications in England, Wales and Northern Ireland/The framework for qualifications of higher education institutions in Scotland* are met by:

- positioning their qualifications at the appropriate level of the relevant framework for higher education qualifications
- ensuring that programme learning outcomes align with the relevant qualification descriptor in the relevant framework for higher education qualifications
- naming qualifications in accordance with the titling conventions specified in the frameworks for higher education qualifications
- awarding qualifications to mark the achievement of positively defined programme learning outcomes

b) consider and take account of QAA's guidance on qualification characteristics

c) where they award UK credit, assign credit values and design programmes that align with the specifications of the relevant national credit framework

d) consider and take account of relevant subject benchmark statements.

### **Expectation A2.1**

In order to secure their academic standards, degree-awarding bodies establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications.

### **Expectation A2.2**

Degree-awarding bodies maintain a definitive record of each programme and qualification that they approve (and of subsequent changes to it) which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni.

### **Expectation A3.1**

Degree-awarding bodies establish and consistently implement processes for the approval of taught programmes and research degrees that ensure that academic standards are set at a level which meets the UK threshold standard for the qualification and are in accordance with their own academic frameworks and regulations.

### **Expectation A3.2**

Degree-awarding bodies ensure that credit and qualifications are awarded only where:

- the achievement of relevant learning outcomes (module learning outcomes in the case of credit and programme outcomes in the case of qualifications) has been demonstrated through assessment
- both the UK threshold standards and the academic standards of the relevant degree-awarding body have been satisfied.

### **Expectation A3.3**

Degree-awarding bodies ensure that processes for the monitoring and review of programmes are implemented which explicitly address whether the UK threshold academic standards are achieved and whether the academic standards required by the individual degree-awarding body are being maintained.

### **Expectation A3.4**

In order to be transparent and publicly accountable, degree-awarding bodies use external and independent expertise at key stages of setting and maintaining academic standards to advise on whether:

- UK threshold academic standards are set, delivered and achieved
- the academic standards of the degree-awarding body are appropriately set and maintained.

## ***Part B: Assuring and enhancing academic quality***

### ***B1 Programme design, development and approval***

#### **Expectation**

Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective processes for the design, development and approval of programmes.

#### **Quality Code Chapter Headings**

- The purpose and nature of programme design, development and approval
- Processes for programme design, development and approval
- Involvement in programme design, development and approval

### ***B2 Recruitment, selection and admission***

#### **Expectation**

Recruitment, selection, and admission policies and procedures adhere to the principles of fair admission. They are transparent, reliable, valid, inclusive and underpinned by appropriate organisational structures and processes. They support higher education providers in the selection of students who are able to complete their programme.

#### **Quality Code Chapter Headings**

- The basis for effective recruitment, selection and admission
- Stages of the recruitment, selection and admission process

### ***B3 Learning and teaching***

#### **Expectation**

Higher education providers, working with their staff, students and other stakeholders, articulate and systematically review and enhance the provision of learning opportunities and teaching practices, so that every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking.

#### **Quality Code Chapter Headings**

- The basis for effective learning and teaching
- The learning environment
- Student engagement in learning

#### **Other relevant references**

- UK Professional Standards Framework

## ***B4 Enabling student development and achievement***

### **Expectation**

Higher education providers have in place, monitor and evaluate arrangements and resources which enable students to develop their academic, personal and professional potential.

### **Quality Code Chapter Headings**

- Strategic approaches
- Student transitions
- Facilitating development and achievement

## ***B5 Student engagement***

### **Expectation**

Higher education providers take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.

### **Quality Code Chapter Headings**

- Defining student engagement
- The environment
- Representational structures
- Training and ongoing support
- Informed conversations
- Valuing the student contribution
- Monitoring, review and continuous improvement

### **Other relevant references**

- Student-Provider partnership

## ***B6 Assessment of students and the recognition of prior learning***

### **Expectation**

Higher education providers operate equitable, valid and reliable processes of assessment, including for the recognition of prior learning, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

### **Quality Code Chapter Headings**

- The basis for effective assessment
- Developing assessment literacy
- Designing assessment
- Conducting assessment
- Marking and moderation
- Examination boards and assessment panels
- Enhancement of assessment processes



## ***B7 External examining***

### **Expectation**

Higher education providers make scrupulous use of external examiners.

### **Quality Code Chapter Headings**

- Defining the role of the external examiner
- The nomination and appointment of external examiners
- Carrying out the role of external examiner
- Recognition of the work of external examiners/external verifiers
- External examiners'/external verifiers' reports
- Serious concerns

## ***B8 Programme monitoring and review***

### **Expectation**

Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes.

### **Quality Code Chapter Headings**

- The purpose and nature of programme monitoring and programme review
- Processes for programme monitoring and programme review
- Involvement in programme monitoring and review

## ***B9 Academic appeals and student complaints***

### **Expectation**

Higher education providers have procedures for handling academic appeals and student complaints about the quality of learning opportunities; these procedures are fair, accessible and timely, and enable enhancement.

### **Quality Code Chapter Headings**

- The basis of effective appeals and complaints processes
- Information, advice and guidance
- Internal procedures: design and implementation
- Action, monitoring and enhancement

## ***B10 Managing higher education provision with others***

### **Expectation**

Degree-awarding bodies take ultimate responsibility for academic standards and the quality of learning opportunities, irrespective of where these are delivered or who provides them. Arrangements for delivering learning opportunities with organisations other than the degree-awarding body are implemented securely and managed effectively.

## **Quality Code Chapter Headings**

- Strategy and governance
- Developing, agreeing and managing an arrangement to deliver learning opportunities with others
- Responsibility for, and equivalence of, academic standards
- Quality assurance
- Information for students and delivery organisations, support providers or partners
- Certificates and records of study

## ***B11 Research degrees***

### **Expectation**

Research degrees are awarded in a research environment that provides secure academic standards for doing research and learning about research approaches, methods, procedures and protocols. This environment offers students quality of opportunities and the support they need to achieve successful academic, personal and professional outcomes from their research degrees.

## **Quality Code Chapter Headings**

- Higher education provider arrangements
- The research environment
- Selection, admission and induction of students
- Supervision
- Progress and review arrangements
- Development of research and other skills
- Evaluation mechanisms
- Assessment
- Research student complaints and appeals

## ***Part C: Information about higher education provision***

### **Expectation**

Higher education providers produce information for their intended audiences about the learning opportunities they offer that is fit for purpose, accessible and trustworthy.

### **Quality Code Chapter Headings**

- Information for the public about the higher education provider
- Information for prospective students
- Information for current students
- Information for students on completion of their studies
- Information for those with responsibility for maintaining standards and assuring quality

### **Other relevant references**

- HEFCW circulars 11/15HE, 11/27HE, 11/33HE and 12/07HE

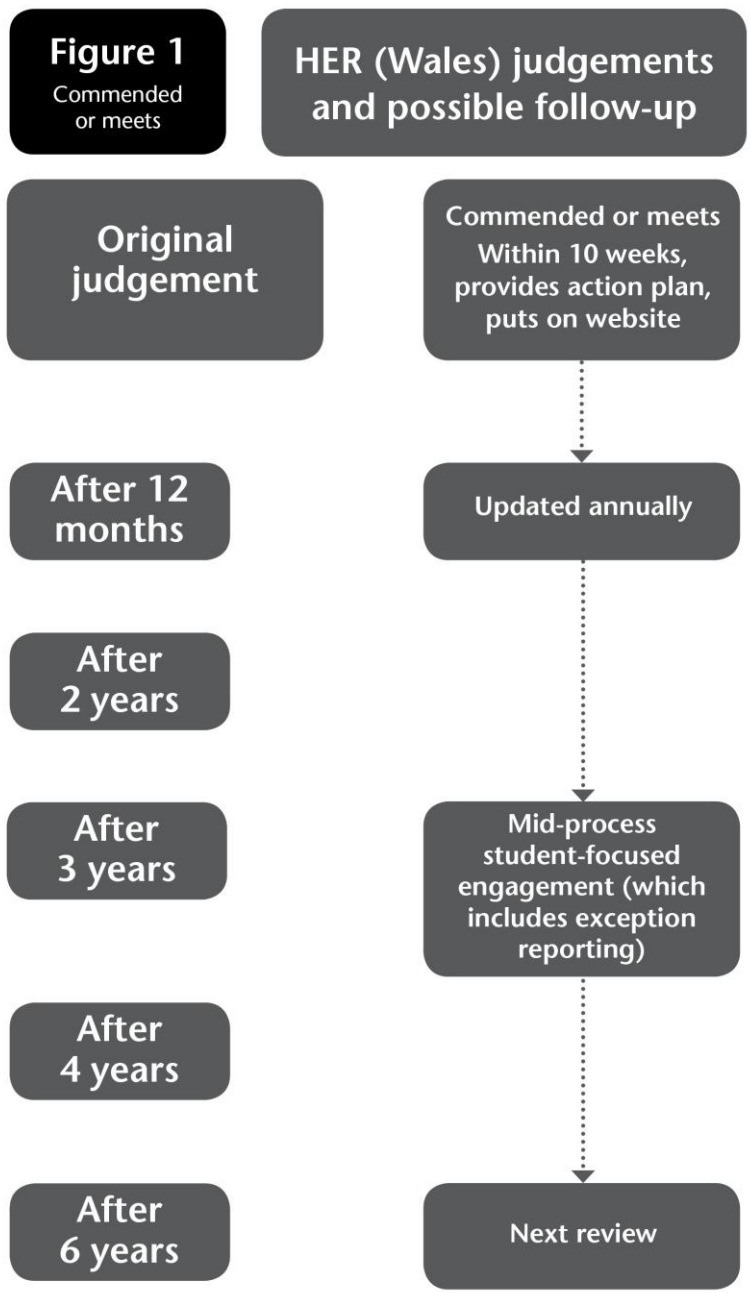
### **Enhancement**

#### **Expectations**

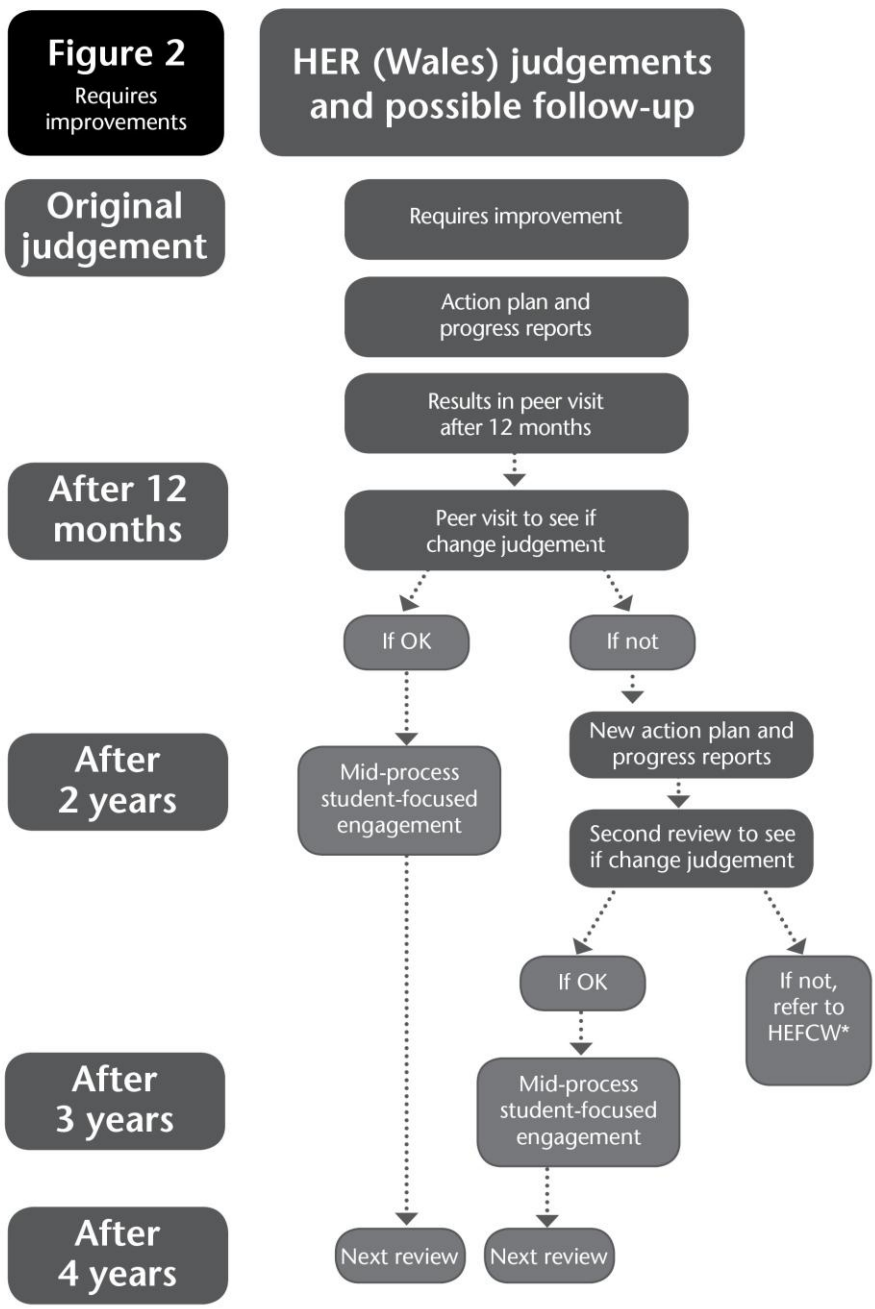
The review team will check that deliberate steps are being taken to improve the quality of students' learning opportunities.

Expectations about enhancement are combined with those about quality of learning opportunities in the Quality Code. See *Part B: Assuring and enhancing academic quality*.

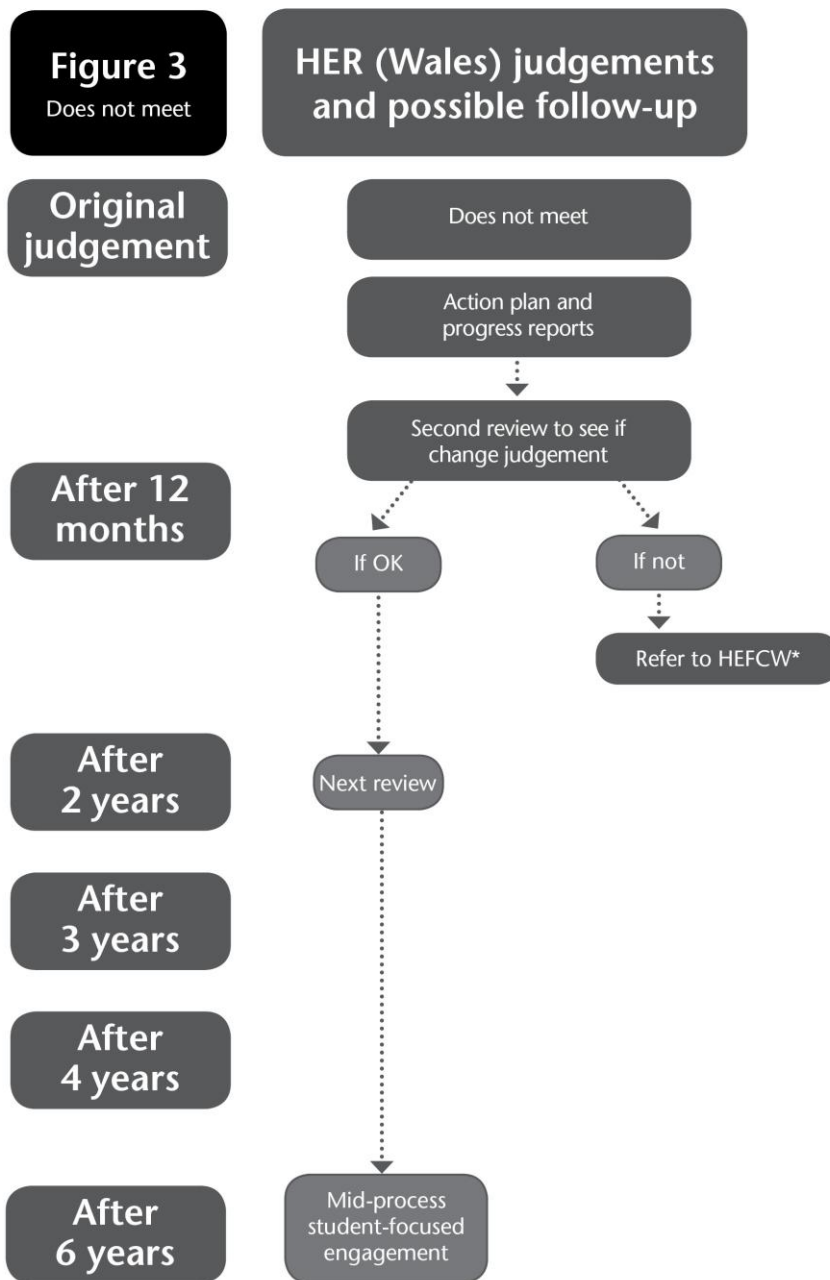
### Annex 3: Summary of actions following judgements



In all cases mid-process student-focused engagement can trigger QAA Concerns scheme



In all cases mid-process student-focused engagement can trigger QAA Concerns scheme  
\*referral to HEFCW can result in a range of options



In all cases mid-process student-focused engagement can trigger QAA Concerns scheme  
\* referral to HEFCW can result in a range of options

## **Annex 4: Evidence, including the self-evaluation document**

The evidence base for HER: Wales is a combination of information collected by QAA, information given by the provider - including the self-evaluation document, and information provided by students. This annex deals with the first two of these; information from students is covered in Annex 7.

Additional guidance for providers on the information they need to supply will be published on QAA's website.

### **Information collected by QAA**

We will compile as much of the evidence base as we can from sources available directly to us. This information will vary from provider to provider and may include:

- the most recent QAA review reports about the provider and the organisations with whom it delivers learning opportunities
- the most recent published professional, statutory and regulatory body (PSRB) reports about the provider and the organisations with whom it delivers learning opportunities<sup>19</sup>
- the most recent reports of other quality assurance bodies, including international organisations, about the provider and/or organisations with whom it delivers learning opportunities
- the most recent Estyn inspection reports about the provider and organisations with whom it delivers learning opportunities.

We will compile a list of this information by the time of the preparatory meeting (16 weeks before the review visit) and share the list with you at that meeting for reasons of transparency and to allow you to raise any concerns. You will have an opportunity in your self-evaluation document to explain or contextualise any of the information we have listed.

### **Self-evaluation document**

The self-evaluation document (SED) has three main functions:

- to give the review team an overview of your organisation, including its track record in managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and of the external reference points (other than the Quality Code) that you are required to consider
- to describe to the review team your approach to assuring the academic standards and quality of that provision
- to explain to the review team how you know that approach is effective in meeting the expectations of the Quality Code (and other external reference points, where applicable), and how it could be further improved.

Thus, the SED has both descriptive and evaluative purposes.

### **Recommended structure**

We recommend that you structure the SED in four sections to match the four areas on which the review team will make judgements (see paragraph 13). Since the Quality Code

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<sup>19</sup> QAA is carrying out a scoping study to promote more information sharing with PSRBs.

Expectations form the basis of each judgement, a recommended option is to organise your content in relation to the individual Expectations. (Note that both the quality of learning opportunities and the enhancement of learning opportunities are covered by *Part B: Assuring and enhancing academic quality* of the Quality Code.) Further guidance is given below.

The SED must identify evidence to illustrate or substantiate the narrative - it is not the responsibility of the review team to seek out this evidence. Please exercise discernment and include only evidence that is clearly germane. It is acceptable - indeed expected - that you will reference the same key pieces of evidence in several different parts of the SED.

In selecting and submitting your evidence, please ensure you provide the review team with:

- agreements with degree-awarding bodies and/or awarding organisations, where applicable
- your policy, procedures and guidance on quality assurance and enhancement (this may be in the form of a manual or code of practice)
- a diagram of your institution's deliberative and management structure to illustrate how responsibilities for the assurance of quality and standards are organised; this should indicate both central and local (that is, school/faculty or similar) bodies
- minutes of central quality assurance bodies for the two academic years prior to the review
- annual overview reports (for example, on external examining or annual monitoring) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

## Data requirements

HER: Wales considers providers' achievements and shortfalls against relevant nationally benchmarked datasets. Some of these are directly available to us, but we ask providers to report against and reflect upon them, explaining and contextualising the results.

Data from the following sources should be included in the appropriate sections, with commentary provided on areas where the results fall below the relevant national benchmark:

- National Student Survey
- Destination of Leavers from Higher Education
- non-continuation following year of entry.<sup>20</sup>

Providers are encouraged to cite other relevant nationally or internationally benchmarked data where this is available and applicable.

Providers who are members of the Office of the Independent Adjudicator (OIA) scheme are encouraged to report on the numbers and types of student complaints being made to the OIA.

Other relevant datasets from the institution should also be included, with appropriate commentary.

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<sup>20</sup> Derived from table series T3 of the *Performance Indicators in Higher Education in the UK*, published by the Higher Education Statistics Agency [www.hesa.ac.uk](http://www.hesa.ac.uk).



## Documentation

The provider should make available:

- any relevant documentation cross-referenced in the SED
- the required public information set as specified in HEFCW circulars W11/15HE, W11/27HE and W11/33HE
- standard documentation as listed below (and where not already covered above)
- the institution's mission and strategic plan
- learning and teaching strategy (or equivalent document) and updates on the progress of the strategy since the last audit/review
- institutional policy, procedures and guidance on quality assurance and enhancement (including assessment)
- a diagram of the structure of the main bodies (deliberative and management) which are responsible for management of quality and standards; this should indicate both central and local (that is, school/faculty or similar) bodies
- minutes and papers of central (institutional-level) quality assurance bodies for the two academic years prior to the review
- annual reports (for example, to the governing body), where these have a bearing on the management of quality and standards for the two years prior to the review
- a description of the institution's plans to enhance the quality of students' learning opportunities, if these are not included in the learning and teaching strategy or similar
- update of the collaborative provision pro forma, including a current register of collaborative provision
- a list of programmes which are accredited by a PSRB, the PSRB in question, date of last visit, and accreditation status.

The review team will need additional documentation at the first team visit or the review visit. The nature of this will depend to some extent on the team's explorations, but a sample of the following will always be required:

- external examiners' reports and responses
- programme specifications
- periodic review reports and follow-up documentation
- the student charter (see HEFCW circular W11/31HE)
- cost of study information (see HEFCW circular W10/07HE)
- responses to annual student statements (last three years).

In addition, there may be situations where review teams may ask to see a sample of:

- examples of student assessment
- completed student evaluation forms.

Specific review trails will not be identified, but this does not preclude the review team from asking for information at the subject/discipline level. Indeed, this will automatically happen when sampling external examiners' reports and programme specifications, for example.

## **How the self-evaluation document is used**

The SED is used throughout the review process. The reviewers will be looking for indications that you engage with the Quality Code and systematically monitor and reflect on how effectively you do so. They will look for indications that your monitoring and self-reflection:

- draws on management information
- makes comparisons against previous performance
- makes comparisons against national and international benchmarks, where available and applicable
- draws on the views of students (and other stakeholders where relevant)
- leads to the identification of strengths and areas for improvement, and subsequently to changes in your procedures or practices.

The SED should also provide an account of how effective your teaching and learning methods are in enabling students to achieve the learning outcomes of their programmes.

The SED will be used by the reviewers during the review visit, both as an information source and a way of navigating the supporting evidence.

## **Sharing the SED with the LSR**

Given that the SED is such an important input into the review process, in the interests of transparency and fairness it is expected that it will be shared with the LSR - at the latest when it is uploaded to the secure electronic site.

## **Suggested structure of the self-evaluation document**

### **Section 1: Brief description**

- The SED - how it was prepared and approved, how students were involved and the impact of that student engagement.
- What the institution is seeking to achieve from its engagement with review, and whether there are any particular matters it would wish the review team to consider.
- The institution's mission.
- Major changes since the last QAA review.
- Indicate what is distinctive and what is typical about the institution.
- What the key areas of strength and challenges are.
- How the institution evaluates policy and practice.
- How the institution intends to build on good practice or address areas for development.
- Strategic aims or priorities.
- Implications of changes, challenges and strategic aims for safeguarding academic standards and the quality of students' learning opportunities.
- Details of the external reference points, other than the Quality Code, which the provider is required to consider (for example, the requirements of PSRBs and qualification frameworks other than the FHEQ, such as the Qualifications and Credit Framework, the Credit and Qualifications Framework for Wales, and the European Qualifications Framework).
- Where applicable, details of the provider's responsibilities for its higher education provision.

For providers without degree awarding powers, the final bullet point is particularly important. Given that reviews of such providers are concerned with the way in which they discharge their responsibilities, it is difficult to overstate the importance of giving the review team a clear understanding of what those responsibilities are. This description should be underpinned by the provision of the agreements with degree-awarding bodies or awarding organisations, which should reflect the expectation in *Chapter B10: Managing higher education provision with others* of the Quality Code regarding the existence of agreements setting out the rights and obligations of both parties.

### **Section 2: Your track record in managing quality and standards**

Briefly describe your track record in managing quality and standards by reference to the outcomes of previous external review activities and your responses to those activities. Describe how the recommendations from the last QAA review(s) (where applicable) have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of review(s).

Although the outcomes of previous review activities are likely to be part of the information QAA will collect, it is still worth referencing these outcomes as evidence in this section of the SED in case QAA cannot access them.

### **Section 3: Setting and maintaining academic standards**

The Expectations of *Part A: Setting and maintaining academic standards* of the Quality Code apply in this area. You should comment on each expectation (where applicable, within the context of your agreements with degree-awarding bodies and other awarding organisations).

Reference the evidence that your organisation uses to assure itself that these expectations are being met and that it is managing standards effectively. Also reference any relevant benchmarked datasets.

More guidance on selection of evidence is available in Annex 2 (see Expectations and Quality Code Chapter Headings).

### **Section 4: Assuring academic quality**

The Expectations of *Part B: Assuring and enhancing academic quality* of the Quality Code apply in this area. You should comment on each expectation (where applicable, within the context of your agreements with degree-awarding bodies or awarding organisations).

You should reference the evidence that your organisation uses to assure itself that these Expectations are being met and that it is managing the area effectively, as well as any relevant benchmarked datasets.

More guidance on selection of evidence is available in Annex 2 (see Expectations and Quality Code Chapter Headings).

### **Section 5: Information about higher education provision**

The Expectation of *Part C: Information about higher education provision* of the Quality Code applies in this area.

Reference the evidence that your organisation uses to assure itself that the Expectation is being met and that it is managing the area effectively. Also reference any relevant benchmarked datasets.

More guidance on selection of evidence is available in Annex 2 (see Expectations and Quality Code Chapter Headings).

## **Section 6: Enhancement of students' learning opportunities**

The basis for the judgement in this area is the review team's assessment of whether, and how, deliberate steps are being taken at provider level to improve the quality of students' learning opportunities.

Reference the evidence that your organisation uses to assure itself that this Expectation is being met and that it is managing enhancement effectively. Also reference any relevant benchmarked datasets.

Particular reference should be made here to the institution's engagement with *Future Directions*.

More guidance on selection of evidence is available in Annex 2 (see Expectations and Quality Code Chapter Headings).

### **Commentary on Internationalisation**

Indicate the institution's approach to internationalisation, including:

- the use of international reference points and networks in formulating and evaluating strategies, policies and practices
- details of international campuses and partnerships
- the process for student recruitment
- the curriculum
- the student experience.

## Annex 5: Mid-process student-focused engagement (MSE)

The purpose of the mid-process student-focused engagement (MSE) is to provide feedback on progress since the previous review, and of the strengths and weaknesses in the provider's current and future plans for quality assurance and enhancement, with a particular focus on the student experience.

As part of MSE, HEFCW expects that each provider supports their student representative body to produce an Annual Student Statement. The annual student statements can inform the MSE and also the student submission during the review.

For providers with judgements other than **is commended** or **meets UK expectations** from their previous review, other arrangements apply (see paragraph 90).

We will contact providers in good time to confirm arrangements, including the date of the visit and the information required.

The student representative body should submit a brief report to QAA no later than six weeks before the visit. This report could be the HEFCW annual student statements from the years since the last review visit. The student representative body may also wish to comment on:

- actions taken to address the recommendations in the previous QAA review report
- any major changes in the structure and organisation of the institution since the last review
- any key strategic developments (for example, in learning and teaching, widening participation, research or information management) since the last review
- intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

There is an expectation that the student representative body will share their brief report with the provider at the time it is sent to QAA.

The provider should submit a brief report to QAA no later than six weeks before the visit, summarising:

- actions taken to address the recommendations in the HER: Wales report
- actions taken to address the recommendations in the reports of professional, statutory and regulatory bodies (PSRBs) and any other relevant reviews by external bodies since the review
- any major changes in the structure and organisation of the institution since the review
- any key strategic developments (for example, in learning and teaching, widening participation, research or information management) since the review
- where relevant, any developments in collaborative arrangements with partner institutions or other organisations since the review
- intentions for the further development of quality assurance procedures and for the enhancement of learning opportunities.

Optionally, supporting documentation may also be provided.

There is an expectation that the provider will share its brief report with the student representative body at the time it is sent to QAA.

Two members of QAA staff will visit for one day, to include:

- a structured discussion with student representatives followed by a structured discussion with one or two senior staff with responsibility for quality and academic standards
- an opportunity to read a sample of relevant internal review reports produced in the three years since the review, and all relevant reports from other external reviews, for example, PSRB reports.

Within 12 weeks of the visit, QAA provides a brief report setting out our conclusions about progress made since the review and highlighting identified strengths and weaknesses in current and future plans for quality assurance and enhancement. The provider and the student representative body will be invited to comment on the report before it is finalised. The report is not published, but a copy is provided for HEFCW, the provider and the student representative body.

The MSE process cannot lead to any modification of the judgements reached by the review team.

If the MSE report indicates any existing or potential threat to quality and standards, a further visit may be undertaken, by two reviewers and a QAA officer. If the second visit indicates that there are matters of serious concern that the institution is not addressing satisfactorily, QAA, in consultation with HEFCW, may bring forward the date of the next review.

## **Annex 6: The role of the facilitator**

The provider is invited to appoint a facilitator to support the review. The role of the facilitator is intended to improve the flow of information between the team and the provider. The facilitator is likely to be a member of the provider's staff.

The role of the facilitator is to:

- act as the primary contact for the QAA officer during the preparations for the review
- act as the primary contact for the review team during the review visit
- provide advice and guidance to the team on the self-evaluation document and any supporting documentation
- provide advice and guidance to the team on the provider's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review team throughout the review, to be confirmed by the QAA officer
- ensure that the provider has a good understanding of the matters raised by the review team
- meet the review team at the team's request during the review, to provide further guidance on sources of information and to clarify matters relating to the provider's structures, policies, priorities and procedures
- work with the lead student representative to ensure that the student representative body is informed of, and understands, the progress of the review
- work with the lead student representative to facilitate the sharing of data between the provider and the student body in order that the student submission may be well informed and evidenced.

The facilitator is not present at the review team's private meetings but will meet the team regularly on an informal basis. This working relationship is intended to improve communications between the provider and the team and enable providers to gain a better understanding of the team's lines of enquiry.

The facilitator is permitted to observe any of the team's meetings with the provider's staff but should not participate in discussion unless invited to do so by the review team. The facilitator is not permitted to attend the team's meetings with students.

The facilitator should develop an effective working relationship with the lead student representative, who is likely to be involved in the preparation of the student submission, and in selecting students to meet the review team.

If necessary, the facilitator may support the lead student representative in ensuring that the student representative body is fully aware of the review process, its purpose and the students' role within it. Where appropriate, and in agreement with the lead student representative, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for meetings with the review team.

### **Appointment and briefing**

The person appointed as facilitator must possess:

- a good working knowledge of the provider's systems and procedures, and an appreciation of quality and standards matters

- knowledge and understanding of HER: Wales
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review team.

## **Protocols**

Throughout the review, the role of the facilitator is to help the review team come to a clear and accurate understanding of the structures, policies, priorities and procedures of the provider. The role requires the facilitator to observe objectively, to communicate clearly with the team, and to establish effective relationships with the QAA officer and the lead student representative. The facilitator should not act as an advocate for the provider. However, the facilitator may legitimately:

- bring additional information to the attention of the team
- seek to correct factual inaccuracy
- assist the provider in understanding matters raised by the team.

It is for the review team to decide how best to use the information provided by the facilitator. The facilitator is not a member of the team and will not make judgements about the provision.

The facilitator is required to observe the same conventions of confidentiality as members of the review team. In particular, the confidentiality of written material produced by team members must be respected, and no information gained may be used in a manner that allows individuals to be identified. Provided that appropriate confidentiality is observed, the facilitator may make notes on discussions with the team and report back to other staff, in order to ensure that the provider has a good understanding of the matters raised. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards.

The facilitator does not have access to QAA's electronic communication system for review teams.

The review team has the right to ask the facilitator to disengage from the review process at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.



## Annex 7: Student engagement

(For full guidance on the student submission and the students' role in the process, please refer to *HER Wales: Survival guide for lead student representatives*.)<sup>21</sup>

QAA also provides a Mini Guide to Higher Education Review Wales and numerous animations to explain to the student body the review process. These animations are available on QAA's YouTube channel: [youtube.com/QAATube](https://www.youtube.com/QAATube).

Students are among the main beneficiaries of HER: Wales and are, therefore, central to the review process. In every review there are many opportunities for students to inform and contribute to the review team's activities, as follows.

### The lead student representative

The role of the lead student representative (LSR) is designed to allow student representatives to play a central part in the review. The LSR will normally oversee the production of the student submission. If possible, QAA would like to work with the LSR to select the students that the review team will meet. We know that it might not be possible to designate the LSR very early in the process.

It is up to the student representative body to decide who should take on the role of LSR. The person selected might be an officer from the students' union, a member of a similar student representative body, one of the course representatives, the Education Officer, or equivalent. Where no student representative body exists, the provider should seek a volunteer from the broader student body.

To allow for differing circumstances (for example if the LSR is in full-time study) we are flexible about the time commitment required of the LSR. The role could be a job-share or team effort, as long as it is clear who is the point of contact.

The provider is expected to make available appropriate operational and logistical support to the LSR and, in particular, to share relevant information or data to ensure that the student submission is well informed and evidence based.

We recognise that it may not be possible to keep the same LSR for the 18 month duration of the whole review process. We ask that the student representative body and the provider work together to ensure that any handover happens between student representatives as early on in the process as possible and that QAA is kept informed of any changes to the LSR.

The LSR normally expected to:

- receive copies of key correspondence from QAA
- organise or oversee the writing of the student submission
- help the review team to select students to meet
- advise the review team during the review visit, on request
- attend the final review meeting
- liaise internally with the facilitator to ensure smooth communication between the student body and the provider
- disseminate information about the review to the student body

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<sup>21</sup> *HER Wales: Survival guide for lead student representatives* is available at: [www.qaa.ac.uk/Partners/students/reviews/Pages/guidance-students-preparing-for-review.aspx](http://www.qaa.ac.uk/Partners/students/reviews/Pages/guidance-students-preparing-for-review.aspx).

- comment on the draft review report on behalf of the students
- coordinate the students' input into the action plan.

The LSR is permitted to observe any of the team's meetings with students but this is not a requirement. If attending, the LSR should not participate in discussions unless invited to do so by the review team. He/she is not permitted to attend the team's meetings with staff, other than the final meeting on the last or penultimate day of the review visit.

## Student submission

The function of the student submission is to help the review team understand what it is like to be a student at that provider, and how students' views are considered in the provider's decision making and quality assurance processes.

The student submission helps prompt the review team's investigations during the review visit. It is, therefore, an extremely important piece of evidence.

### Format, length and content

The student submission is usually a written document but can take alternative forms, such as video, presentations or podcasts. For full guidance on alternative student submissions, please refer to QAA's [Guidance on alternative student submissions](#).<sup>22</sup> The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The student submission must include a statement of how it has been compiled and by whom, and the extent to which its contents have been shared with and endorsed by other students. It may be based on our optional [template](#)<sup>23</sup> which provides prompts and poses questions to guide the development of content.

The student submission should aim to represent the views of a broad range of students. It should draw on existing information, such as results from internal student surveys and recorded outcomes of meetings with staff and students. It should not be necessary to conduct surveys especially for the student submission.

The use of national datasets, including [www.unistats.com](http://www.unistats.com), is encouraged, to ensure the submission is supported by robust and comparable information. The Unistats website contains a wealth of data, such as the outcomes of the National Student Survey and information on completion rates and graduate outcomes and destinations; students may wish to comment on these, or they might find the information useful to support a point they wish to make.

The student submission should **not** name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be representative of a wider group.

The advice given in Annex 4 in relation to the self-evaluation document is also relevant to the student submission. For full and detailed guidance, please refer to *Higher Education Review: Wales: Guidance for lead student representatives*.

<sup>22</sup> [Guidance on alternative student submissions](#) is available at: [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Student\\_submission\\_alternative.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Student_submission_alternative.aspx).

<sup>23</sup> Optional template for student submission is available at: [www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Student\\_submissions\\_template.aspx](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Pages/Student_submissions_template.aspx).

## **Delivery date**

The student submission should be posted to the QAA secure electronic site 12 weeks before the review visit. The precise date will be confirmed in correspondence with the LSR.

## **Sharing the student submission with the provider**

Given that the student submission is such an important piece of evidence in the review process, in the interests of transparency and fairness there is an expectation that it will be shared with the provider - at the latest when it is uploaded to the secure electronic site.

## **Other ways for students to make their views known**

QAA is committed to enabling students to contribute to its review processes. The principal channels for doing so are the student submission and the role of the LSR. However, in some cases it may not be possible to appoint an LSR and/or for the students to make a submission. In these circumstances, students can be given the opportunity to contribute their views using an online tool. This online tool would be made available to all students and would protect student anonymity

The online tool will include clear guidance and information about the function and parameters of the review and what kinds of comments can and cannot be considered. It will include a template to give a structure to the students' comments (with anonymity guaranteed). Personal grievances or comments about named members of staff will be disallowed. To be considered by the review team, comments should be supported by evidence, or indicate that evidence exists. Useful comments pertain to how well the provider meets the expectations in the Quality Code. Indications of good practice will be given the same consideration as indications of perceived problems.

If the online tool is to be used, providers should inform all their students of this, using a standard message developed by QAA. Any comments from students using this tool must be received 12 weeks before the review visit to allow the review team to give them proper consideration.

## **Continuity**

Each HER: Wales review occurs over a period of several months. Both the provider and its students will have been preparing well before the start of the review, and will continue to be involved in action planning afterwards. Providers are expected to ensure that students are fully informed and involved in the process throughout. The student representative body and the provider should develop a means for regularly exchanging information, not only so that students are kept informed, but also to encourage them to get involved.

The student representative body is expected to have an input into the provider's action plan following the review, and into its annual update. There will also be an opportunity for students to contribute to the follow-up three years after the review (known as the student-focused mid-process engagement).

## **Annex 8: Appointment, training and management of reviewers**

HER: Wales is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the provision, management and delivery of higher education, or students with experience in representing students' interests. They are appointed by QAA according to the selection criteria below.

The credibility of review depends in large measure upon review teams having up to date knowledge and experience and thus we prefer to appoint reviewers who are currently employed as staff by providers or (in the case of student reviewers) enrolled on a programme of study, respectively. However, recognising that knowledge and experience have a life span beyond a period of employment or study, we are happy to consider self-nominations from former staff who can demonstrate a continuing engagement with academic standards and quality, and we permit students to continue as reviewers for a limited time after they have left higher education (more details below).

Reviewers are identified either from nominations by providers or through self-nomination, as follows.

- Staff currently working for a provider must be nominated by their employer, as an indication of the employer's willingness to support their commitment to the review process. We do not accept self-nominations from staff employed by a provider.
- Former staff may nominate themselves for consideration. To be eligible they must meet the selection criteria set out below and must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality beyond any involvement they may have with QAA. This could be through a consultancy role or a voluntary post, such as membership of a provider's governing body.
- Student reviewers may be nominated by a provider or by a recognised students' union or equivalent, or may nominate themselves. They must be enrolled on a higher education programme or be a sabbatical officer of a recognised students' union at the time of nomination. They may continue as reviewers for up to two academic years after they finish their studies or term as a sabbatical officer.

### **Selection criteria**

The essential criteria for staff reviewers are as follows:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the periodic review process of their own and/or other providers

- experience of assessing the achievements of students on higher education programmes at their own provider and/or other providers (for example, as an external examiner).

The essential selection criteria for student reviewers are as follows:

- experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

In recruiting to our pool of reviewers, we try to ensure that it represents a wide range of providers and is broadly balanced in terms of discipline, geographical area, gender and ethnic background.

Successful nominees receive training and induction to familiarise them with the aims, objectives and procedures of the review process, and with their own role. They are only appointed as reviewers once they have completed their training to the satisfaction of QAA.

## **Contract management**

Reviewers are appointed on the basis that they agree to undertake, if requested, two reviews per academic year. The appointment will be reviewed after two years, but may be extended by mutual agreement and subject to satisfactory performance.

At the end of each review, we ask reviewers to complete an evaluation form inviting feedback on their own performance and that of the other reviewers. The QAA officer coordinating the review also provides feedback on each reviewer. We regularly share feedback (which is kept anonymous) with the reviewers concerned, to support continuing professional development.

Reviewers with particularly positive feedback are invited to have an input into the reviewer training programme. Reviewers with weaker feedback may be offered additional support and/or released from the reviewer pool, depending on the nature of the feedback and its prevalence.

## Annex 9: The Welsh Language Scheme

Through our [Welsh Language Scheme](#),<sup>24</sup> we are committed to treating the Welsh and English languages equally, in our review work in Wales.

For reviews at providers in Wales, we seek to recruit bilingual reviewers and review managers. Our advertising and recruitment process will be adapted to support this objective.

In any review in higher education institutions in Wales, we acknowledge the right of any person to speak to the review team in Welsh and the right of any bilingual reviewer to speak in Welsh. Where possible we will provide interpretation or translation facilities. If this is impractical for any reason, the Welsh speaker is asked to provide a synopsis or translation in English of what he or she said.

We ensure that in the initial review planning meetings, the QAA officer identifies the language preferences expressed by the institution for the conduct of the review, determining what elements of the review process are to be conducted in Welsh, and giving consideration to issues of interpretation and translation. Through bilingual correspondence we will ascertain whether and to what extent the initial visit will be conducted bilingually.

Following agreement about which elements of the review will be conducted bilingually, providers will be invited to submit bilingual versions of the self-evaluation document and any other documentation at their discretion.

We will make arrangements for, and meet the costs of, providing simultaneous translation of those review proceedings that we have agreed to conduct bilingually. Typically, this service is provided when the review team meets groups of staff and/or students, one or more of whom prefer to speak Welsh.

We acknowledge that the extent to which Welsh and English are routinely used varies between providers. We respect these differences and seek to appoint bilingual review managers to facilitate the smooth operation of the review process in institutions where Welsh is extensively used.

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<sup>24</sup> The Welsh Language Scheme is available at: [www.gaa.ac.uk/aboutus/corporate/policies/pages/welsh-language-scheme.aspx](http://www.gaa.ac.uk/aboutus/corporate/policies/pages/welsh-language-scheme.aspx).